

# CHILD CARE IN HAWAII: AN OVERVIEW

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Report No. 3, 1973

Legislative Reference Bureau  
State Capitol  
Honolulu, Hawaii 96813

Price: \$3.00

## FOREWORD

The preparation of the following study was an effort which involved the time of many people who provided resource and program information. We are particularly indebted to the various departmental personnel who spent time detailing their departmental programs:

Department of Education

Genevieve Okinaga, Early Childhood Education,  
Program Specialist  
John Uchima, Administrator, Compensatory Education  
Section, and his staff

Department of Health

Dr. Angie Connor, Chief, Children's Health  
Services Division  
Dr. Louise Childs, Chief, Maternal and Child  
Health Branch  
Abe Miyasaka, Public Health Administrative Officer

Department of Social Services and Housing

Majorie Barrett, Program Development Administrator,  
Family and Children's Services  
Deborah Kau, Assistant Program Development  
Administrator, Day Care-Homemaker Services

Department of Labor and Industrial Relations—Staff

University of Hawaii

Kimi Matsuda, Headstart Supplementary Training,  
Honolulu Community College  
Karen Kelley, Project Manager, Career Opportunity  
Program, Honolulu Community College  
Dr. Marion Kagan, Project Director, Kalihi-Palama  
Research Demonstration Children's Center and  
Infant Satellite Program, Department of Human Development

Office of the Governor

Marya Pettit, Research Analyst

During the course of the study, the staff visited a number of child care centers to talk with operators and to become familiar with the activities of a center. For this opportunity we are grateful to Andrew Petak, Waianae Coast Day Care Center; Karen Oshiro, Family Services Center; Carlos Gonzalez, Kalihi-Palama Parent Child Center; Marian Darvill, Kindergarten and Children's Aid Association; and Helen Inouye, Merry-Go-Round Child Care Center. We would also like to thank those persons on the county level who provided information relating to aspects of county needs and programs.

A review of the study was provided by the various departmental personnel and other professionals concerned with the child care. Their comments and criticisms have been helpful in the preparation of this study.

Finally, special thanks go to Sandra Ebesu who assisted in the preparation of this study by conducting interviews on the neighbor islands and by gathering and compiling census data.

*Samuel B.K. Chang*  
*Director*

April, 1973

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## THE STUDY: SCOPE AND PURPOSE

The following study has been prepared in response to a legislative request made pursuant to Act 202 enacted by the Sixth Legislature of the State of Hawaii, Regular Session of 1972. The request called for a "survey of existing services and needs of the community and to develop alternate systems of day care for children".

In conducting the research for this study, limitations of scope were established in order to provide study manageability within the time constraints allotted. Consequently, the following paragraphs articulate the structural frame of reference from which this study was conducted.

It is the intent of this study to provide an overview of the area of child care as it affects children between the ages of birth and four years. To this end, an inventory of state services was conducted in order to determine the present level of services. Secondly, a profile on children, their families, and child care patterns was gathered from statistics available in studies and surveys and from census data information. Thirdly, various program models were described along with cost facts to provide basic information as to programs which have been established in other areas of the country and in the State.

In discussing child care many decisions needed to be made regarding the facets to be discussed and the extent to which they were appropriate to a study of this nature—day care versus developmental care; services for the total population as opposed to services for special groups; the problems of special education, general education, and compensatory education; health and social services, etc. In this study, concentration centered on the "normal" child and the "average" family and their need for child care services. It is recognized, however, that programs for preschool children in need of special services may be woefully inadequate. It is further recognized that expansion of programs may be necessary in dealing with the problems of the child who needs guidance in ordering his experiences as do many children from lower socio-economic levels. It is further recognized that health and social service needs must be fulfilled as part of child care services. However, the task of dealing with special problems is beyond the scope of this study. Instead, it is hoped that the study may serve as a means of identifying the gaps which will need examination as child care services are developed for implementation.

The issue of day care versus child development is an important one involving substantive discussions of education and child development theory and philosophy. This study proceeds on the hypothesis that such discussions should be carried on at the program implementation level rather than at the policy-making level which should be concerned at this point with developing structures for program implementation.

The term "child care" as used in the study denotes any form of care offered for children including nutritional services, educational services, medical and dental services, psychological

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services, social services, parent education and transportation. For the most part, the term remains consistent throughout the study. However, when necessary, terms such as "day care" and "family day care" are used to signify specific forms of child care services.

Finally, it should be noted that child care is a developing issue subject to change. Since the conclusion of this study, various events have taken place to alter the information to some degree. Most obvious is the discussion involving the federal government and its role in child care. Where possible, such changes have been noted.

## INTRODUCTION

Within the last decade, child care has emerged from relative obscurity to become a national political issue. Once viewed merely as an adjunct to child welfare services, child care and its attending problems are now being debated in the halls of Congress and in state legislatures.

During the first and second sessions of the 92nd Congress, child development bills were introduced at an increasing rate. Significantly, many legislative committees held extensive hearings on the bills, accumulating strong bi-partisan support. One measure, the ill-fated Economic Opportunity Amendments Act of 1971 (S. 2007), which was to extend Headstart authorizations and appropriations and more importantly to detail comprehensive new and revised titles including comprehensive child development programs, community economic development, legal services and evaluation, did gain congressional approval and was sent to the President for signature. However, because of technical difficulties in the child development title, Title V, and the legal services portion of the bill, the President vetoed it.<sup>1</sup> In its place and after a year and a half of debate, the bi-partisan-supported HR 12350 (Economic Opportunity Act Amendments of 1972, Pub. L. 92-424), designed to continue the Office of Economic Opportunity and its anti-poverty programs until 1974, including strengthening and expanding present Headstart services, has passed Congress and has been signed by the President. Other child care bills in Congress will probably see little or no action before adjournment but reintroduction is expected next session.

The Hawaii State Legislature has also been discussing child care. During the Sixth Legislature, a number of child care bills were heard in committee on a range of approaches to child care: establishment of demonstration child care projects, development of alternative child care systems, and the provision of day care services for children in low income, model neighborhoods. However, like many of the congressional bills, no action was taken.

Outside of the legislative arena, community groups, professionals, mothers, conference delegates—all have discussed child care issues, expressing concern over the lack of child care opportunities and the need for expansion. The 1970 White House Conference on Children conducted a balloting on the overriding concerns related to children. As a result of the balloting, comprehensive family-oriented child development programs including health services, day care, and early childhood education<sup>2</sup> placed first with the following recommendation:<sup>3</sup>

We recommend that the Federal Government fund comprehensive child care programs which will be family centered, locally controlled, and universally available, with initial priority to those whose needs are greatest. These programs should provide for active participation of family members in the development and implementation of the program. These programs—including health, early childhood education and social services—should have sufficient variety to ensure that families can select the options most appropriate to their needs.

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The reasons for growing public awareness of child care are related to economic and social changes. Most prominently mentioned are a number of interwoven factors which have evolved out of the changing attitudes of American society toward women, child development, civil rights, and welfare.

### Women: A New Economic Force

The Task Force on Health and Welfare of the Citizen's Advisory Council on the Status of Women chaired by the Honorable Maurine Neuberger, noted in its 1968 report that the role of women is changing from full-time homemaker to homemaker and job. More importantly, the report stated:<sup>4</sup>

In a free society, the right of all women to choose the patterns of their lives within the alternatives reasonably open to them is essential to the development of their maximum potentials as individuals and as members of that society. Opening up opportunities for women can enable them to fulfill themselves as members of society and can add immeasurably to the potential richness of family life.

Vocalization of this basic right of women to choose their life pattern came from women's rights movements which have demanded action be taken to free women to pursue self-fulfillment. As a result, child care has become a basic demand in the first steps toward the liberation of women from their roles as purely homemakers. The National Organization of Women (NOW) issued a bill of rights in which they listed among other demands a tax deduction for home and child care expenses for working parents and child care centers.

The working mother represents an economic force with potent and pragmatic needs for child care services. Between 1950 and 1970, the national percentage of women in the labor force rose from 31.4 percent to 42.6 percent. More dramatically, the rise in the number of married women participating in the labor force for the same period almost doubled from 23.8 percent to 40.8 percent. Today there are 6.3 million women with children between the ages of six and seventeen, 3.9 million women who have children under six years of age, and 2.0 million women who have children in both categories—all of whom work.<sup>5</sup> The numbers become even larger when one includes the unmarried, divorced, or separated working women with children.

This phenomenal growth of working women is reflected in the figures for Hawaii. In 1950, 46,883 women participated in the labor force. By 1970, the number more than doubled to 118,323. The percentage of married women<sup>6</sup> in the labor force in 1970 was 48.1 percent and of these women, 37.8 percent had children under six years of age. In actual figures, this means that 29,852 married working women have children under six years of age.<sup>7</sup> Again, as with the national figures, the statistics do not include the unmarried, divorced or separated working women with children. Nor do the Hawaii figures account for the women who have children between the ages of six and seventeen.

With the social and economic factors which affect the entrance of women into the work force not expected to change, the labor market will experience a continuing trend of more women in the labor force over the next decade. And this trend will, as in the past, not be affected by any lack of child care services.

