

CHILD CARE IN OKLAHOMA: THE REACHING FOR THE STARS PROGRAM

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Abstract

Child care is one of the most pressing issues facing working parents with children under the age of 13 years in the U.S. This article sets a historical context for child care at the national and state level with a focus on Oklahoma. It discusses issues of affordability and accessibility and quality of care, as well as describes the Reaching for the Stars Program, a progressive initiative that addresses affordability and quality criteria of child care services

INTRODUCTION

Child care is one of the most pressing issues facing working parents with children under the age of 13 years in this country. According to the Carnegie Corporation, only 17 percent of the mothers of one-year-olds were in the work force in 1965 compared with 53 percent in 1991 (Carnegie Task Force 1994). Between 1977-1993, the number of children under age 5 years with an employed mother more than doubled (Council of Economic Advisors 1997). According to the Children's Defense Fund (2000a), 6 out of 10 children under the age of six years and 7 out of 10 children from six to thirteen years have both parents or their single parent in the labor force. Each day at least 13 million preschoolers, which include six million infants and toddlers, spend some part of their day in child care (Children's Defense Fund, 2001). In the U.S., 3 out of every 5 young children are in child care and millions more are cared for in after-school programs (Blassingame 2001).

What about some of the children that need child care yet do not receive it? An estimated 21 percent of children between the ages of 6-12 years with mothers employed outside of the home—about four million youths—are regularly without adult supervision when *not* in school (Child Welfare League of America 2000; The Urban Institute 2001). According to the Children's Defense Fund (2001) nearly 7 million children 5-14 years regularly care for themselves without adult supervision. About 35 percent of 12-year-olds provide their own care after school hours when parents are working (Corder 2000). This is alarming given that the rate of juvenile violence is greatest between 3-7 p.m., that most unintentional injury-related deaths occur when children are out of school and unsupervised, and that nearly 45 million

children under 14 years old are injured in their homes annually (Children's Defense Fund 2001). Children need not only a sensitive and responsive "parent" but also good supervision with an ability to set appropriate limits (Chira 1998).

Child care is clearly a necessity, yet its price tag is akin to a luxury item. Many parents can scarcely afford it full-time—especially single parents who are the hardest hit financially. In 1999, 30 percent of all mothers in the labor force who had children younger than age 6 were single parents whose earnings were vital to their children's support. Data from the Federal Interagency Forum on Child and Family Statistics (2000) reported that in 1999, 27 percent of children lived with one parent, and of these 4% lived with a single father. Moreover, 54 percent of children from birth through third grade received some form of non-parental child care on a regular basis.

Single working parents share a keen concern with child care given that in most instances they may receive minimal to no help from the absent noncustodial parent (Lengyel 2001). When a child becomes ill in child care or at school, the single parent has no back-up support. The situation is compounded when the parent's health suffers, and there is neither support nor a secondary income source to buffer the effects.

The Carnegie Corporation describes the child care situation as a crisis and claims that the well-being of infants and toddlers is jeopardized by lack of affordable care, the existence of poor quality care, and a fragmented system of delivery and high turnover among providers due to the inadequacy of salaries and working conditions (Carnegie Task Force, 1994). They indicate that many parents have limited child care choices and are plagued by inconsistent day care providers, lack of continuity of care, and con-

stant disruptions to work schedules—that for optimal development and well-being, children are best cared for by a small number of familiar caregivers in their early years.

Clearly a number of convincing issues confront consumers and/or providers of child care, such as accessibility for poor and working poor parents, licensing requirements, staff compensation, training for child care providers, regular program monitoring and evaluation, quality of care, and the effects of extended child care to both the child and the parent-child relationship. A discussion of all salient concerns facing child care is beyond the scope of this paper.

This article accomplishes three purposes. It sets a historical context for child care at the national and state level with a focus on Oklahoma. It discusses two of the compelling issues faced by child care consumers and providers: (1) affordability and accessibility and (2) quality of care. Finally, it describes the Reaching for the Stars Program, a progressive initiative that addresses the issues of affordability and accessibility, and serves to enhance quality child care services for all of Oklahoma's children.

HISTORICAL CONTEXT OF CHILD CARE

CHILD CARE AT THE NATIONAL LEVEL

New York City was the site of one of the first child day care centers in this Country as early as 1854 (Kadushin, Martin 1988). It was set up in a hospital for employed mothers who were patients and had left their children in the care of nurses when they returned to work following their recovery. A more permanent day nursery was established in 1863 to allow for the care of the children belonging to women that were employed in the manufacturing of soldiers' clothing and to provide housekeeping services in hospitals. This was apparently so successful that in 1898 the National Federation of Day Nurseries was created. Kadushin and Martin (1988) postulate that by the turn of the century, an estimated 175 similar child care centers had emerged throughout U.S. cities.

By the mid-1920's, day nurseries saw great expansion in numbers, as well as a shift from protective care to a growing recognition that children were unique, malleable beings in need of early [childhood] education (Kadushin, Martin 1988; Trattner 1994). The Great Depression slowed the growth in the day care

movement, although vis-à-vis the Works Progress Administration (WPA), day care centers were established throughout the country as a large-scale demonstration that touted some of the values of child day care. Kadushin and Martin (1988) write that:

Such centers were established by the program throughout the country to provide employment for teachers, nurses, nutritionists, and so on. The service they offered was primarily designed not to meet the child-care needs of the working mother but to provide a healthier environment for children from low-income families. Only children of parents who could not afford the tuition of privately operated nursery schools were eligible for admission to the WPA centers (176).

The day care programs continued during World War II with the support of the federal government during which time more than three million married women many of whom had preschoolers entered the labor force. A Department of Labor report cited by Kadushin and Martin (1988) highlighted problems of juvenile delinquency and high absenteeism in some of the workplaces as a result of inadequate child care services. At the end of the war, federal funding for the day care programs was terminated with the rationale being that the child care funding had been directly related to "...recruitment and retention of workers for war production and essential support services" (Kadushin, Martin 1988, 177).

