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Authors

Gerald Bourne, Patricia

Medrich, Elliott A.

Steadwell, Louis

et al.

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DAY CARE NIGHTMARE
-- a child centered view of child care --

by

Patricia Gerald Bourne
and Elliott A. Medrich, Louis Steadwell,
Donald Barr

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PREFACE

This report is the product of a marriage of two separate needs:

- the desire of students to do field research in relevant areas to their concerns; and
- the desire of the Field Foundation to take a new look at a variety of areas that affect children.

The research in this study was done by a group of Social Policy Planning students who interviewed local community leaders and child care staff, state and federal personnel; as well as analyzing a wide variety of program documents.

The group was originally led by Elliott Medrich under my supervision. As the work time increased; and as all data was being evaluated, the full responsibility for drafting the report was in the hands of Patricia Bourne. Thus this is a group effort, written by one of its participants.

What has been produced is a report which looks at child care in a new way, giving clues to new processes of governance not only for this field, but for others as well. The preliminary response has indicated its usefulness to academicians and practitioners.

Leonard J. Duhl

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I. INTRODUCTION

Child care has emerged in recent months as a major issue, both of national policy and of community demands. What is most striking about the current chorus of demand for an expansion of day care services is that all of these voices represent the interests of adults and of adult society. All implicitly agree that the purpose of child care services is to free mothers that they may enter the labor force, may become more productive members of the labor force, or may develop their own potential as human beings. It is our position that these adult needs for child care services are important and pressing and must be met, but that adult society will best serve its interests by providing child care services which meet the needs of its children.

Though group child care dates back many years to the progressive nursery school movement of the 1920's, it has been a prominent issue in only two periods: during WWII, because of pressing major employment needs, child care services developed around critical war industries; in the 1960's, the poverty program created a focus and brought new public funds to child care through Community Action Programs, Headstart and manpower training efforts. In 1970 day care has again come to the forefront as an issue of national priorities. New voices have entered the debate.

Underlying this new interest are important changes in the structure of the American Labor force. Recent Department of Labor estimates show that women now make up 48% of the labor market; this compares with the

1945 average of 36%. In families where the husband earns less than \$3000, 55% of women with school-age children work, 32% of those with pre-school age children. In 1969 there were an estimated 5 million children of working women who were under age six; it was estimated in 1968 that facilities were available for 500,000 of these children, most of them profit-making programs. There is, in short, an increasing economic imperative for child care services.

This economic imperative is linked with "The Welfare Problem." As policy makers search for ways of rationalizing and humanizing the welfare system, "self-sufficiency" becomes the keynote: the availability of cheap child care services would enable AFDC mothers to work. When President Nixon recently presented the family assistance plan, child care was an integral part. He proposed new services for 450,000 children.

Child care services are seen as important to the issue of welfare and unemployment in another way: they offer an ideal opportunity for the creation of para-professional jobs.

Welfare Rights organizations and minority low-skilled employees have made child care one of their high priority demands. Employers, too, are newly interested in child care. With the high rates of participation in the labor force by women -- and increasingly women with younger children -- industry is concerned with the lateness and absenteeism often caused by undependable babysitters or sick children. Many firms have already begun to provide child care services at the workplace.

Another voice in the increasing demand for child care services is the women's liberation movement. For this group, child care "is a crucial issue in the struggle to move from women's oppression to women's

liberation . . . we must be free from our primary identification as mothers and from the sole responsibility for child-rearing."¹

With all of this demand, it is not surprising that there should be some eagerness to supply child care. The need for capital outlay for building and equipment and the complexities of state and county licensing requirements mean that child care is ready-made for the franchisers. Child care, Chicken Delight or Minnie Pearl style, is already in progress in many parts of the United States.

A variety of interests, then, are converging to form a widely based pressure for an expansion of child care services both public and private. But beyond this simple level of agreement, the various interests involved have divergent agendas. The federal welfare planners will want cheap programs, but will also press for high standards of nutrition, health, supportive services and an educational component, thus giving impetus to suppliers to seek ways out from under the aegis of public control. Industry will want to use child care programs to draw and hold employees. The franchisers will want a profit; because child care programs of the quality required by state licensing, and especially federal support regulations is very expensive, there will be (and already have been) pressures to lower or make exceptions to public standards. And the women's liberation movement will want child care on their own terms for they see all government and industry-run programs, as tools of male oppression.

These points add up to what we see as a set of pressures for the expansion of day care services strongly focused on the needs of adults

¹"Day Care, Who Cares?" Vicki Breitbart, p. 27, Leviathan, April 1970.

in the labor force. A program so focused can only be callously detrimental to the needs of the nation's children. When a child's eligibility for a child care program is tied to his mother's participation in a training program or a particular job, frequent damage to the child's sense of stability and security is inevitable. When franchisers and industry, in search of cheap programs, seek to avoid the expensive standards set by public agencies, it is our children and their chances for emotional and educational development who will be the losers. When a mother's central concern about her children is to be free of them, can she expect that someone else will care?

We will take throughout this paper, a child-centered stance.

We will

1. Establish a set of criteria based on the needs of children for extra-parental care, by which the performance of a system or constellation of child care services may be judged.

Our child-centered stance implies a concern with all children to age 12. We will not limit ourselves to services for welfare recipients. Though the poor, on welfare or not, will take priority in our considerations, we have chosen to look at the needs of children rich and poor, sick and well, normal and atypical. Nor will we limit ourselves to the usual focus on the 2-6 age group. We acknowledge the widespread (though not universal) conviction that the needs of children from birth to age 2 or 3 cannot be adequately met in an "institutional" setting but insist that an urgent need exists for extra-parental care for infants in some form. We also feel that the out-of-school-hours needs of the 6-12 age group can no longer be comfortably ignored.

2. Look at the existing range of services in order to see which of these needs of children are currently being met and which are not being met.

We will include not only those programs which ordinarily fall under the rubric of "day care," but also pre-school, nursery school, and compensatory education programs. The range of services includes: (1) Private arrangements in or out of the home; (2) Licensed family day care, where a child joins another family in its home during the day or where a mother cares for up to ten children in her own home; (3) Group programs -- publicly operated by the schools or other agency, private non-profit, private profit -- which provide custodial or educational services for pre-school or school-age children.

3. Look at the existing constellation of services as a "system" and ask whether that system is able to respond to the current and evolving needs of children, i.e., can current programs fill the unmet needs of children for extra-parental care if supplied with the magic of adequate funding, or is a fresh approach and the creation of new forms of organization required?

In looking at the pattern of child care services, we will be interested in the interactions among the federal, state and local levels. The actual pattern will vary widely from state to state and city to city, but the issues which arise for the effective delivery of services from these relationships will be similar throughout the country. We will use as an example of this pattern of interactions, state programs in California and services in Berkeley and Oakland.

4. Identify immediate and particular changes which would make the existing system more effective, propose some priorities for action and a new form of organization for the delivery of day care services.

II. CRITERIA FOR CHILD CARE SERVICES -- THE NEEDS OF CHILDREN

In order to evaluate the current system of child care services, it is first necessary to set out the criteria against which we will measure that system. What needs ought a constellation of child care programs be able to meet?

As we have pointed out, the need for child care is most often viewed in terms of releasing parents for work or training. Such an emphasis tends to ignore the needs of children of both working and non-working parents for something more than custodial care. We will first set out, in broad outline, the critical needs of children as they develop from infancy through entry into the school system.²

Infancy -- Age 0 to 1

The need for adequate nutrition and for freedom from disease and accident is perhaps most urgent in the first year of the child's life. A wide variety of factors impinge on the meeting of these needs: housing conditions, sanitation, preventive shots and medical care; and the availability of the mother's time to supervise. These necessary conditions are dependent on three main factors; knowledge to detect difficulties and ability to give care; the availability of medical consultation; and family income.

²We have drawn freely from the Report of the Joint Commission on the Mental Health of Children.

Most important for the cognitive and emotional development of the child in his first year is the establishment of a basic sense of trust through a one-to-one, intensive and enduring relationship, usually, though not necessarily, with the mother. He will also need a certain degree of environmental stimulation.

Toddler -- Age 1 - 2

Adequate nutrition and freedom from disease and accident are still paramount in this stage and dependent on the same complex of factors.

Cognitive development becomes more complicated. In this year the child needs to begin to develop capacities to sublimate. He needs to be encouraged to explore, to actively interact with his environment and to gain a sense of success in task accomplishment.

Emotional and interpersonal development in this stage centers around issues related to toilet training: development of impulse control, self-image and a balance between conformity and rebelliousness.

Pre-School -- Age 2 - 4

The same health needs continue to be critical in this stage of development.

The child's needs for emotional and interpersonal development center now around finding an individual and sexual identity. He needs to begin to explore and interact with a wider environment. In the process of establishing a sense of self, he needs to be able to establish multiple relationships of various sorts with adults other than his parents and with other children.

Cognitive development begins to center around readiness for school. He needs to learn basic communication skills, to learn about his environment in a concrete sense.

What implications does this developmental scheme have for child care services?

Infants

It is widely held that an institutional setting cannot provide an adequate substitute for the needs of infants for mothering at home. We cannot, however, simply write off services for infants with the admonition that young children ought to be home with their mothers. In many instances, out of external economic or internal psychological imperatives, the mother will work. And it is often the case, especially in poor families, that the needs for adequate nutrition, freedom from disease and accident, and the intensive one-to-one relationship which we have laid out cannot be met in the home. Each of these cases has different implications for child care. In the first case, where the mother is away at work we need to find ways of providing the best possible alternative with the chief criterion being the possibility of a stable one-to-one relationship. In the second case where the health and developmental needs of the child are not being met despite the presence of the mother in the home, our system must first of all be able to detect and diagnose these situations and then provide either alternative settings or ways of supporting the home environment so that it can provide for the child's basic needs.

Toddlers

The situation for toddlers is very similar, with the need for a stable one-to-one relationship still paramount whether inside or outside the home. The child's increased motor abilities and independence make care outside the home more possible on the one hand, yet the quality of care and relationships at this time when the child is establishing his most basic sense of competence is equally crucial.

Pre-School (2-4)

It is with the pre-school group, age 2-4, that experience outside the home -- with territory outside the home, with other adults, with other children -- that the child care service picture begins to shift from an emphasis on substitute and compensatory care where the home environment is in some way inadequate to an emphasis on a positive experience needed by all children regardless of the home situation. It is with this age group that interaction with peers and with adults other than parents becomes critical in the child's search for an emergent identity. This need for a broadening of experience is not limited by any means to poor children -- the middle or upper class child who lives in a neighborhood which has few children of his age or where traffic and other environmental dangers may prevent his exploration outside the confines of a front yard or balcony, is as much "in need" as is a ghetto child for whom new styles of behavior and interaction may be crucial to his breaking out of a cycle of disadvantage.

In addition to these developmental needs, the 2-4 age child needs to begin to acquire certain basic social skills and to begin to develop cognitive and perceptual skills in order to be ready for school -- counting, knowing objects and the like. Day care services for this group,

then, must provide more than passive babysitting; the children of both working and non-working mothers have important developmental, educational and skill acquisition needs. For those children for whom this age is the time of the first break from the home, the skill of the teacher in assisting in the "rites de passage" is of critical import.

School-age

When the child begins kindergarten, the school takes on many of the parental functions. The children of working parents, however, will need supervision and often meals both before and after school hours. The child will have emotional needs here as well as require a safe environment, nutrition and things to do. The opportunity for extra educational experiences and help with school work is important here. Though it is clear that the need for care after the school day continues through adolescence, we are concerned only with the pre-puberty period. At puberty other alternative institutions and arrangements are and should be available.

In addition to the broad pattern of need above, there are additional needs for extra-parental care:

1. Ad hoc supervisory care -- while parents do errands, see doctors; in cases of emergency when parents must go out of town, go into the hospital, etc. The needs of single-parent families are particularly critical here;
2. Sick child care -- when the child cannot attend school and other usual programs and when both parents work;
3. Atypical child -- where care for special problems of the child cannot be dealt with by the parents or by the usual community services.

Included are family emotional problems which may be alleviated when day care is provided outside the home for one or more of the children. The main criterion for services in this area is the facilitation of the "normal" development of the "atypical" child. This implies the need for early diagnosis and treatment of physical and psychological problems and for accommodation of atypical problems in "normal stream" services.

Six criteria stand out in the broad outline of what seem to us to be the basic needs of children age 0-12 for extra-parental care.

A system or constellation of day care services should provide:

-- Accessible custodial care for children whose parents are away from home regularly or irregularly.

-- Stable and intensive adult-child relationships for children whose parents are regularly away from home. The younger the child, the more important supportive care is. The best care links the child's relationships with parents and parent-surrogates.

-- An environment which fosters the child's development of identity, interpersonal and group relationships and social skills.

-- Development of cognitive and perceptual school readiness skills.

-- Nutrition and health care.

-- Early diagnosis of physical and psychological problems and treatment which is directed at maintenance in, or return to, the stream of "normal" development.

With these criteria in mind, let us now turn to an examination of child care services which are currently in operation.

III. CHILD CARE SERVICES: FEDERAL, STATE AND LOCAL

The title of this paper, "Day Care Nightmare," was inspired by our attempt to trace out the ebb and flow of child care funds through a confusing maze of pipelines between the federal, state and local levels. The very complexity of the fund flow is, we feel, one of our most significant findings.

Federal Day Care and Pre-School Funds³

Social Security Act, as amended, 1967

This legislation is potentially the most significant provision of funds for child care; it is also the most complex. Day care for children of welfare recipients had been part of the Social Security Act since 1962. The 1967 amendments significantly broadened the authorization for services.