### Early Childhood: A Rediscovery of Importance

Impetus for child care services also came with the rediscovery of the importance of the early childhood years in the middle third of the twentieth century. One of the most dramatic statements on the importance of the early childhood years was Benjamin Bloom's conclusion after analyzing



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various studies on intelligence:<sup>8</sup>

... it is possible to say, that in terms of intelligence at age 17, at least 20% is developed by age 1, 50% by about age 4, 80% by about age 8 and 92% by age 13. Put in terms of intelligence measured at age 17, from conception to age 4, the individual develops 50% of his mature intelligence, from ages 4 to 8 he develops another 30% and from ages 8 to 17 the remaining 20%.

\* \* \* \*

... This would suggest the very rapid growth of intelligence in the early years and the possible great influence of the early environment on this development.

While not all child development experts concur with Bloom's statement, they all agree that the first five to eight years of a child's life are very important. It is during these years that a child learns about his environment, developing strategies to deal with problems that may arise. He also becomes socialized into the society, learning to play with his peers, to cooperate, and to live within the restrictions of freedom. He learns what is expected of him, how to relate to those around him and develops his values and motives according to role models with whom he identifies. A variety of experiences is essential to his cognitive and emotional development. If a child does not have these experiences, he may become "disadvantaged".

The effects of experience deprivation surface early in the child's life. In a recent longitudinal study of the children of Kauai, the damaging effects of poor post-natal environment were found to be already evident by age two:<sup>9</sup>

Even before they reached their second birthday, children who had been born to mothers rated low in intelligence or with little education and/or were growing up in homes which were providing poorly for their physical and emotional needs, had a substantially higher proportion of "below normal" status ratings than did children growing up in a more favorable family environment. This was true whether or not the children had had perinatal complications.

Further, the study noted that deprived environment combined with retarded intellectual development found in children before the second year were more accurate predictors of later serious school achievement problems than were the examinations or environmental ratings.<sup>10</sup>

With much of the information and research on early childhood development showing the lifelong effects of early experiences, concern over the effects of different child care approaches is growing. Harmful child care is being discouraged and new, more positive programs are being developed. Early childhood development has for the first time discussed child care in terms of a child's needs for full development rather than as a convenient service for working parents.

### **Educational Opportunities: A Chance to Do Better**

American education has always been viewed as the great equalizer of American society. Educators reasoned that any person could surmount socio-economic barriers through education. Accordingly, American education was proud of the fact that it offered such opportunities to all persons on an equal basis. However during the 1960's an upheaval in American education occurred: the admission of the realities of American education. The now famous Coleman report,<sup>11</sup> published in 1966, dealing with the effects of segregation in the public schools showed that the equality of educational opportunity did not exist in the school system. According to Coleman, minority group achievements on the academic level were below the majority:<sup>12</sup>

For most minority groups, then, and most particularly the Negro, schools provide no opportunity at all for them to overcome this initial deficiency;<sup>13</sup> in fact, they fall farther behind the white majority in the development of several skills which are critical to making a living and participating fully in modern society. Whatever may be the combination of non-school factors—poverty, community attitudes, low educational level of parents—which

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put minority children at a disadvantage in verbal and nonverbal skills when they enter the first grade, the fact is the schools have not overcome it.

While the Coleman report by no means examined all the factors affecting a child's performance in school, it was, as Frederick Mosteller and Daniel P. Moynihan stated in their book, *On Equality of Educational Opportunity*,<sup>14</sup> a pathbreaking report.

As a result of the report, various strategies developed to meet the needs of those who were faced with the problem of unequal opportunity. This coupled with the earlier enactment of the Elementary and Secondary Education Act and other similar legislation served as a basis for compensatory education. Another prominent strategy dealt with early childhood intervention programs which were to solve the problem of children from minority groups and low-income areas who were "disadvantaged" at the school entry level. As a result, in the mid-1960's, Headstart was established in an attempt to equalize educational opportunity on the preschool level.

Evaluations of Headstart have shown positive results in the child's general achievement and ability levels. In addition, motivations, social attitudes and behaviors were changed. However, the impact of Headstart on achievement levels tends to disappear as the child progresses through the early elementary grades. Plans are now in progress to combat this loss. Follow-through and planned variation programs are but two approaches. While Headstart has thus far not been perfect, it is probably one of the best efforts on the part of the federal government in its quest for equal opportunity through education.

### Welfare: A Movement Toward Reform

The burgeoning welfare rolls and its effects have recently prompted a movement for welfare reform. Within recent years, governments have been spending increasing amounts in public assistance while reaping such negative benefits as a continuation of the poverty cycle from generation to generation, a psychological, sociological and economic debilitation of the recipients, and the threatened bankruptcy on the part of government. Welfare, as it is presently constructed and administered, has not achieved the positive results that were expected.

As a strategy to counteract the negative results, a work policy for welfare recipients has been advocated by reformists. Many states are progressing in this direction by placing a condition on state funds for public assistance requiring that able-bodied recipients find jobs or enter job training programs as a pre-requisite for assistance. During the 1972 legislative session, the Hawaii State Legislature established the public service employment program. This requires that public assistance recipients receiving monies from state funds will be employed in public service employment and that ineligibility for public assistance will be based on refusal, without good cause, to accept public service employment.<sup>15</sup>

As a corollary to this work requirement reformists also propose child care service payments for children whose parents are required to work or attend job training sessions. In fact, many see child care as a vital part of welfare reform. That is, if child care services were expanded and offered to more families, more parents would be freed to work. This argument is most often mentioned as a means to reduce welfare costs under the Aid to Families with Dependent Children (AFDC) program. It has also been suggested that welfare mothers be trained as child care assistants for day care centers or as family care mothers as part of a manpower development program to meet the future need of the child care industry.

Whatever the proposed reform program may be, one fact has remained common to all and that is that some type of child care provision is always included. Under the present conditions of

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the child care market, the inclusion of such a service is necessary since many of the welfare recipients required to work usually are employed in low-paying jobs and the cost of child care would probably be more than the income from the job.

Despite the increasing visibility of the need for child care services due to economic and social changes and the pressures for such services from different sectors of the community, progress toward child care expansion has been erratic. The issues relating to strategies, approaches, sponsorship, funding, and so forth have often been contradictory, confused, and emotional. Criticism of child care programs have ranged from child care as a subversive force undermining the family and creating a communal society to the fear of institutionalization of children and the breaking down of ethnic and individual identities. For many mothers, child care still represents a shirking of their duties. That is, a "good mother" stays home and cares for her own children.

Whatever the concerns may be over the effects of child care, one fact remains: the need for child care services is growing at a faster rate than ever before and parents are demanding more services be available to meet their needs.

The child care issue now before the Hawaii State Legislature is a difficult and complex one requiring decisions involving the establishing of priorities and goals not only within the child care program but also within the context of the total social program of the State. Different strategies and approaches to child care must be considered in the light of existing community needs, present services and resource availability. More importantly, basic philosophical and political issues must be resolved before any clear-cut formulation of a state child care policy can develop. It is hoped that this study will answer some of the questions legislators may have in dealing with child care issues.

It is difficult to discuss child care in a vacuum. Consequently, in reading this study, the reader should be aware of a number of qualifications which underlie this study. None of these qualifications are hard and fast rules for viewing child care. Their articulation simply establishes for the reader the frame of reference from which this study has been conducted.

### Child Care and the Family

Traditionally, the family has served as the basic child rearing unit of the society. The intimate nature of the relationships among family members seems to provide the best possible environment for child development. Within an atmosphere of warmth and security parents provide for their child's physical, social, emotional and intellectual growth.

But in the second half of the twentieth century child rearing is becoming an ever increasingly complex process. As a result, concerned parents aware of their problems often seek help outside the family unit. Parenting is beginning to be viewed as an art, rather than an instinct which automatically surfaces when one becomes a mother or a father.

Child care appears to be increasingly viewed as needing to aid the parent in adjusting to new roles as parent-worker through encouraging and strengthening the relationship between parent and child. Much of this can be achieved by providing supplementary services to both parents and their children.

### Child Care and Individual Choice

In today's world much of our lives is determined by decisions made by those whom we consider experts. The average man is often thought to be unable to make his own decisions since he does not possess "technical expertise". There is built what Theodore Roszak terms a "technocracy"

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whose influence now extends into "most seemingly personal aspects of life: sexual behavior, child rearing, mental health, recreation, etc."<sup>16</sup>

The present welfare system represents one of the best examples of technocratic development. Conceived as a grand design for helping the poor of America, welfare has produced dubious results. Aside from the huge sums of money that have been appropriated, it seems to have caused a psychological problem for many of its recipients. Instead of encouraging independence and self-sufficiency, welfare seems to have developed incentives for dependency. Decisions which once were considered individual decisions often have been usurped by the institution. Rules and regulations now determine the lives of welfare recipients.

It is becoming increasingly evident that people are beginning to feel that personal decisions should be part of the rights of an individual and important to his development as a mature adult. Making meaningful, competent decisions seems to be basic to a sense of worth. Consequently, where possible, social programs can aid in facilitating individual decisions through offering education, economic, and social opportunities. Child care, therefore, would be a matter of individual choice. Parents would be allowed to choose those services which are congruent with the family child rearing practices. More importantly, child care services need not perpetuate the present welfare system practice of creating helplessness.