By the 1960's, there was a renewed interest in child care that was partly an outcome of the 1962 and 1967 amendments to the Social Security Act whose provisions included day care funding for welfare recipients (Kadushin, Martin 1988). Head Start, which combined elements of early childhood education and development, began in early 1965 as an outgrowth of President Johnson's War on Poverty (Mills 1998). Since its inception, Head Start has served more than 15 million children, and its budget has increased from \$96.4 million (Mills 1998) to \$6.2 billion for fiscal year 2001—its highest yet (Children's Defense Fund 2001). Still far from being fully funded, the dollars for Head Start serve almost one-half of those children eligible. In the State of Oklahoma, funding for Head Start serves only 20.9 percent of the eligible children (Children's Defense Fund 2000a).

Funding for child care has been provided to the states since 1975 through Title XX dollars

(Social Services Block Grant), which represents the most significant categorical expenditures in this social service program. Title XX funds were decreased for fiscal year 2000 and the Children's Defense Fund has been in the forefront of the lobbying effort to have its funding restored to \$2.4 billion (Children's Defense Fund 2000a, 2001).

The 1996 Personal Responsibility and Work Opportunity Reconciliation Act (P.L. 104-193) brought the former Aid to Families with Dependent Children (AFDC) to an end and authorized a new focus of public assistance to families now known as Temporary Assistance to Needy Families (TANF). Initially, AFDC exempted single parents with preschool aged children from employment activities. The Family Support Act of 1988 altered that to make economic self-sufficiency its primary goal for single parents (Sonenstein, Wolf 1991). The revamped AFDC required work participation for parents with children over 2 years old and guaranteed child care subsidies to working parents for up to 12 months after leaving welfare. Under TANF, the employment-related activities go a step further by more specifically outlining required employment and training activities for parents with children of any age, by setting forth sanctions for failure to meet work requirements, and by establishing a lifetime maximum eligibility of 60 months of cash assistance (Knitzer, Caughen 1999). Child care subsidies are not guaranteed. The bottom line is that recipients of TANF need child care in order to achieve self-sufficiency by leaving and staying off welfare. At the same time, all children need high quality child care as a means of enhancing their emotional, cognitive, and language development.

Since the advent of welfare reform created by P.L. 104-193, families who are transitioning from welfare into the job market must utilize child care out of necessity. The connection between welfare reform and child care is obvious. The goals of welfare reform—successful movement of welfare recipients from public assistance to work—cannot be realized without affordable and accessible child care.

There was significant progress at the federal level for 2001 with historic gains in funding for child care (Children's Defense Fund 2001). The discretionary funds of the Child Care and Development Block Grant (CCDBG), later changed to the Child Care Development Fund (CCDF) were \$2 billion with an increase of \$817 million. The mandatory component of

the grant was raised by \$200 million, which makes the FY-2001 total CCDBG \$4.567 billion. Four percent of this amount must be spent on enhancing quality of care.

CHILD CARE IN THE STATE OF OKLAHOMA

Allsup (1991) details the beginnings of day care and licensing in a publication about the events that led to the enactment of the 1963 Oklahoma Child Care Licensing Law. Around the time of enactment, the responsibility for child care, which included licensing, was assigned to the Department of Public Welfare (presently the Oklahoma Department of Human Services). The State's initial attempt at creating a child care licensing law pertaining to facilities was accomplished at the time that the 1953 Oklahoma Children's Agency Licensing Act, Title 10, Chapter 18, was enacted by Senate Bill 338 (Oklahoma Department of Human Services 1981). Allsup (1991) elaborates:

The Act represented an effort to establish a licensing authority in Oklahoma to protect three or more children placed for full-time care in any home, agency or institution. Unfortunately, omissions and exemptions in this law placed more facilities outside the jurisdiction of the law than in it. The result was the level of care that the children received depended entirely upon the individuals and the sponsoring organization. No minimum requirements were enforced by any state agency (5).

Minimal regulations and lack of enforcement by the state created a climate conducive to the establishment of children's congregate and/or child care facilities throughout Oklahoma. Existing facilities, such as the American Legion Home in Ponca City, Tulsa's Sand Springs Home, and homes or orphanages operated by faith-based or fraternal organizations were explicitly exempted from the licensing requirements of the Act and continued to function undisturbed (Allsup 1991). A new children's home was opened in 1961 called Miracle Hill and was located just outside of Wewoka, Oklahoma in an abandoned high school situated on ten acres. Miracle Hill was intended to accommodate 500 children, substantial farm animals, and the potential for growing the necessary produce to feed its residents (Allsup 1991). An estimated 245 children between the ages of 11 months and 20 years old were housed at Miracle Hill between 1961 until its closure in 1964. Miracle Hill depended entirely on donations for its existence; federal and state assistance were

neither sought nor accepted.

A series of complaints from neighbors and other community residents eventually led to a series of articles in the *Daily Oklahoman* that began May 17, 1964. Cited were issues of inadequate food, clothing, medical attention, and supervision; substandard structural facilities, excessive and inappropriate discipline; inexperienced, untrained, and insufficient staff; and a lack of structured activities for the children. Miracle Hill was closed just days preceding the enactment of an amended licensing law in the state. In 1998, DHS produced a video entitled “Miracle Hill, The Legacy” that represents a documentary about the beginning of Oklahoma’s child care laws and how one tragic episode in the state’s history became the watershed event to improve the lives of Oklahoma’s dependent children (Miracle Hill 1998; Office of Child Care 1998).

