Management of Child Development Centers

EIGHTH EDITION

Patricia F. Hearron • Verna Hildebrand

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E D I T I O N

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DEDICATION

We dedicate Management of Child Development Centers *to all the young children who share our small spaceship Earth, to the families and caregivers who nurture them, and to the managers of child development centers whose commitment to high-quality programs helps make that nurturing possible.*

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PREFACE

This edition of *Management of Child Development Centers,* like those that preceded it, is based on the premise that high-quality programs for young children are an essential support for families—they are part of the family ecosystem. Managers of those programs must understand that ecosystem and realize that neither the family nor the child development program is an island: Each affects and is affected by the other, as well as by countless forces within the community and society at large.

Part 1 of this textbook provides an overview of the demographic and theoretical context within which child development programs operate. Chapters 4 through 15 (Part 2 of the text) address core competencies. Each chapter in Part 2 focuses on one of the 12 core competencies that are derived from a review of current literature in the field and are aligned with National Association for the Education of Young Children (NAEYC) accreditation criteria: personal and professional self-awareness; organizational, fiscal, and personnel management; human relations; facilities management; health and safety; food service; educational programming; family support; marketing and public relations; assessment and evaluation.

NEW TO THIS EDITION

The most obvious change to this edition of *Management of Child Development Centers* is the fact that it is now available as an eText—an innovation that makes possible other new features, including:

- Links to short **video clips** to illustrate or reinforce concepts presented within the text.
- Pop-up **glossary** definitions for key terms in each chapter.
- An **interactive** version of the **budget spreadsheet** in Chapter 6, which allows students to see what happens when they manipulate various components.

In addition to updated research throughout, other changes include:

- Clearly stated **learning outcomes** at the beginning of each chapter, which are aligned with questions for review at the end to help focus the student's reading.
- A new **Leadership Lens** feature in each chapter, integrating the concept of leadership throughout the text rather than addressing it in a separate chapter.
- A new feature, **Decisions, Decisions . . . ? Using an Ethical Framework,** in each of the chapters in Part 2 prompts students to apply concepts from the NAEYC Code of Ethical Conduct to determine a manager's best course of action.
- A new section on the use of **social media** for marketing in Chapter 14.

WHAT HAS NOT CHANGED

The text continues to present a synthesis of current information in clear, reader-friendly language. Concepts and terminology are illustrated with examples drawn from the authors' experience, as well as charts, graphs, and photographs. In addition, the text includes a variety of practical tools, such as menu planning and evaluation forms and links to relevant websites. Each chapter contains the following elements to facilitate the instructor's class planning and student learning:

- *Decisions, Decisions . . . ?* features ask the students to reflect on topics discussed in the chapters and apply the information to real-life situations.

- *Professional Portfolio* assignments help students create products that can be included in a portfolio to demonstrate their mastery of the core competencies. At least one portfolio assignment in each chapter incorporates the use of technology (e.g., internet-based research, desktop publishing software), thus supporting the integration of these skills within the core competencies.

- *Resources for Further Study* provide students and instructors with a convenient list of up-to-date resources, in print as well as online, for a deeper investigation of the topics discussed in each chapter.

- A *Technology Toolkit* in each chapter in Part 2 provides specific suggestions for using computers, digital photography, and Internet resources to help students achieve NAEYC Competency 10 (Technology) as they address other core competencies.

- Useful forms and tools include self-assessments for students, online versions of a needs assessment and board survey, a list of commercially available management software, personnel forms, a playground maintenance checklist and classroom floor plans, emergency medical form, staff and program evaluation forms, and lists of published instruments for assessing children and evaluating programs.

- Tables, charts, and illustrations clarify key concepts, for example, start-up versus ongoing expenses in Chapter 6, and assessment/evaluation cycle and concept of authentic assessment in Chapter 15.

- Engaging chapter-opening vignettes bring key concepts to life.

SUPPLEMENTS

This book is accompanied by an Instructor's Resource Manual, Test Bank, PowerPoint® Slides, and TestGen. Instructors can download instructor resources by going to www.pearsonhighered.com/educator. After registering, enter the author, title, or ISBN and select this textbook. Click on the "Resources" tab to view and download instructor resources.

AUDIENCE FOR THIS TEXT

This text is suitable for use in a variety of settings: in formal classes in 2- or 4-year college programs, in child development associate (CDA) training or in-service programs for practicing early childhood professionals, and as an independent study tool by individuals contemplating a move from classroom teacher or caregiver to center manager.

 Management of Child Development Centers, Eighth Edition, is the product of the authors' combined experience over decades of working with children and their families, with young people anticipating a career in the early childhood profession, and with practicing professionals at many levels. Previous editions have been field-tested in university classrooms, and the present edition incorporates much of what has been learned during that process. Managers who apply this information will be well positioned to meet the growing demand for high-quality programs that are capable of serving all children.

ACKNOWLEDGMENTS

We are indebted to the pioneering work of the late Dr. Beatrice Paolucci in the area of management and decision making, and to the students (many of whom are now our

colleagues) whose questions and insights provided inspiration for our work. We are grateful to the early childhood educators who have welcomed us into their centers and classrooms over the years, to the children in those classrooms, and to their families. Special thanks are due to Andrea Anderson, director; Dr. Cindy McGaha, curriculum coordinator; and the staff members, children, and families at Lucy Brock Child Development Laboratory of Appalachian State University, who collaborated in the creation of many of the video clips used in this text.

We appreciate the guidance of our forward thinking editor, Julie Peters, who has encouraged and shepherded the book's adaptation to the needs of 21st-century learners. We gratefully acknowledge the skillful assistance of Peggy Kellar, project manager and Marianne L'Abbate, copy editor. We are indebted to Teri M. Brannum, North Central State College; Candace L. Lindemer, Lakeland Community College; Tenisha Powell, Winthrop University; Leanne Snider, University of Tennessee at Martin; and Carol Willis, Mount Olive College, for the many helpful suggestions in their thoughtful reviews of the previous edition.

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BRIEF CONTENTS

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INTRODUCTION

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Managing Children's Centers in the 21st Century

LEARNING OUTCOMES

After studying this chapter you should be able to

- Define key terms, including *program administrator, leadership, management, advocacy, fertility rates,* and *child development center.*
- List and explain the core competencies required for directors of child development programs.
- Identify and describe the stages of professional development for early childhood program administrators or leaders.
- Discuss population trends that influence the field of early care and education.

Tanya felt a pleasant sense of anticipation when she turned off the alarm on Monday morning. She was looking forward to her first day on the job as assistant director at Rainbow Place, the child development program where she had worked for the past several years as a teacher in a classroom for 3- to 5-year-olds. She had learned a lot about how young children learn and develop from her on-the-job experience, and she had added to that knowledge by taking courses to complete her degree in early childhood education. She applied for the assistant director position because she felt ready for a new challenge. She knew that directing a program required knowledge and skill in another field—management. She looked forward to learning these things under the mentorship of Rainbow Center's director, Jeralyn Davis, and dreamed of becoming a director herself one day.

Have you always dreamed of owning and managing a school for young children? What do you need to know to perform the manager's role adequately and efficiently? Will your experience as a successful teacher make a difference in your ability to manage a center? If you have a master's of business administration (MBA) degree yet have never been a teacher, could you manage a group of classrooms in a school or center? Is experience as a teacher or child-care provider adequate preparation to take on the role of program manager? Many would argue that such experience

is necessary but not sufficient, that managers need another type of specialized knowledge as well. This belief is not uniformly reflected in state licensing requirements, however. As of 2007, all but 8 states required program directors to have training in early childhood education prior to taking the job, while only 11 required preservice training in administration. Some states required in-service rather than preservice training, and a mere 3 required both.

DEFINING TERMS

This text focuses on management as applied in child development centers. Agreeing on definitions of key terms and concepts is essential. The National Association for the Education of Young Children (NAEYC) defines a **program administrator** as "the individual responsible for planning, implementing, and evaluating a child care, preschool or kindergarten program," a role that encompasses both leadership and management functions (2007a).

Although **leadership** is sometimes considered synonymous with management, NAEYC defines it as relating "to the broad plan of helping an organization clarify and affirm values, set [broad] goals, articulate a vision, and chart a course of action to achieve that mission." **Management**, then, refers to the day-to-day work required to fulfill that mission and make the vision a reality. It involves the processes of (a) setting specific goals, (b) allocating human and material resources judiciously for achieving the goals, (c) carrying out the work or action required to achieve the goals, (d) monitoring the outcome or product of the work or action based on established standards, and (e) making necessary adjustments or improvements to ensure that performance reaches or exceeds goals. Leadership focuses on influencing and inspiring people to achieve, to make a difference for the better, while management focuses on making sure the job gets done according to standards. **Advocacy** is another term

The program administrator is responsible for planning, implementing, and evaluating the child development program.

that has much in common with leadership. An advocate is someone who speaks or acts on behalf of someone or some cause. Figure 1.1 illustrates the interrelated nature of the three roles: manager, leader, and advocate.

A **child development center** is a facility that provides out-of-home education and care for young children in groups, a service that supplements the education and care parents give their child. The term encompasses programs that are full- or part-day and profit or nonprofit, and programs known as preschools, child-care centers, kindergartens, prekindergartens, cooperatives, Head Start, or variations of any of these.