³The three principal funding agencies, Health, Education and Welfare, Office of Economic Opportunity and the Department of Labor, have set guidelines (The Federal Interagency Day Care Requirements) that must be satisfied before any group program can qualify for assistance. The Interagency Guidelines establish physical site requirements for day care facilities, standards for safety and sanitation, size and design of facilities, educational services, supplementary social services, health and nutrition services, staff training, parent involvement, personnel administration and recruitment, and program evaluation. The standards are high. Community-initiated programs in low income areas often have great difficulty in meeting each requirement before the program has been organized and funded. Privately operated child care programs rarely meet these exacting standards.

Work Incentive Program (WIN) (Title IVA, Section 402(a)15). --

This section of the amendments requires states to mount an intensive effort to place all appropriate adult welfare recipients in jobs or in training leading to jobs. The establishment of adequate child care arrangements for women enrolled in WIN was required, with the federal government paying 85% of the child care cost for the first year and 75% thereafter. Funds flow from HEW to state and local welfare departments which may then operate programs, contract for services, or give direct assistance to individuals for privately arranged services.

Aid to Families with Dependent Children (AFDC) (Title IVA, Section 402(a)14). -- This section enables states to provide day care services to nearly all children from low-income families. The definition of eligibility is expanded to include past and potential welfare recipients. Under this section, the federal government will match a state welfare department contribution on a 75%/25% basis. Services may be provided directly by state or county welfare departments or may be contracted for with other government agencies or private non-profit organizations. Private funds may make up the 25% contribution if channeled through the public welfare department. Direct assistance to individuals is also allowed.

Child Welfare Services (Title IVB, Section 422(a)). -- Federal grants are authorized to state public welfare agencies for child welfare services, including day care. Priority must be given to children from low income families and to geographic areas that have the greatest relative need for the extension of day care services. Federal contribution ranges from one-third to two-thirds of cost depending on formulas

set by the states. Direct assistance to individuals is not authorized under this section.

Economic Opportunity Act, as amended

Head Start (Title IIA, Section 222(a)1). -- Now administered by HEW, Head Start is a compensatory education program. Ninety percent of the children participating must come from "hard-core" poor families. The stated purpose of the program is to improve the health and physical ability of poor children, to develop self-confidence, ability to relate to others, to increase their perceptive skills, to involve parents in activities with children, and to provide appropriate social services for the family in order that the child of poverty might begin his school career on more nearly equal terms with his more fortunate classmates. Funds (80% federal share) flow directly to local Community Action Agencies which must provide 20% support, usually in kind. The Community Action Agency may run programs directly or contract for services with public or private non-profit agencies. State authority is limited to a simple approval or rejection review process. Though \$70 million of the original \$425 million budget was allocated for day-long, full-year programs, the main thrust is toward part-day compensatory education programs.

Community Action Programs. -- Child care and pre-school programs may be funded as part of community action agency packages. Again, funds flow directly to the local level. The agency may make direct provision or contract for services.

Concentrated Employment Program (Title IB, Section 123 (A,B)). --

This section represents an effort to provide a package of manpower programs in areas with serious unemployment problems. Day care may be provided for those enrolled. Funds flow from the Department of Labor, Manpower Administration, to state employment services and Community Action Agencies.

Elementary and Secondary Education Act, 1965

Title I. -- This section provides funds to school districts for projects designed to meet the needs of educationally deprived children from low income families. One hundred percent funding flows from the U.S. Office of Education to State Departments of Education and then to school districts and other public agencies. The program requires districts to submit plans and applications for expenditure of their federal entitlement to the state. Compensatory education pre-school programs for low-income children may be included in these plans.

Indirect and Miscellaneous Funds

A further multiplicity of federal programs may provide funds for child care services or facilities. Demonstration Cities and Metropolitan Development Act funds, for instance, may flow to the Model Cities Agency via the Mayor's Office to directly fund child care or to be used as local matching funds to be threaded back through the system to capture federal welfare, poverty or education funds. PHS Neighborhood Health Center funds may be used for construction which can include space for child care. Urban Renewal monies may be utilized to acquire land. Neighborhood Centers developed under the Economic Opportunity Act may include child

care, as may Community Mental Health Centers under NIMH. The Department of Defense provides pre-school programs for military families. Funds for other special groups are available, such as HEW funds for Cuban immigrants and Department of the Interior funds for American Indians.

The salient phrase throughout this description is "funds may be used. . . ." Here, as in most areas of social policy, we are involved in a giant grantsmanship game. The game board is set up to force local communities to puzzle out their moves through the maze to funds which may have been used up by the time the application arrives. The extent and quality of actual services, as we shall see when we wend our way through the state of California and the localities of Oakland and Berkeley, is dependent on the willingness of the state legislature to enact facilitative laws, on the competence of local agencies and groups to thread the maze, and on the local community's desire for child care services.

State of California Programs and Funds

The State of California has taken an unusual degree of initiative in the provision of child care services. Though children's programs have not been exempt from recent state economizing, a strongly established system of services has successfully resisted cutbacks except as the inevitable result of tight budgetary ceilings in an inflationary period. The state has twice found ways to continue programs whose funds were cut off, and has created an important facilitative channel, through its Preschool Education Program, to federal matching funds. Only slightly more than half the states and territories now budget for day care. We must therefore keep in mind that California is an exemplary rather than typical example of state role in the provision of day care services.

TABLE I
FEDERAL FUNDING FOR DAY CARE PROGRAMS -- FISCAL 1969-70

	Social Security Act, as amended, 1967		Economic Opportunity Act, as amended		Elementary and Secondary Schools Act	
	AFDC Title IVA Sect. 402 (a)14	WIN Title IVA Sect. 402 (a)15	Child Welfare Services Title IVB Sect. 422(a)	Head Start Title IIA Sect. 222 (a)1	CEP Title IB Sect. 123 (A,B)	Title I, Section 103 (a)1
Authorization for Fiscal 1969-70	Open Ended (matching)	Open Ended (matching)	\$6.5 million*	\$328 million	\$15 million	\$1 billion*
Federal Share	75%	75%	33-1/3 to 66-2/3%**	80%	90%	100%
Administrating Agency Federal	Department of Welfare Services/Community Administration	Department of Health, Education and Welfare - Social and Rehabilitation Services Administration		HEW Office of Child Development	DOL Manpower Administration	HEW Office of Education
State	Welfare Departments	Welfare Departments		Community Action Agency or Single Purpose Agency	State Employment Service	State Department of Education
Local	Welfare Departments	Welfare Departments				Local Education Department
Eligible Operators***	1-8	1-8	1-7	1-5	1-5	1-9

*Includes Day Care funds; **Varies from state to state according to formula set by Statute;

***Eligible Operators Include: 1. state welfare agency

2. local welfare agency

3. community action agency

4. neighborhood organization

5. private non-profit organization

6. independent operators

7. private employers, labor unions

8. direct assistance to individuals

9. local education agency

The Children's Centers Program

During World War II, acute labor shortages developed throughout the country, primarily in defense and defense related industries. To meet the demand for additional labor, large numbers of women were employed, including many mothers of young children. To allow these mothers to work, the Federal government amended the Lantham Act of 1940 (which authorized the Federal Works Administration to maintain and operate public works programs necessary to ensure the health, safety, or welfare of persons engaged in national defense activity) to permit the Federal Works Administration to grant money to school districts to establish group custodial, child care programs. To be eligible for federal funds special state enabling legislation was needed and passed in California in 1943. School districts were authorized to establish "Child Care Centers" and \$500,000 was appropriated in state support.

After the war, the federal government discontinued support for child care programs, and it was up to state legislatures to decide whether or not to disband existing programs. California retained the program on a year to year basis until 1956, the only significant change in operations being the introduction in 1947 of a means test and a sliding scale of parent fees designed to give priority to children from low income families. In 1957, the legislature voted to retain the program permanently, and in 1965 it was renamed the "Children's Centers Program." Its purpose was

to provide educational services to children to aid them in developing the abilities and skills which will make school achievement more possible. The policy of the Legislature in enacting this chapter is to continue children's centers to provide supervision and instruction for children necessitated by the employment of women with children, who must be employed to achieve economic self-sufficiency for the family and for children of parents in the Public assistance programs . . . (Statutes of 1965, Chapter 1717)

This was the first program in California that indicated instruction and education as part of a child care program. Today, the Children's Center Program provides care for almost 20,000 children in over 300 centers throughout the state. Some \$25 million in federal, state, and local support (plus parent fees) is involved. Programs are administered jointly by the State Department of Education, Division of Public School Administration, Bureau of Administrative Services which approves programs, and the Office of Compensatory Education, Bureau of Preschool Education which provides program services. All programs are operated by local school districts.

Children's Centers are open eleven to twelve hours a day and provide half-day, full-day, and out-of-school-hours care for children 2-16.

Until very recently, the Children's Centers Program related only very indirectly to the federal level. The program has always been able to bill the county welfare department for the parent fees of welfare children (because of the sliding scale, this has amounted to only about 4¢ per hour per child). Since the institution of the Work Incentive Program (see previous section), Children's Centers have been able to obtain reimbursement through the county welfare department for the full cost (average 56¢ per hour per child) of children of WIN families. In both instances, county welfare may pay 25% of this sum and receive a matching 75% share from HEW through Title IVA of the Social Security Act as amended. In the case of WIN, two-thirds of the 25% share is paid by the state, one-third by the county.

It became obvious to some and painful to others that California could greatly increase its Children's Centers budget if it could get a greater proportion of the state program funds into this matching pipeline.

The problem was that Children's Centers money was lodged in the State Department of Education; only State Department of Welfare money is eligible as local contribution to Title IVA funds. This problem could very simply be obviated by the establishment of a contractual relationship between the State Department of Social Welfare and the State Department of Education. Though such a contract was specifically enabled by state legislation in the case of the WIN program in 1968, a contract for Children's Centers was not signed until May of 1970. The delay seems to have been at root an almost ideological conflict between State Welfare and State Education, with Welfare being committed to a philosophy of direct individual reimbursement for privately arranged child care services and an opposition on principle to group care. The contract has, however, been signed; the State Department of Education will now deposit its Children's Centers funds to the State Department of Welfare, which will in turn use these funds as the local share in obtaining federal 75% matching funds. The Governor has, however, cut the Children's Centers budget by the amount that is estimated to be gleaned from the federal level.

Local tax overrides may provide additional support.

The California Preschool Educational Program (A.B. 1331)

This same route to federal funds available under Title IVA of the Social Security Act as amended, had already been traversed through a piece of legislation known familiarly around the state as AB1331. In 1965 the Legislature established the State Preschool Education Program by Amending the Welfare and Institutions Code to declare that "it was the intention of the Legislature to provide preschool arrangements for

the children of low income parents." The State Department of Social Welfare was instructed to contract with the State Department of Education to provide welfare funding to a statewide system of preschool programs. The two departments were to cooperate in determining the areas of the state in which such programs were most needed. The initial contract was signed in January of 1966 and is now considered by HEW an ongoing operation eligible for federal participation.

In 1968-69, 12,900 children were enrolled in 635 programs in California. The program provides a half-day compensatory education program for children age 3 to 5 who are from low income families. Programs are most often operated by local school districts, but private non-profit groups are also eligible. One of the important features of this program is that individual programs may be partially funded -- that is, a private non-profit fee-paying program may take welfare children and receive AB1331 funds to support those children. If this is done, the entire program must meet Federal Interagency Guidelines, a point to which we shall return later.

Parent Participation Nursery Schools Program

This, the largest state child care program, is one of the oldest child supervision and care services in the country. The program authorizes any local school district to operate child observation classes, parent nursery classes, and child development classes. Once established, these programs can include a pre-school class for the children of the participants. The program originated in a grant to the State Department of Education in 1926 from the Laura Spelman Rockefeller Memorial Foundation to provide "parent education" as an integral part of the state program

of adult education. Funding is provided by the state on the basis of average daily attendance reimbursements. Some 161 programs serve 58,900 children age 2 to 5 in half-day nursery school programs. This is the only publicly funded program for which there are no low-income eligibility requirements. The program requires parent participation at the nursery one morning a week and attendance at a class meeting one evening a week.

Migrant Master Plan Day Care Program

The Migrant Master Plan Day Care Program, like the Children's Centers Program, is an instance in which California has contrived to continue a program when the initial source of funds was cut off.

The Office of Economic Opportunity supported day care for children of migratory farm workers from 1966 to 1968. OEO, at the state level, then shifted priorities from day care to housing. In response, the State Department of Education negotiated a complicated agreement with OEO's Migrant Division. Elementary and Secondary Education Act, Title I funds are used to provide 100% support for a half-day pre-school program. The remainder of the day is funded for day care, with state OEO providing the 25% local share through the State Department of Social Welfare to match for a federal 75% share under Title IVB of the Social Security Act. Thus, three federal programs are brought into play.

Any child classified as a migrant, age 2 to 5, is eligible for the 8 to 12 hour program. Twenty-one programs in California serve 974 children.

We will now attempt to put the "possibilities" for public support of day care at the federal and state level together and see what total pattern of service emerges at the local level.