The Oklahoma Child Care Facilities Act was signed into law on May 23, 1963. Essentially there was no formal child care programming prior to enactment of the law (vonBargen 2001). The Act allowed existing children’s homes and child care facilities until June 30, 1964 to apply for licensing from the Department of Public Welfare (DPW). Allsup (1991) searched Oklahoma’s Department of Libraries State Archives and found that: “The House passed an amendment which provided for an exemption from the law to institutions furnishing full-time care for children for 10 years prior to the effective date of the law” (29).

While a series of child care-related initiatives may have begun as early as 1964, publication of these were significantly overshadowed by the increased activity, multiple changes, and added responsibilities assigned to DPW (Murphy 1976; Department of Institutions, Social and Rehabilitative Services 1977; Oklahoma Department of Human Services 1980 1981 1987). Among the numerous changes, the organization’s name was changed in 1976 from DPW to the Department of Institutions, Social and Rehabilitative Services (DISRS), and changed again in 1980 to DHS, as it is known currently.

It was not until 1989 that the State of Oklahoma reached its next milestone in the history of child care when Senate Joint Resolution 39 created the Joint Advisory Task Force on Child Care (1989). This task force was comprised of legislative members and child care professionals. It was charged with both studying and making recommendations that would address

the rapidly growing and widespread need for safe, affordable, and quality child care for families of all incomes. As part of the Task Force’s efforts, a series of public hearings were held during September and October 1989 in Enid, Lawton, McAlester, Oklahoma City, and Tulsa. The five most significant areas of concern expressed by the estimated 300 participants in those public hearings include:

1. Greater financial assistance needed for child care
2. Licensing be required for all child care facilities
3. Facilities are needed that will accept children with special needs
4. Increasing the number of licensing workers to DHS since current staff were reportedly overworked and could not complete licensing studies timely nor provide more than superficial technical support to child care providers and facilities
5. Increasing the quality of child care

The Task Force encouraged parents to seek licensed child care, saying that unregulated child care represented the greatest amount of potential risk to children in care outside of their own homes. Moreover, the Task Force agreed that all facilities in the business of providing routine care for children should be licensed because:

- 1 Regulations prevent unscrupulous competition from offering grossly substandard services and assure some consumer protection;
- 1 Licensing assures an acceptable level of care and can help raise the level over time;
- 1 Licensing educates the community as to the necessary components of acceptable care; and
- 1 Exemptions weaken the entire regulatory structure (Joint Legislative Advisory Task Force on Child Care 1989, 11).

The Task Force recommended that DHS child care assistance program be revised. The rate schedule recommendations included reflecting the actual costs of providing child care; indexing rates by the age of the child; including a rate for children with special needs; providing rate adjustments to address parents working non-traditional hours; and including a weekly rate allowing for a reasonable number of absences. The Task Force also recommended developing and implementing criteria for quality child care, including using peer and self-review processes and establishing a grading system that recognized superior programs based on specific criteria known to improve quality (Joint Legislative Advisory Task Force on Child

Care 1990).

In April 1991, Senate Bill 177 established the Office of Child Care (Oklahoma Department of Human Services 1992). The Licensing Services Unit was assigned to the Office of Child Care in September 1991. The Office of Child Care was situated for three years in the Division of Children and Family Services and became a freestanding division in 1999 in order to more effectively carry out its mission and continue its development and implementation of progressive initiatives. The Division of Child Care has responsibility for the direct administration and implementation of all programs funded by the CCDF (Oklahoma Department of Human Services 2000a).

One of the Division's more progressive initiatives has been the Oklahoma Child Care Resource and Referral Association (OCCRRA) that in 1999 recorded over 14,000 calls from parents, 90 percent of who were seeking child care services for children ages birth to 3 (Pyeatt, Johnson 2000a). The OCCRRA's mission is "...to achieve a quality child care system accessible to all Oklahoma families through community-based resource and referral services" (Office of Child Care 1999 13). Referrals provided to inquiring parents aid the timely filling of vacancies in child care facilities. Parents are given information on three to five licensed or exempt facilities that most closely approximate criteria of cost, location, size, and/or curriculum requested. The OCCRRA also offer or sponsor a range of trainings throughout their service areas, as well as help facilitate access to resources (Oklahoma Department of Human Services 1992, 1994, 1995 1999b; Office of Child Care 1999).

A selected number of other initiatives of the Division of Child Care include:

1 Contracting with public and private schools at numerous sites for before- and after-school care (Oklahoma Department of Human Services 1992; Pyeatt, Johnson 2000b);

1 Contracting for provider training for owners and staff of family child care homes and child care centers (Oklahoma Department of Human Services 1993, 1994, 1995; Office of Child Care 2000);

1 Awarding enhancement grants to child care providers for expanding child care especially to those targeting low-income families, children ages birth-two years, children with special needs, school-age children, and/or children of adolescents (Oklahoma Department of Human Services 1993, 1994; Office of Child Care

1999, 2000; Division of Child Care 2001);

1 Providing classes on child care careers to potential providers and center directors (Office of Child Care 2000);

1 Developing and funding six pilot Family Child Care Home Networks, three each serving urban and rural areas (Office of Child Care 1999); and

1 Developing and piloting *Access Oklahoma*, first in the nation child care payment system that uses an electronically-coded debit card to allow for payments to child care providers by subsidy-eligible families (Johnson 2000).

At Governor Frank Keating's request, the Director of DHS, Howard H. Hendrick, and representatives from the Division of Child Care became part of a specially convened Governor's Task Force on Early Childhood Education whose principal focus was to work collaboratively with private citizens, state officials, and an array of parent and community stakeholders to strengthen their commitment to Oklahoma's children from birth to 5 years old (Governor's Task Force on Early Childhood Education 2000). This group identified four key strategies for an effective early childhood education initiative that would lead to stronger, healthier children, parents, and community. The strategies are:

1. Enact a strong public policy promoting early child care and education

2. Create a statewide public-private early childhood partnership

3. Implement a comprehensive public engagement campaign

4. Mobilize communities to provide environments that support children and families

An initiative that has had the most transformative effect on child care in the state in recent years is the implementation of the Reaching for the Stars Program, which will be described in the latter part of this article.