### Child Care and Its Many Facets

Research seems to indicate that there is no one "right" way in child care. For some children a group situation such as day care centers is most rewarding. For other children, a smaller unit such as family day care provides the needed warmth and security. Still others thrive in a combination family day care-center care system. The components of child care programs may vary depending on the needs of the child. Educational components may be emphasized in one program, while others focus on socialization, nutrition, or health. Some programs deal only with the child, while others expand their services to meet the needs of the whole family establishing extensive social services components. Some programs are all day programs, others are half-day, still others are twenty-four hour programs. Child care includes drop-in care, toy lending libraries, crisis care, infant care, after-school care and a myriad of other forms of child care. Sponsorship of child care programs are also varied: churches, business organizations, community action programs, educational institutions, parent cooperatives, industries, welfare agencies, unions, and civic groups.

Additionally, agreement has not been reached concerning "quality" child care. Abt Associates in their publication, *A Study in Child Care 1970-71*, appropriately defined quality child care in the following manner:<sup>17</sup>

Good and excellent child care come in many forms, varying with respect to parents' and providers' values and the resources available. We find there is no one kind of "quality child care": there are many.

If child care is to meet the needs of both the parents and the child and if individual choice is central to the program, then alternative child care services must be offered. Different types of services will meet the needs of the consumers, allowing them to choose that service which is consonant with their values.

### Child Care and Government

Probably the most important question of the child care issue is the role and responsibility of government. Thus far, involvement in child care has been through the licensing provision regulating the grosser aspects of child care such as physical facilities, minimal care requirements, and other

## INTRODUCTION

health and safety factors. The federal government has actually implemented child care programs such as Headstart and Model Cities child care programs. For its part, Hawaii has been active in assisting with child care programs. Aside from support for federal programs through monetary and service assistance, the State has also been involved in a program with labor and industry. Each contributed one-third of the funds for day care centers in Kona and Lahaina. State funds were administered through the Department of Labor and Industrial Relations as part of a manpower development training program. Act 4<sup>18</sup> funds have been used for preschool classes for children living on Hawaiian home lands. The Departments of Social Services and Housing, Health, and Education have many programs for young children. The establishment of "4-Cs" (Community Coordinated Child Care) on both the state and county levels is indicative of the growing governmental concern over the child care problem.<sup>19</sup>

Just what should be the role of government in child care? Among the statements made concerning government responsibility in the area of child care is that government has the responsibility to ensure the right of every child to a full, happy, and healthy life by providing for his health, social, and educational needs. In achieving this goal, government aid may facilitate the child development process by offering services which help parents understand themselves, their children, and their family needs and responsibilities. These can be offered as direct services through programs established for these purposes, or indirectly through funding grants, consultation, or encouragement of private agencies to meet the needs in the area. Market analysis, technical aid, start-up costs for programs, child care referral services, and informational programs are among some of the indirect services government could institute.

The extent to which child care services can be unconditionally available to the public depends on the available resources. Since child care programs can be expensive,<sup>20</sup> a complete takeover of child care services by government may be an improbability. Even if government did have the resources, government-run child care is only one alternative approach to meeting the child care needs of the society.

In any case, government can guide child care to be responsive in meeting community needs.

## **PART A: NEEDS AND RESOURCES**

# CHAPTER 1

## A PROFILE: CHILDREN, FAMILIES, CHILD CARE

In 1970, U.S. Census statistics showed that there were 70,697 children under the age of five in Hawaii. As of May 1971, the Department of Education estimated in its *A Study on Early Childhood Education in Hawaii (from birth to age 4)*, that this number had risen to 70,811. Further, Department of Health projections show that by 1977, there will be approximately 80,470 children in the State under five, or a 10,000 increase over the 1970 figures. Who are these children? What are their needs? What are their parents' needs? How many will need child care services? What types of child care do they use now? What types of child care do they want?

The purpose of this chapter is to provide a profile of the children, their families, and the child care patterns in the State, and from there to draw conclusions and point out trends which affect child care planning. Most of the information gathered comes from interviews, studies, conferences, field visits, and general discussions in the area of child care.

### The Children

Of the 70,697 children under five years of age counted in the 1970 census, 58,066 live in urban areas<sup>1</sup> and 12,631 in rural areas.<sup>2</sup> Breaking geographic distribution down further, the figures show the following pattern:

TABLE 1  
CHILDREN UNDER FIVE BY SIZE AND PLACE

---

TOTAL NUMBER OF CHILDREN UNDER 5 (STATE) .....	70,097
Urban total .....	56,066
Urbanized areas .....	38,589
Central cities .....	24,414
Urban fringe .....	12,175
10,000 or more .....	11,841
2,500 to 10,000 .....	7,636
Rural total .....	12,631
Nonfarm .....	12,024
Farm .....	607

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Source: U.S. Bureau of the Census, *Census of Population: 1970, General Social and Economic Characteristics*.

## CHILD CARE IN HAWAII: AN OVERVIEW

A county by county breakdown based on Department of Education figures shows the following:

**TABLE 2**  
**BREAKDOWN OF CHILDREN BY COUNTY**  
(Ages 0-4)

Hawaii County .....	5,661
Maui County .....	4,245
City and County of Honolulu .....	58,074
Kauai County .....	2,831

Source: Office of the Governor, Nov. 1972.

In an analysis by age group, figures showed that there are approximately 42,096 children between the ages of 0-2 and 44,254 children between the ages of 3-5. County figures were as follows:

**TABLE 3**  
**BREAKDOWN OF CHILDREN BY AGE GROUP**  
**IN THE COUNTIES**  
(Ages 0-4)

	Hawaii	Maui	Honolulu	Kauai
0 to 2	3,156	2,367	35,047	1,526
3 to 5	3,473	2,541	36,531	1,709

Source: Office of the Governor, Nov. 1972.

From the data on population of children under five and their geographical location, it can be seen that children are clustered in the urban areas of the State reflecting the general population pattern. The City and County of Honolulu has an overwhelming proportion of the children with the other counties combined having approximately one-fifth the Honolulu population. Age group breakdowns reveal the split between the 0 to 2 group and the 3 to 5 group to be approximately equal in number. This fact becomes important later in the discussion relating to the child care services offered the different age groups.

The 1970 census data also included statistics on the enrollment of children under five in nursery schools. In the definition of nursery school, the data cover only those persons enrolled in nursery schools where the school included instruction as an important and integral phase of its program. As a result, the nursery school enrollment count reported was 7,618. Of this figure, 2,132 are being served by public institutions, 413 by parochial institutions, and 5,111 by other private institutions.



## A PROFILE: CHILDREN, FAMILIES, CHILD CARE

Breaking down the statistics by age, grade level, and sex of child, the census data revealed that in the State attendance of children under five in all types of schools were as follows:

**TABLE 4**  
**ATTENDANCE IN SCHOOL BY SEX, AGE AND GRADE**  
**LEVEL OF CHILDREN UNDER 6 YEARS**

	Nursery School	Kindergarten	Grade 1
<b>ALL TYPES OF SCHOOL</b>			
Male			
3 years .....	834	36	30
4 years .....	2,413	297	21
5 years .....	684	5,209	198
Female			
3 years .....	842	22	45
4 years .....	2,275	233	31
5 years .....	570	4,949	210
<b>Public School</b>			
Male			
3 years .....	223	36	30
4 years .....	719	227	5
5 years .....	187	4,636	146
Female			
3 years .....	233	22	45
4 years .....	538	161	24
5 years .....	232	4,383	203
<b>Parochial School</b>			
Male			
3 years .....	47	—	—
4 years .....	135	10	16
5 years .....	27	219	28
Female			
3 years .....	45	—	—
4 years .....	107	13	7
5 years .....	52	187	7
<b>Other Private Schools</b>			
Male .....	2,601	566	459
Female .....	2,510	509	372

Source: U.S. Bureau of the Census, *Census of Population: 1970, Detailed Characteristics*.

In terms of the total number of children being served in some kind of center-based care, the figures from the census statistics are approximately equal to the number estimated in the Department of Education study. Their estimation of 7,379 included all group day care of which nursery school is a part.

## CHILD CARE IN HAWAII: AN OVERVIEW

Viewing school enrollment by income level for children under six, one finds that of the 7,551 children 3-5 years in nursery school settings, 672 fall below the poverty level. Of the 10,697 3-5 year olds in kindergarten settings, 1,199 are considered below the poverty level. The percentage of the 3-5 year old poverty children to the total number in nursery school setting is 11.2 percent and the percentage of 3-5 year old poverty children in kindergarten settings to the total in kindergarten is 8.9 percent.