Though the main focus of this text is on center- or school-based programs, many of the principles discussed are applicable to home-based family child-care providers. The definition of child development centers incorporates the concepts of education and care and asserts that the two are inextricably linked. A growing body of research, corroborated by the experience of parents and early childhood professionals, indicates that young children learn

FIGURE 1.1   Interrelated roles: manager, leader, advocate.

best in the context of a secure environment. Thus, the caregiving that creates that secure environment—regardless of whether that environment is in a family child-care home or large public school building—is the foundation on which efforts to educate young children must be based.

Management is a science; some individuals spend their careers perfecting this science. Management has a background of theory, research, experience, applications, and knowledge that must be brought together by any individual who assumes the managerial role in an enterprise. Management of a center is complex—more complex than operating a single entity such as a home or a classroom. Although many individuals are likely to have a stake in the outcome of a decision or action, the manager has the final responsibility for making decisions.

CORE COMPETENCIES FOR DIRECTORS

Historically, managers of child development programs have been promoted from the ranks of teachers, with little attention paid to the specific knowledge and competencies needed in their new role. Although the knowledge of developmentally appropriate practices is certainly essential to running a program for children, managers must know much more if they are to be successful. State requirements have been slow to recognize this, however. While 28 states issue director or administrator credentials, for most it is a voluntary process. Only four states (Delaware, Indiana, New Jersey, and Pennsylvania) require a college degree, and only five (California, Colorado, Florida, New Hampshire, and Texas) require coursework in business or administration (McCormick Center for Early Childhood Leadership, 2012; Bloom, Jackson, Talan, & Kelton, 2013).

Child development programs are support systems for families, providing peace of mind for working parents and emotional security for children.

Various authors have tackled the job of enumerating and categorizing the skills and knowledge required by competent directors, and although each list varies slightly from the others, they all agree on certain basics or core competencies. Statements of those core competencies have been fine-tuned and elaborated on over the years. An early example, put forward by Travis and Perreault in 1981, included organizational management, program planning and implementation (including curriculum, recruitment, nutrition, family services, and parent involvement), personnel management and staff development, community and public relations, financial management, evaluation, and advocacy. The list was refined over the next decades by Bonnie and Roger Neugebauer (1998), Paula Jorde Bloom (1999), and Gwen Morgan (2000). The most recent list, put forward by the National Association for the Education of Young Children (2007b), includes all of these areas and adds several within two broad categories: management (adding personal and professional self-awareness, oral and written communication, and technology) and early childhood (adding child observation and assessment, children with special needs, and professionalism).

This text addresses the knowledge and skill required to manage all aspects of a program, beginning with self-awareness, and including the nuts and bolts of maintaining a building, obtaining a license, and paying the bills. Also included are the people-oriented skills involved in working with staff, families, and communities; implementing curriculum; and exercising leadership. If you are reading this text as part of a degree program in child development or early education at a 2- or 4-year college, some chapters will serve as a review, or perhaps as a taste of things to come. You will probably study topics such as developmental theories, curriculum, assessment, nutrition, and partnering with families in much greater depth than what is possible in a single chapter. If you are studying independently, we hope that you will take advantage of the many resources for further study offered throughout the text to broaden your knowledge. Managing a child development program is a complex endeavor, and even the most seasoned directors must continually hone their knowledge and skills to manage such a program effectively. As you watch this **video**, notice the way the director touches base with teachers and parents at the beginning of her day. How do you think this helps her manage her program effectively?

❓ DECISIONS, DECISIONS . . .

What skills and knowledge do you think are necessary for being an effective manager? Draw up your own list and compare it with those of your classmates.

The authors of this text propose the following slate:

1. *Reflective management based on personal and professional self-awareness* Effective managers strive to know their own strengths and acknowledge their weaknesses so that they can capitalize on the former and compensate for the latter. They have a strong commitment to ethical practice, and they are informed about issues that influence the early childhood profession as a whole. They continually reflect on what they learn through experience, as well as through formal study, and integrate both types of knowledge in their practice.

2. *Organizational management* Child development programs are complex systems of interrelated parts. The manager's role is to make the parts work together smoothly. Child development programs are, in turn, part of the larger social system. Managers guide their programs' interactions with that system. They are not

lawyers, but they must have a working knowledge of the many regulatory systems governing the operation of early childhood facilities: State licensing regulations, federal food program requirements, fire safety and sanitation codes, and laws governing fair employment practices are just a few examples. Perhaps more important, managers must have a sense of the reasons for the regulations and the ability to operate programs within those constraints.

3. *Fiscal management*   No program can survive unless its manager uses its financial resources wisely. This includes creating a realistic budget, monitoring expenses to align with the budget, and knowing when to make appropriate adjustments. Fiscal management also includes finding ways to increase resources, perhaps through fund-raising or grant writing. The other side of the coin, of course, is finding ways, such as buying supplies in bulk, to economize without sacrificing quality.

4. *Personnel management*   Child development facilities are labor-intensive operations. Personnel costs comprise the bulk of the expenditures, and it is important that these dollars be invested wisely. This means that managers must learn how to recruit and hire employees with the greatest potential. But their job doesn't end there. Retaining those employees is a constant challenge in a profession with an annual turnover rate of about 40 percent. In addition to attracting and keeping good employees, managers must monitor their performance, provide feedback as needed, terminate when necessary, and create a staff development plan to build on the talents those employees bring to the job.

5. *Human relations*   An essential component of the manager's role is establishing and maintaining productive relationships with a variety of stakeholders: Governing board members, families of enrolled children, employees, and representatives of businesses or community agencies are only a few examples. In addition to the personnel functions described previously, managers must find ways to encourage teamwork and motivate their staff members. This work requires a basic knowledge of group dynamics, communication styles, and conflict resolution techniques.

6. *Facilities management*   In addition to putting together a smoothly functioning team of teachers and support staff, the manager is responsible for creating the spaces that support the day-to-day work of that team. This means designing spaces that meet regulatory requirements as well as professional standards— spaces that incorporate sound principles of child development and environmental psychology. It means implementing those designs by selecting the best equipment a program can afford and arranging it appropriately.

7. *Managing health and safety issues*   Keeping children safe and healthy is a fundamental requirement of any child development facility. The manager's job is to establish policies and procedures that accomplish this goal and then to see that they are carried out. Examples include establishing policies requiring each child entering the program to be fully immunized against communicable disease and teaching staff to follow safe diapering procedures. State and local regulations provide a framework for this task.

8. *Managing food service*   Meeting children's nutritional needs is another fundamental requirement. State licensing authorities provide basic guidelines, and the U.S. Department of Agriculture spells out requirements for programs receiving federal food subsidies. Managers must make sure that menus comply with these standards and that food is handled in a safe and sanitary manner from the point of purchase to when it is served to the children. They must also think about how their program's meals reflect the cultures of the families they serve and what those meals contribute to the program's curriculum.

9. *Educational programming*   Because many managers arrive at their positions after working as teachers in child development programs, this may be the area that feels most familiar and therefore comfortable for them. Nevertheless, managing a facility's educational program requires a broader perspective than that of a classroom teacher. It's one thing to carry out a particular curriculum yourself, and another to create conditions that support others in doing that job. Managers need a working knowledge of the various curriculum models so that they can select and implement an appropriate choice. Developmentally appropriate assessment strategies are crucial, particularly in light of the current emphasis on accountability reflected in legislation (the No Child Left Behind Act) and a growing movement to establish state standards for early childhood educational outcomes. The inclusion of children with disabilities and increasing numbers of English-language learners are both issues that concern managers.

10. *Family engagement*   A high-quality program for young children reflects the understanding that children do not exist in a vacuum. Serving children means serving families, and this requires an understanding of how family systems work and an appreciation for diverse parenting styles. It means establishing the type of open communication that helps the center form partnerships with parents. It means knowing enough about the community to help families access the resources needed to promote family wellness.

11. *Marketing and public relations*   No matter how high the quality of a particular program, it will not survive without continually enrolling new families. The manager develops a pool of potential clients by making sure that the community is aware of the program and, just as important, that it appreciates the program's high quality. (This may require educating the public about what constitutes high quality in children's programs.) Merely attracting potential clients is not sufficient, however. The program must offer services that meet the specific needs of its clients, and it is the manager's job to fine-tune this match.

12. *Assessment and evaluation*   The next step in the management process is to determine how well an organization has met its objectives. Then, of course, the cycle begins again, adjusting practices to meet objectives more effectively or setting new (perhaps higher) goals for the organization.

🔍 LEADERSHIP LENS

You don't have to be in a managerial position to be a leader or an advocate. In fact, you may have already served in one of these roles in other areas of your life—as an officer of a school club, perhaps, or a summer camp counselor. Perhaps you've emailed your state legislator to oppose an increase in college tuition, or tried to persuade your church to open a child-care center. If so, you've had a taste of advocacy. We hope that you will be inspired to continue (or assume) the roles of advocate and leader from the beginning of your early childhood career. We recognize that, as a new director, you will undoubtedly need time to master the rudiments of management, but we hope you keep a larger purpose in mind as you handle the day-to-day tasks. Ultimately your competence as a manager will enhance—and be enhanced by—your effectiveness as a leader and advocate.