TABLE II

THE MAJOR STATE SUPPORTED DAY CARE
AND PRESCHOOL EDUCATION PROGRAMS IN CALIFORNIA

	State Preschool Program	Children's Centers	Parent Participation Nursery Schools
Authorization	State Law	State Law	State Law
Regulatory Agency	State Department of Social Welfare and State Department of Education	State Department of Education	School District
Local Operating Agency	School District or Private non-profit group	School District	School District
Ages Served	3 to 5	2 to 16	2 to 5
Eligibility	Children from past, present or potential welfare or non-English speaking families	Priority to Single, low income parents	Anyone
Funding: Federal State Local	75 25	See text	Average daily attendance of parents varies
Number of Programs in State (1969-70)	635	336	161
Number of Children in Programs (1969-70)	12,960	19,455	58,897

The Local Constellation of Services: Oakland and Berkeley

Oakland is a city of 360,000 population; Berkeley of 122,000. Rough estimates of the number of children under five, based on the proportion nationally, are: Oakland, 35,200; Berkeley, 12,800.⁴ The following table shows the proportions of those children under five in each city enrolled in various types of group child care programs.

	<u>Oakland</u>	<u>Berkeley</u>
Proportion of children under five in group child care programs, public and private	7.0%	8.1%
Proportion of children under five in group, full-day child care, public and private	2.9%	1.8%
Proportion of children under five in group programs utilizing public funds	5.0%	4.9%

These figures are strikingly low; compared to national figures they are strikingly high. Nationally, as cited earlier, 32% of women are working whose husbands earn less than \$3000 and who have children of pre-school age. The situation is somewhat altered by the fact that many children receive service in day care homes. In Oakland, 173 homes are licensed to serve 496 children; in Berkeley, 66 homes may serve 295 children. Because day care homes serve children up to age 16, we cannot estimate the proportion under five being served; if all were under five, day care homes would account for an additional 1.4% in Oakland, 2.3% in Berkeley. We have figures on the use of unlicensed day care homes or of private babysitters. The Organization for Social and Technical Innovation study for the Joint Commission on the Mental Health of Children estimated

⁴The Berkeley figure is somewhat high because of the unusual proportion of students.

that in Boston, these ad hoc facilities accounted for more than 50% of day care.

It is clear, whatever the mitigating factors, that the proportion of children under five served by regulated day care programs is very small. This is in a state which takes unusual initiative and responsibility and in two cities which are notable for their competence in obtaining funds.⁵

A wide variety of federal and state funds is utilized in both Berkeley and Oakland.

Oakland

Oakland uses funds from: (1) the State Children's Centers Program (state funds, now matched with federal Social Security funds); (2) the State Pre-School Education Program (state appropriations matched with federal Social Security funds); (3) the State Parent-Participation Nurseries Program (entirely State monies); (4) Head Start (Economic Opportunity Act funds administered by HEW and matched locally through the community action agency); (5) Concentrated Employment Program (Economic Opportunity Act funds matched locally through OEDCI, the community action agency for "Parent-Child Development Centers"). In addition, three private non-profit organizations use Social Security Act funds and three use the same funds indirectly through the State Pre-School Program (AB1331). (These latter cases will be discussed under private services.) Two-thousand, three-hundred eighty one children are served in programs using these public funds. (See Table III.)

In Oakland, there is no overlapping use of funds, and each of the five funding programs is related directly and distinctly to its

⁵ Exactly the same picture was found in the OSTI Study in Boston. Thus the level of service is probably at least this low all over the U.S.

TABLE III

OAKLAND

(Approximate population under 5 = 36,200)

	Number of Spaces			Totals
	Full-day	Part-day	Extended Care	
<u>Children's Centers</u>	378	259	564	1201
14 Centers Ages 2-12				
<u>Pre-School Centers (AB1331)</u>	-	570	-	570
15 Centers School year previous to kindergarten				
<u>Parent-Participation Nurseries</u>	-	60-80	-	80
2 Centers Ages 2-3/4 to kindergarten				
<u>Head Start</u>	-	125	-	125
5 Programs Ages 3 - 4-1/2				
<u>OEDCI Parent-Child Development Centers</u>	102	-	-	102
5 Programs Ages 2 - 6-3/4				
<u>OEDCI Parent Child Center</u>	20	-	-	20
1 Program Pregnancy to age 3	(mothers)			
<u>Private Non-Profit AFDC Funds</u>	210	-	-	210
2 Programs Ages 2-12				
<u>Private Non-Profit, AB1331 Funds</u>	-	73	-	73
2+ Programs Ages 3 - 4-1/2				
<u>Private Non-Profit</u>	20	347	-	367
11 Programs Average ages 2-5				
<u>Private Proprietary</u>	319	24	-	343
12 Programs Average ages 2-1/2 - 6 or 7				
Totals	1049	1478	564	3091

service program. The school district operates 14 Children's Centers, 15 Pre-School Centers (AB1331), and two Pre-School Cooperatives (Parent-Participation Nurseries). OEDCI operates five Head Start programs, five Parent-Child Development Centers and one pilot Parent-Child Center (Head Start funds). School district operated programs serve 1851 children; OEDCI operated programs serve 247.

School District Programs. -- The school district is clearly the most important single supplier of child care services -- well over half of all children in Oakland who are receiving public or private child care, are in school district programs. The district has, in recent years, opened about one new center every year.

1. Children's Centers and Pre-School Centers are administered by a single department which is physically separate from, but closely tied to, the central school district office. The Department buys accounting, warehousing and such services from the District. Children's Centers funds are used for Children's Centers; AB 1331 funds for Pre-School Centers; the two budgets are kept distinct.

a. Children's Centers

This program serves 1201 children age 2-12. Six-hundred forty-seven of these children are pre-school age, 378 are in full-day care, 259 in half-day care. The remaining 564 children are school-age and come to the Center before and after school and at lunch time. All centers mix both age groups. Centers are adjacent to elementary schools, but in separate facilities.

Eligibility is based on parent income. Total monthly income in a two-parent family with both parents working may not exceed \$684 with

one child, plus \$84 for each additional child. In a single-parent family, total monthly income may not exceed \$463 plus \$84 for each child beyond the first. Income may be three times this amount in certain cases: if either parent is attending school more than half time or is enrolled in certain vocational training programs, if it is a one-parent family, if the parent is a teacher or nurse, if the parent's services are required for the "mobilization effort" or to meet an emergency in the harvesting of crops. These exclusions account for about 5% of the total number of children enrolled in Children's Centers throughout the State. Fees are on a sliding scale, with everyone paying something and the maximum being full cost, (56¢ an hour -- about \$30 a week). Fees collected must average 14¢ an hour on a statewide basis. Priority is given to single, low income parents.

The Children's Centers do not at present meet Federal Interagency Day Care Requirements regarding staff-child ratio, social services, health, career development or parent participation. An educational component and food and nutrition are required elements and staff development is recommended. The adult-child ratio is one to ten. Teachers must have a State Children's Center Permit; Oakland uses only credentialed teachers.

b. Pre-School Centers

Five-hundred seventy children in 15 centers are enrolled in half-day compensatory education programs for the school year previous to kindergarten. All centers in Oakland run two sessions, with 15 children ordinarily in each class. The pupils are mostly black, drawn from neighborhoods characterized by high unemployment and substandard

housing. With one exception, the centers are adjacent to elementary schools enrolling over 80% black children. Parents pay no fees, but must be past, present, or potential welfare recipients.

Because this program receives 75% federal funding, it must conform to the Federal Interagency Guidelines. The adult-child ratio is one to five. An education component, social services, supportive health services and food and nutrition are required. (Social services are supplied by the Welfare Department.) Psychological services and speech therapy are eligible for funding. Parent and community participation are encouraged. Teachers must have a credential or permit; the use of teacher aides is required. A policy advisory committee is recommended.

2. Pre-School Cooperatives (Parent-Participation Nurseries).

This program is administered in Oakland by the Adult Education Division, Oakland Public Schools, and has no connection with the operation of the Children's Centers and Pre-School Centers.

Only two programs each serving 30 to 40 children age 2 years, 9 months up to kindergarten are in operation. Both are half-day programs; both are housed in public libraries.

Any child is eligible, but his mother must be willing and available to assist at the Nursery one morning a week and to attend one evening class in child development each week.

An educational component is required and teachers must be credentialed, but there are no requirements for supportive services. The adult-child ratio is one-to-five.

Oakland Economic Development Council, Inc. Programs. -- The community action agency in Oakland, OEDCI, operates Head Start, a program of its own design called Parent-Child Development Centers, and a pilot demonstration Parent-Child Center.

1. Head Start. Five half-day programs serve 125 children age 3 to 4-1/2. Head Start in Oakland was originally operated by the school district, but the schools' refusal to compromise on their policy of hiring only credentialed teachers resulted in OEDCI taking on program operation directly.

Head Start's standards are higher than any other program of child care or pre-school education. An educational component is obviously required. In addition, social services, comprehensive, full-range health services, food and nutrition, psychological services, speech therapy and community participation are required. Parent participation is encouraged. Teachers must have a credential or permit and the use of teacher assistants and aides is required. The Adult-child ratio is one to five.

At least 90% of the children in each program must meet specific low income criteria.

Head Start in Oakland is currently having difficulty in obtaining continued federal funding.

2. Parent-child Development Centers. OEDCI, using Concentrated Employment Program (CEP) funds, operates five of these centers serving 102 children in all. Children age 2 to 6 years, 9 months are eligible; the centers operate all year round and are open from 7:30 a.m. to 5:30 p.m.

The Parent-child Development Center program was initiated by a community group, Mothers At Work (MAW). MAW approached the Oakland Council of Churches about the need for child care services. A day care committee was formed; this committee found five suitable church sites for child care programs in Oakland "target areas." Finding funds was more complicated. The Concentrated Employment Program, new in Oakland at that time (1967), seemed a promising source. CEP at first insisted that funds could be used only for CEP children. After considerable negotiation, it was agreed that children of those eligible for CEP could be included in Parent-child Development Centers.

At the end of the first year of operation, OEDCI felt that policy-making for the PCDCs should be in the hands of the parents rather than the host churches. Thus in October 1968, Parent-Child Development Centers Incorporated (PCDCI) was established as the governing body of the program. This group consists of three elected parent representatives from each program (all parents meet by Center each month), and two representatives from each of the five target area boards. The PCDCI board responsibilities include personnel decisions. Each Center is staffed by a Director-Head Teacher (two of the five at present are college graduates), a teacher and two assistants or aides.

A Department of Labor decision recently restricted program participants to CEP children. All funds come from CEP, with an 11% local in kind share required. Because the churches donate facilities, the actual local contribution is closer to 20 per cent.

3. Parent-Child Center. This unique pilot demonstration program is operated by OEDCI with funds from HEW. Its focus is on training mothers (and in some cases, pregnant women) for certification in early

childhood education. Twenty women attend four hours daily with their children up to age three for a period of 22 months; they are paid \$125 per month. Past, present and potential welfare recipients who are not working are eligible. The program also has an outreach component.

Note should be made here of the problems encountered by Community Action agencies in operating under year to year funding. The difficulties of not knowing whether an operating program will continue next year are obvious. For child care, where we are concerned about the ability to create a stable and secure environment for the child, uncertainty of tenure becomes critical. Not only may the child be literally bounced from program to program or left without support, but the ability to provide good educational and play experience requires the commitment of capital and personal will.

Funds for Head Start and CAA child care programs face uncertainty on three sides: Program managers must continually reapply for federal monies; federal resources are forthcoming only if the local community is willing to contribute a 20% share; the community action agency may itself realign priorities for the use of its federal and local resources and switch emphasis, say, from child care to employment programs.

Home Day Care.⁶ -- Public funds are also used to pay for child care services in private homes. Licensing of these homes is handled by county welfare departments. The welfare department pays the individual parent for the cost of services where eligible; the welfare department may use its funds, through the state, to match for federal funds under the AFDC or WIN sections of the Social Security Act amendments. Public welfare funds may be used in California for the following two types of home child care:

1. Licensed Family Day Care Homes. A Category One license ("Family Day Care Homes") allows for the care of up to six children, (five, if the age range is 0-6), including the mother's own, in a private home; a Category Two license ("Special Day Care Homes") allows for the care of from seven to ten children, ages 3 through 14 including children of the foster family through age 14. Average cost in Alameda County is \$20-\$25.00 per week per child, \$25 a week for infants. There are no training requirements for the supervising mother or adult, though some orientation is given by the County Welfare Department and informal supervisory visits are made by the licensing staff. State licensing

⁶Two additional home care programs may be operated under federal social security funds. Neither has been implemented in Berkeley or Oakland. They are:

1. Neighborhood Family Day Care Parent. Under this program, women in low-income neighborhoods are selected by county welfare departments. They bring their homes up to licensing standards and are trained in child care. These women then become county employees and provide child care in their homes for up to six children, age 0-14, including the mother's own. There are no parent fees; to be eligible, a child's mother must be in school or in training and be a past, present or potential welfare recipient. The program will meet Federal Interagency Day Care Requirements when developed.

2. Home Care Services. This program, like Category One Licensed Day Care Homes, may serve a maximum of six children. Age limits are 0-14. Only AFDC recipients are eligible; they pay no fees. No training of the supervising adult is required or provided; the program does not meet Federal Requirements.

standards have, as of June 1970, been brought into the line with Federal Interagency Day Care Requirements. In Oakland, 496 children may be served in 173 homes -- an average of less than three children plus the mother's own per home.

A special note about service to atypical children is pertinent here. Category Two homes require zoning permission. We have found that permission is refused in some localities if care is proposed, for instance, for mentally retarded children.

2. Babysitter Privately Arranged by Family. Welfare funds may also be used to pay for ordinary babysitting arrangements. Cost for a full-time, adult babysitter may be as high as \$40 a week. No regulations or requirements of any sort apply.

Private Programs. -- Eleven private non-profit and cooperative programs serve 367 children; twelve private proprietary programs serve 343 children. Private programs operate in several different ways. All must be licensed by the State Department of Social Welfare.