Besides the present number of preschool children, it is important to child care planning to project future growth rates. Interestingly enough, the 1970 census figures for children under five are approximately 10,000 less than the figures collected in 1960 which indicate the decline of the birth rate in the last ten years as shown in the table below:

**TABLE 5**  
**BIRTH RATE PER 1,000**  
**FOR THE LAST ELEVEN YEARS**

Year	Rate
1960.....	29.5
1961.....	29.4
1962.....	29.7
1963.....	28.5
1964.....	27.6
1965.....	25.0
1966.....	22.8
1967.....	22.2
1968.....	21.5
1969.....	22.5
1970.....	22.9
1971.....	21.5

Source: Hawaii, Department of Planning and Economic Development, *The State of Hawaii Data Book 1972* (Honolulu: 1972).

Based on the available figures from the census, the Department of Health has devised a table for the projected number of children under five for the next five years.

**TABLE 6**  
**PROJECTION OF THE TOTAL NUMBER OF CHILDREN**  
**BETWEEN AGE 0-4**

Age Group	1971	1972	1973	1974	1975	1976
0-11 mos. ....	15,251	15,460	15,670	15,870	16,080	16,310
1 year .....	14,535	15,251	15,460	15,670	15,870	16,080
2 years .....	13,520	14,535	15,251	15,460	15,670	15,870
3 years .....	13,678	13,520	14,535	15,251	15,460	15,670
4 years .....	13,827	13,678	13,520	14,535	15,251	15,460
TOTAL .....	70,811	72,444	74,436	76,786	78,331	79,390

Source: Birth projections of the Department of Health.

## A PROFILE: CHILDREN, FAMILIES, CHILD CARE

From the table one can see an expected rise in the number of children below five over a five-year period to be approximately 10,000 or approximately 14 percent more than the 1971 figures. The increase in the number of children will probably result in an increase on child care services. However, these figures should be interpreted with caution in view of the declining birth rate and the increasing emphasis on family planning and the liberalization of abortion laws.

### The Families

Just as important as the data on the children themselves are the characteristics, both social and economic, of their households and families. So much of child care depends upon the family situation since the child is in no position to decide for himself his needs. Consequently, whether the parent makes the determination for or against child care, the choice is ultimately his.

There are 170,729 families in the State. Of this number, 51,694 have children under the age of six, representing approximately one-third of the families in the State. The characteristics of the family make-up for those families with children under six show that 46,879 of these families are "in-tact"<sup>3</sup> and 4,062 have female heads of household. Further, 30,464 families have children under three years of age. These facts, coupled with the geographical distribution of these families, have implications for child care planning. For those areas with a population of 10,000 persons or more, statistics report the following percentages of families with children under six:

TABLE 7  
PERCENTAGE OF FAMILIES WITH CHILDREN UNDER SIX  
BY GEOGRAPHICAL AREA (10,000 PERSONS OR MORE)

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Aiea.....	31.0%
Hilo.....	24.0%
Honolulu .....	25.7%
Kailua .....	30.3%
Kaneohe .....	38.0%
Pearl City.....	42.9%
Schofield Barracks .....	47.9%
Wahiawa .....	31.9%
Waipahu.....	44.2%

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Source: U.S. Bureau of the Census, *Census of Population: 1970, Detailed Characteristics*.

From the above figures, it can be seen that the Leeward areas of the City and County of Honolulu have the greatest percentage of families with children under six. This is understandable since it is this area which has reported the greatest housing growth particularly suited for family living. Additionally, the Leeward area is a military-impacted area which may also account for the large number of children.

## CHILD CARE IN HAWAII: AN OVERVIEW

*Income.* The mean income of families in Hawaii was reported at \$13,077; for families with female head of household, the figure was approximately half. Mean income for families headed by females was \$7,695. Statewide, 7.6 percent of all families fall within the national poverty level.<sup>4</sup> In actual number this accounts for some 13,046 families. Of the poverty families, 5,180 are female-headed families and 2,927 of these female-headed families have related children under six. In a county breakdown, figures show that 9.7 percent, or 1,430, of the 14,692 families in Hawaii County fall below the poverty level. Of this number, 346 are female-headed families and 304 of these families have children under 18 years.<sup>5</sup> For Maui County, 9.4 percent of the 10,719 families fall below the poverty level (1,012 families). Female-headed households represented 164 of the total families with 133 of these families having children below the age of 18. The City and County of Honolulu accounted for 138,369 families of which 7.2 percent, or 10,025, fall below the poverty level. Of the 4,545 female-headed families, 4,280 have children under 18 years. Finally, Kauai County figures showed 579 families below the poverty level. This number represented 8.3 percent of the 6,949 families on Kauai. Female-headed families accounted for 125 of the families and 105 had children under 18.

Because of Hawaii's high cost of living the actual poverty level has been designated at 1.25<sup>6</sup> of the national poverty level. This raises the poverty families percentage to 10.7 percent of all families in the State. In actual numbers the county statistics read as follows:

	No. of Families	% of Families
Hawaii County	2,177	14.8
Honolulu, City and County	14,798	10.7
Maui County	1,560	14.6
Kauai County	977	14.1

Source: U.S. Bureau of the Census, *Census of Population: 1970, Detailed Characteristics*.

For families with female heads, the number falling below the 1.25 poverty level were 436 in Hawaii County, 5,307 in the City and County of Honolulu, 144 in Kauai County, and 246 in Maui County.

Families falling below the poverty level have been the traditional target group for child care services as experienced by the programs established under the Office of Economic Opportunity and Model Cities. The greatest concern, however, has been the female-head household. For this family, the problems of child care are particularly acute since the mother cannot work and care for her children at the same time. As a result, many of the women become part of the Aid to Families with Dependent Children Program.

But poverty level families are not the only ones that want and need child care. Because of the many restrictions on the use of government-provided services, the "working poor" and the "gap group" often suffer hardships due to cost of child care. In Hawaii, approximately 34,245 families of the 170,729 families earn between \$4,000 and \$7,999 per year. Of this group, the number of families with children under six was 12,884. Put another way, approximately 38 percent of the families earning an income between \$4,000 and \$7,999 have children under six years. For families earning between \$8,000 to \$14,999, of the 64,314 families, 21,146 families have children under six. This represents 33 percent of all the families within the income range.

## A PROFILE: CHILDREN, FAMILIES, CHILD CARE

It should also be noted that Hawaii is known for its high cost of living. For this reason, incomes which may suffice in other areas in the United States often are not adequate in Hawaii. According to an update of urban family budgets issued by the U.S. Bureau of Labor Statistics the annual budget for a four-person family in Autumn of 1971 was \$7,214 for the lower budget, \$10,971 for the intermediate budget and \$15,905 for the higher budget. In a comparative analysis based on the lower budget, it was found that for urban areas across the nation, Honolulu ranked second to Anchorage, Alaska in the comparative indexes. The following table shows comparisons for selected urban areas:

**TABLE 8**  
**COMPARATIVE INDEXES BASED ON A LOWER BUDGET**  
**FOR A FOUR-PERSON FAMILY<sup>a</sup>**

	Index	Actual Cost
Urban United States.....	100	\$ 7,214 <sup>b</sup>
Metropolitan areas.....	102	7,358
Nonmetropolitan areas.....	93	6,709
<b>Northeast</b>		
Boston, Mass. ....	108	\$ 7,791
New York-Northeastern N. J. ....	105	7,574
Philadelphia, Pa. ....	103	7,430
Nonmetropolitan areas.....	98	7,069
<b>North Central</b>		
Chicago, Ill. ....	104	\$ 7,502
Cincinnati, Ohio.....	95	6,853
Detroit, Mich. ....	98	7,069
Kansas City, Mo. ....	100	7,214
Nonmetropolitan areas.....	96	6,925
<b>South</b>		
Atlanta, Ga. ....	93	\$ 6,709
Austin, Texas.....	88	6,348
Baltimore, Md. ....	104	7,502
Washington, D.C. ....	104	7,502
Nonmetropolitan areas.....	87	6,276
<b>West</b>		
Bakersfield, Calif. ....	98	\$ 7,069
Denver, Colo. ....	95	6,853
Los Angeles, Calif. ....	106	7,646
San Francisco, Calif. ....	111	8,007
Seattle, Wash. ....	106	7,646
Nonmetropolitan areas.....	100	7,214
Anchorage, Alaska.....	153	\$11,037
Honolulu, Hawaii.....	125	9,017

<sup>a</sup> Family consists of employed husband 38, a wife not employed outside home, an eight-year-old girl and a thirteen-year-old boy.

<sup>b</sup> Figures computed on the total of family consumption, tax, and other item costs.

Source: *Monthly Labor Review*, 95(6) (June, 1972), 47.

## CHILD CARE IN HAWAII: AN OVERVIEW

If it takes approximately \$9,017 for a family of four to live in Hawaii, then those families which fall below the level are probably barely making ends meet. Extra expenses may be difficult to afford and for many child care is an added expense.

What then does family income mean in terms of the number of children affected. Figures prepared by the Governor's Office show that the number of three, four, and five-year-olds from families who fall below the 1.25 poverty level are as follows:

Honolulu City and County.....	3,909
Hawaii County.....	514
Maui County .....	371
Kauai County.....	241
Total.....	5,035

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Source: Office of the Governor, November 1972.