Think about the leaders you followed as a child, as a student, and as an adult. What characteristics did they possess? Why were those leaders important in your life? Now look at yourself as a potential leader. What talents do you bring to the leader's role in a child development program? If you have managed a classroom, you certainly have had some experience planning, organizing, and monitoring. The classroom represents a microcosm of the entire program, and many of the skills you honed there can be applied to the director's role. We invite you to view each of the management functions or competencies discussed in the following chapters through a "leadership lens," looking for ways to see beyond keeping your program in operation toward a vision of what it might become, to make a difference in the world beyond your center.

13. *Leadership and advocacy*   Managers functioning at the highest level of professional development can see beyond the day-to-day concerns of keeping their facility afloat. They have a vision of where they want their organization to go and the ability to marshal all the resources at their command to attain that vision. They strive to influence spheres beyond their own organization, the profession at large, and the well-being of children in general.

Would you like being a manager? How will you know? Can someone else tell you whether you would like being a manager? What experience have you had that could make you a good manager? How many managers have you worked for? Were these "good" managers? What makes a manager good? What tasks performed by a manager are especially enjoyable? What tasks are difficult? Perhaps you have a dream of opening your own child development center someday. Figure 1.2 gives an overview of the steps involved in making that dream a reality. Each step draws on the knowledge and skills that you can begin to build in your study of this text.

Checklist for Starting a New Child-Care Center

_____ Determine the need for child care in your community. (Are there too few available slots or is there an available niche: e.g., existing programs are not high-quality or do not serve particular ages or at particular hours?)

_____ Become thoroughly familiar with licensing regulations and procedures for obtaining a license. (Attend an orientation session offered by your licensing agency or local child care resource and referral agency.)

_____ Define your vision; create initial draft of program philosophy and policy handbooks.

_____ Develop preliminary budget to determine financing needed.

    _____ Determine size of facility needed based on potential enrollment suggested by needs assessment.

    _____ Check with local authorities regarding zoning and building codes.

    _____ Locate property, meet with architect, and have plans approved by licensing, fire, sanitation authorities before beginning construction.   **OR**   _____ Locate a suitable facility, apply for licensure, and arrange for needed inspections (fire, sanitation, etc.).

    _____ Depending on size of proposed center, hire director and/or teacher to assist with planning environment and equipment lists.

    _____ Design outdoor environment with plan for landscaping and construction needed prior to opening as well as improvements to be phased in each year as funds permit.

    _____ Develop list of equipment and materials to be purchased prior to opening as well as what will be added each year as program becomes established.

_____ Construct or renovate building and outdoor play area to meet codes; arrange for any necessary re-inspections.

_____ Arrange for insurance coverage.

_____ Revise budget as needed to reflect actual costs.

_____ Finalize draft policies, parent handbook, employee handbook.

_____ Establish projected opening date; begin advertising and accepting enrollments.

_____ Arrange for utilities hook-up by opening date.

_____ Recruit and hire essential staff to assist with final planning and preparation.

_____ Order essential equipment and materials (with staff input if feasible).

_____ Recruit and hire any needed additional staff.

_____ Hold open house for families and staff to get acquainted.

FIGURE 1.2   Checklist for starting a new child-care center.

What is your image of what a manager of a child development program does? What parts of the job do you think you would enjoy? What parts do you think you would find difficult? Does it take a certain type of personality to do well in the manager's role?

STAGES OF PROFESSIONAL DEVELOPMENT

Where are you on your timeline of professional development? Management of a school or center can give your professional life new challenges after you have had a number of years of successful experiences in teaching. Or you may feel that you need more teaching experience before taking on a managerial role. As you can see in Figure 1.3, VanderVen (1999, pp. 196–197) identifies five stages in the development of early childhood administrators or leaders:

1. *Awareness*   As a newcomer to the profession, you might be so focused on the immediate concerns of your day-to-day interactions with children and families that you take little notice of the managerial work that makes it possible for you to do your job. Ironically, this is particularly true if you are fortunate enough to work with an effective manager. If that is not the case, you will most likely become aware of managerial tasks when they are not done or are done poorly and you experience the results. According to VanderVen, this managerial work is "ego alien" for you at this phase of your career: It just does not fit in with your image of yourself and your role.

2. *Induction*   As noted previously, your own dissatisfaction with the way things are done in your organization might be the catalyst that sparks a desire in you to change things. Whatever the reason, you are now ready to learn more about a new role.

3. *Competency*   Perhaps you are thrust into your new role as a consequence of the high rate of employee turnover in the field. Perhaps a promotion to management level is part of a carefully orchestrated staff development plan. Regardless of the route taken, as a new manager, you have a lot to learn—through classes or independent study, supervised practice, and the inevitable trial and error that come with on-the-job experience. Eventually, your hard work will pay off in a rewarding feeling of competency, a deep-seated knowledge that you can do this job.

4. *Proficiency*   Do you remember learning to ride a bicycle? You probably gripped the handlebars with all your might as you wobbled down the sidewalk. Eventually, you got the feel of it and finally reached a stage where you could hop on your bicycle and take off with your mind on where you wanted to go instead of worrying about how or whether you would get there. Perhaps you even tried more complex maneuvers with your bike, riding "no hands," for example. You had reached the stage of proficiency in bicycle navigation. Seasoned child development administrators experience a similar transition. They find it takes less conscious effort to accomplish tasks that were originally very challenging (e.g., recruiting and hiring a new staff member) and they move on to more complex tasks (e.g., developing a long-range staff development plan to help retain the most qualified staff).

Expertise

Proficiency

Competency

Induction

Awareness
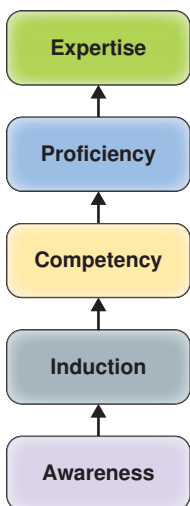
FIGURE 1.3 Stages in the development of an early childhood administrator or leader.

5. *Expertise*   You have arrived at this level and become an "expert" in your field when you can add creativity and innovation to all earlier accomplishments. At this point, you may be ready to move beyond managing one early childhood organization and assume a leadership role in your chosen profession.

> **? DECISIONS, DECISIONS . . .**
>
> Imagine yourself 5 or 10 years from now. Where would you like to be working? What would you like to be doing? Where do you think you will be in VanderVen's sequence of administrative development? What steps can you take now to achieve those dreams?

Some people are pressed into the management role with little or no preparation when a manager leaves suddenly and they must look for quick management courses and advice. Whether you are already a manager, expect to become a manager soon, or have management as a future goal, learning about the intricacies of child development center management can add a new dimension to your professional career. Knowledge of managerial principles can make you more appreciative and supportive of managers with whom you work, even when you are happy that the buck still stops at their desk.

CHILD CARE IN CONTEXT

Families throughout the world have the primary responsibility for nurturing children. Nurturing may be done by the natural or adoptive parent or parents, extended family systems, or institutions. Families often decide to supplement the care and education they can give with assistance from institutions outside the family. Historical, cultural, political, and economic factors within each society affect their decisions, but one thing is clear: More children around the world are spending time in out-of-home care than ever before. At the same time, neuroscience research is confirming that children need loving relationships and safe, secure, stimulating environments if they are to reach their potential. Taken together, these two facts suggest an increasing responsibility for societies to support families in caring for their children and to ensure that high-quality services are available when that care occurs outside the home.

Understanding the context within which families in today's world are living and rearing their children is essential if we are to effectively manage or administer services such as child development centers or any social service for families. Knowing the current situation and trends in one's field of business is part of effective management. The development of the Internet has made this task much easier. As just one example, the U.S. Census Bureau maintains an extensive website, www.census.gov, where you can obtain information about patterns of childbearing, employment, education, child-care arrangements, and a host of other topics for the nation as a whole, as well as for your particular state and county. Information on local employment trends is needed in addition to data showing a need for children's services. Your local community library, child-care resource and referral agency, or chamber of commerce can help you locate the best source of local and state statistics.

Demand for Child Care

On one hand, the overall U.S. birthrate among women ages 15 to 44 declined by 6 percent between 2007 and 2010, and it reached the lowest point ever recorded in 2011 (63.2

births per 1,000 women), with the largest decline seen in Mexican immigrant women. This decline is attributed to the effects of the economic recession that occurred in 2008 (Livingston & Cohn, 2012). On the other hand, the numbers of children, and the numbers of children in child care, are increasing such that the U.S. Department of Labor predicts a 20 percent to 28 percent increase in job openings for administrators of preschool and child-care programs over the next 10 years (Bureau of Labor Statistics, 2012b).

Between 2000 and 2010, the number of children under 5 in the United States grew by more than 1 million, to a total of 20,201,362 (Howden & Meyer, 2011). Furthermore, the percentage of mothers of children under 6 in the labor force has steadily increased since 1975, when about 40 percent of mothers with children under 6 worked outside the home. In 2011, that number rose to more than 60 percent for mothers with children under 6 as well as those with children under 3 (U.S. Department of Labor, 2012). The percentage of mothers of infants with jobs is only slightly lower (56 percent in 2010) (U.S. Department of Labor, 2011).