CHILD CARE ISSUES

There are a myriad of forceful issues confronting the field of child care today. For the purpose of this article, two primary issues are addressed: (1) affordability and accessibility and (2) quality of care. The focus of this paper is on *formal* child care provided in child care centers or family child care homes that are currently licensed by the State of Oklahoma. Formalized child care is part of an organized system of caring for children that includes a series of tasks and activities aimed at helping to ensure the safety and well-being of children. In

years past, child care was perceived as little more than *babysitting*, where a child was 'dropped off' to play, eat, nap, and if old enough, to watch television while parents worked or spent varying amounts of time away from their children. Today's child care is a child development program similar to Head Start and public or private school pre-kindergarten programs (Carter 2001). References to center-based programs generally include "...day care centers, pre-kindergarten, nursery schools, Head Start programs, and other childhood education programs" (Federal Interagency forum on Child and Family Statistics 2000 10). The evolution of this formalized system of child care in recent years has received increased attention in the professional literature and print media (Lowenberg 2000, Newsweek 2000, USA Today 1999). There is a distinction between formal or regulated forms of child care and unregulated kith and kin care that is largely provided by relatives or close acquaintances who may care for a small number of children in their own homes (Collins, Carlson 1998).

AFFORDABILITY AND ACCESSIBILITY

The cost of child care is expensive for the average parent, but for low-income parents, the cost of child care can consume more of a family's resources than even rent or food (The Urban Institute 2001). Frequently, a single mother's earnings are insufficient to support her family *before* child care is paid for (Children's Defense Fund 2000a). While in working families with children costs for child care may consume a significant portion of the family's budget, it is an even greater challenge for the large numbers of low-income families that have recently left welfare rolls for employment since 1995 (Giannarelli, Barsimantov, 2000). Not all low-income working families receive aid since child care subsidies are no longer an entitlement. The main source of federal funding for subsidized child care comes from the Child Care and Development Fund (CCDF), and it only serves 10-15 percent of the eligible children.

Gong et al (1999) cited a finding by the U.S. Government Accounting Office that offering child care subsidy to poor mothers increased the likelihood that mothers would work by 15 percent. These researchers also cited a study by the Child Care Law Center who found that one-fifth of those leaving public assistance for work returned to the welfare rolls since they could not afford child care costs without subsidi-

dized aid. Irrespective of income level, parents of infants and toddlers face the likelihood of waiting lists due to an inadequate number of child care slots for this age group.

Many working-poor and low-income families struggle to find and afford quality child care environments for their children. In some cases, full-day child care easily costs \$4,000 to \$10,000 per year—as much if not more than college tuition at a public university (Children's Defense Fund 2000b, 2001). For example, in Kansas City, Kansas, child care averages \$5,200 annually, whereas public college tuition costs \$2,223 (Children's Defense Fund 1998).

In order to obtain an approximate sense of what different providers charge for full-time infant care in the Oklahoma City area, the senior author conducted a telephone survey of 10 local child care centers representing the major sections of the city. Telephone calls were all made on 6/8/01, and the centers were randomly selected from the Southwestern Bell Greater Oklahoma City Yellow Pages. Providers were asked for their weekly rates for infants and toddlers. The rates ranged from \$85 to \$147 per week for birth to 12 months of age, with an average rate of \$116 weekly. Toddler care costs \$20 less weekly on average.

Based on the data gathered, the annual cost of child care for an infant in Oklahoma City ranges from a low of \$4,386 to \$7,585, reflecting an average of \$6,048 or \$504 monthly. Tuition for an entering freshman at the University of Oklahoma for two semesters calculated using 16 credit hours a semester as a full-time course load costs \$2,532 for the year. Hence, the cost of child care for an infant for one year costs 73 percent *more* than tuition for a full-time public university student in Oklahoma during the same time period. Comments made by two providers reflected that "child care does not pay for teachers" and that the cost of child care "...does not pay for the care of the infant."

In 1999, there were 882,062 children under the age of 18 living in Oklahoma, with 29 percent or 255,798 of those children under 13 residing in low-income families with working parents (Child Care Bureau 2000). At the same time, there were a total of 5,734 child care licensed facilities with a capacity of 120,240 (Oklahoma Department of Human Services 1999a). However, the capacities of facilities with a DHS contract reflect the potential capacities for children receiving child care subsidies and that number is lower—4,626 facilities with a capacity of 95,628.

The Bureau of Labor Statistics projects that the number of children enrolled in part-or full-time child care will continue to increase (Blasingame 2001). Overall, there is a shortage of licensed infant and toddler child care in Oklahoma, and in turn, this creates a stressful situation for working parents and providers. Several providers said that they were considering decreasing the number of DHS-referred children because they were becoming unable to “break even” financially. The challenges do not end there. When one looks at the numbers of children 0-13 years of age *needing* child care, the crisis is heightened. Schumacher and Greenberg (1999) note that the lack of child care was consistently identified as one reason for non-employment among welfare leavers who responded to surveys—a sample of 142 Oklahomans were among those respondents. Kickham et al (2000) found that those transitioning from welfare were at substantially greater risk relative to disruption, change, or loss of child care arrangements. Even the most motivated worker can be seriously hampered when faced with problems of child care arrangements or transportation that are beyond their control (Regenstein et al 1996).