1. Proprietary programs are fully supported by parent fees. They may serve children from age two to about seven and may be open anywhere from two to eleven hours. An educational component is recommended by the State; the head teacher or director must have 12 credit hours in early childhood education. The adult-child ratio must be no less than one to ten. Supportive social, health, psychological or speech therapy services are virtually non-existent.

In Oakland, 343 children are served in 12 programs; 319 of these receive full-day care. The average program size is about 25 children.

2. Private Parent Cooperatives generally serve only pre-school children in half-day programs. Anyone is eligible and parent fees provide 100% of the funds. An educational component is again recommended, an adult-child ratio of one to five is set, but no qualifications are required of teachers. Supportive services are not available.

3. Private Non-profit programs generally serve children age two to about 5 for anywhere from two to eleven hours. Funding arrangements vary; parent fees are on a sliding scale. The adult-child ratio is set at one to ten, but there are again no requirements regarding provision of supportive services other than the "recommendation" of an educational component. These programs are of particular interest to us because they are eligible for indirect federal funds through the amendments to the Social Security Act.

Ten programs in Oakland serve approximately 480 children. Five of these programs use no public money. The remaining five use federal funds. Two half-day programs are supported entirely by State Pre-School Education Program (AB 1331) funds and are in practice identical to those run by the school district. A third has 27 fee-paying children and eight children for whom they receive AB 1331 funds. The remaining two programs utilize federal matching funds under the AFDC section of the Social Security Act. The 25% local share was in one case provided by the United Crusade. Together they provide full-day care for 210 children. Programs utilizing federal funds meet Federal Interagency Guidelines.

Summary. -- Our summary will deal jointly with Berkeley and Oakland. For the moment, let us simply report briefly some characteristics of the pattern of service observed in child care programs in Oakland.

1. Child care in Oakland is dominated by school-district operated programs which account for over half of all service, public and private. These programs are well-established and stable. In terms of standard measures, they are of high quality in some cases surpassing requirements.

a. School district program funds are used separately according to source. This means that program standards and eligible populations are not mixed. The importance of this point will emerge more clearly when we look at Berkeley.

b. The Parent-Participation Nursery School Program, far and away the largest in the State (See Table II), is small. This is the only program using public money which is not limited to low-income groups.

2. The local community action agency is strong and makes an important contribution to the provision of child care services.

Uncertainty of tenure is problematic.

3. Private service is about evenly divided between profit and non-profit programs. Together they provide nearly one-third of all service.

a. Profit programs provide nearly all of the non-publicly supported full-day care available. They tend to include a slightly wider age range.

b. Without public funding, non-profit programs provide half-day care almost exclusively, primarily because full-day programs are too expensive for a group operating on a cooperative basis.

c. Non-profit programs have made a small but important step toward tapping public funding sources.

It should be noted that public funds obtained through the State Pre-School Program (AB 1331) may only be used for half-day care. In order to provide full-day care, the non-profit agency must raise the 25% local

contribution itself and channel through county welfare departments to pick up federal funds under the AFDC section of the Social Security Act amendments without the benefit of State facilitative legislation and funds.

Berkeley

Child care programs in Berkeley utilize public funds through (1) the State Children's Centers Program (State budget and indirect federal funding under Title IVA, Social Security Act amendments); (2) the State Pre-School Education Program, AB 1331 (State budget and federal matching funds, Title IVA, Social Security Act amendments); (3) Parent-Participation Nursery School program (State adult education funds). Private non-profit groups also tap Social Security Act matching funds both directly and through AB 1331. (See Table IV.)

School District Programs. -- Programs operated by school districts account for well over half of all child care services in Berkeley. Funds from Children's Centers, Pre-School (AB 1331) and Parent Participation Nurseries are all administered by a single semi-autonomous department of Early Childhood Education. The Department was created in 1965 and since then has operated almost as an independent school district. Early Childhood Education does its own budgeting, administrative services and personnel. This autonomy has had advantages such as the ability to provide nursing, counselling and other services at a higher level than are allowable under school district regulations. But it has also had its disadvantages -- the duplication of a school system's administrative function consumes energy and resources. ECE will soon begin to contract for these services with the Berkeley Unified School District in much the same way that Oakland now does.

TABLE IV

BERKELEY

(Approximate population under 5 = 12,800)

	Number of Spaces			Totals
	Full-day	Part-day	Extended Care	
<u>Combined Children's Centers and Pre-School (AB 1331)</u> 3 Programs Ages 2-4	156 (45 funded for half- day by AB 1331)	-	-	156
<u>Children's Centers -- Extended Care</u> 4 Programs Ages 5-7	-	-	140	140
<u>Combined Pre-School (AB 1331) and Parent-Participation Nurseries</u> 8 Programs Ages 2-4	-	425 (156 - AB1331; 275 - Parent Nursery)	-	425
<u>Private Non-Profit AFDC Funds</u> 2 Programs 6 mo. - 6 yrs. and 2-5	-	39 (15 in short- term care program at any one time; 100 per month on average)	-	39
<u>Private Non-Profit, AB 1331 Funds</u> 1 Program Ages 2-4	-	8 (of 30 in fee- paying group)	-	8
<u>Private Non-Profit</u> 9 Programs Average ages 2-1/2 - 5-1/2	-	274	-	274
<u>Private Proprietary</u> 3 full-day Programs Average Ages 2-7 3 half-day Programs Average Ages 3-5-3/4	82	56	-	138
	Number of Children Served			
<u>Totals</u>	226	808	140	1174

Note: Figures are for space available at any one time. Thus total children served will be higher where multiple sessions exist. The number of children served in private non-profit programs is more than double.

This near autonomy of ECE has no doubt facilitated the mixing of funds and programs which has taken place in Berkeley. At present Children's Centers funds are mixed with AB1331 monies; Parent Participation Nurseries funds are also mixed with AB1331. The result is three programs which are defined by the hours the child is at the Center rather than by funding sources.

a. Full-day. Three "Children's Centers" provide care for 150 children. For 45 of these 150, half of each day is "paid for" with AB1331 funds. Children age 2-4 are included. Because AB1331 funds are utilized, the entire program must meet Federal Interagency Guidelines which include requirements for a one-to-five rather than one-to-ten adult-child ratio, health and supportive services. Thus, we have the unique phenomenon of a full-day child care program which maintains a standard generally found only in half-day compensatory pre-school education programs.

b. Extended Care. Out-of-school hours care is provided for 140 children age 5 to 7 in four programs. State Children's Centers funds are used alone here which means that standards need not be as high as for the pre-school age program, though in practice standards are comparable. It should be noted that Berkeley limits this program to 5, 6 and 7 year-olds, while State legislation allows service for children ages 2-16 and Oakland includes those ages 2-12.

c. Half-day. Eight double-session programs serve 425 children ages 2-4. There is generally a class of 25, with 10 under AB 1331 and 15 under Parent-Participation Nursery funds. Three year olds come in the morning, four year olds in the afternoon. There is only one class for two year olds.

Again, the entire program must meet Federal Guidelines because of the use of funds via AB 1331. Though the Parent-Nurseries Program requires credentialed teachers and an adult-child ratio of one to five, in other ways the mix with the Pre-School Education program brings about a substantial upgrading as regards standards of food and nutrition, health and social services.

Another important result of the combination of the two programs is that the Parent-Nursery mothers, who are required to assist one half-day a week, are available as "free staff" for the entire program.

Yet another result is that a program integration of socio-economic groups may be accomplished. There are no income eligibility limits for participation in Parent-Nurseries. Further, the parent participation requirement means that only the children of non-working mothers who are willing to take part in child development classes may attend. Thus, the Parent-Participation Nursery School pupils tend to be middle-class; the AB 1331 pupils must be from past, present or potential welfare families. We will return to this point later.

Next year Berkeley will mingle programs with each other, drawing the full-day children's centers programs into the established combination of Pre-School Education and Parent-Participation Nurseries. The total child population will then be roughly half with parents of any income (Parent Nurseries) and half from welfare families.

Day Care Homes. -- Since day care homes are regulated and supervised by the Alameda County Welfare Department, the situation in Berkeley is identical to that in Oakland. Sixty-six Family Day Care Homes are licensed to serve 295 children -- an average of slightly more than four

children per home, not counting the mother's own. The cost of this type of care means that it is available primarily to middle income and a few welfare families.

Private Proprietary Programs. -- Three full-day programs serve 82 children ages 2 to 6 or 7. Three half-day programs serve 56 children ages 2 or 3 to 5-1/2 or 6.

Private Non-Profit Programs. -- Ten private non-profit programs serve 321 children. Three of the ten are co-operatives. Ages range from 2-1/2 or 3 to 5-1/2 or 5-3/4 -- one program includes children up to 7. Most run morning-only programs, a few run double sessions. One program offers short-time care for children 6 months-6 years, another full-day care for 2-5 year olds. Both of these use federal Social Security Act funds. In the first case, the 25% local share was donated by an alumnae association and other groups; in the second case, funds were raised by a community group.

One half-day, double session program receives AB 1331 funds for eight of its 30 children.

It may be appropriate here to elaborate on the difficulties encountered by non-profit groups when seeking public funds.

The five groups in Oakland and Berkeley who now use federal welfare funds directly have all had similar funding experiences. One of these groups had United Fund support and church backing, a second a base in a major university student union. The tale of the two community groups which garnered the necessary 25% local share in the community fund-raising way, cannot be recounted here. Suffice it to say that those who participated and those who watched consider these successes feats of

the first order because the local 25% share must be in cash and not in kind. Raising the 25% local share is not the only problem these groups face. The process of obtaining a State license and meeting federal guidelines is complex. Another major stumbling block is shortage of money for renovation and construction. Not only are federal funds unavailable, but state licensing and federal standards must somehow be fully met before eligibility for program funds can be established.

The difficulties for a private non-profit group in raising the 25% local share may be obviated by utilizing the State Pre-School Program (AB 1331) as a liaison to federal funds. Recently AB 1331 funds have been fully committed to established programs. The experience of established fee-paying programs that include low income children, and thus seek to use AB 1331 funds, points up the complexity and costliness involved in meeting the Federal Interagency Guidelines. For this reason, one program director we talked to decided against including welfare children.

To meet the federal requirements I would have to change my whole program, hire more staff, and provide additional social services. Our school is expensive enough as it is (\$48/month for a five day week of 2-1/2 hour sessions). If say one-third of our children were from AFDC homes and we were receiving public funds for them, we would still have to increase parental funds by 25% or more. The public funds would only cover the cost of providing for the AFDC children, but according to the regulations the whole program must be run in the same way. The added expense in doing this makes it a real sacrifice, one which I am not prepared to make.

In another case, a nursery school had successfully combined a private and publicly funded program. About 75% of the 30 pre-schoolers were enrolled for a 3 hour day at a cost of \$50/month, the other 25% were from low income homes and were covered by AB 1331 state funding.

According to the director:

You really have to want to run a program like this . . . the extra bookkeeping, the fudging that is necessary to meet the requirements . . . causes us a great deal of trouble. . . . For instance, we do not, technically, have a five to one staff/child ratio, but to receive funding we must make it seem as though we do. One way of coping is to list all of the children from low income families as attending the same session. That way, we don't have to worry about meeting the requirements for both sessions. Also we list all of our staff with the morning group (which gives us the necessary ratio) although some do not come in until 12:30. I really don't understand the thinking behind some of these guidelines. Our program could easily function with a staff/child ratio of 12:1. We run a good program and these guidelines certainly add nothing to it but complications. If we were to actually provide all of the services called for by the guidelines, our costs would skyrocket.

This comment illuminates more than the difficulties of dealing with the government. It is interesting that two "good," and expensive child care programs, not seeking profit fail to meet the standards required of publicly funded programs, and find the costs of meeting these standards prohibitive.

Summary. --

1. The pattern of child care services in Berkeley is again dominated by programs operated by the school district.
 - a. The three major state programs are mixed with each other on the operating level. This means that all school programs meet Interagency Guidelines, that some mix of socio-economic groups is accomplished and that children may move relatively easily from part-day to full-day care.
2. Head Start and other Economic Opportunity Act funded programs are absent from the Berkeley scene.
3. Private proprietary care is again predominantly full-day.
4. Private non-profit groups have made a small start toward utilizing federal funds. As in Oakland, full-day care is provided only by those groups which obtain federal AFDC funds directly by raising the 25% private local share in the community.

Note: Shortly after this report was completed, five Head Start programs began operation in Berkeley in four facilities. Two of these programs are full-day, three are part-day. All operate all year round; each serves 16 children.

The Pattern of Provision

We have seen many commonalities and some important differences in the pattern of child care services provided in Oakland and Berkeley. Five general points emerge.

1. The school districts provide the majority of group services, public or private. They are currently the only public agency in the group child care business.

The type and quality of services provided by the school districts may vary widely from district to district despite the use of identical funding programs. Though Berkeley's mixing of funds and programs makes cost-effectiveness evaluation of the component funding programs virtually impossible, it does result in a substantially different service at the operational level allowing a) children to move freely from part-day to full-day programs, b) staffing resources to be stretched through the use of mother-assistants from the Parent-Participation Nursery Schools program, c) integration of socio-economic groups, and d) the highest common denominator of input standards.

2. The provision of services and the use of available money is highly dependent on the presence of competent organizations on the local level and on the priorities of those organizations. We have seen for instance that the Parent-Participation Nursery Schools Program is virtually nonexistent in Oakland, we presume through a decision of the school district. And we have seen that a community action agency in Oakland provides 10% of all service in the city, while no Economic Opportunity Act funds are being used for child care in Berkeley.⁷

⁷ See note on preceding page.