Multiple factors probably contributed to women's increased participation in the workforce. On the one hand, married mothers who might have stayed home with their children in an earlier era may have felt pressured to seek paid employment because of a rising cost of living or an economic downturn that eliminated their husbands' jobs. An increasing number of single mothers, divorced or otherwise, have had to work to support themselves and their children. In addition to expanded career opportunities for women, there has been a shift in public attitudes over the past 30 years. When asked in 1977 whether they agreed that men should earn the living while women tended the home, 52 percent of women agreed; in 2008, that percentage had declined to 39 percent. Among men, the change was even more striking: from 74 percent to 42 percent (Galinsky, Aumann, & Bond, 2008, p. 9). As mothers become part of the workforce, they have to find alternate forms of care for their children: relatives, neighbors, or more formal arrangements.

In 2011, organized facilities (i.e., child-care centers, nursery schools, and Head Start programs as opposed to care by relatives or in family child-care homes) provided care for 24 percent of children under 5 years of age, a figure that has held steady for over 10 years. Figure 1.4 compares the distribution of children of working mothers among various forms of child care in selected years from 1985 to 2011. Children of working parents are not the only ones receiving services, however. Nearly half (43 percent) of children whose parents are neither working nor in school are in some form of regular child care. This suggests that families expect programs to provide education and enrichment experiences beyond basic caregiving.

Income, race or ethnicity, and the mother's education level all make a difference in the type of child-care arrangements that families select. Families enrolled in various government antipoverty programs are more likely to rely on relatives, while more affluent families are more likely to use centers or family child-care homes (Adams, Tout, & Zaslow, 2007). A study following more than 10,000 children born in the United States in 2001 found that, at 9 months of age, African American children were more likely to be in nonparental care than White, Hispanic, or Asian children. They were also more likely to be in center-based care (Kreader, Ferguson, & Lawrence, 2005). This pattern was also evident among children ages 3 to 5 in 2005. Children whose mothers hold a bachelor's degree or higher are more than twice as likely to be in center-based care than those whose mothers have less than a high school education (U.S. Department of Education, 2007). Most children whose mothers work full time spend 35 or more hours in care, and many spend time in more than one arrangement each week (U.S. Census Bureau, 2013).

Historically, full-time child care was used primarily by poor families and was considered a last resort for mothers who could not stay home with their children
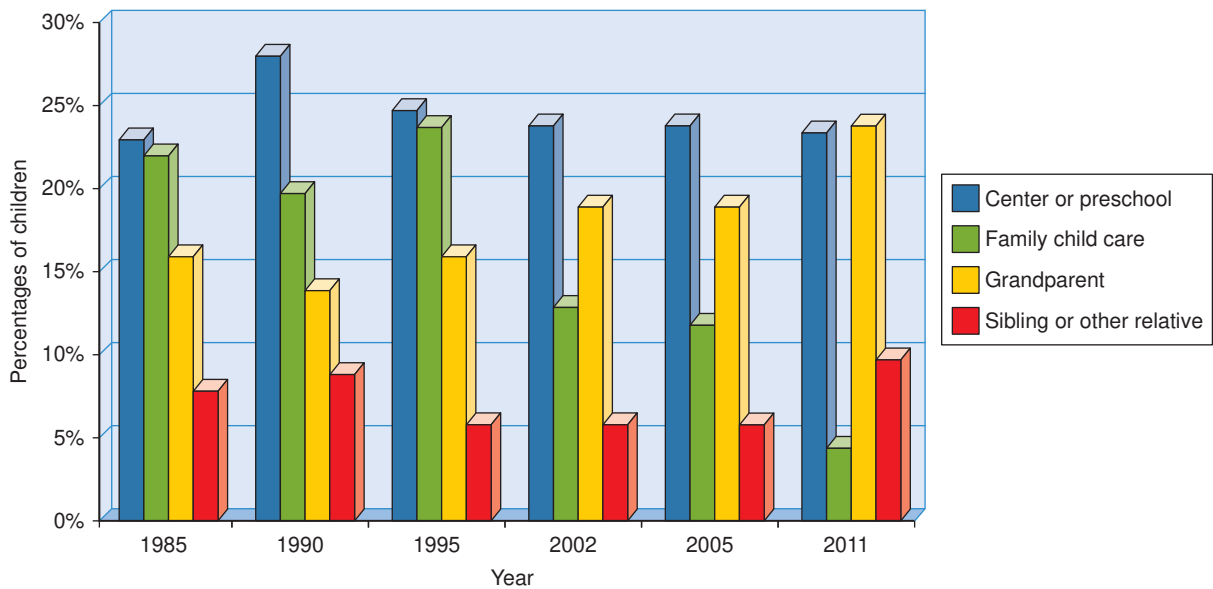
FIGURE 1.4 Types of child care for children under 5, from 1985 to 2011.
Source: U.S. Census Bureau (2005), Who's minding the kids? Child care arrangements: Spring 2005; U.S. Census Bureau (2013), Who's minding the kids? Child care arrangements: Spring 2011; http://www.census.gov/prod/2013pubs/p70-135.pdf

because their income was needed for basic survival. Affluent families sent their children to nursery school for a few hours a week to provide socialization experiences or intellectual enrichment. However, as more educated and moderate- to upper-income mothers entered the workforce, they began seeking full-day child care, expecting the high-quality education associated with nursery schools. This shift has thus contributed not only to an increased market for child care, but also to a demand for improved quality of that care.

Minority and Immigrant Populations

According to the U.S. Census Bureau, July 1, 2011, marked a dramatic shift in the makeup of our nation's population: the first time that minorities comprised more than half (50.4 percent) of all children younger than age 1, an increase of about 1 percent from the previous year. A closer look at birthrate data reveals a trend that suggests this number will continue to grow. In 2010, overall **fertility rates** (the number of children an average woman is predicted to have in her lifetime) for Hispanic women were significantly higher than those for non-Hispanic White women: 2.4 versus 1.8 (Passel, Livingston, & Cohn, 2012).

A rapidly expanding sector of the U.S. population is composed of people born in other countries.

Another rapidly expanding sector of the U.S. population is composed of people born in other countries. Between 2000 and 2010, the percentage of U.S. residents who were foreign-born increased from 11.1 percent to 12.9 percent, while the native-born population decreased from 88.9 percent to 87.1 percent (Patten, 2012). Immigration is only one reason for the rising numbers of racial and ethnic minorities. In 2011, for example, 23 percent of all births in the United States were to foreign-born women, although they comprise only 17 percent of the population of childbearing age (Livingston & Cohn, 2012). These figures suggest that many children will be entering programs where the dominant language and customs are dramatically different from those they experience at home. Child-care facilities will face the challenge of helping those children learn new ways without cutting themselves off from their rich cultural heritages.

Children with Disabilities

Federal legislation supports the inclusion of children who have (or are at risk for developing) disabilities in programs for all children. This means that center managers are challenged to find ways to accommodate diverse needs and to view differences as potential strengths rather than deficits.

According to the U.S. Census Bureau, in 2010, about 8.4 percent of children under the age of 15 had some sort of disability, with half of those being classified as severe. Percentages were lower for children under 3 (2.3 percent) and for children between 3 and 5 (3.6 percent), for whom disability was defined as developmental delay or difficulty moving about. For school-age children, for whom disability includes a wider range of impairments ranging from severe physical impairment to attention deficit hyperactivity disorder (ADHD) and difficulty doing schoolwork, the rate was 12.2 percent. These percentages vary across racial and ethnic groups, with higher rates among African American and Hispanic populations (Brault, 2012). Some disabling conditions, such as Down syndrome, blindness, or cerebral palsy, can be identified at birth or in early infancy, whereas others appear somewhat later. Children with autism or pervasive developmental disorder, for example, may appear to be developing typically until about 18 months, when they begin to withdraw and engage in repetitive behavior (Greenspan & Wieder, 1998, p. 7).

Still other conditions, such as delayed cognitive development or emotional impairment, may emerge as the result of environmental factors such as malnutrition, poverty, or abuse. Thus, when speaking of very young children, it is necessary to consider not only those with disabilities, but also those considered at risk for developmental delays or disabilities, a group estimated to comprise 5 to 15 percent of all infants born in the United States. The mother's health and nutritional status, her behaviors during pregnancy, prenatal care, the child's birth weight and gestational age, and the family's socioeconomic status are all factors that influence the level of risk. Experts and national policy makers recognize that appropriate and timely intervention can help prevent a child considered at risk from actually developing a disability or lessen the severity of a disability resulting from a particular condition (National Early Childhood Technical Assistance Center, 2011).

Poverty and Homelessness

The effects of poverty on children's development have been well documented for decades. Recently, however, neuroscientists at the University of California, Berkeley, have demonstrated those effects in a dramatic way, showing differences in the brain function of low-income children comparable to those found in stroke patients (Sanders, 2008). It makes sense that high-quality child care is one way to prevent, or at least reduce, those effects.