For those families who fall above the 1.25 poverty level but within two times the national poverty level,<sup>7</sup> the number of children, ages three, four, and five are:

Honolulu City and County.....	4,932
Hawaii County.....	469
Maui County .....	343
Kauai County.....	231
Total.....	5,975

---

Source: Office of the Governor, November 1972.

Consequently, some 11,010 three, four, and five-year-olds are in income levels which may be considered poor or near-poor. If the data trends hold up, then it may be possible to say that there are approximately the same number of children below the age of two, based on an earlier fact which revealed that there is an almost equal number of 0-2 year olds, as 3-5 year olds. In total, as many as 22,000 children could be living in households where money for child care expenses may be difficult to spare.

## A PROFILE: CHILDREN, FAMILIES, CHILD CARE

*Working Mother.* Probably the most important factor linked with child care is the working mother. The working mother in Hawaii represents one of the highest labor force participation rates in the country. According to the 1970 census, of the total number of women over sixteen in the State (249,292), 55,543, or 23 percent, have children under six years of age and approximately 21,180 of these women are in the labor force. In terms of percentages, some 38.1 percent of the women with children under six work. The figures for women of school-age children run even higher. Of the 54,846 women who have children between the ages of six and seventeen, 32,731 or 59.7 percent, are in the labor force. In a further breakdown showing marital status, the figures were as follows:

**TABLE 9**  
**MARITAL STATUS OF WOMEN WITH**  
**CHILDREN IN THE LABOR FORCE**

<b>Married Women, 16 Years and Over</b>	
Husband present .....	154,592
With own children under 6 years .....	49,897
In labor force .....	18,871
Percent in labor force .....	37.8%
With own children 6-17 .....	48,484
In labor force .....	28,347
Percent in labor force .....	58.6%
<b>Other women</b>	
With own children under 6 years .....	5,646
In labor force .....	2,309
Percent in labor force .....	40.9%
With own children 6-17 .....	6,462
In labor force .....	4,384
Percent in labor force .....	67.8%

Source: U.S. Bureau of the Census, *Census of Population: 1970, General Social and Economic Characteristics*.

In urban areas the percentage of women working in the two categories was higher than the state average. For rural nonfarm areas, the percentages were lower than the state averages though not by any significant amount. In rural farm areas, percentages were higher than the state norm. This may be accounted for by the fact that many wives on farms do participate as part of the farm work force since Hawaiian agriculture is essentially a family enterprise. Comparisons are as follows:

**TABLE 10**  
**PERCENTAGES OF WOMEN IN THE LABOR FORCE**  
**BY GEOGRAPHIC AREAS**

	0-5	6-17
Urban .....	38.4%	59.9%
Rural Nonfarm .....	36.5%	58.4%
Rural Farm .....	44.9%	59.5%

Source: U.S. Bureau of the Census, *Census of Population: 1970, General Social and Economic Characteristics*.

## CHILD CARE IN HAWAII: AN OVERVIEW

Along with the knowledge that at least 40 percent of the women in Hawaii with children under six work, it is important to know when these women go back to work after the birth of their children. Based on statistics gathered by the Department of Education in its study entitled *A Study in Early Childhood Education in Hawaii (from birth to age 4)*, it was revealed that if a mother goes to work, she does so before the child reaches the age of five. This finding is supported by the percentage figures above which show that the rate of women in the labor force for children between the ages of 0-5 approaches 40 percent and the increase after the child enters school is approximately 18 percent. If this is the case, then it seems that the availability of child care or its lack does not really deter women from entering the labor force. Further, the number of preschool children not being cared for by their mother must correspondingly be high, placing higher demands on out-of-home care.

Statistics also show that the concentration of women workers is greatest in certain industries. The occupations in the State employing the greatest number of women were:

	No. of Women
Nursing .....	2,815
Teaching .....	7,579
Sales Personnel .....	10,670
Retail .....	8,462
Clerical	
Secretaries, stenographers, and typists .....	13,320
Manufacturing	
Nondurable goods.....	4,567
Service Workers	
Cleaning service.....	4,312
Food service .....	11,441
Personal Service.....	3,785

Source: Hawaii, Department of Planning and Economic Development, *The State of Hawaii Data Book: 1972*.

In terms of industry of employment, women workers cluster in the following areas: garment industry, restaurant and food service industry, retail merchandising, banking and credit industry, hotel industry, hospital and health industry, government service particularly education and civil service. The fact that certain industries seem to be sex-related concentrates the need for child care services upon a specific group of industries.

Working women in Hawaii tend to be full-time workers as opposed to part-time. In a 1965 survey of women conducted by the Governor's Commission on the Status of Women, it was found that approximately 31.6 percent of the 44.6 percent who participate in the labor force hold a full-time position. The following table shows the breakdown:



## A PROFILE: CHILDREN, FAMILIES, CHILD CARE

**TABLE 11**  
**PERCENTAGE DISTRIBUTION OF OCCUPATIONAL**  
**STATUS OF WOMEN ON OAHU AND MAUI<sup>a</sup>**

Occupational Status	Oahu	Maui	Total
Full-Time Work .....	31.5	32.0	31.6
Full-Time + Part-Time .....	0.2	0.4	0.3
Full-Time + Night Work .....	1.3	0.9	1.2
Part-Time Work .....	5.1	15.3	7.6
Seeking Work .....	0.6	1.5	0.8
Retired .....	3.0	3.3	3.1
Not Working* .....	58.3	46.6	55.4

\*Includes those who refused to give information.

Source: Hawaii, Governor's Commission on the Status of Women, *Report* (Honolulu: 1966), p. 16.

The basic information provided by the table remains valid today except that the percentage of labor force participation has increased. If most working mothers are full-time workers, then besides full-time care, after-school care becomes necessary since most persons do not end their working hours between two and two-thirty when school ends.

### Child Care Arrangements

Having discussed the number of children, the number of families, their income and the working mother, the next step in determining child care needs is to look at the type of arrangements which are presently being used.

*Type of Arrangements.* From the earlier statistics, it has been shown that mothers do work and they do so even before the child reaches school age. The question then becomes: What type of arrangements do they use?

The following table shows the results of a survey done in 1965 by the Commission on the Status of Women:

**TABLE 12**  
**PERCENTAGE DISTRIBUTION (FOR OAHU AND MAUI) OF THE TYPES OF ARRANGEMENTS MADE**  
**FOR THE CARE OF PRESCHOOL CHILDREN BY OCCUPATIONAL STATUS OF THE WOMEN**

Percentage Dist.	WORKING WOMEN			NONWORKING WOMEN			GRAND TOTAL		
	Oahu	Maui	Total	Oahu	Maui	Total	Oahu	Maui	Total
1. Mother .....	18.3	26.5	20.7	95.2	93.5	94.9	76.3	67.5	74.6
2. Relatives .....	41.2	40.8	41.3	3.0	5.2	3.4	12.5	19.0	13.8
3. Friends .....	16.0	2.0	12.3	0.0	1.3	0.2	4.0	1.6	3.5
4. Paid Help .....	16.0	24.5	18.4	0.5	0.0	0.4	4.4	9.5	5.4
5. Nursery .....	7.6	6.1	7.3	1.0	0.0	0.8	2.7	2.4	2.6
6. 2+3+4+5 .....	0.0	0.0	0.0	0.3	0.0	0.2	0.2	0.0	0.1
TOTAL .....	100.1	99.9	100.0	100.0	100.0	99.9	99.9	100.0	100.0
NUMBER .....	131	49	179	398	77	475	528	126	654

Source: Hawaii, Governor's Commission on the Status of Women, *Report* (Honolulu: 1966) p. 21.

## CHILD CARE IN HAWAII: AN OVERVIEW

From the table it can be seen that of the mothers who work, the most popular form of child care arrangements is the "relative". On Oahu, approximately 41.2 percent of working women used "relatives" and for Maui, the percentage was approximately the same—40.8 percent. In rank order, the following forms were also used by Oahu mothers: friends, paid help and nursery school. Interestingly, the Maui results showed that paid help was more often used than friends with nursery coming in last.

Another study done by the Legislative Reference Bureau in 1970 which surveyed married students at the University of Hawaii's Manoa Campus also showed that relatives, spouse, and baby-sitters rank high as child care providers. The results of the survey were as follows:<sup>9</sup>

Baby-sitter .....	17.0%
Relative .....	16.8%
Neighbor .....	3.4%
Spouse .....	16.0%
Day Care .....	12.6%
Other.....	10.9%

These findings were reinforced by a recent survey of child care arrangements conducted by the Department of Education. Although the department's statistics focus more in the type of arrangements made at different age levels, inferences may be drawn from the data to show that the most utilized form of child care is the "sitter", who may be a relative, friend, paid person, and that child care centers really serve a small portion of the community (see also Appendix C for detailed information):

**TABLE 13**  
**CHRONOLOGICAL PATTERN OF CHILD CARE**  
**May 1971**

Age Group	Total Population		Special Programs for Disadvantaged and Handicapped		Day Care Centers		With Mothers		With Sitters	
0-11 Months	15,251	(100%)	72	(.5%)	—	(0%)	13,972	(92%)	1,207	(7.5%)
1 Year	14,535	(100%)	181	(1%)	—	(0%)	10,130	(70%)	4,224	(29%)
2 Years	13,520	(100%)	82	(.5%)	413	(3.5%)	6,187	(46%)	6,838	(50%)
3 Years	13,678	(100%)	311	(2%)	2,377	(17%)	5,761	(42%)	5,229	(39%)
4 Years	13,827	(100%)	1,888	(14%)	4,539	(32%)	4,785	(35%)	2,615	(19%)
	70,811	(100%)	2,534	(4%)	7,329	(10%)	40,835	(58%)	20,113	(28%)

Source: Hawaii, Department of Education, Office of Instructional Services, *A Study on Early Childhood Education in Hawaii (from birth to age 4)*, Honolulu: 1972, p. 11.