3. Group care and home care operate as two nearly distinct systems.

Group care is licensed by the State and public group programs are funded by the State or through the State with the exception of Title IVA funded programs which are facilitated through the County Welfare Department. Home child care is licensed and supervised by the County Welfare Department; public funds are channeled through the State Welfare Department from the federal level, to the county welfare level.

4. Private non-profit groups have only recently begun to utilize public funds to serve poor children and as yet do not provide a significant level of services. It should be noted that this type of funding has only been available since September 1969 and that the rate at which new programs have been established during this period has been encouraging.

5. The great bulk of group full-day care service is provided either by the State Children's Centers Program (for welfare families only) or by profit-making private groups. Private non-profit groups never provide full-day care unless they use federal AFDC or Economic Opportunity Act funds.

The Coverage of Children's Needs

Throughout our discussion of the local constellation of child care services, we have focused attention on questions of who provides various types of service and how they are paid for. We have seen that children of certain age and income groups are eligible for certain kinds of programs, and we have seen that the chances that a particular child in any of these groups is being served by any program are slim indeed. Though we now have a good deal of evidence from which we may infer some partial answers, nowhere has our analysis of the "system" given any direct answer to our question of whether the needs of children are being met.

It is one of the salient and significant characteristics of the system of child care services that it has no orientation toward measuring its performance against the needs of children. We have noted from time to time that a particular program is of high quality "by standard measures." These "standard measures" such as state licensing requirements or the Federal Interagency Guidelines are measures of "input" -- that is, measures of what we currently guess ought to be the ingredients of a program in order that high quality care will result. These measures tell us things such as that a building must be "safe," that it must have a minimum floor and outdoor space per child, that there must be such and such an adult-child ratio, that parent participation should be encouraged. These measures are "output" measures from the point of view of the system, that is, the system may measure its effectiveness as a system in terms of its ability to turn dollars into programs having x, y, z characteristics. But from the point of view of the child, programs having x, y, z characteristics are the input and the effectiveness of this input must, from the child's point of view, be measured in terms of its effectiveness in meeting his needs.

Let us now take another look at the pattern of child care services in Oakland and Berkeley and set it over against the criteria we established in Section II (pages 7-12) to see if we can infer something about the extent to which this pattern of service meets the needs of children.

Infants 0 - 1 and Toddlers 1 - 2. -- Care for these groups is primarily in private homes in groups no larger than ten. Apart from one short-time care program in Berkeley and a community action agency "Parent-Child Center" in Oakland which cares for children from pregnancy

to three years, in conjunction with a training program for mothers, we found no group care programs which take children under the age of two. State licensing procedures for infant group care became effective, however, in May 1970. Home care may be licensed (Licensed Family Day Care Homes) or totally outside any system of public regulation (babysitters in the child's home, or in the babysitter's home, in small or large numbers). Welfare funds may be used only for licensed home care services and only for present welfare recipients. For those who do not meet low income eligibility requirements, the cost of home care service will be anywhere from \$15 per week to \$25 and up. Thus low and low-middle income families are caught in the middle, not qualifying for aid, but not being able to afford the "market price."

Training is required of the supervising adult in home care only in the case of the Neighborhood Family Day Care Parent program. Only one county in California, Los Angeles, operates this program. This is also the only case in which Federal Guidelines are to be met. Apart from this program, there are no systematic or built-in health or other supporting services for home care. The county welfare department does, however, do a careful home study as part of the initial and on-going licensing process, attempting to determine such things as the ability of the family to nurture and educate children.

Our criteria of adequate nutrition and freedom from disease and accident are likely to be minimally met in programs which come under state licensing regulations. These regulations set out safe and sanitary requirements which go some way toward preventing disease and accident. But there is no mechanism for preventative health care and no mechanism for obtaining treatment other than handing the child back to its parents.

In the case of babysitting arrangements, the meeting of needs for adequate nutrition, health and safety are completely haphazard.

Our criterion of the nurture of basic trust through the establishment of an enduring one-to-one relationship is met by chance only in all types of service for infants and toddlers. This is clearly a very difficult thing to measure; numbers of children, mix of ages, and training of the adult may be far less significant than personal traits of the surrogate mother. It is possible that the minimum of continuity and stability are more likely to be met in a licensed home situation than with a private babysitter because of the stake involved in "going into business"; but it is equally possible that an arrangement based on friendship or kinship may best meet those needs. It is at least clear that the needs of children from families who are neither eligible for aid nor able to afford standard rates are least likely to be met in this regard because the choices available to them will be so constricted.

The needs of toddlers require special mention here, for the relationship with significant adults becomes a good deal more complex than in the first year. The child is more mobile in his second year and begins to need active interaction with his environment. Thus additional demands are made on the supervising adult. As the child makes progress in toilet training, consistency in the adult styles of dealing with the child becomes critical. Thus the ability of the mother and the supplemental mother to communicate closely with each other must somehow be established.

Pre-School -- Age 2 - .4. -- With this age group the focus shifts from one of providing the best possible substitute for home to one of meeting new needs for group experiences, for an expanded environment, and for adult relationships beyond the home.

The home day care services available to infants and toddlers are also available to this group and may be a highly appropriate form of care if geared to the developing needs of this age group. The usual orientation of home day care, however, is custodial; at this age the child begins to need a "teacher"⁸ as well as a significant and stable adult and the teacher will sometimes, but not often, be found within the current network of home day care arrangements. Diagnosis of health and psychological problems which may pose difficulties when the child enters school becomes so urgent that services which are more closely tied into the larger system of child services than are day care homes become more and more important to the child's needs.

A multiplicity of public and private group programs, both custodial and "educational" focus on this age group. The educational and developmental needs of pre-school children, especially poor children, have been recognized by policy-makers. Head Start and the California Pre-School Education Program are the two major examples in Oakland and Berkeley. Berkeley's school district programs focus funds on this group by limiting its Children's Centers program to children under 7 rather than up to 16 as allowed by State legislation. The result of this emphasis on the educational needs of disadvantaged pre-schoolers has had some odd results.

We are not using the term "teacher" here necessarily in the sense of a professional, credentialed teacher. What we are concerned with in dealing with this age group is someone who is preoccupied with, and competent in the facilitation of, the developmental needs of children.

1. Compensatory education programs are virtually all half-day programs and therefore serve the educational and developmental needs of children of non-working mothers only.
2. Full-day care does not necessarily include an educational component which is of the same standard as that of half-day programs.
3. The priority placed on low-income children results in programs which are by definition segregated along socio-economic, and therefore often racial, lines.

This split between custodial care and high standard compensatory education is mitigated by the California Children's Centers program which stresses an educational component in a full-day program, but exacerbated by the fact that in the private sector, non-profit groups virtually never provide full-day care, leaving this task to profit-making groups, with the exception of instances in which Title IVA funds are used.

The needs of children age 2 to 4 for full-day, custodial care, then, are being met for only a small number of poor children, primarily from single-parent families through the Children's Centers program, and for a small number of children whose families can afford to pay the price of for-profit private care. At the same time, the educational and developmental needs of these children, though great because of the very fact that their mothers are working full-time, are being met to a lesser extent than are those of the children of non-working mothers. Again, the children of low and lower-middle income parents are defined out of the system of service on the one hand and priced out on the other.

We must stress here again that the standards of the compensatory education programs are high in terms of "inputs" only. The expense of the programs (roughly \$1000 per child per year in 1969 for half-day care),

the qualifications and numbers of staff, the availability of health and other auxiliary services, do not either singly or in combination mean that the needs of the children in the programs are being met. We can only guess that the existence of these inputs makes the meeting of the child's needs more likely.

School-Age. -- The needs of the school age group for supervision, for a surrogate parent, for other children to play with and for help with school work, are perhaps more dramatically unmet than those of any other age group. The system seems to assume that at the age of seven, the child has become self-sufficient. The exclusion of this age group from services (as in the Berkeley and Oakland Children's Centers extended care programs, with cut-off ages of seven and twelve respectively), is often the result of quite deliberate setting of priorities in favor of the educational needs of pre-schoolers. Even the private profit-making groups in Oakland and Berkeley rarely take children beyond the age of seven. The one alternative in localities where the school district has lowered the allowable Children's Centers age limit, are day care homes. These, if there were enough of them located within safe walking distance of elementary schools, may be a quite appropriate solution to the problem of after-school care. The chief drawback of day care homes, here, as with all age groups, is that they are effectively outside the system so that additional child services may not easily be drawn on where needed.

Additional Needs for Care -- All Age Groups --

In addition to these on-going patterns of need for extra-parental care, we listed three additional types of care which are required.

1. The need for short-time, irregular care is met by only one program in Berkeley operated by the Associated Students at the University of California, and by one in Oakland at Laney Junior College.

2. The need for care of children when they are ill and cannot attend regular programs is totally unmet except in some licensed family day care homes.

3. The needs of atypical children to be brought into the normal stream of development are also unmet. Children with emotional and physical handicaps are, almost without exception, excluded from regular programs. As we cited earlier, programs for atypical groups may have trouble obtaining zoning permission. Care for atypical children is so thoroughly cut off from normal stream services that it can only lead to a hardening of the definition of the child as atypical.

The Berkeley Study of Child Care Needs --

The Berkeley Unified School District has recently completed a study of the need for child care services in the city. Let us turn briefly to the results of this study to see if the expressed needs of parents jibe with our findings of the gaps in service.

Mail questionnaires were sent to 600 families including 1300 children -- a sample of about 10% of the city's pre-adolescent population, ages 3 months to 12 years. Approximately one-third of the children sampled currently use some form of child care; an additional one-sixth would if they could find and afford it. The following table summarizes the types of services currently used and those which are preferred (N = 1300; multiple choices were indicated):

<u>Type of Service</u>	<u>% of families using</u>	<u>% Preferring</u>
Sitter in your home	16	21
Sitter in her home	10	4
Licensed family home	2	4
Nursery school	12	28
Extended care	1	14
Infant care	-	6
Family center	-	12
Sick child care	-	9

The most striking thing about these figures is the high proportion of parents preferring babysitting service in their own homes. We do not have data on the reasons for these preferences, but we can infer that sitters in the child's home are important (a) for the convenience of the mother and (b) because staying at home is perceived as being less disruptive to the child's sense of security, stability and trust.

The low number of those preferring a babysitter in the sitter's home or a licensed day care home, and the high proportion preferring nursery school, implies that parents tend to define care outside the child's own home as education.

It is also clear that needs for extended (out-of-school-hours) care are largely unmet, as are needs for infant care and care for sick children.

A further very rough indication of need for service is given by program waiting lists. The University of California nursery school, recognized as the highest quality pre-school education program in Berkeley, has a waiting list so long that a child must be signed up by the time he is two months old. The Berkeley full-day care programs have a waiting list of 700 for 285 places. There are virtually no group programs in Berkeley that have more than momentary turnover openings.

By way of evaluation and summary, let us return to the six criteria which we said a constellation of child care services ought to be able to meet in Section II (page 12).

1. Provision of accessible care for children whose parents are away from home regularly at work, irregularly for short times, or irregularly for a longer time due to emergencies.

The need for regular custodial care is met for a small number of low income families through State and federal welfare-funded programs, and through day care homes and, in some localities, by housekeeper services. It is met for a small number who can pay the price of private for-profit programs or of day care homes. It is met for a larger number through private babysitters or a variety of ad hoc arrangements with neighbors, relatives and older siblings. Care for infants is very limited. Care for sick children is virtually non-existent.

The need for care on a short-term, irregular basis is met only by various babysitting arrangements. The need for care during emergencies is also unmet by out-of-home or in-home housekeeper services in most localities.

2. Provision of stable and intensive adult-child relationships for children whose parents are regularly away from home.

The meeting of this need is so highly dependent on the qualitative nature of the individual situation, that it is difficult to generalize. Current home services for very young children provide a setting in which this need is potentially met. There is currently some experimentation with large group care for very young children. In any situation, and for any age group, the meeting of this paramount need is contingent upon the continuity of supervising adults, their personal abilities to establish

intensive and enduring relationships with children and on the child's willingness to continue in the particular situation. The licensing and follow-up interviews conducted by county welfare officials are the only means of evaluation currently available.

2a. The corollary ability to link parents with parent-surrogates, both for the sake of the child's own sense of contiguous "worlds" and for the sake of establishing consistent behavior on the part of all significant adults.

The meeting of this need is again so dependent on the nature of the specific situation, that it is not possible to generalize. It is at least clear that there are no mechanisms in current programs or arrangements which make the meeting of this need subject to anything other than chance.

3. Provision of an environment which will foster the child's development of identity, interpersonal and group relationships and social skills.

Here, special skills of the supervising adults come into play. In this regard, we again have no means of measuring the degree to which this need is being met in current services. Traditional teaching credentials are presently a poor indicator of a professional's concern and skill regarding the developmental needs of children, since the focus of training is primarily on the transmission of educational skills. Most publicly-supported pre-school education programs in Oakland and Berkeley do require special training in early childhood education. Such a requirement, however, is absent by and large from private programs, from home care and of course from babysitting arrangements.

The age, sex, socio-economic and racial mix of groups is of course important here. As we have pointed out, eligibility requirements define socio-economically and racially segregated programs. Any integration which is achieved requires a deliberate and imaginative initiative on the part of local administrators and program directors.