In 2010, more than one in five children in the United States lived in poverty, defined as an income of $22,050 per year for a family of four. This represented an increase of more than 1 million since the previous year and was the highest rate recorded since 2001. For black and Hispanic children, the numbers were more than 50 percent higher (Macartney, 2011). The 1996 Congress passed legislation to reform welfare, putting strict limits on the amount of time any family could receive government financial assistance through a program called Temporary Assistance for Needy Families (TANF). In 2011, the maximum monthly benefits paid for a family of 3 ranged from a low of 11 percent of the poverty guideline in Mississippi to a high of nearly 50 percent in Alaska and New York (Falk, 2013). Although the American Recovery and Reinvestment Act (ARRA) of 2009 increased funding available for TANF as well as several other programs designed to benefit poor families, accessing these programs is a challenge for many families because of factors such as lack of transportation. Consequently, fewer than half the number of eligible families participates in them (Boots, 2010).

The National Center on Family Homelessness reports that 1 of every 45 American children experiences homelessness each year, with the highest incidence occurring in the southern states; 42 percent of homeless children are under the age of 6 (2011). The economic downturn spurred the rate of mortgage foreclosures, and the costs for rental housing outpace earnings. Across the United States, the monthly fair market rent for a two-bedroom apartment is more than twice what a minimum-wage job pays (Children's Defense Fund, 2012, p. 20). In some cities, child-care facilities have been established to provide some measure of stability for young children in this stressful situation.

Conclusion

The task of managing a child development center is complex and evolving. Child development programs must continually grow and change because families are defining and redefining what they need for their children. As a manager, you are on the front line of decision making that can be supportive of families. You can exercise leadership among your staff members, among parents, and within your community and create a high-quality service that meets the needs of children in appropriate ways and helps them grow toward becoming strong, skilled, and healthy citizens of the future.

This chapter has identified the competencies required of effective program directors and the stages of professional development along the path toward achieving that competence. We have discussed population trends, such as family size and women's participation in the labor force, and government policies that affect child development services. In the coming chapters, we will review theories that affect your work as a manager and explore each of the core competencies you will need to succeed in the administrative role.

Questions for Review

1. Define *leadership.* Give one or more examples of leaders in the early childhood field that you have come to know through your own experience or in your reading.

2. Define *management.* How does it differ from *leadership*?

3. Define *child development center.* Give examples from your own community.

4. Based on your own experience or that of your classmates, try to cite examples of how directors in your community have demonstrated each of the 13 required competencies.

5. Describe the stages of professional development for child development administrators. At what stage would place your own development right now? Explain.

6. Review the information about immigration, poverty, and homelessness presented in this chapter. How do you think these trends might affect a child development program that you direct?

Professional Portfolio

Begin creating a professional portfolio to document your progress toward achieving the skills and knowledge you will need as an administrator of children's programs. In a large looseleaf notebook, label one divider for each of the competencies addressed in Chapters 4 through 15 of this text.

Alternatively, your instructor may suggest different headings for each section of your portfolio, or you may live in a state where the licensing agency has established specific categories of portfolio assignments as requirements for a director's credential. As you complete the assignments associated with each chapter, select those that you feel best demonstrate your mastery of a particular competency (no matter which competencies you have chosen), and place them in the appropriate section. Create a cover sheet for each assignment that explains why you have included it and what you think it shows about your managerial abilities.

Resources for Further Study

PRINT

Boulton, P. (2008). The child care director: Not just anyone can do this job. *Exchange*, *179*, 16–19.

Goffin, S. G., & Washington, V. (2007). *Ready or not: Leadership choices in early care and education.* New York, NY: Teachers College Press.

Sullivan, D. R. (2009). *Learning to lead: Effective leadership skills for teachers of young children* (2nd ed). St. Paul, MN: Redleaf Press.

Websites

FEDERAL INTERAGENCY FORUM

http://www.childstats.gov

The Federal Interagency Forum on Child and Family Statistics produces the annual federal monitoring report, *America's Children: Key National Indicators of Well-Being*.

KIDS COUNT

http://www.aecf.org

Kids Count is a project of the Annie E. Casey Foundation, which gathers information on several measures of child well-being at the local, state, and national levels in an annual census, available in hard copy and PDF format. Findings are also presented in searchable online databases as well as in tailored summaries addressing specific ethnic or demographic populations (e.g., newborns, teen parents, Southwest border residents).

NATIONAL CHILD CARE INFORMATION CENTER

http://nccic.acf.hhs.gov

National Child Care Information and Technical Assistance Center is a service of the Child Care Bureau, which describes itself as a "national clearinghouse and technical assistance center that links parents, providers, policy-makers, researchers, and the public to early care and education information." Click on "popular topics" to access organizations, resources, and publications (many in PDF format) on topics such as child-care arrangements, child care as a business, federal policy, licensing regulations, and tiered quality strategies.

Types of Child Development Programs

LEARNING OUTCOMES

After studying this chapter you should be able to

- Identify and explain the primary focus of five types of child-care programs.
- Discuss the advantages and disadvantages of three ways to finance child development programs.
- Describe a systems approach to providing child-care services.

Rainbow Place is a medium-size child-care center. It enrolls 100 children, ages 6 weeks through 5 years, and is open year-round, Monday through Friday, from 7:00 a.m. to 6:00 p.m. Tanya worked the early morning shift as a teacher and is glad that one of her duties in her new position as assistant director is to open the center. She enjoys greeting the children and their parents as they arrive and sharing a few moments of conversation before the parents have to rush off to their jobs. Many have told her how comforting it is to know their children are safe and happy while they work. Others have wanted to know more about what their children were learning at the center, or to ask advice about child-rearing concerns. Tanya has come to realize that Rainbow Place is more than just a service for hire; it is many things to the families it serves, and she takes deep satisfaction and pride in being part of it.

The previous chapter discussed the broad context within which the field of early care and education is growing and changing. You read about trends within society that will shape your career as a manager of child development programs. This chapter narrows the focus just a little to examine the universe of child development programs.

This universe is complex. No matter what classification scheme is used (e.g., age of children served, length of day, or institutional affiliation), few programs fit neatly into a single category. Infant–toddler, preschool, and school-age programs often exist under a single roof, as do programs offering part-day, full-day, or after-school care. We have chosen to categorize child development programs in two ways. We use the term *type* to capture a

program's central mission, often a direct outgrowth of its historical roots. The term **sponsorship** refers to financial resources and the governance structure associated with that revenue. As you will see, there is a great deal of overlap between these categories.

FIVE TYPES OF CHILD DEVELOPMENT PROGRAMS

Child development centers serve young children outside their homes less than 24 hours a day. They are part of the public social service system, the education system, the philanthropic system, and the business system. The breadth and depth of service varies considerably among the centers, and such philosophical differences guide management decisions. Nevertheless, the principles of managing the centers remain substantially the same. Parents selecting a program for their child may find five basic **program types** available. Depending on their primary needs, interests, and available resources, parents may choose one rather than others. The five basic program types are as follows:

1. Consumer service
2. Supplement to the care and education provided by families
3. Remedial or compensatory service
4. Investment in human capital
5. Facility for research or teacher preparation

As noted earlier, the distinctions among program types represent a different concept than program sponsorship, although the two ideas are often intertwined. Sponsorship refers to the funding source and governance of organizations, while program type refers to the central mission or purpose of the organization. Each type of program described here can be funded in a variety of ways, and a program funded in any particular manner can function in ways that could place it in more than one of these categories. For example, programs to supplement care provided by families are funded through parent fees, state or federal government subsidies, corporate sponsorship, or (most likely) some combination of these and other resources. These types do not represent hard and fast labels, but rather a way of teasing out some of the elements that make up the phenomenon of child care. A single program, such as a family child-care home, might originate as a supplement to family care (type 2), aiming simply to keep children safe and happy while their parents work. The same family child-care provider might collaborate with a local agency serving children with disabilities to enroll one or more children whose placement in inclusive care is part of their individualized family service plan (IFSP). The family child-care home thus blends aspects of a type 3 program as well (offering remedial or compensatory service). Of course, any facility that provides a developmentally appropriate program is fulfilling the function of investing in human capital (type 4).

In an ideal world, these program types would merge into a single concept of developmentally appropriate practices that apply to all programs; however, the reality is that the way program managers and staff members envision their mission and families' perception of the program create distinctions that affect the level and quality of services provided. Staff members who view their job as "just babysitting" are likely to feel less professional and to interact differently with children than are staff members who see themselves as partnering with parents to foster a child's optimum development. Families who pay for nursery school as a consumer service may expect—and be willing to pay for—more "frills" than families who purchase 8 or 10 hours of supplemental care each day while the parents are at work. Families in subsidized programs, whose children are deemed at risk for school failure, are probably more likely to accept testing and evaluation of their children as part of the package than are families who have elected to pay either for an enriching nursery school program or full-day child care while they pursue careers.

Type 1: Consumer Service

The word **consumer** is an economic term referring to an individual or organization that acquires goods or services, usually in return for payment. Because it is often purchased by families, child care is sometimes perceived (by families, by providers, and by the public at large) as a consumer service. Although many full-day programs can fall into this category, the most basic example might be a drop-in facility at a shopping mall or other retail establishment where children are kept safe and entertained while their parents shop. This view is problematic for many reasons, but mostly because it oversimplifies a very complex phenomenon. Who is the consumer, for example? The parent who pays, or the child who receives care? What exactly is purchased? Is it merely a certain number of hours of freedom from the responsibilities of tending to a child's safety and well-being? Certainly that may be what some providers intend to deliver and what some families hope to purchase, but child care involves much more, and high-quality child care yields much more. Thus, we would argue that even child care viewed as a consumer service is likely to be an investment in human capital and a supplement to the care provided by families.