## A PROFILE: CHILDREN, FAMILIES, CHILD CARE

From the preceding table, percentages show that sitters are used on an average for 28 percent of the children while the child care centers provide for approximately 10 percent of the children. However, the use of the center rises as the age of the child approaches five. Further, the table shows that being with the sitter hits a peak at age two accounting for 50 percent of the arrangements. A probable explanation for this high could be that parents may feel that children below the age of three are better served in a family-like atmosphere rather than in group care. As it presently stands, children who are two years old may be enrolled in a center. It would be important, therefore, in planning that the reason for prevalent use of a given type of service be ascertained.

A second area of concern for working mothers is the after-school care. Since normal business hours do not coincide with school hours some type of supervision is needed for the after-school hours. According to findings by the Commission on the Status of Women, an overwhelming number of children whose mothers work take care of themselves during after-school hours. For other children, either their mother or relatives care for them. However, these account for less than half of those who care for themselves.

**TABLE 14**  
**PERCENTAGE DISTRIBUTION (FOR OAHU AND MAUI) OF TYPES OF ARRANGEMENTS**  
**FOR AFTER SCHOOL CARE OF CHILDREN BY EMPLOYMENT STATUS OF WOMEN**

Percentage Dist.	Working Women			Nonworking Women			Grand Total		
	Oahu	Maui	Total	Oahu	Maui	Total	Oahu	Maui	Total
1. Child cares for himself	55.8	55.0	55.6	10.8	7.3	10.1	27.6	31.8	28.6
2. Mother cares	21.2	21.4	21.3	86.6	87.9	86.9	62.2	53.7	60.2
3. Relatives	16.8	18.3	17.3	2.4	4.8	2.9	7.8	11.8	8.8
4. Neighbors	2.1	1.5	1.9	0.0	0.0	0.0	0.8	0.8	0.8
5. Paid Help	4.1	3.8	4.0	0.2	0.0	0.1	1.6	1.9	1.7
Total	100.0	100.0	100.1	100.0	100.0	100.0	100.0	100.0	100.1
Number	(292)	(131)	(423)	(492)	(124)	(616)	(784)	(255)	(1,039)

Source: Hawaii, Governor's Commission on the Status of Women, *Report* (Honolulu: 1966), p. 21.

Recent estimates provided by the Governor's Office show that approximately 9,323 of the five-year-olds were getting some kind of after-school care. This represents some 60 percent of the 15,539 who are in kindergarten. As the children get older, the number in after-school care program diminishes. For the 6-8 group, it is estimated that some 24,205 or 50 percent are in after-school care while for the 9-12 age bracket the percentage diminishes to 35 percent or 22,579 children.

In interviews conducted during the study, professionals, child care providers, and departmental personnel all expressed a need for after-school services. Many felt that the present programs run by the county parks and recreation departments and various community centers were not adequately fulfilling the need. In some cases the problem was not so much the adequacy of services but its accessibility for the child from school. Not all parks are located within walking distances of school and in many cases it may be easier for the child to go home than to the park for supervised play.

## CHILD CARE IN HAWAII: AN OVERVIEW

Concerns over the lack of care provided after-school were also voiced in hearings held by the Commission on the Status of Women on various islands. "Working mothers asked for supervised play areas near their homes for children at loose ends after school. In some areas, librarians complained of the misuse of their facilities for this function. While a number of agencies including the Japanese language schools, recreation centers, Girl and Boy Scouts, YWCA and YMCA, do provide some after-school programs, these apparently are not meeting the needs according to the testimony of women."<sup>10</sup>

*Child Day Care Centers.* It is thus far noted the child care centers account for a relatively small proportion of the population.

In order to gain an overall picture concerning the services presently available by licensed day care centers and the potential use of such centers, the Legislative Reference Bureau conducted a survey of all licensed day care centers in the State as of July, 1972. The survey included the following questions:

- (1) The number of children enrolled in the center.
- (2) The number of children on waiting lists.
- (3) The tuition or fees charged by the center.

Upon receipt of the information from the questionnaire, all centers which replied were placed in census tracts and statistics showing the number of children within the census tract between the ages of 0-4 were compared with the number of children a center could accommodate.

From the statistics gathered, it could be seen that the number of centers varies greatly from census tract to census tract. Urban census tracts show a greater number of child care centers per census tract as opposed to the rural areas. This fact is most noticeable in the counties of Hawaii, Maui, and Kauai. For instance, in Maui County the census tracts which include Hana, Haiku-Pauwela, Makawao-Paia, and Spreckelsville reported no licensed day care spaces although there are some 997 children between the ages of 0-4 who live in these census tracts. Moreover, even within the heavily populated urban areas, distribution of centers is uneven. The Ala Moana area, upper Makiki-lower Manoa area, Fort Shafter-Moanalua-Salt Lake area of the city and county of Honolulu, and the areas surrounding Hilo in the county of Hawaii are examples of such vacuums within urban areas. Part of the reason for the uneven distribution is because of the type of activity in the area. Many of these census tract areas are industrial or business areas or residential areas. In both cases special permits are required to establish a child care center. Further, in rural areas, while the number of children within a census tract does add up to a substantial amount, the actual distribution of the children does not allow for the establishment of a child care center.

The important fact, however, is not that child care centers exist in every census tract or neighborhood, but the definition of the existence of a need in terms of the number of children being served, the number of children on waiting lists, and the number of potential users of such centers. In total, of the centers that replied with the information requested, there were 9,140 licensed spaces (includes public centers). The centers also reported that they had some 3,364 children on waiting lists. The distribution of the centers reporting waiting lists is not consistent. For instance, all the Kindergarten and Children's Aid Association (KCAA) centers reported waiting lists approaching two hundred children and the Jane Parke Kindergarten and Preschool located in Kalihi had some 662 children on their waiting list. In fact, the whole Kalihi-Palama area reported unusually long waiting lists for their centers:

Jane Parke Kindergarten and Preschool.....	662
Family Services Center (Model Cities).....	331
Kalihi Baptist Head Start Center.....	177
Keiki O Ka Aina Preschool (Headstart) .....	205

## A PROFILE: CHILDREN, FAMILIES, CHILD CARE

Interestingly enough, all of these centers which reported long waiting lists are publicly sponsored by either the Office of Economic Opportunity or Model Cities and receive various governmental funding. The KCAA center attributes its popularity to reputation and the fact that they are also qualified to receive government funds and have such practices as sliding scales and tuition scholarships.

From the survey it was difficult to tell if other areas seem to have the actual evidence of demand for services as the long waiting lists of the Kalihi area. Many child care centers discourage waiting lists since oftentimes openings may not occur for long periods of time and by then a mother usually has found some other child care accommodation either at another center or with a babysitter. However, while the demand for child care services may not be as acute as in the Kalihi area, the fact that some 3,000+ children are on waiting lists indicates demand for the services.

Further, the survey does not account for the under-two group for which almost no center-based services are available since present state regulations outlaw center care of children under two.

(See Table 15 for census tract tabulations by representative districts. Accompanying the table are maps identifying the geographical locations of the census tracts. See Figures 1, 2, 3, 4, and 5. For more detailed information, see Appendix D for tabulation by centers within census tracts.)