4. Facilitation of the development of cognitive and perceptual skills necessary to readiness for school.

Though it is not possible to know whether this need is actually being met in current programs or not because of the infrequent use of "output" measures, it is in this area that we have some confidence that the standard input measures of adult-child ratios, credentialed teachers and so on operate to meet the educational needs of pre-schoolers. This confidence may be misguided; we can only say that here the probabilities are somewhat higher. But this guarded optimism is relevant only to a very few children who are in publicly-supported pre-school programs. These programs are exclusively half-day and open only to welfare families. In Berkeley and Oakland full-day Children's Centers programs also meet high educational standards, but this is true to a lesser extent in other parts of the State. Full-day private group care, home care or babysitting services are extremely unlikely to be meeting this need. Thus the educational needs of children of non-working mothers are therefore more likely to be met than are those of working mothers who require full-day care for their children.

5. Provision of adequate nutrition and health care.

Nutritional needs are perhaps the most widely met of any of the children's needs we have listed. State licensing regulations stipulate nutritional standards to some degree. All private and public group care and licensed day care homes are subject to these standards.

Health care is quite another matter. It is generally only the compensatory pre-school education programs which really focus on health needs, though all school district programs in Berkeley and Oakland provide at least school standard care. Private programs and home care lack not only direct health care, but any mechanism for linking up with supportive health services.

6. Ability to make early diagnoses of physical and psychological problems and to obtain treatment which is directed at maintenance in, or return to, the stream of normal development.

This critical preventive incapacity is perhaps the most glaring defect of child care services. A child's enrollment in one of the few programs which provide diagnostic testing is not even sufficient: a) the age of 3 to 4 (usual entry into pre-school programs) is often too late and b) much important diagnosis cannot be accomplished through tests, but requires an attentive adult trained in the recognition of physical, mental and psychological disorders. Child care can obviously not diagnose those to whom it does not give service, but it could extend the boundaries of its "population" in this regard, and it could build in diagnostic mechanisms to the great bulk of programs now operating without them.

We have noted that normal stream child care services systematically exclude atypical children, shunting them off to separate programs which in many cases unnecessarily perpetuate and harden the definition of the child as atypical. Current programs simply do not have the capacity to allow unusual staff time for children with special needs. Very infrequently they do have the ability to connect with and pay for specialist

services, as in high cost programs like Head Start, but even then problems are readily defined as being too severe to be handled through normal channels.

The picture in general, then, is a bleak one. There are, first of all, simply not enough services of any sort. Probably half of those there are are totally outside any system of regulation and without linkages to other child services. When we look at those services which do fall under state and federal regulations, we are faced with a dilemma, for compliance with regulations, as we have seen, tells us little about whether the needs of the children are being met, only something about the probabilities of their being met given our current assumptions about what inputs will yield what outputs. Public regulations set the ingredients for success; we do not know whether these ingredients are either necessary or sufficient to the conditions for success.

On the one hand we are concerned with the fact that such a large proportion of child care services do not even provide the standard ingredients; on the other hand we are concerned with the disincentive to an expansion of services created by complicated and inflexible regulations.⁹ When we hear a report of an unlicensed "day care home" caring for 22 children, six of them under a year and a half, we can feel righteous and indignant about the necessity for "standards." When a poverty group says that teaching credentials are irrelevant to what it is trying to accomplish because credentials indicate nothing about the personal qualities of a professional which will enable him to relate

⁹It should be noted that we have found little cause for concern about minimal or uneven or conflicting public regulations. Federal Interagency standards are high and California has recently made its licensing codes consistent with them. Local agencies, such as fire departments, tend to push them even higher. This may not be the case throughout the country, however.

to the children and help them to establish a positive self-image, we feel confused and uncertain. For these groups are saying that our standard input measures do not necessarily produce a program which will meet the needs of children. And they are right. But we are still in need of ways of safeguarding children in a multiplicity of situations, and we are still in need of ways of knowing where scarce resources are most effectively spent. Measuring the ratio of adults to children is straightforward and comfortable; measuring the development of a child's sense of competence and sense of self is very, very difficult.

We are faced with a situation in which there is a great diversity of needs -- different age groups, different localities, different socio-economic and cultural groups have different needs. We are without a mechanism which can provide safeguards without assuming a monolithic definition of need, a mode of measurement which is output oriented, and which allows a diversity of definitions of what that output ought to be.

IV. THE CHILD CARE SYSTEM: THE FUNDING GAME

There are several alternative ways of analyzing what the central and critical issues in the delivery of day care services are. One might, for example, look closely at each individual program and see whether it is achieving the legislated, or even abstract, goals. By looking at the variety of programs it would be clear through each of these "walk-throughs" whether we are achieving the goals of child care. The question of goals is clearly an important one, but for our purposes it can easily be reduced to legislative intent.

On this level of analysis alone, it is clear that the child care "system" is a failure. The noble design is nowhere fulfilled; and as one gets further away from the source of the funds and closer to the client, the more difficult it is to see the range of available funds and the more critically apparent are the needs of the children. If we follow federal funds down the system, we see that the meeting of legislative intent is highly dependent on whether organizations at the local level have the ability to obtain funds and on the way in which those organizations turn funds into services. On the other hand, if we begin at the local level with a set of perceived needs for service -- which may or may not be similar to those imbedded in federal legislation -- we see that the meeting of those needs is highly dependent on the funds that can be obtained and the strings attached to them. Winding in and out between the federal and local levels are state and county administrations and programs with their own sets of stakes and intents.

An appropriate way of viewing the issues in the delivery of day care services, then, may be as a series of games -- a series of games which takes on a life of its own so substantial that the needs of children become peripheral in the rules of play. This becomes clear if we take our observations about the pattern of services in Oakland and Berkeley and put them into the context of the total federal-state-local picture. Four general conclusions emerge:

1. The great bulk of federal money flowing to group programs on the local level, goes to well-established providers, in this case, the school districts. The schools have become established providers through their charge to operate two major State programs: Children's Centers and Parent-Participation Nursery Schools. Once squarely in the business of operating child care services, the schools then reach out in search of additional funds and are successful in getting them by dint of the very fact that they are established providers. Thus, although the State Pre-School Program (AB 1331), a major channel for federal funds, may be operated by organizations other than school districts, the schools have taken major responsibility. This phenomenon is of course a familiar and universal one. The point here is that the route to federal funds is so tortuous and complicated that substantial sophistication and organizational capability is required to negotiate it successfully.
2. Reciprocal is the fact that private non-profit organizations are rarely able to operate federally funded programs because of the difficulties of a) being aware of opportunities and knowing how to realize them, b) raising 25% of costs from private sources, c) threading through the maze of federal, state and local regulations, d) meeting the costs of federal standards and e) obtaining start-up and construction funds.

3. Without state facilitative legislation and funding, virtually no federal money makes its way into group child care programs. If we refer back to Tables III and IV showing the provision of services in Berkeley and Oakland, we see that if we were to eliminate all child care programs that are supported in part by State budgetary allocations we would be left with less than two-fifths of current public and private group services, with one-fifth of publicly funded services in Oakland and one-twentieth in Berkeley.

4. More federal money for child care services is available than is being spent. Some sources of federal funds are barely being tapped. (See pages 13 to 17 for descriptions of federal funding programs.)

a. Social Security Act amendments, AFDC section.

We have discussed this section in some detail. Funds flow from this source to: (1) school districts via State programs; (2) private non-profit groups via State programs; (3) private non-profit groups directly (but via State and County Welfare administrations); (4) county welfare departments for the provision of services either directly, by contract or by direct payment to individuals for group programs, or for day care homes. There are many problems in getting these funds from source to service, but, as we have seen, substantial amounts are being spent through a variety of channels.

b. Social Security Act amendments, Work Incentive Program section.

Some WIN money is being used in Berkeley and Oakland, but entirely on an individual reimbursement basis. The Berkeley Children's Centers, for instance, enroll some WIN children and receive reimbursement for the costs of those children. There are, however, no programs which are supported as programs by WIN funds. There are two major reasons why

more WIN money is not in the system: (1) priority in WIN training programs has been given to men, and (2) women are often not able to join WIN programs when slots are available because of the lack of day care facilities for their children. In some cities in California, WIN "slots" for mothers outrun available child care "slots" by sixteen to one. WIN pays for child care services, but so far has done little to increase the supply.

c. Social Security Act amendments, Child Welfare Services section.

Child Welfare Service does not authorize direct assistance to individuals; it allows grants to state public welfare agencies for the operation of day care group programs, among other child welfare services. It is not clear whether the State Welfare Department has set priorities for the use of these monies which do not include day care or whether their failure to use these funds for day care reflects the anti-group-care bias of welfare agencies which we referred to earlier (page 21). In any case, these funds support no child care services in Oakland or Berkeley.

d. Economic Opportunity Act, Head Start and Community Action Programs.

We have also discussed the flow of Economic Opportunity Act funds to Head Start and to community action agency programs. We have noted the insecurity of tenure under which these programs must necessarily operate. It should also be noted that the use of these funds is heavily dependent on the strength and initiative of the local poverty groups and on the priorities which they assign to day care through the Community Action Program. This is clear from our look at Berkeley and Oakland:

Berkeley utilized no EOA funds for child care until 1970, while Oakland's OEDCI operates eleven programs amounting to more than 10% of all group care in the city.

e. Economic Opportunity Act, Concentrated Employment Program section.

Here, as with the WIN program, day care may be provided for those enrolled in manpower programs. Oakland's community action agency uses these funds to operate five programs.

f. Elementary and Secondary Education Act Title I.

This Title proffers 100% funding for pre-school compensatory education programs. It is initially surprising that only slightly more than 4000 children are being served under this program in all of California. (For a comparison of this figure with other California programs, see Table II.) There is no use of these funds for child care in either Berkeley or Oakland. The explanation is simple: child care is only one of many projects for which school districts may choose to spend this money. In Berkeley, for instance, all funds available under this act have been used to implement the District's kindergarten through sixth grade integration plan.

g. Miscellaneous funds.

It is perhaps least surprising and most significant that none of the "miscellaneous" and indirect funds (see pages 16-17) which may support child care in part or in whole are being utilized in Berkeley and Oakland. These funding routes are the most difficult and complex to navigate. But because direct and single-purpose programs like the California Children's Centers have committed their funds so fully, these "pockets" in the system become critical if there is to be an expansion

of services without new major legislation and appropriations. The schools are in the strongest position organizationally to run the obstacle course to indirect funds. But they are at the same time in the worst position politically. The garnering of these miscellaneous funds requires the ability to stimulate action on the part of a multiplicity of government agencies and departments. It requires what we shall call entrepreneurship, and a school district "line officer" is in a poor position to play this role.

5. The funding experts on the local level do not have a firm understanding of the total array of funding sources. This is no reflection on their intelligence. Coping with the intricacies of the funding systems under which they currently operate effectively rules out exploration of new sources. Tremendous energy is spent in simply trying to smooth out the kinks in well-worn funding channels. The recent contract in California between the State Department of Education and the State Department of Welfare to enable federal matching funds for the Children's Centers program (see page 21), for example, consumed a great deal of local administrators' energies. Similarly, the local expert must cope with such things as sorting out which of the six federal food programs he may use to fund snacks and lunches for which of his current programs. When local fund-seekers go in search of new sources, they encounter difficulty in finding anyone who understands the system any better than they do in the regional or state offices.

The picture we have drawn out of the relationships between the federal, state and local level in funding child care programs is one in which the responsibility rests squarely and harshly on the local level. The State may provide funds and facilitative legislation, but the burden

of initiation, of negotiation, of implementation still rests on local agencies. The local agency must not only be willing to provide child care services, but it must be highly motivated. And it must be sophisticated and competent in the ways of grantsmanship. In child care as everywhere, the federal government takes a kind of Puritan Ethic stance regarding the allocation of its funds. It is effectively saying that he who is most competent, most disciplined, most perseverant will win the kingdom of federal grants. In practice this works out well because there is rarely enough money available even for the godly. But it is the "elect" who receive grace over and over again. We have, as a result, the familiar "creaming" phenomenon. The sophisticated school district, the sophisticated community action agency, the sophisticated city agency, the sophisticated community are "creamed off" in the federal grant-giving process; once creamed, they are the more likely to rise to the top again and again.

The clear and inevitable result of this phenomenon is a vastly inequitable distribution of federal resources and thus of child care services throughout the country. We have seen the critical role of state programs in channeling federal funds into local programs and the difference in service that can result from the way in which local school districts handle funding programs. California has taken an unusually active role in promoting day care services; the school districts in Oakland and Berkeley are unusually committed to early childhood education. The amount of service is low; we can only guess at how low it must be in other states and localities. An active county welfare department may make up for an inactive state legislature, an active city agency may

link up with state or federal agencies to make up for an inactive county. The game is haphazard, but it is not a game of chance; the winners keep on winning and the losers keep on losing.

The local child care program director, then, plays the most critical and the most difficult role of any of the multiplicity of actors in the child care "system." He is closest to the consumer -- the children, their parents and the community -- and farthest from the sources of funds and the makers of the rules and regulations.

The energies of all of the actors on all of the levels are supposedly focused on enabling this local program director to provide services which meet the needs of children and the needs of their parents. The image is one of an enormous funnel into which are piled federal, regional, state, county and city legislative and administrative organizations, school districts, community groups and private entrepreneurs. Instead of the weight of these many energies pressing out the end of the funnel with great force, we find a rather pathetic trickle of programs. The "system" operates so as to contain its own energies rather than transform them into output; energy is both created and absorbed by the actors through their interactions with each other. Dollars and a good measure of standard inputs are added at the top of the funnel; out the bottom comes "output" -- the number of children successful in Head Start and subsequently in school, or the number of mothers able to achieve economic self-sufficiency, or the number of women fulfilling their potential or the number of potential delinquents saved from delinquency or some such. Whatever it is we decide is, or ought to be, coming out, i.e., whatever our output measures are, it represents no more than a fraction of the total money and energy generated between input and output.