A program that defines itself solely as a consumer good is unlikely to strive for, or achieve, high levels of quality. In contrast to other services that may be purchased for a fee, child care works best when it is based on warm, reciprocal relationships among parent, provider, and child. Parents who believe they are simply purchasing a service (such as a carwash) may view their child's caregiver as anonymous and interchangeable, perhaps like a hotel maid. Caregivers who share such a perspective are probably less likely to view themselves as professionals or to know and use best practices. Some leaders in the field of early childhood have argued that the persistent view of child care as a privately purchased consumer good, distinct from education, which is recognized as a social good, is one of the barriers to creating a system of child care that is high quality, affordable, and widely accessible (e.g., Brauner, Gordic, & Zigler, 2004).

Type 2: Supplement to Care and Education Provided by Families

Supplemental care extends the strengths and talents that parents have for caring for and educating their children. As indicated in Chapter 1, the need for supplemental care for children has grown with the increasing participation of women in the workforce over the past several decades. Supplemental care arrangements support parents by nurturing and educating their children in the hours during the day when they must be at work or school or when they are otherwise unable to provide such care themselves. If child-care providers truly understand that they simply provide the nurturing that parents would provide for their children if the parents were available, they will make every effort to serve as a support for each family system. This means they must highly value parent–child bonding and attachment and work to strengthen, never to undermine, these crucial emotional relationships. In addition to filling in during parents' absence, sensitive child-care providers can offer information, guidance, and emotional support to enhance parents' ability to fulfill their role. Supplemental care must never become a substitute for parental nurturing and educating.

Child-care centers developed in the United States and Europe during the early 1800s to protect children while their mothers and siblings worked in factories. These were primarily custodial situations limited to physical care, distinct from programs with educational goals. Although this distinction persists in many minds, it has begun to fade as programs make concerted efforts to provide both care and education. Many factors have contributed to this development, including media attention to recent research findings on brain development in the early years; rising expectations of families, particularly educated professionals, who rely on child care; and state licensing

regulations designed to improve the quality of all care. Certainly children who spend up to 10 hours a day, 300 days a year, in child care need enriching and educational experiences as much as or more than their counterparts in partial-day programs.

As a supplemental service to families, child-care centers continually evolve ways to respond to families' needs, including extended hours of operation to accommodate second- and third-shift workers; drop-in, irregular, or half-day enrollment for families that don't need full-day care; and after-school, summer, and backup (e.g., snow-day) care for school-age children. Accommodating families' needs for care when their children are mildly ill is another example of such efforts.

CARE FOR MILDLY ILL CHILDREN   According to the National Association for Sick Child Daycare (2009), more than 350,000 children under 14 stay home from school or child care every day, which means that working mothers miss up to 29 days of work and employers lose up to $12 billion each year. In the typical half-day nursery school of many years ago, a child with even a minor illness was routinely required to stay home. Full-day programs adopted the same policies, even though this meant financial hardship and a threat to the livelihood of parents who had to stay home from work when their children were sick. In the 1980s, this pressure created a demand for child development centers to establish facilities for the care of mildly ill children. Some communities created entire centers for this specific purpose. The American Public Health Association (APHA) and the American Academy of Pediatrics (AAP) have established standards for this type of care (American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education, 2011).

FAMILY CHILD-CARE HOMES   Family child care is another form of supplemental care popular with parents. Often, the family child-care home is in the neighborhood where the family lives, making it a convenient option. Some parents prefer family child care because it is provided in a smaller, more homelike setting and offers a closer match to the culture, values, and caregiving style experienced by the child at home.

Family child-care providers as a group are working toward a more professional status through affiliation with organizations such as the National Association for Family Child Care, which strives to promote adequate professional development, compensation, and resources for family child-care providers (2007). Frequently, people who begin by providing child care in their homes move on to become managers of centers as their business grows. Some center managers work out cooperative arrangements with nearby family child-care providers to pool resources and purchase supplies in bulk or refer families to another member of the group when needed services are beyond the scope of a particular provider. For example, a center that is licensed to care for children ages 2½ to 5 might develop a pool of nearby family child-care providers to care for younger siblings. Or the center might make an arrangement for certain family providers to accept those mildly ill children whose parents are unable to keep them at home. Such cooperation makes maximum use of resources for the benefit of all concerned.

Type 3: Remedial or Compensatory Service

Some programs enroll children to remediate or compensate for particular difficulties experienced by the child. These programs have their historical roots in the special schools for blind, deaf, or physically handicapped children that originated in the 19th century (Bailey & Wolery, 1992) and in the programs for economically disadvantaged children that grew out of the War on Poverty in the 1960s. A more recent trend is toward the inclusion of children with disabilities in programs for children who are developing typically. This trend is an outgrowth of several federal laws, which are summarized in Figure 2.1.

Progression of Public Laws Addressing Services for Children with Disabilities

- 1968: PL 90–538 of 1968 establishes the Early Education Program for Children with Disabilities; provides funding for model programs to expand knowledge about serving young children with disabilities and their families.
- 1974: PL 93–644 reserves 10 percent of available spaces in Head Start programs for children with disabilities.
- 1975: PL 94–142, the Education for All Handicapped Children Act, establishes the right to a free public education for children with disabilities from ages 3 to 21 and mandates the use of an Individualized Education Program (IEP).
- 1983: PL 98–199 provides funding to support state plans for extending the scope of services to include children from birth to age 5.
- 1986: PL 99–457 institutes the Individualized Family Service Plan (IFSP) for infants and toddlers with or at risk of developing disabilities, and offers states incentives to provide services for them.
- 1990: PL 101–576, the Individuals with Disabilities Education Act (IDEA), reauthorizes PL 94–142 and further extends services by adding autism and traumatic brain injury to the list of recognized disabilities.
- 2004: PL 108–466, the Individuals with Disabilities Education Improvement Act of 2004, extends services to homeless children and their families as well as children who are wards of the state. Other changes include provisions requiring states to ensure that service providers are appropriately qualified and that intervention methods are based on peer-reviewed scientific research.

FIGURE 2.1   Progression of public laws addressing services for children with disabilities.

As a result of this legislation, children with typical as well as atypical patterns of development are being served together in the same child development programs, with distinct advantages resulting for both. The child with a disability acquires a group of peers to emulate and the satisfaction of play and friendship as rewards for progress. The children without disabilities learn social skills and compassion. As the movement toward inclusion gains momentum, many centers formerly reserved for children with disabilities actively recruit children without disabilities to be included in those settings. Problems with funding arise, however, because priorities in this country mean that subsidies for early education are designated only for those children with specific disabilities or those determined to be at risk for developmental delays.

Type 4: Investment in Human Capital

Skills, talents, knowledge, and abilities are a person's **human capital**. Parents who enroll a child in a child development center expect that enhancing the child's abilities or human capital will pay off later in terms of better performance in school and better job performance beyond school. Investments in human capital occur at a broader level in the form of publicly funded programs for young children that benefit society in at least two ways: (1) by increasing the pool of individuals capable of contributing to their communities and (2) by reducing the costs associated with school failure and its consequences. President Obama has repeatedly affirmed his support for investment in early

High-quality child development programs serve all children—those with and those without disabilities.

education as compatible with—in fact essential to—the country's economic well-being. An analysis of studies conducted over time has found that low-income children with preprimary school experience were less likely than children from similar backgrounds with no early education to be held back a grade, be placed in special education, become pregnant as teenagers, or become involved in the criminal justice system (Kilburn & Karoly, 2008, pp. 12–15; Dickens & Baschnagel, 2009).

PROJECT HEAD START   Project Head Start, which was initiated by the U.S. government in 1965, is an example of such an investment in children's human capital. Head Start was designed for disadvantaged children as part of President Lyndon Johnson's War on Poverty. The emphasis on giving young children a "head start" arose when it was observed that children of the poor had more difficulties with later school performance than did children with more advantages. The argument for Project Head Start was that an earlier start in preprimary school with more educationally oriented programs would decrease the number of later school dropouts and also decrease the number of children entering special education.

Head Start provides comprehensive, high-quality early care and education and support services, including access to health screenings, referrals and follow-up support, parenting resources, and social services. Originally targeting 3- and 4-year-old children, Head Start has evolved to include services for infants and toddlers (Early Head Start), as well as full-day programs and care for children of working parents. In 2010, the program served 908,016 preschool-age children and another 908,016 children under age 3 in Early Head Start (Children's Defense Fund, 2012). Throughout the program's history, limited funding has meant that the numbers of children enrolled in Head Start and Early Head Start have comprised only a fraction of those children whose family income would make them eligible for services. Unfortunately, those numbers are being further reduced by the automatic, across-the-board federal budget cuts required by the Budget Control Act of 2011 (National Women's Law Center, 2013).