**TABLE 15**  
**ENROLLMENT OF CHILDREN IN CENTERS**  
**COMPARED WITH NUMBER OF CHILDREN AGES 0-4**  
**(July 1972)**

<b>CITY AND COUNTY OF HONOLULU</b>			
<b>Representative District</b>	<b>Enrollment</b>	<b>Children 0-2</b>	<b>0-4 3-4</b>
8th district (1, 2, 3, 4, PTN 5)*	285	1,595	1,137
9th district (6, 9, PTN 5, PTN 7, PTN 8)	269	444	300
10th district (10, 11, 12, 28, PTN 8, PTN 13, PTN 27)	150	883	610
11th district (14, 15, PTN 7, PTN 8, PTN 13, PTN 16)	45	304	216
12th district (17, 18, 19, 20, 21, 22, 23, 24, PTN 16, PTN 26)	628	1,556	710
13th district (29, 30, 31, PTN 27, PTN 32, PTN 33, PTN 34)	38	452	383
14th district (25, 26, 35, 36, 37, 38, 39, 40, 42, PTN 26, PTN 41)	603	1,013	571
15th district (43, 44, 45, PTN 32, PTN 33, PTN 34, PTN 41)	30	778	483
16th district (46, 47, 48, 49, 50)	819	996	641
17th district (51, 52, 53, 54, 57, 58, 59, 60, PTN 55, PTN 56, PTN 61, PTN 62)	221	1,553	763

## CHILD CARE IN HAWAII: AN OVERVIEW

**TABLE 15 (Continued)**  
**ENROLLMENT OF CHILDREN IN CENTERS**  
**COMPARED WITH NUMBER OF CHILDREN AGES 0-4**  
**(July 1972)**

<b>CITY AND COUNTY OF HONOLULU</b>			
<b>Representative District</b>	<b>Enrollment</b>	<b>Children 0-2</b>	<b>0-4 3-4</b>
18th district (63, 64, 65, PTN 55, PTN 56, PTN 61, PTN 62)	80	1,036	740
19th district (66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77)	162	4,333	2,984
20th district (78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, PTN 86, PTN 89)	666	5,568	3,596
21st district (96, 97, 98, PTN 86)	150	1,789	1,226
22nd district (90, 91, 92, 93, 94, 95, 99, 100, PTN 86, PTN 89)	192	3,055	1,808
23rd district (101, 102, 103, 104, 105, 106, 107, 108)	614	3,662	2,572
24th district (109, 110, 111, 112, 113)	544	2,852	1,943

\*Numbers represent census tract numbers. "PTN" is to designate a portion of tract. See tabulations of divided census tracts which follow.

### TABULATIONS OF DIVIDED CENSUS TRACTS

#### *CITY AND COUNTY OF HONOLULU*

<b>Partial Census Tracts</b>			<b>Enrollment</b>	<b>Children 0-2</b>	<b>0-4 3-4</b>
CT	5	8th district 9th district	124	138	150
CT	7	9th district 11th district	159	111	89
CT	8	9th district 10th district 11th district	0	161	96
CT	13	10th district 11th district	82	200	139
CT	16	11th district 12th district	35	204	156
CT	26	12th district 14th district	0	230	137
CT	27	10th district 13th district	321	253	168
CT	32	13th district 15th district	0	40	25
CT	33	13th district 15th district	0	23	10
CT	34	13th district 15th district	409	682	351

## A PROFILE: CHILDREN, FAMILIES, CHILD CARE

CT	41	14th district 15th district	0	218	95
CT	55	17th district 18th district	136	110	55
CT	56	17th district 18th district	45	276	189
CT	61	17th district 18th district	40	177	125
CT	62	17th district 18th district	259	591	353
CT	86	20th district 21st district 22nd district	38	627	418
CT	89	20th district 22nd district	115	920	673

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### HAWAII COUNTY

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Representative District		Enrollment	Children 0-2	0-4 3-4
1st district (209, 210, 211, 212, PTN 206)		36	430	427
2nd district (202, 203, 204, 205, 206, 207, 208, 209)		480	1,191	826
3rd district (201)		25	252	209
4th district (218, 219, 220, 221)		95	583	394
5th district (213, 214, 215, 216, 217)		145	504	411

### TABULATIONS OF DIVIDED CENSUS TRACTS

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#### HAWAII COUNTY

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Partial Census Tracts			Enrollment	Children 0-2	0-4 3-4
CT	206	1st district 2nd district	0	163	127

## CHILD CARE IN HAWAII: AN OVERVIEW

<b>MAUI COUNTY</b>			
<b>Representative District</b>	<b>Enrollment</b>	<b>Children 0-2</b>	<b>0-4 3-4</b>
6th district (308, 309, 310, 314, 315, 316, 317, 318, PTN 307, PTN 311)	395	1,128	831
7th district (301, 302, 303, 304, 305, 306, 312, 313, PTN 307, PTN 311)	0	722	518

### TABULATIONS OF DIVIDED CENSUS TRACTS

MAUI COUNTY					
Partial Census Tracts			Enrollment	Children 0-2	0-4 3-4
CT	307	6th district 7th district	0	82	59
CT	311	6th district 7th district	32	273	22

<b>KAUAI COUNTY</b>			
<b>Representative District</b>	<b>Enrollment</b>	<b>Children 0-2</b>	<b>0-4 3-4</b>
25th district (401, 402, 403, 404, 405, 406, 407, 408, 409, 410)	298	1,526	1,103



## A PROFILE: CHILDREN, FAMILIES, CHILD CARE



**FIGURE 1: HONOLULU COUNTY (PART)**

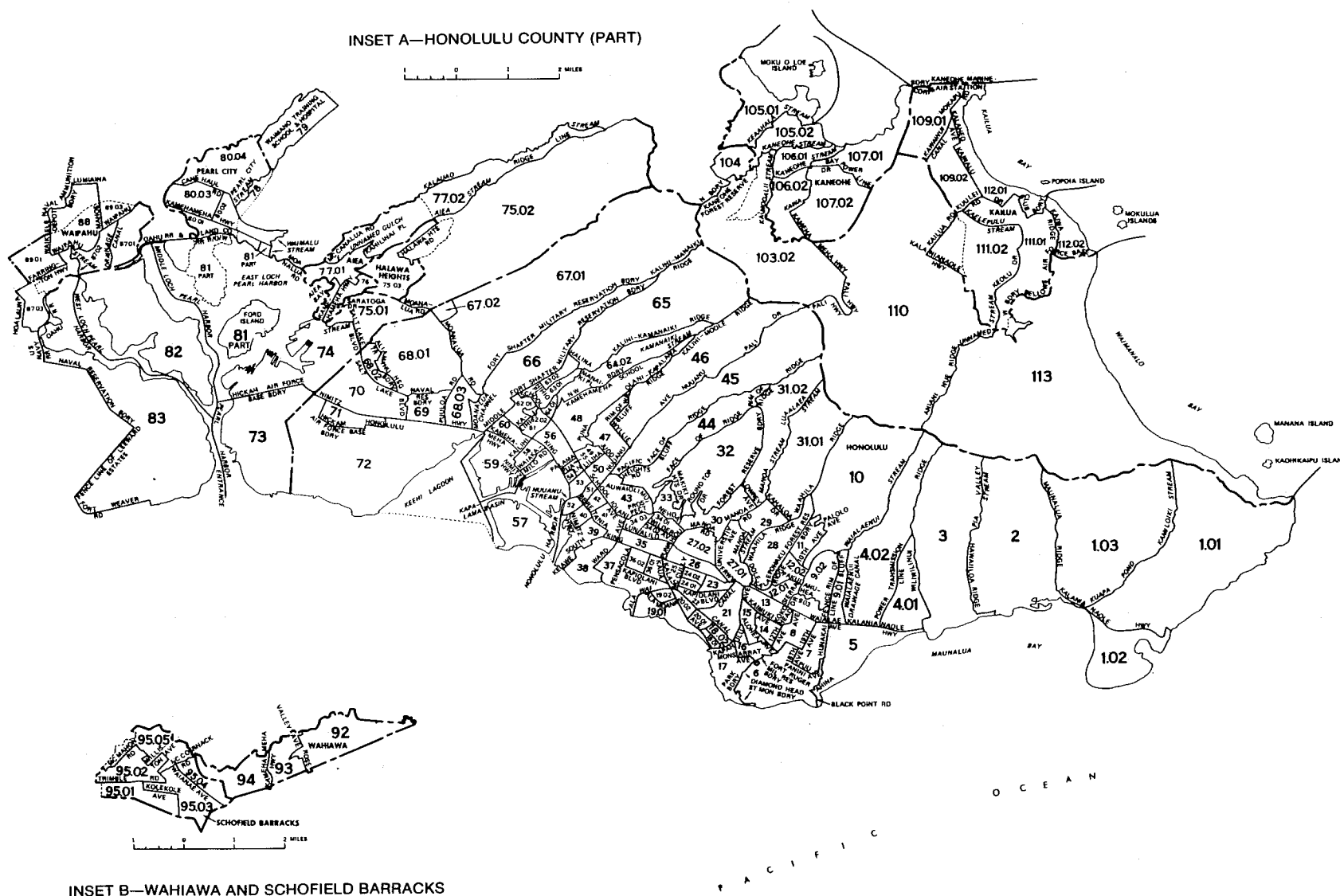
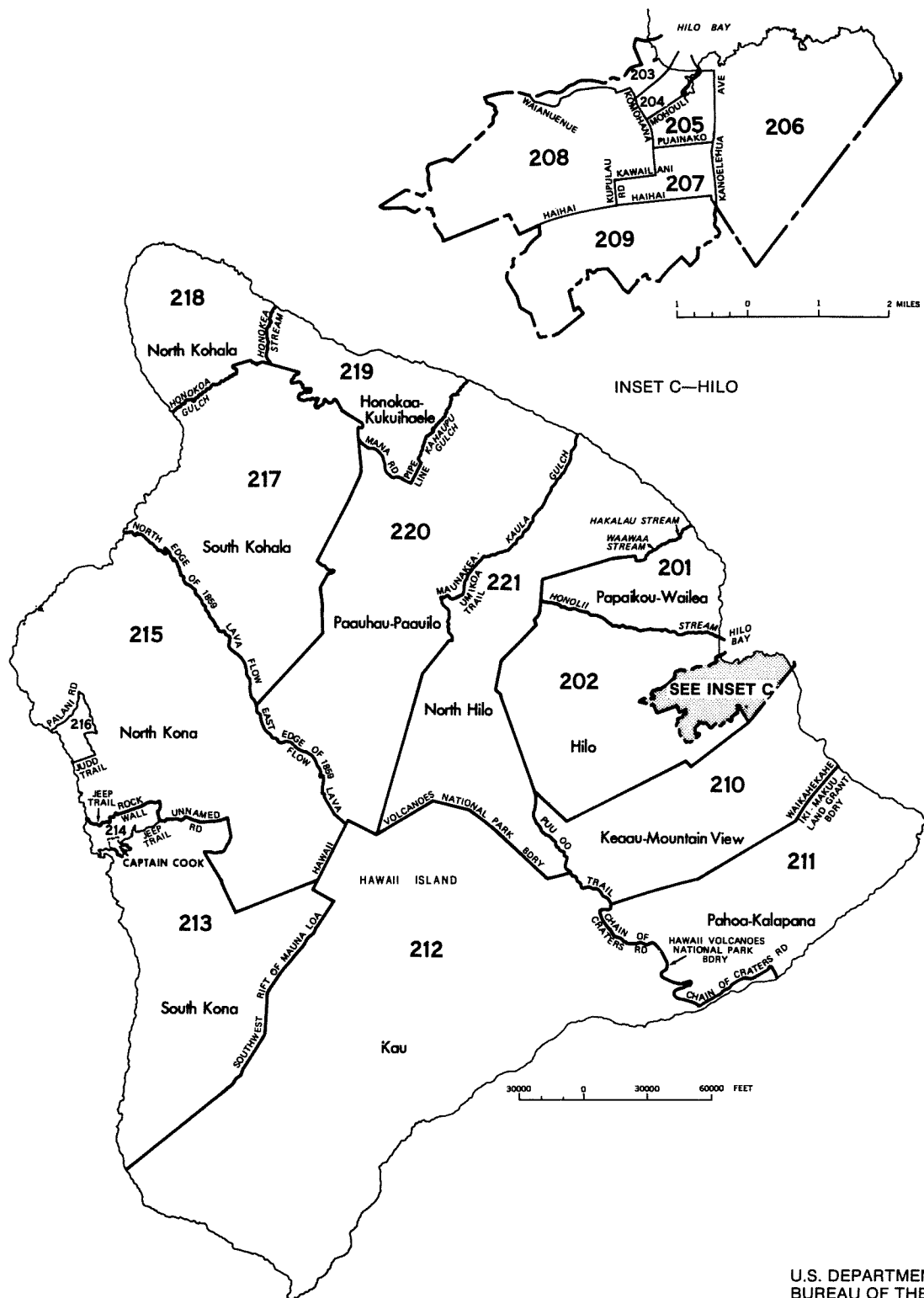