We have sometimes referred to the array of actors concerned with the delivery of child care services as a "system." In the sense that all of the pieces of the "system" share a common subject matter concern, and that the actions of each of them impinge on the provision of child care services, we can call the "system" a system. And if we put all of the actors, agencies and organizations onto an organization chart or a fund-flow map, it will appear as though we are in fact dealing with a system. But in the sense of a system as a set of component parts which work together toward an overall objective of the whole, the delivery of child care services is not a system but a non-system. At times, this non-system acts as if it were a system, as in the case of a state legislature enacting laws which facilitate the flow of federal funds down to the program level, but in its main pattern of operation the child care "system" functions as a constellation rather than a system.

We have been impressed over and over again with the fact that each set of actors in the child care picture operates as if it were its own system with its own objectives, own life and own momentum. Each agency and organization has a history of its own and has developed a language, a set of symbols and a set of rules all its own. This development of distinct languages and rules is critical, for it is this phenomenon which creates difficulties when it is important for the independent pieces of the non-system to come together and operate as a system. And it is in turn these interactional difficulties that absorb rather than release energy. It is probably inevitable and necessary that each of the parts will go on operating as independent systems, and we do not advocate that they be forged into a single, cohesive system which works at all times

toward an overall objective. What is critical is that this constellation of systems be able to function as a system at those interface points where objectives intersect.

We have found throughout our analysis of the delivery of child care services that the official objectives, the on-paper role of each agency or organization, has little relevance to the actual ways in which they interact with each other. The important reality is that each piece perceives itself as a semi-autonomous system; that is, each perceives the other pieces as constituting the "environment" of their system and thus the behavior and characteristics of the other systems are not subject to its influence. Each operates with its own set of rules, but with the assumption that all other actors either are or ought to be subject to the same set of rules. Thus the delivery of child care services operates not as a system but as a series of games. It is the interactions which take place in the playing out of these games that we feel are the critical issue in any effort to alter the delivery of child care services so as to better meet the needs of children. Let us look now at a few examples of the ways in which the distinctive languages and rules of the various actors lead to a series of interactional stalemates.

1. Licensing regulations and their administrators cross swords with other actors in child care services in many situations. Poverty organizations, for instance, find physical facility standards prohibitively expensive and often irrelevant to their program goals. For-profit groups, serving mainly middle-class children, see the staffing levels relevant to compensatory programs for the poor as being ridiculously high. Throughout these transactions, each party sees the other as refusing to play by the legitimate rules of the game. The licensing people have a

genuine and well-meaning belief that the children involved will suffer if their standards are not met and that anyone who tries to get around these standards is out to serve his own selfish interests rather than the children's. Those who seek exceptions to the rules feel that their rules ought to be the rules, and that the bureaucracy is irrationally standing in the way of the provision of needed services. Both are right; there are no villains in the game.

2. Another example of the clash between actors in child care services is that between the needs of clients and the needs of an organization to operate with a minimum of friction. The case of atypical children is most clear -- inclusion of atypical children in normal stream programs often means extra staff, perhaps with special qualifications, special equipment and occasional "difficult situations." The rules, to the program director, are functional necessities. But the rules for the parents of an atypical child are to find care which de-emphasizes the atypicality. The two parties may understand each other, they may sympathize with the other's point of view, but they are still acting on the basis of different sets of rules.

A further specific case of this conflict between the operational needs of the organization and the needs of the client is that of a school district rule we encountered which requires that a child pass a physical examination (at his own cost -- in this case \$10), before he can be placed on the Children's Centers waiting list. For the administrator, the rule is important to his earnestly-held goal of serving the maximum possible number of children; if vacancies are to be rapidly filled, the waiting list must consist of people who are serious in their interest in placing their children in the program and of children who are

pre-screened and ready to enter at a moment's notice. But the mother who is frantically searching for care for her children lest she miss a job opportunity is operating by an utterly different set of rules. She is confronted with waiting lists every place she inquires. She knows that she will have to make some sort of arrangement, even if temporary, right away. The ten dollars and the time will seem nothing but hassle to her.

3. The most critical and pervasive of the clashes between actors having different languages and different rules that we have encountered in the delivery of child care services is that between social welfare actors and education actors. We have observed a publicly unacknowledged, but very real kind of warfare going on between these two groups. Because the two groups so often hold joint responsibilities for services, this warfare can potentially jam the system at many critical points. (For example, see pages 21-22.) Social welfare professionals have historically been oriented toward individual case work; they feel that the provision of infinite amounts of group program service will not substitute for a family counselling system which can deal with the uniqueness of each individual situation and direct children and their parents to the appropriate services. They feel that the schools while providing services, do not provide the links between families and programs.

The educators, on the other hand, see educational programs as the key issue and pre-school education, not case work, as the way out of poverty. In their view, the social welfare people are interested only in low-level custodial care which is inadequate to meet the educational needs of children. The educators play out this battle in places other than the social welfare interagency front. Parents often differ with

the educators as to how much education is worth; poverty groups, as we have noted, value qualifications other than teaching credentials; and the indirect consumers of child care services want such things as a dependable female labor force, more people off welfare, fewer children in the streets -- custodial care is sufficient.

We have been struck throughout our interviews with social welfare and education administrators on the state, county and city level, by their degree of sincere concern with the needs of children. Each communicated to us a sense of commitment to provide the best possible service despite the complexities of the system and what they feel to be the ever-present pressure of utterly inadequate funds. All of our discussions conveyed to us a sense that one was engaged in a battle -- a battle to get services into operation in spite of everything. Social welfare and education are, despite the fact that both are concerned with the best possible service for children, each part of the other's battles. They are pursuing the same general objectives, but according to different sets of rules, using different languages and with immovably symbolic views of what the other stands for. Perhaps most important is the subrosa way in which this game is played out. In no instance did we find a direct statement of the conflict from either party, but it was alluded to everywhere -- by a bristling over a statement which implied that State Department of Education standards are higher than those of Social Welfare, by a sudden warming to the discussion when the subject of focusing child care services in the schools was raised, by tones of voice and by eyebrows -- the battle is constantly on. Once again, both are right; there are no villains.

The many pieces of the constellation of child care services, then, operate in an important sense as independent system with their own objectives and their own rules. The non-system properties of this constellation are further illustrated by the fact that each set of actors tends to view itself as the lynch-pin in the delivery of services. Federal agencies see themselves and their funding powers as the key ingredient from which all else will follow. But state agencies see themselves as the "real" key. For state legislative staff, for instance, what is needed to bring about an expansion of child care services is planning and administrative leadership at the state level, with coordination as the key idea. Similarly, school district early childhood educators, county welfare department child care coordinators, community groups, franchisers, all see themselves as the lynch-pin. This phenomenon in part reflects the legitimate needs of an organization to have a life and importance of its own, and to have a set of initiatives and objectives of its own. But it also reflects the fact that none of the actors trusts any of the others, first of all, to do anything, and secondly, to do it right. None will defer to the other's leadership. A certain amount of energy can be generated by this lack of trust and autonomy, but also a good deal of impotence and stalemate, for the sense is that there is no one to help. The battle to provide services "in spite of everything" is a lonely one.

The notion that everyone is right and that therefore there are no villains in the game is an oddly disturbing one. For we are accustomed in matters of public policy to look for villains. Our usual perspective is that somewhere, someone is not playing by the rules; if we can find him and contrive some way of forcing him to play by the rules, we will

have solved the problem. But here we have been describing a series of games which are played out by as many different sets of rules as there are actors, and each set of rules is fair enough.¹⁰ To find that everyone is "good" is uncomfortable, for whom can we blame for the mess we are in? Usually we need look no further than the stinginess of those who hold the purse strings. But in child care we have seen that although funds are anything but abundant, there is money available that is not being spent. And we suspect that the assumption that the villain is he who holds the purse strings is, in other areas, too glib an answer. There is, in fact, no one to blame and thus everyone. There are many areas in which alterations in rules and modes of operation would be helpful and we will indicate some of these in the subsequent section. But we feel that procedural and programmatic changes alone will not solve the critical

¹⁰There have been instances in which common sets of rules have been negotiated out by competing groups. Agreement by HEW, OEO and DoL on the Federal Interagency Guidelines is one such case. For all the problems with these Guidelines and for all the difficulties generated by them, they represent an important establishment of a common language. DoL with its stake in getting children taken care of so that parents can work, OEO with its stake in compensatory programs for the disadvantaged, HEW with its multiple stakes in education, in health and in welfare services on the case level, have through these guidelines, agreed on certain important "rules" about child care services -- that they should be educational as well as custodial, that they should link up with health and remedial services, that they should incorporate parents in the policy process, that they should give priority to those in welfare or near welfare status. In part, the Guidelines represent a pressure to coordinate overlapping and contradictory standards on several levels of government. But their role in establishing a kind of common language is much more significant than simple coordination.

Another such instance is the fragile but working agreement in Berkeley that schools must be integrated. The mixing of child care programs in Berkeley is possible and necessary because over a long period and through a number of issues the community has come to a working agreement that the school system shall place socio-economic and racial integration high among its operating criteria. Thus the mixing of funds and programs is not a fight, but a working out of principles which have been negotiated out through other battles.

problems we have encountered in our analysis of the delivery of child care services. For the key issues are interactional in nature and have to do with the ability of organizations to negotiate out new rules at those points where their objectives intersect with those of other organizations.

V. CONCLUSION

In this section we will summarize what we have found to be some of the general characteristics of the way in which the constellation of child care services functions in delivering services, and the ways in which existing services fail to meet the needs of children and their families. We will then list the urgent problem areas that must be addressed and suggest that a new linking organization at the local level is necessary.

The Delivery of Services -- General Characteristics

1. There are many federal mechanisms for funding child care services; although intended for a common purpose, their effort is disjointed and fragmentary. This means:

a. coverage of the broad range of needs at the local level is not possible because monies are tied to tightly defined purposes which do not include all of the community needs;

b. available funds are not being utilized

-- because funding possibilities, as seen by the provider of services at the local level are obscure and complex, and

-- because facilitative mechanisms for turning available monies into services are inadequate or missing (e.g., the failure of WIN and other programs to generate an expansion of services as well as paying for existing services on an individual basis).

2. Without the creation of a state facilitative mechanism supplementing those at the federal level, the implementation of programs and covering the needs of children, would be much more difficult. One

may speculate, given the deficiencies in federal funding mechanisms, whether needs can be met without significant facilitative initiative on the part of the states.

3. Most of the "energy" in the various systems of child care is directed toward non-child-oriented, but presumably relevant activities such as: internal agency activities; interagency "turf" questions; traffic flow problems -- managing money; relationship to Congress and to legislatures; relationships with community agencies; coping with measure of "efficiency."

A small proportion of total resources actually goes into the provision of child care. The energy is spent in working out how that small proportion will be paid for and managed instead of in finding ways to increase the proportion of total system resources which is channeled into service for children.

4. The focus of responsibility for the initiation and generation of child care services seems to be on the local provider of the service who must: deal with potential sources of support and with administrative problems; provide and manage facilities; relate to the community and parents; and finally, deal with the children's needs. This means:

a. that established providers tend to take on a larger and larger share of responsibility

-- this limits the potential diversity of programs and locks in current and sometimes inadequate patterns of services, and

-- it may also mean that further expansion of service will be inhibited because of overload of those providers who, because of their visibility, seem to have organizational capacity. An example is the

school districts. Their central administrative establishments are often in serious financial and organizational difficulty because more and more responsibilities have been thrust upon them.

b. conversely, that it is tremendously difficult for new organizations with new child-centered ideas to break into child care provision.

Non-profit organizations lack resources.

-- It is difficult for them to raise:

-- the local matching share to obtain federal funds

-- seed money

-- funds for construction and rehabilitation of physical plant;

-- the organizational capacity to fathom the system of funding, standards, audit and review.

5. Actors who provide child care services interact as constituent bodies of a constellation rather than as constituent members of a connected system. They lack the ability to act as a some-time system. The languages used by the various actors are diverse and confusing. Often it is like a United Nations discussion where the translators must deal with a word that has different meanings. The responsibility for translating the complex language into programs is in the hands of the local provider.

6. There is no mechanism at the local level which can bring together funding programs to create a new mix of services. Where school districts do this, it is on their own initiative and is restricted to funding programs over which they have major jurisdiction.

7. Throughout the levels of provision of child care services, goals are framed in terms of program inputs rather than outputs.

a. these input goals do not tolerate a flexibility of standards and a diversity of groups with varying needs: review is of inputs rather than of results.

b. these inputs tend to focus on the needs of the system rather than the needs of the children, the consequence being an emphasis on the mother's need for custodial care and on the economics of the program rather than on the developmental needs of the children.

The Delivery of Services -- The Coverage of Needs

1. Despite multiplicity of programs, the final availability is such that local programs reach a tiny proportion of the population of children in need. Not only is there an inadequate level of existing types of service, but many kinds of care are frequently lacking altogether (e.g., short-term care, emergency care, sick child care, housekeeper services).

2. A major proportion of existing services are completely outside any system of public regulation. Not only does this mean an inability to provide safeguards and to upgrade programs, but the opportunity for early diagnosis and correction of physical and psychological difficulties is lost.

This is not to say that all child care services ought to be under public regulation. There is little point to the concern about short-term babysitting services being outside the system. With long-term, regular care, however, evaluation of the skills of the supervising adults, nutrition and health levels, is of concern.

3. Much of the existing service, public and private, which does come under public regulation is primarily custodial. Regulations regarding custodial care deal primarily with safety and sanitation rather than with the developmental and educational needs of children. Again, hard and fast rules are inappropriate -- a three-mornings-a-week program need not necessarily meet the same standards as a full-day five day program.