UNIVERSAL PreK   **Universal PreK** refers to an initiative aimed at making publicly funded preschool services available to all 3- and 4-year-olds on a voluntary basis. Georgia led the nation in this movement in 1995, followed by Oklahoma in 1998. Florida and West Virginia have laws requiring that all 4-year-olds be provided with high-quality preschool education (National Institute for Early Education Research, 2009). Since 2002, the percentage of all 4-year-olds enrolled in preschool has doubled (from 14 percent to 28 percent), while the percentage of 3-year-olds has remained relatively flat (from 3 percent to 4 percent). In 2012, 40 states provided programs for 4-year-olds; 26 of those also provided programs for 3-year-olds (Barnett, Carolan, Fitzgerald & Squires, 2013). Many state-funded programs have eligibility requirements based on income or other risk factors. Many are part-day and do not fulfill the needs for child care when parents are working. Some require the parents to pay tuition. Other revenue streams come from the federal government's Head Start program and the Individuals with Disabilities Education Act (IDEA) or Title I of the Elementary and Secondary Education Act, a program for children at risk for school failure caused by poverty.

EARLY LEARNING INITIATIVE   In his State of the Union address in 2013, President Obama laid out a plan to expand on these investments in young children's learning and development by establishing a continuum of high-quality early education beginning at birth and continuing until age 5. The plan calls for federal–state partnerships to extend preschool to all children whose families' incomes are at or below 200 percent of the poverty level, with additional incentives for states to offer services for families above that level, perhaps using

a sliding fee scale. The preschools would have to meet a number of quality standards, including appropriately trained and adequately compensated teachers. The plan would also expand services for infants, toddlers, and 3-year-olds through the existing Head Start program and home-visiting initiatives for at-risk families.

EARLY LEARNING STANDARDS   As more states invest dollars in early education, there has been a corresponding movement for states to establish standards for what young children are expected to know or be able to do after participating in early childhood programs. Having such standards in place was a requirement for states hoping to qualify for funding through the Race to the Top Early Learning Challenge in 2012. While many states have attempted to align their early learning standards with Common Core standards for kindergarten through grade 12, early learning standards are generally broader in scope, addressing all domains of development as well as academic content areas.

Type 5: Research and Teacher Preparation

Some centers are specifically organized to provide a group or groups of children for research in child development, child psychology, and early childhood education. One early example is a nursery school opened by the Institute of Child Welfare at the University of California, Berkeley, in 1928 (Harms & Tracy, 2006, p. 89). At times, these centers are also combined with teacher preparation programs to give university or community college students an opportunity to learn the various skills necessary to interact with young children. Some receive additional funding through a program of the U.S. Department of Education, Child Care Access Means Parents in School, which is designed to promote higher education for low-income parents.

A 1995 survey of 314 campus-based centers found that the majority defined their function as a combination of lab school and child-care service, 37 percent identified themselves as a child-care service only, and 11 percent as a laboratory school only (National Coalition for Campus Children's Centers, 2008). The lab school identity can have several implications, creating both advantages and disadvantages for families served (McBride & Hicks, 1999). For example, programs designed to support research might not admit children on a first-come, first-served basis, but rather establish enrollment criteria to ensure equal numbers of boys and girls. Families served by programs whose primary aim is teacher preparation benefit from the level of quality created as these programs strive to model best practices for their teachers-in-training. At the same time, many of the staff members in these programs are student teachers who possess varying degrees of skill and who come and go with each semester. In addition to these staff fluctuations, families must often accept the inconvenience of locating alternate care when the programs close during

University lab programs provide opportunities for young men and women to gain experience working with children.

breaks in the academic schedule. As funding sources tighten or university objectives change, these centers often face challenges to their continued existence (Freeman & Brown, 1999). In such an atmosphere, it is especially important to recognize the vital functions that these schools fulfill in developing innovative practices and preparing future leaders for the early childhood profession (Harms & Tracy, 2006).

?   DECISIONS, DECISIONS . . .

Based on the information provided in the vignette at the beginning of this chapter, what program type seems to apply to Rainbow Place? Why? Which type, or combination of types, seems most ideal to you? Why?

THREE WAYS OF FINANCING CHILD DEVELOPMENT PROGRAMS

You have read how child development programs can be classified as one or more of five distinct types, based on their central purpose or objectives. Now, we turn our attention to the ways that programs are funded. Whatever a program's purpose, it cannot be accomplished without financial resources to pay for staff, rent, utilities, equipment, and supplies. The source of those dollars influences not only how well a program is able to fulfill its mission, but often the nature of that mission as well. Basically, child development services can be funded in three ways, each of which spreads the cost over a successively wider base: (1) The narrowest base of support occurs when the cost is shouldered entirely by the individual families who are direct consumers of the services; (2) the base of support widens somewhat when costs are shared by social agencies that sponsor programs for philanthropic reasons or by corporations with vested interests in doing so; and (3) costs are spread across society as a whole when tax-supported initiatives at local, state, and federal levels fund programs. This last scenario is analogous to the system of funding public education for children over 5 years of age. Everyone who pays taxes helps pay for public schools, not just the parents with children in those schools, because everyone in a democratic society benefits from having a well-educated population.

In reality, many programs are funded by a combination of methods. Centers relying on parent fees for the bulk of their budget might supplement those fees by applying for grants from private foundations or by participating in the government-sponsored Child Care Food Program.

Lally (2005) argues that the various funding methods reflect distinct views of society's responsibility and children's rights. He uses the term **economic rationalism** to characterize the view that parents bear sole responsibility for their children and thus for providing substitute care when they are unavailable. Another view, **instrumentalism**, holds that a society acts in its own best interest when it funds child-care programs to counter the likelihood that abused or poor children will grow up to become burdens on society. According to Lally, neither approach recognizes children as citizens with rights in the present: "the right to be, the right to become, the right to enjoy, and the right to choose" (p. 45). This view, which Lally terms a **social enrichment perspective**, underlies the generous child-care policies in Europe, Australia, and New Zealand. As you read the following sections, consider the issues of funding and quality through a leadership lens, thinking about ways you can advocate on behalf of children and families to make high-quality care affordable and accessible.

LEADERSHIP LENS

Advocacy, defined as "the act of pleading or arguing in favor of something, such as a cause, idea, or policy" (*American Heritage Dictionary of the English Language*, 2011), is a natural outgrowth of leadership and professionalism. As a member of the early childhood profession, you are in a pivotal position to advocate for children. You have seen many families firsthand. You are in touch with them and are aware of their needs and concerns. You have credibility and expertise because your center is an important support service for families in your community.

Advocacy efforts vary in scope, from addressing the needs of a single individual (e.g., helping a family obtain needed service for a child with disabilities) to serving all children (e.g., encouraging the expansion of state subsidies for child care for low-income families). Between these extremes, you might work toward some benefit for your own center, perhaps a change in zoning regulations to allow expansion of your building. At the next level, you would work for something that would benefit the larger community, perhaps a new park or children's library. Publicly funded pre-K programs or changes in licensing regulations are state-level causes, while obtaining the federal dollars to support those initiatives requires advocacy at the national level. Figure 2.2 illustrates the gradually widening scope of potential advocacy efforts. Effective advocates understand the ways in which the ripple effect works: When you change one factor in the system, it affects and changes other factors.

Advocacy leadership (Blank, 1998) requires that you become committed to joining discussions and actions that support a cause that you think needs community attention. You learn about it, work for it, and persuade others to join you. Advocacy leaders have a strong belief that something can be done about most things if enough ideas and energy are brought to bear. As they advocate for an individual child, a group of children, or all of the children in our global village, they hold the optimistic view that, with effort, a better future is possible. Most important, they keep in mind that using the talents and ideas of everyone leads to more progress.

The process begins by establishing a common ground with your audience about what should be. Then you must show them how reality deviates from that shared ideal and explain why that deviation is important. Most people agree that all children deserve to be safe, healthy, and loved. If you can show how many, or how often, children in your community are deprived of these basic rights, and if you can explain what this situation means in the long run—for the children and for your community—your audience will be prepared to take the next step: thinking about how they can help turn what *should be* into what *is.*

Family Payments for Child Care

It may seem logical that child development programs derive their financial support by charging families a fee for the service, just as any other business charges its customers. A restaurant, for example, sets its prices for meals by calculating the costs of the food; salaries for kitchen and waitstaff; and overhead such as rent, utilities, laundry, and cleaning costs. If there is a deficit, the restaurant either raises the prices for its meals or lowers expenses, perhaps cutting corners on laundry costs by substituting paper napkins for table linens. Either option risks driving away customers, whether those who object to higher prices or those who prefer their filet mignon served on fine china and damask tablecloths. In the end, though, the restaurant's income must exceed its expenses or the business will founder.