Table 1 depicts the combined number of licensed child care centers and homes by year beginning in 1981. The numbers of child care centers and family care homes shown in 1981 and 1983 appear inordinately high and the annual reports for three of the years did not contain comparable data. The numbers of child care centers and family care homes from 1986 forward show a steady increase with few exceptions. The greatest increase in child care centers and homes was in 1988 with 21 percent. From 1997 to 1998, there was a 3.9 percent increase in child care centers and family child care homes, then between 1998 and 1999 there was a 5.6 percent decrease. In 2000, there was a modest increase of 1.7 percent. Thus while the numbers of child care facilities have increased with few exceptions, the need for child care has outpaced the availability. Projections by the Census Bureau estimate almost 45,000 Oklahoma children less than one year of age by year's end. In contrast, there are about 10,000 licensed child care slots for children of that same age (Pyeatt, Johnson 2000). This is of particular significance given that more TANF (73.3%) than general population (64%) parents' use licensed child care in Oklahoma (Kickham, Bentley, Effendi, Harnden 2000).

The DHS administers the State Plan that includes the child care subsidy program, and as such subsidizes child care monthly for over 28,000 children ages birth to 6 years old. Less than 10 percent is available for infant care, with a total of 20 percent available for birth to 3. Eighty-two percent of the families on waiting lists for child care have children under 2 years of age. The availability of child care subsidies for children from infancy to 13 years of age whose family meets income and employment or educational requirements is intended to help parents stay off welfare and maintain self-sufficiency (Pyeatt, Johnson 2000b).

Approximately 34 percent of children in Oklahoma's licensed child care facilities receive child care assistance through DHS. The subsidy program assures that child care is available to children whose families live at or near the poverty level and are moving toward self-sufficiency through employment, training, or education. The program uses a sliding fee scale based on family size, family income, and the number of children in a family. The eligibility ceiling is 164 percent of the poverty level. The program ensures that co-payment fees, paid by parents, increases gradually, so that child care expenses do not dramatically surge when the

TABLE 1. NO. OF CHILD CARE CENTERS AND HOMES BY YEAR*

Year	Total No.
1981	5,386
1982	No Info
1983	4,800
1984	No Info
1985	No Info
1986	2,715
1987	2,850
1988	3,451
1989	3,137
1990	3,510
1991	3,835
1992	4,507
1993	5,078
1994	5,599
1995	5,546
1996	5,586
1997	5,845
1998	6,071
1999	5,734
2000	5,829

*Taken from Oklahoma Department of Human Services' Annual Reports for each year shown.

family rises above the eligibility maximum and must pay the full cost. Licensed child care providers contract with DHS and are reimbursed for the care provided to children at the rates approved by the DHS Commissioners.

Table No. 2 shows the number of children receiving child care subsidies between 1981 and 1999. Notably, child care services have expanded by 183 percent over nearly two decades as a direct benefit to those both transitioning from welfare to work and the working poor.

TABLE 2. NO. OF CHILDREN RECEIVING DAY CARE SUBSIDIES AT THE END OF EACH FISCAL YEAR*

Year	Total No.
1981	16,444
1982	No Info
1983	No Info
1984	13,700
1985	20,666
1986	24,000
1987	No Info
1988	15,800
1989	16,500
1990	18,500
1991	20,500
1992	28,500
1993	30,000
1994	31,000
1995	37,289
1996	37,626
1997	40,231
1998	40,413
1999	46,471
2000	47,436

*Taken from Oklahoma Department of Human Services' Annual Reports for each year shown.

Child care assistance is available under circumstances other than for poor working parents. One of these is for protective or preventive child care services provided for up to 30 days as an early intervention strategy in certain situations as a means of enhancing family functioning or stabilizing a crisis situation (Oklahoma Department of Human Services 2000b). Another one is to provide child care assistance to children in foster or kinship care when the foster parent or kin caregivers are employed, in training or schooling similar to the need criteria for single parents or caretaker families

mentioned earlier. Child care services must be provided in a licensed center- or family care-based environment, or in a foster parents' own home by a licensed child care provider (Oklahoma Department of Human Services 2000c). The collective number of these is small by comparison to the numbers of parents moving from welfare to work.

QUALITY OF CARE

Early childhood practitioners understood the positive effects of developmentally appropriate care for children in all settings (Anderson 2001). The recent research on brain development provided an additional impetus for increased child care funding and scientific inquiry (Greenwood 1999; Karoly et al 1998; USA Today 1999). Research on child care quality has been conducted on both family day care settings (Galinsky et al 1994) as well as child care centers (Helburn et al 1995). Constructs for measurement have included the ratio of children to staff; providers' education, training, and experience; and relational aspects of the interaction between provider and child (Henly 2000).

Researchers indicate that the quality of licensed child care irrespective of setting is frequently inadequate, but child care in unregulated settings is potentially of even lower quality and unsafe (Council of Economic Advisors 1997, Federal Interagency Forum on Child and Family Statistics 2000, Henly 2000). Exposure to negative responses from caregivers can be a hindrance to children's attempts to develop a sense of competence and success (vonBargen 1991). This is particularly troubling given that low-income parents without child care assistance tend to utilize unregulated child care at higher levels. The most common child care providers for employed parents who left welfare are informal ones—family or friends (Schumacher, Greenberg 1999). According to these researchers, a survey of N=147 Oklahomans found that 22 percent use relatives and 7 percent use friends. Along the same lines, a study completed by Kickham et al (2000) reported that TANF leavers were more likely to obtain child care from a grandparent or other adult relative (63%) compared to current TANF recipients (50.5%) or non-TANF working parents in the general population (44.2%). These researchers believe that it is the *instability* of these arrangements that lead to difficulty on the job for those leaving TANF especially.

Informal child care has been suggested to be

of lower quality than licensed center-based and family child care, yet it may also offer parents easier access by being located in more convenient sites, as well as more flexible to the working hours of low-income parents who are have a greater tendency to work odd or off-peak hours (Henly 2000). Since subsidized child care serves a small number of the children who are eligible—about 15 percent—informal care is usually an affordable, albeit not preferred, child care arrangement (Giannarelli, Barsimantov 2000). Low earning families are less likely than higher earning ones to pay for child care. Also, kin-provided child care is less often financially compensated than non-kin child care (Brandon 2000).