4. Full-day custodial care and half-day compensatory pre-school education programs are sharply differentiated. The separation between these two types of programs, with distinctly different goals, is accentuated by the infrequency of joint endeavors by departments of education and departments of social welfare.

a. the full-day custodial programs are intended to care for children while their mothers are at work. A minimal education component is incorporated in State Children's Centers, but its quality and extent may vary widely among school districts. Private group programs and day care homes rarely incorporate clear educational goals.

b. pre-school education programs, on the other hand, provide high quality compensatory education, but except for a few Head Start programs, do not in any event fulfill a full-day custodial function. The exception to this is where a school district, as in Berkeley, combines full-day and part-day programs and applies uniform educational standards to all. (Private full-day programs and day care homes may, of course, not be integrated in this way.)

The result of these goal and administrative deficiencies is:

a. that care which emphasizes the developmental and educational needs of children is available to children of non-working mothers to a substantially greater degree than to children of working mothers. The situation is aggravated by the fact that private full-day care is available only in for-profit programs;

b. that mothers cannot switch from non-working to working status without shifting their children from one program to another. Since waiting lists for full-day public programs are several months long, the mother must choose between not starting to work, paying \$80 to \$150 a

month for licensed private care, or making an ad hoc arrangement where cost rather than the quality of care is the decisive factor. In any case, the child will necessarily experience a change in accustomed environment. If the mother stops working, the child immediately becomes ineligible for public full-day care and must move around again.

5. Little attention is focused on the expansion and up-grading of care in private homes -- licensed and unlicensed day care homes, baby-sitters, housekeepers. These services are critical in meeting the needs of infants and toddlers and important for many older children who may well not flourish on a twelve hour daily diet of "group experience."

6. Atypical children are not served in such a way as to facilitate their return to normal stream services and a normal life.

7. Present programs tend to segregate children along socio-economic lines. Publicly supported programs, both custodial and pre-school, serve low-income families almost exclusively; private programs serve middle class children exclusively. The exceptions to this are the California Parent-Participation Nursery School program which has no eligibility requirements, except the mother's willingness to participate during normal working hours, and private non-profit programs using state and federal funds to mix fee-paying with publicly-supported children. We have noted that few of these latter programs exist and that the obstacles to the expansion of this kind of service are great.

We find this phenomenon to be the single most dismaying feature of the child care service pattern. At a time when the nation is torn with the battles of desegregating its school system, we are simultaneously building a new early childhood education system which is by definition intensely segregated. We are putting our very youngest children, those

who have learned the least prejudice, into programs which are more narrowly limited on socio-economic lines than the child will ever again encounter. Because very young children cannot walk to "school" by themselves, to begin with, we are not nearly so locked into a geographical de facto pattern of service as we are with elementary school children.

The situation has arisen out of the best of motives -- serving first and most those children in greatest need. We do not argue that this compensatory principle is not a good one. We question, rather, whether the nation can afford to allocate resources to this area so that the very highest need groups alone can be served.

8. Lower-middle income families have the greatest difficulty in obtaining care of any income group, due to eligibility requirements in public programs on the one hand, and the high market price of private programs on the other. Federal funds and a large proportion of State of California funds may be used only for care for children of past, present and potential welfare recipients; only middle class children can afford private programs.

9. Child care service, public or private, is extremely expensive.

This is

a. due in large part to intrinsic reasons: child care is high-skilled labor intensive;

b. due also to the degree of administrative energy required to get funds to the operating level;

c. also due to the fact that programs operating outside the school system experience high management overhead costs and have no way of accomplishing economies of administrative scale.

10. The fragmentation of responsibility for the provision of the several types of child care service, makes it extremely difficult for the potential consumer to learn what options are available. Knowledge of private group programs and day care homes is entirely dependent on advertisements and word-of-mouth communication. Dissemination of information tends to be "piggy-backed" on other organizations. Thus if one is a member of the Berkeley Co-op, one sees advertisements for a certain group of programs there; if one is involved in Oakland community action agency activities, one learns about another group of programs there.

Information about public programs is available only through the agency responsible for each program; on a trivial but nonetheless important level, we, who had a fair degree of knowledge of the system, experienced anywhere from twenty minutes to two hours delay when our calls were being transferred around city and county switchboards to search out a particular program.

This list of the ways in which child care services fail to meet the needs of children and their parents can be readily translated into a series of mandates for action.

1. Funds available for child care must be supplemented either by government or by recruiting private capital or both.

a. If funds are governmental, they must be explicitly designated for child care rather than included in, say, an "education" package. To date, contingencies have been such that when child care is one of the services for which funds may be used, it has been subordinated to other programs. Ironically, with current fears about "youth," there is a strong possibility that money may flow into child care rather than to

education for older groups. Inherent in this motivation for child care is the philosophy that if you "get them young you've got them for life."

b. The potential for recruiting private funds by means of government guarantees should be exploited.

c. The entry of franchisers into the provision of child care facilities and programs should be encouraged if, and only if, public regulations can be effectively applied. The instance of franchised nursing homes may be cited here; great numbers of these ultimately failed because of the short-run economy practice of not hiring doctors. Regulations may thus be in the long-range interests of the franchiser as well as in the interest of the consumer.

It should be noted that this will be a difficult issue. Child care services are inherently expensive; pressures to waive regulations may be very great.

2. Public funds which now flow primarily to individuals or to vendors for services must be channeled in such a way as to expand services.

3. Ways must be found of extending the opportunity for high quality child care to lower-middle income families.

4. The mixing of socio-economic groups at the individual program level must be facilitated. This might be accomplished by

a. opening publicly-supported programs to a broader range of income groups, with fees based on ability to pay. We stress that opening up of eligibility requirements must be accompanied by an expansion in service or poor children will be displaced;

b. simplifying the process by which non-profit programs can mix public and private funds and thus mix income groups.

5. A diversity of types and styles of service should be encouraged in order to meet the full-range of community needs. To enable community groups to provide service, three actions are necessary:
 - a. the regulation system must be altered so that there is room for flexibility of standards while maintaining certain basic safeguards, and so that standards may be met over time;
 - b. a source must be found for the local matching share necessary to obtain federal funds;
 - c. funds must be provided for construction, rehabilitation and start-up costs. The New Zealand model of long-term, low-cost government loans to any accredited group for the construction of child care facilities if certain conditions are met, should be explored.
6. Family consultation to determine appropriate services and in-home custodial care -- the Social Welfare Department approach -- must be tied together with education departments' capabilities in developmental and educational programs. Programs operating outside the school system might, for instance, contract with the school district for the provision of a part-day educational component.
7. Similarly, ways must be found of upgrading the developmental and educational capacities of private group programs, especially in full-day programs.
8. Unlicensed regular-basis home care must be pulled into the system. This does not necessarily mean that all must be licensed. We would prefer to establish linkages with a large number of unlicensed, substandard situations rather than to license a few homes. If we force universal compliance with licensing standards, service to large numbers of

children will continue to be utterly unknown quantities. If, on the other hand, at least minimal links can be established, we will have created the potential for providing diagnostic and supportive services to a greatly increased number of children.

9. In-home care must receive greater emphasis. It should be expanded and upgraded regarding its capacity to meet developmental and educational needs. The Neighborhood Family Day Care Parent program is of particular interest here (see footnote, page 34). It provides training to the supervising adult; funds and assistance are available in meeting facility and program standards. A salary is paid to the "parent" so that income does not fluctuate; care is free to the welfare child. At present the program is limited to low income neighborhoods and AFDC children. The concept seems to us to be a tremendously important one on several levels; it merits extension and emphasis.

10. Short-term, ad hoc and emergency care programs must be created. For single parents, especially, the availability of such care is no luxury. Except for in-home care during long parental absences, standards for such service need not be elaborate. These might be tied to shopping areas, medical facilities, universities and vocational training schools.

11. A reserve force of substitute babysitters, day care home parents and so on must be created. Such a group might also fill the role of babysitter/nurses when children are ill and cannot attend regular programs.

12. New ways must be found of setting regulations and standards which incorporate inputs from the local level. We have noted that a creative tension exists among such groups as poverty organizations who

press for personal qualifications and education professionals who press for academic qualifications.

Needs within and among localities are so diverse that the current handing down from above of monolithic regulations is inappropriate. The quality and appropriateness of federal and state rules might well be increased overall by local program level input.

Community-wide criteria should be established through the joint efforts of consumers, providers, professionals and citizens. Some review procedure might then be established at the state and federal levels.

13. Maximum support should be given to organizations which serve as ombudsmen to the consumer (parent and child). These might include neighborhood legal services, modes of citizen participation and local control and watch-dog organizations. This would serve

a. to allow bureaucratic regulation to be less rigid by providing an alternative safeguard capability;

b. as a more realistic approach to achieving program responsiveness to consumer needs than parent participation. It is simply not realistic to expect that parents of young children who are employed full time will participate on a regular and intensive basis;

c. as a means of resolving kinks in the system which are either not particular to any one set of programs or which fall between current jurisdictions. Such ombudsman organizations might, for instance, work for changes in legislation and in local codes and regulations which inhibit the provision of services.

14. The current trend toward tying child care services to participation in a particular training program or to places of employment must be discouraged. The reluctance of some industry-provided programs

to meet other than strictly custodial needs is only a secondary drawback of such arrangements. We are primarily concerned with the fact that care which is contingent on the mother's continued training or employment can only be detrimental to the child's need for continuity and stability of relationships at a young age. In a situation of extreme shortage of child care services, such "incentives" to continue employment also seriously restrict the mother's freedom of choice of employer.

The preceding list of mandates for action poses an awesome agenda. But in a sense these kinds of problems in the delivery of services are trivial. Programs will always have their problems and this fact is no cause for serious concern, if there exists, somewhere in the constellation, a capacity to recognize problems and to act on them. It is for this reason that we have emphasized throughout this paper an analysis of the ways in which services are delivered rather than restricting our concern to the extent and quality of existing programs.

It is our contention that the critical issues in the delivery of child care services are not the specific failures of specific programs, but, rather, the incapacity of the delivery constellation to assess and correct itself. The issue is not problems, but the ability to solve problems; the issue is the form of governance. Because the present structure of funding and regulation places the burden of competence so emphatically on the local provider of service, the most pressing issues of governance are those at the local level. Though we feel that the providers of funds must adopt an attitude of responsibility for the working out of services at the local level if some degree of national equity of service is to be approached, we feel that a variety of factors will continue to make local governance and organizational competence a highly critical issue.

We cannot presume to set out any detailed scheme because the specific issues will vary so widely from locality to locality, but can only suggest a possible solution in broad outline. Our perception that each of the actors in the delivery of child care services seems (a) to be earnestly committed to an improvement and extension of services to children, (b) to feel an acute sense of impotence and inability to influence each other, and (c) to be unable to perceive, communicate and act on the real commonality of objectives which exist, leads us to search for some form of central linking organization, perhaps a public-private authority, on the local level.¹¹ We use the word linking rather than coordinating quite deliberately. Coordination implies forcing separate programs to function as one -- this is not our objective. The need is, rather, for separate programs to be able to link when their objectives intersect, but to continue as entities when operating under their own program objectives. The need is for confederation -- not for forced union. Such a confederation should be made up of representatives of all programs, regulatory agencies and of consumers. It should be able to fulfill the following functions:

- provision of planning assistance to member programs as well as competence in grantsmanship;
- assessment of community-wide needs and creation or stimulation of new programs where deficiencies exist;
- support development of programs to find external funds, supply the 25% local share to obtain federal matching funds, construction funds, seed money;

¹¹ An expansion of the 4-C idea (a federally-sponsored local community coordinating program for child care) is a possible model here. For reasons which follow, however, we feel this model has certain limitations. See for instance Community Coordinated Child Care: An Interim Policy Guidance for the 4-C Program. Department of HEW, Office of Child Development, July 1969.

-- provide central services which may be contracted for by individual programs:

- training and supervision of professionals and para-professionals;
- purchase and warehousing of supplies;
- administrative services such as personnel, budgeting, bookkeeping, attendance records, janitorial services;
- services of specialists (health, education, etc.);
- provide guide to local services for the consumer;
- create an outreach diagnostic system;
- work out program standards and exceptions to standards and be able to negotiate with state and federal regulators.

A major challenge which we see to designers of such an organization is that of getting the organization to come together and to design itself on its own initiative and its own terms. The energy for this development exists in the common felt need for an expansion and improvement in service on the part of the constituent actors, but the problem of providing a catalyst is a difficult one. We feel that a solution to this is highly critical, for the failure of de facto coordinating organizations which have been dropped into a locality by an outside agent to provide effective forms of governance is clear. The organization must come together on the basis of its members' common needs, and values.

The organization must receive its power, and thus its visibility, through enabling actions of those outside agents who now control resources and regulatory powers, but these must be vested in a real rather than paper organization in order to be utilized effectively. The difficulties of fusing the links of such an organization and of devising ways of

judging its viability and effectiveness are enormous. We ask for navigation of uncharted waters; we feel that meeting this challenge is critical not only to children who need care, and to communities in need of development and education, but to the quality of life in our new age.

In closing, we find the weight and complexity of the constellation of services which we have described to be so great that it is difficult to credit how very tiny is the proportion of the nation's children actually served. We estimated that in Oakland and Berkeley, for example, less than 3% of the population under age five is served by full-day group programs, public and private. The contrast between this great outpouring of energy and its consequences in the lives of helpless children, is, quite literally, the Day Care Nightmare. The process of producing results worthy of the national idealism and effort is to coax and cajole the currently fragmented constellation of agencies into a confederation of love for the nation's children!