Making ends meet in a child development center can be more difficult. One reason is that child care is a labor-intensive operation, meaning that staff salaries
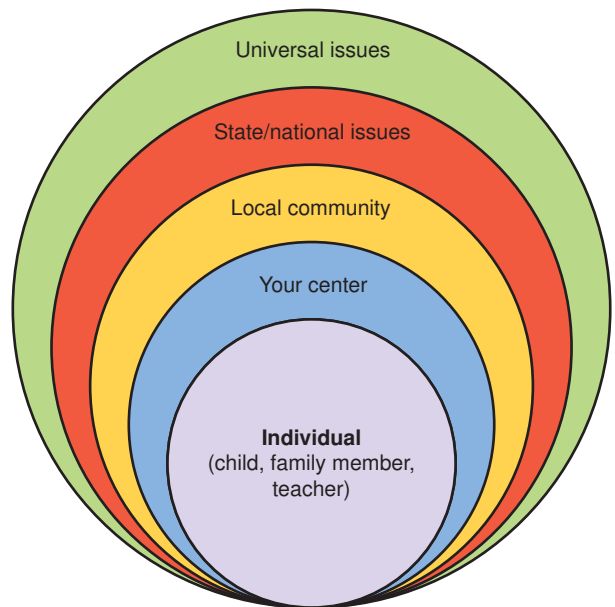

Universal issues

State/national issues

Local community

Your center

Individual
(child, family member, teacher)

FIGURE 2.2   Scope of advocacy efforts.

make up the bulk of any program's expenses. Although a restaurant might economize by finding a less expensive source of vegetables, for example, a child development program can hardly cut down on staffing costs when salaries for many are already below the federal poverty level ($17,600 per year for a family of three). In 2008, the average salary for child-care workers was $9.43 per hour, or $19,605 per year (National Association of Child Care Resource and Referral Agencies, 2009b).

Child care is expensive, and although many families are already devoting substantial portions of their annual income to it, the burden is substantially greater for families with earnings below the poverty level. According to the latest available U.S. Census figures, employed mothers paid an average of $127 per week, or 7.7 percent of their family's annual income, for child care in 2011. While the average weekly fee paid by poor mothers was much lower, at $63.00, this amount represented a far greater proportion of their annual income (19.6 percent) (Macartney & Laughlin, 2011).

In 27 states, the cost of center-based care for a 4-year-old child is higher than the cost of in-state tuition at a public university (Children's Defense Fund, 2012, p. 34). It must be noted, however, that tuition and fees account for less than one-fourth of the total cost of college. State tax dollars, grants, endowments, and other sources comprise the bulk of revenue for public higher education. In contrast, fees paid by families comprise nearly two-thirds of the revenue stream for early care and education nationwide (Child Care Action Campaign, 2001). In this **video**, Kristin Rowe-Finkbeiner, founder and executive director of the organization Momsrising, describes the impact that this situation has on women in particular and calls for investment in children as a way of promoting gender equality in the workforce and a stronger economy overall.

❓ DECISIONS, DECISIONS . . .

What do you think child-care personnel should earn? Why? How much do they earn in your community? How much do you think families should pay for child care? As a manager of a child development center, how might you balance these two factors?

Thus, it is nearly impossible for child development programs to charge fees high enough to support living wages for their staff members. This situation is called the **child-care trilemma**. Programs struggle to meet three equally desirable, complex, interrelated, but competing or mutually exclusive, goals: program quality, fair compensation, and affordability. If they charge fees that parents can afford, they are unable to pay adequate salaries. If they keep salaries low, they are unable to attract highly qualified employees—or keep those they do attract—and program quality suffers. Yet raising rates to reflect the true cost of high quality services places those high-quality services outside the reach of most families. Even programs that rely on parent fees for the bulk of their income are likely to supplement that revenue with various fund-raising activities. The unspoken truth is that their underpaid employees are subsidizing the program with their own labor. Many early childhood professionals and child advocates have concluded that high-quality child care will be impossible to achieve unless the costs are spread beyond families to a wider segment of society.

Sponsored Programs

Because they recognize a need for services for young children, and the fact that families—particularly poor families—are unable to shoulder the full cost of such services, religious and civic organizations have a long history of either providing or underwriting the costs of programs (Rose, 1999). In fact, since the 1830s, charitable institutions have provided most of the center-based child care in the United States (Neugebauer, 2000b, p. 6). Although these organizations may have had philanthropic motives, business organizations have also found reasons to sponsor programs for children. Maria Montessori, a renowned innovator in early childhood education, began her work in Rome in 1907 when a group of Roman entrepreneurs hired her to keep children from vandalizing the housing developments they were attempting to renovate. Her Casa dei Bambini (Children's House) eventually became the model for the thousands of schools around the world that bear her name today (Goffin & Wilson, 2001, pp. 38–45). Enlightened corporations have continued to recognize that sponsoring child-care initiatives has benefits for the corporation, as well as for the children and families served.

CHURCH-SPONSORED OR FAITH-BASED PROGRAMS   Between 1992 and 2008, increases in the number of child-care programs housed in religious settings ranged from 47.7 percent for Jewish programs to 76.4 percent for Protestant programs; Catholic programs increased 52.6 percent. Some of these programs serve only members of their particular denomination, whereas others are open to all. In spite of these gains, many are feeling a pinch due to the growth of state-funded pre-K programs (Neugebauer, 2008).

Results of a recent examination of the relationship between quality of care and type of sponsorship suggest that, although nonprofit centers in general demonstrated higher quality in several areas (positive caregiving, caregiver wages, education, and professionalism), this does not hold true for religiously affiliated nonprofits, whose quality was closer to that of the for-profit programs. The authors warn, however, that the findings were not consistent across every indicator or age group and should be interpreted with caution (Sosinsky, Lord, & Zigler, 2007).

Although exempted from licensing regulations by some states, religiously affiliated programs are encouraged to become licensed voluntarily in order to demonstrate their adherence to the external standards, to reassure parents, and to access higher reimbursement rates (Child Care Bureau, n.d.). Recent federal initiatives have given churches and religious organizations new access to government resources. In January 2001, President George W. Bush established a White House Office of Faith-Based and Community Initiatives to expand and encourage such programs. The Center for Faith-Based and Community Initiatives within the U.S. Department of Health and Human Services, whose goals have been endorsed by President Obama, states that its mission is to "create an environment within HHS that welcomes the participation of faith-based and community-based organizations as valued and essential partners with the Department in assisting Americans in need" (www.acf.hhs.gov).

EMPLOYER SUPPORT FOR CHILD CARE   Employer-supported child care is not a new phenomenon. An early venture into industry-connected child care occurred during World War II when a federal law, the Lanham Act, financed centers to provide child care for children of women needed in the war industries. These were known by many as the Lanham Act Nursery Schools. Advisers to the government for these schools were people

prominent in the field. Many centers had state-of-the-art facilities, equipment, and programs. After the war, most of these centers were abandoned, though their influence continues to be felt. In a survey conducted to mark the turn of the century, prominent leaders in early childhood education noted that the creation of these centers marked society's new acceptance of women working outside the home. The training materials they produced are still used in some centers.

Employer-supported child-care initiatives blossomed again in the 1970s and 1980s when women born during the baby boom years entered the workforce in great numbers. Many programs were the result of collaboration between employee unions and employers, including those in the private sector (e.g., the automobile and garment industries), as well as public-sector employers at local, state, and federal levels (Hildebrand, 1993, pp. 221–224). These accomplishments signaled an emerging trend toward the acknowledgment of child care as a core concern of employers as well as employees. Child care joined other issues on the bargaining table when stakeholders realized that the invention of constructive solutions can be beneficial to management as well as labor, assisting employers to recruit and retain a stable and productive workforce, while aiding unions to be responsive to their needs.

Employer support for families' child-care needs can include contracting with existing programs to purchase child-care slots for employees, providing or contracting for child-care referral services, and offering options such as flexible scheduling or job sharing. Most common, and least costly for the employer, is the flexible spending account, which allows employees to set aside pretax dollars to cover child-care expenses. (This is classified more properly as a combination of family payment and public support. On the one hand, families are spending their own dollars to pay for care; on the other, they are enjoying a tax savings, the true cost of which is actually spread among all taxpayers.)

Child-care resource and referral services help parents locate and evaluate the quality of child-care facilities. A 2012 study by the Work Family Institute found that 61 percent of employers with 1,000 or more employees provided resource and referral services versus 29 percent for those with 50 to 99 employees. At a deeper level of involvement, employers provided child-care assistance in one of three ways: (1) They provided child care at or near the worksite; (2) they provided vouchers or subsidies to pay for the cost of child care; or (3) they offered dependent care assistance plans that allow employees to pay for child care with pretax dollars. In each of these categories, the percentage of large employers far exceeded that of small employers. Not surprisingly, those most likely to provide child- and elder-care assistance were larger, nonprofit organizations that had more women in their workforces as well as in top positions (Matos & Galinsky, 2012). (See Figure 2.3.)

According to the Bureau of Labor Statistics, which has been tracking the numbers since 1990, employers providing these types of support are a distinct minority. Just as with resource and referral services, employees in larger establishments are more likely to have access to these benefits than those in smaller organizations. Although the expansion of employer-supported child-care programs has tapered off considerably as a result of the economic downturn, CEOs of the largest providers in North America predict that the long-term demand for such services will grow, fueled by growing numbers of women entering the workforce (Neugebauer, 2010).

Even though such programs are few in number, their high visibility and connections to the influential world of business mean that their potential impact on the field as a whole is substantial. Hill-Scott, for example, sees these programs as an important factor in the movement toward establishing a credential for administrator (2000, pp. 208–209). Thus,