Gallagher (1998) cites a 1995 national study that found only 8 percent of child care centers that serve infants and toddlers provide high quality child care. The care in 40 percent of the centers was reportedly so poor as to potentially place young children's psychological and cognitive development at risk. Quality measures have been associated with group size, caregiver training, staff-child ratios, and provider credentials (Henly 2000). Moreover, some child care professionals equate quality child care with eliciting the same emotional processes as that found between mother and child (Gallagher 1998). This is characterized by nurturing, appropriately stimulating, responsive care that is attentive to both the child's verbal and non-verbal communication. Child care providers face a formidable challenge to address these issues without sacrificing quality of care in the process.

How do child care facilities fare in the State of Oklahoma? An externally done study found that 80 percent of Oklahoma's child care facilities were rated as mediocre at best when it came to providing quality care for children (Helburn et al 1995). This is in keeping with questions of quality of child care voiced by consumers, advocates, and researchers (Child Care Bureau 1997b; Children's Defense Fund 2000b; Council of Economic Advisors 1997). Some barriers to participation experienced by providers and licensing representatives include a lack of qualifications, low subsidy rates, expensive training or lack of training opportunities, and less than positive perceptions about child care as a career.

Dunn (1995) found in a study about the status of the Oklahoma child care work force that few family child care providers had education beyond high school. Of those that had taken

courses beyond high school, most had attended vocational technical training courses rather than two- or four-year institutions of higher education. Just over 7 percent had Child Development Associate credentials. None had state certification in early childhood education. Child care staff typically had one year of education beyond high school. About 67 percent reported having attended some form of higher education; however, few graduated from programs related to early childhood education or child development. Directors of child care centers were found to average two years of formal education beyond high school, and only 20 percent had any form of teacher certification. The study also found that 75 percent of child care center-based teachers earned less than \$11,000 annually (Dunn 1995). This is corroborated by other findings that show child care workers are among the lowest paid in the U.S. (Child Care Bureau 1997a; Council of Economic Advisors 1997; Twombly et al 2001).

vonBargen (1991) cited an annual turnover rate of 44 percent in child care facilities. Springen (2000) found a turnover rate at child care centers nationally to be nearly 40 percent largely attributable to low pay, which averages an estimated \$6 per hour. The Children's Defense Fund (2001) says that on average child care workers earn less than bellhops, funeral attendants, and garbage collectors. The mounting challenges to child care professionals are to provide high quality care to children simultaneous to competitive wages and benefits to workers (Blassingame 2001). Low wages and poor benefits lead to high staff turnover, not to mention maintaining child care workers among the ranks of the working poor.

Quality early care programs have been shown to have a significant effect on a family's economic independence, and eventually, such programs can provide a solid foundation for children's future success (Rand Corporation 1998; Whitney 1999). Research also shows that quality of care carries a lasting impact on children's well being and can be key in helping to overcome obstacles to children's learning (Child Care Bureau 1997b; Children's Defense Fund 2000a, 2001; Greenwood 1999). Children in high quality child care centers consistently outperform children in the development of cognitive and language skills as compared to children in other quality care settings (Greenberg, Springen 2000; Kantrowitz 2001). Wisen's vision was that "...by providing safe, quality programs at the earliest age possible,

we will be able to nurture each child to develop to his or her full potential as well as install values, positive self-esteem, and pride in our cultures” (1999 12).

Early in 1996, the Office of Child Care identified several issues for improvement and incorporated the issues as part of the market rate survey conducted the following year. Then in 1997, DHS via the Office of Child Care contracted with the Center for Economic and Management Research (CEMR) at the University of Oklahoma to conduct a market rate survey. A market rate survey is required every two years by the federal government. The rates established must be based on survey results and consistent with CCDF requirements (Gong et al 1999). The contracted survey found that DHS subsidy rates were below current market rates (e.g., rates charged to private-paying families) especially in urban areas (Penn 1997). As a result of the low rate, few providers offered infant and toddler care because of the high staff-to-child ratio requirements for appropriate care. This is consistent with some of the information shared with the senior author during the ad hoc survey she conducted of local child care providers.

The market rate survey (Penn 1997) found that there were differences in rates charged for child care across different counties in Oklahoma. In response to this, the Office of Child Care, in conjunction with the Office of Finance, Field Operations, and Division of Family Support formulated more realistic reimbursement rates that would be provided as child care subsidies. At the same time, the Oklahoma State legislature encouraged DHS to tie quality care indicators to an increase in the subsidy reimbursement rate received by the provider. The most recent market rate survey report was completed September 1999 and resulted in an increase in child care assistance rates effective December 2000 (Office of Child Care 1998). The rates are based upon several factors: age of the child, child care setting, geographic location of child care provider, and the child care facility’s star designation. Another rate increase is anticipated pending the results of the market rate survey to be conducted in 2001 (Oklahoma Department of Human Services 2001b).

The Divisions of Child Care and Family Support have discussed the need for a differential rate for the care of special needs children (Anderson 2001). Following an extensive study there was a new rate established to provide for child care assistance in support of children with

disabilities. Thus should a child be determined to have a moderate to severe disability, a special rate is authorized for reimbursement to the child care provider above the regular rate as a means of ensuring accessibility to needed services (Oklahoma Department of Human Services 2001b).

The National Conference of State Legislatures (1997) posits that what results in quality child care are smaller group sizes of children, higher teacher-child ratios, and greater staff wages. Further that children’s outcomes measurably improve when participating in developmentally-appropriate early childhood education provided by credentialed staff and when there is a degree of parental involvement in curricular programming. The Reaching for the Stars Program addresses all of those issues.

REACHING FOR THE STARS PROGRAM

Reaching for the Stars became effective February 1, 1998 (Office of Child Care 1998). This program provides financial incentives for child care centers and family child care homes as a means to enhancing the quality of care. Reaching for the Stars is a tiered system, which was recommended by the Welfare Reform Block Grant Advisory Committee. Numerous states utilize tiered systems as a differential for reimbursement (Child Care Bureau 1997c).

The Reaching for the Stars program addresses the issues of affordability and accessibility, quality of child care, and proactively furthers the development and implementation of early childhood education and intervention to benefit all infants, toddlers and preschool age children in licensed facilities in Oklahoma. Revision of the reimbursement rates under this initiative raised the rates payable to child care centers and family child care homes as an essential support to facilitate low income parents currently in the labor force continue to work toward self-sufficiency (Oklahoma Department of Human Services 1999c). Standards for providers in the areas of basic education requirements, related work experience, and the completion of mandatory annual training hours directly influence the quality of care. The program was also created to ensure, enhance, and expand the critical role of early childhood experiences with regard to school readiness and the child’s subsequent success as an adult.

Linked to the child care subsidy program, the Reaching for the Stars Program accomplishes three goals: (1) regularly evaluates the child care reimbursement rate with approved in-

creases as appropriate in order to generate additional slots for children whose families receive child care assistance (2) improves the level of competency and salaries of child care providers that impacts overall quality of care and (3) provides a mechanism whereby parents can systematically assess the quality of Oklahoma's child care programs (Division of Child Care 2000).

The program was first developed with two tiers designated as one-star and two-star. The one-star category included those child care centers and family child care homes that met the basic licensing requirements (Office of Child Care 1998). The basic licensing requirements are not included here due to space limitations. **One-star child care facilities** receive the current reimbursement rate for those eligible children whose care is subsidized by DHS.

Two-star child care centers and family child care homes are required to meet criteria exceeding the basic licensing requirements. **Two-star child care centers** are accredited by an approved national accrediting body (there are four currently) and meet state licensing requirements. In non-accredited centers, the directors must complete 40 hours of formal training in administration and management annually. Two-star centers also employ master teachers (e.g., 2- or 4-year degree in child development, Child Development Associate, or Certified Childcare professional credential) who, along with all staff, must complete 20 hours of formal training annually. Further, two-star centers have an established salary scale with increments based on years of early childhood experience, education, credential, and training. Lesson plans are developed weekly that are developmentally appropriate and activities for children are structured to enhance cognitive, language, and motor development for those two years and older. Parental involvement is another component of two-star child care centers.

Two-star family child care homes must document 20 hours of annual training from a DHS-approved source in each 12-month period

(Office of Child Care, 1998). Additional training required includes pediatric first aid training provided by the American Red Cross or an equivalent approved source. The provider in the two-star family child care home must have a Child Development Associate credential, a 2- or 4-yr degree in early childhood education or child development, or any 2- or 4-yr degree with a minimum of 12 credit hours in early childhood education, child development or a closely related subject.

Three-star child care centers must meet the two-star center criteria in addition to having been accredited by a Division of Child Care-approved national accrediting entity. **Three-star family child care homes** must meet the two-star home criteria, as well as being accredited through the National Association of Family Child Care. The three-star designation was implemented in July 1999.

On July 1, 2000, a new level of care became effective and is designated **one-star plus** (Oklahoma Department of Human Services 2001a). Child care centers and family child care homes at this level must meet the basic licensing requirements similar to one-star facilities, and at the same time, demonstrate the potential for achieving two-star status at the end of the 24-month period. It is expected that the one-star plus category of care will be an impetus toward further improvement of quality child care.

Record increases were posted in total licensed capacity, as well as in the numbers of two- and three-star facilities. Table 3 shows the number of children receiving care in one-, two-, and three-star rated child care centers over the course of 13 months from July 1998 to August 1999. During this time frame, there was a 5 percent increase in the number of children receiving child care services in one-star centers. There was an impressive 319.6 percent increase in the number of children being cared for by centers achieving two-star designation. Within one month of the implementation of the three-star rating, 110 children were being served at the highest designated level of care.

TABLE 3. NUMBER OF CHILDREN CARED FOR IN
STAR-RATED CHILD CARE CENTERS
JULY 1, 1998 – AUGUST 30, 1999

Rating	Jul 1998	Oct 1998	Jan 1999	Apr 1999	Aug 1999
One-Star	39,041	40,867	39,092	39,816	40,984
Two-Star	1,061	1,539	1,991	3,538	4,452
Three-Star*	N/A	N/A	N/A	N/A	110

*Three-Star Child Care Center rating was implemented 7/1/99

Table 4 depicts the number of child care centers and family child care homes at both the two- and three-star ratings as well as the county where the designated facilities are located. One-star and one-star plus child care centers and family child care homes are geographically seated in every county across the state and not represented here. The increase of two- and three-star facilities from the end of January 2000 to May 2001 has been remarkable. Three-star child care centers and family child care homes increased by 60 and 33.3 percents, respectively (vonbargen 2001). Two-star child care centers increased by 57.6 percent, and two-star family child care homes increased by 83 percent during the same time period.

Parental choice can be significantly influenced by the reimbursement rates authorized by DHS that are payable to child care providers (Gong et al 1999). Rates must be sufficiently high to afford equal access to comparable child care received by non-subsidized children. One of the CCDF requirements is that states must establish a system of co-payments that is based on income and family size. States, however, have the ability to waive co-payment fees for families whose incomes fall below poverty level. Six states charge co-payments to TANF recipients including Louisiana, Maine, Mississippi, Missouri, **Oklahoma**, and Wyoming. At the same time, the State of Oklahoma is only one of five states that invests a higher than average amount of funding per child for child development programs for children ages 0-6 (National Center for Children in Poverty 2000). The five states are: California, Geor-

gia, Massachusetts, North Carolina, and **Oklahoma**.

A comment relative to monitoring and compliance is worth mentioning, albeit briefly. Frequently new initiatives are implemented without the necessary resources with which to help ensure their success. This was not the case with Reaching for the Stars. Thirty-eight licensing staff were added to the Office of Child Care (1998) for a total of 107 statewide professionals to evaluate providers' compliance with two-star quality criteria, as well as to improve monitoring of child care programs overall. This allowed for caseloads to decrease to an average of 58 cases per worker. In Fiscal Year 1999, there were 110 licensing representatives, 21 supervisors, and three state office staff responsible for monitoring child care programs and evaluating facilities for compliance with two-star designated centers and homes (Office of Child Care 1999). Presently, 114 licensing representatives monitor 1,936 child care centers and 4,169 family child care homes at least three times annually for compliance from DHS' six service areas across the state (Oklahoma Department of Human Services 2001b). To determine the impact of quality of care upon children, DHS and the provider will evaluate two- and three-star programs annually using the Early Childhood Environment Rating Scale.

The Division of Child Care has also planned for regular external evaluations of the Reaching for the Stars Program. Two initial evaluations were conducted by the Bureau of Social Research (1998a, 1998b) at Oklahoma State University concerning the implementation of

TABLE 4. NUMBER OF TWO- AND THREE-STAR CHILD CARE CENTERS AND HOMES*

Star Rating	No. of Facilities	County Where Facilities Are Located
Two-Star Center	118	Adair, Caddo, Canadian, Cherokee, Cleveland, Comanche, Creek, Garfield, Johnston, Kay, Logan, Major, Marshall, McCurtain, Muskogee, Noble, Oklahoma, Payne, Pittsburg, Pontotoc, Pottawatomie, Seminole, Sequoyah, Tulsa, Wagoner, Washington
Two-Star Home	88	Caddo, Canadian, Cherokee, Cleveland, Coal, Comanche, Cotton, Creek, Garfield, Garvin, Grant, Kay, Logan, McCurtain, Muskogee, Noble, Oklahoma, Okmulgee, Osage, Payne, Pittsburg, Pottawatomie, Rogers, Tulsa, Wagoner, Woodward
Three-Star Center	25	Caddo, Cleveland, Creek, Delaware, Hughes, Oklahoma, Pittsburg, Tulsa, Washington, Woods
Three-Star Home	3	Tulsa

*Data are accurate as of 1/31/2000

the Stars Program through surveys of child care centers and family child care homes in the state. Future evaluations will focus on both process and outcomes.

The Division of Child Care recently established a Facilities Fund Committee whose members include representatives from DHS, business, and philanthropy. In order to facilitate the expansion and improvement of high quality center-based child care programs, the committee is developing an initiative that will provide training, technical assistance and financing to those facilities (Oklahoma Department of Human Services 2001b). Details of the licensing requirements, child care reimbursement rates, the Reaching for the Stars Program, or any current child care initiatives can be found on the DHS web page at <http://www.okdhs.org>.

CONCLUSIONS

Undoubtedly, there is a need to help increase the capacity of Oklahoma child care providers to serve greater numbers of children while their parents are engaged in employment- or education-related activities. The Division of Child Care is actively recruiting individuals to work toward licensing either home- or center-based child care using grants as an incentive. In 1998, 157 child care centers and family child care homes received improvement grants to either expand capacity or improve quality of care to 5,439 children, nearly half of who were from low-income families (Office of Child Care 1998). In 1999, 145 applicants were awarded similar grants (Office of Child Care 1999). A strategic plan to transform the Oklahoma child care industry from care giving facilities into developmentally appropriate learning centers for young children was implemented during the prior fiscal year (Oklahoma Department of Human Services 2001a).

The range of issues confronted by child care policy makers, providers, and consumers are greater in scope than any single article, and certainly limited in the present discussion. Recommendations and strategies for strengthening child care programs and services abound. At the state level, legislators have recognized some of the salient reasons to be concerned about affordability and availability of quality child care. In the state of Oregon, for example, legislators are addressing the high cost of child care by making their child care credit refundable for those families whose incomes are up to 200 percent of the poverty level (Sheketoff, Lewis 2001). At the present time only a small

number of states have refundable child care tax credits for eligible families: Arkansas, Hawaii, Iowa, Minnesota, New Mexico, and New York (National Women's Law Center 1998).

Whitney (1999) says that good quality "...early care and education programs can have a significant effect on state economies, families' self-sufficiency and welfare reform" (12). Moreover, quality care is foundational for later success in all areas of school, employment, and community living. Ridley et al (2000) evaluated what children did while they were in child care environments to determine development and contextual appropriateness. Results showed that engagement levels were related to independent measures of program quality. Researchers moreover found that engagement levels differed as a function of licensing level.

Carnegie Corporation (1994) addresses employers of working parents by recommending they adopt *family-friendly* workplace policies including flexible work hours and subsidized child care and developing networks at the community level that link the range of child care programs in order to offer working parents a continuum of child care choices. Litt et al (2000) expressed that for the success of welfare reform, "...barriers to childcare and family support systems need to be lifted and policies to increase social supports need to be created and maintained" (83).

By developing and implementing the Reaching for the Stars Program, DHS has taken significant steps in integrating child development and family support with welfare reform. They have worked to tailor statewide child development and family support programs to meet the needs of families affected by TANF. They have convened and continue to work collaboratively with the Child Care Advisory Committee, a 22-member interdisciplinary public-private advisory group in maintaining minimum requirements and desirable standards for the state, as well as to create community approaches toward improving child care. Moreover, DHS through the Division of Child Care, has provided leadership and outreach to the early childhood community. Partnerships with the Division of Family Support have aided significantly in bridging the gap toward helping families who are coping with substance abuse, domestic violence, or other risk factors. Finally, and most important, this approach has increased the accessibility and affordability of child care for increased TANF recipients transitioning from welfare to work, as well as has significantly

elevated the quality and quantity of child care for Oklahoma's working parents and their children with credibility and accountability by all concerned.

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