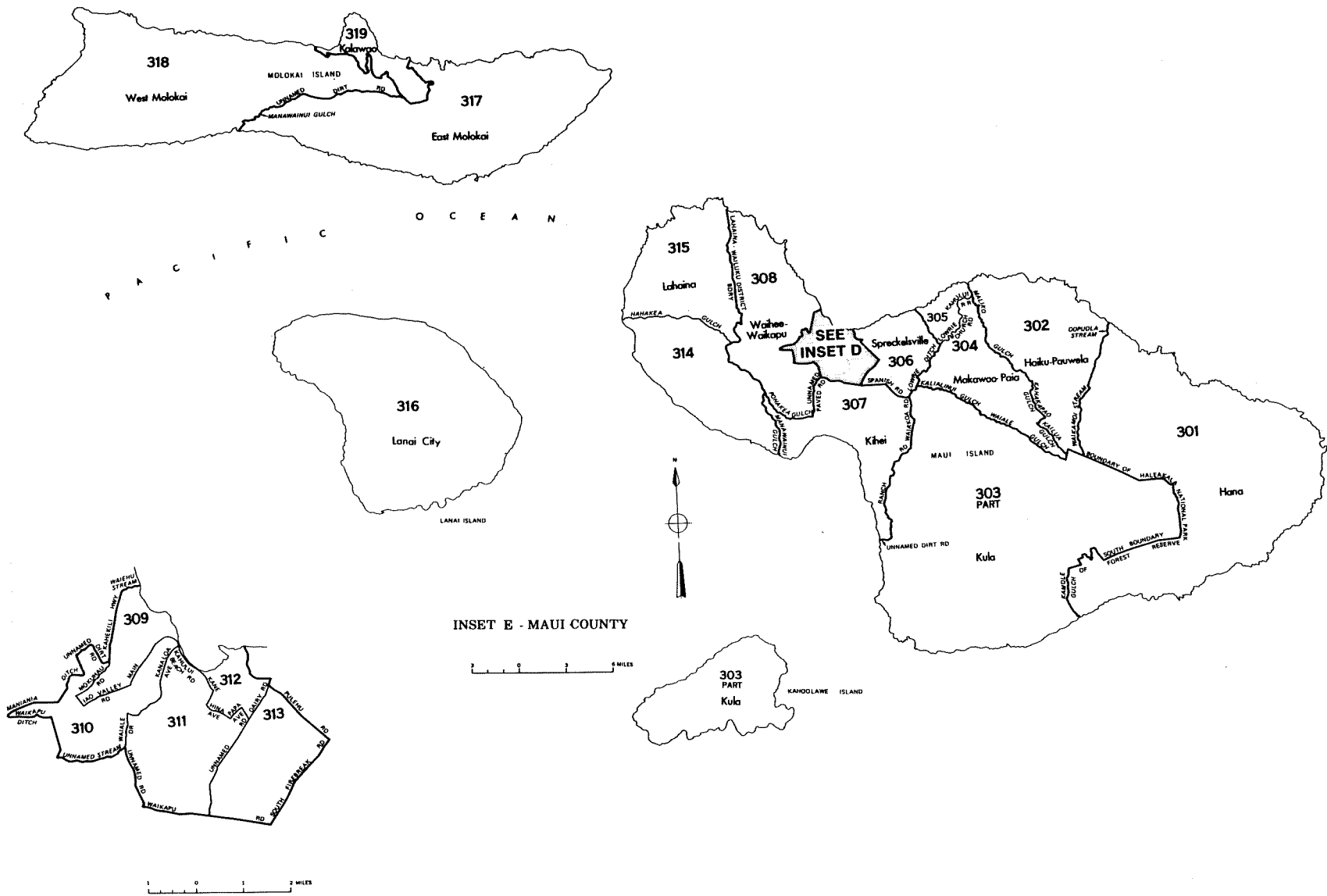
FIGURE 2

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
1970

## A PROFILE: CHILDREN, FAMILIES, CHILD CARE



### FIGURE 3: HAWAII COUNTY



INSET D—KAHULUI AND WAILUKU

FIGURE 4: MAUI COUNTY

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
1970



## CHILD CARE IN HAWAII: AN OVERVIEW

### CENTERS WITH INCOMPLETE REPLIES

Moiliili Community Center Head Start  
2535 South King Street  
Enrollment: 27

Research Demonstration Children's Center  
First Methodist Church, Victoria Street  
Enrollment: 52

Kewalo Cooperative Play School  
1516 Kewalo Street  
Enrollment: 27

Manoa Valley Church Preschool  
2728 Huapala Street  
Enrollment: 55

Kauluwela Mission Corps Day Care Center  
296 N. Vineyard Boulevard  
Enrollment: 34

Amy's Preschool and Day Care  
1045 Kama Lane  
Enrollment: 50

Salvation Army Leeward Community Corps  
Preschool and Day Care  
Moanalua Road

Tiny Tot Day Care, Inc.  
99-102 Kalaloe Street  
Makalapa Housing

Pearl City Cooperative Playschool  
1716 Komo Mai Drive  
Enrollment: 13

Palisades Cooperative Preschool  
Palisades Park Pavillion

Ewa Beach Messiah Lutheran Head Start  
91-697 Fort Weaver Road  
Enrollment: 24

Alphabetland Day Care and Preschool  
94-069 Waipahu Street  
Enrollment: 170

Wahiawa Baptist Church Preschool  
1233 California Avenue  
Enrollment: 20  
Tuition: \$20

Wahiawa Preschool and Day Care Center  
1445 California Avenue  
Enrollment: 50  
Tuition: \$42 for half days  
\$63 for full days

Haleiwa Baptist Preschool  
66-145 Haleiwa Road  
Enrollment: 60

Waikalani Child Care Center  
95-075 Waikalani Drive

Ahuimanu Preschool and Day Care Center  
47-204 Okana Road  
Enrollment: 40

Bay View Preschool  
45-134-B Lilipuna Place  
Enrollment: 30

Parker United Methodist Preschool  
45-211 Waikalua Road  
Enrollment: 80  
Tuition: \$32

Enchanted Lake Preschool and Day Care  
Center  
1425 Keolu Drive

Kailua United Methodist Preschool  
1110 Kailua Road  
Enrollment: 27

Le Jardin d'Enfants  
1000 Kailua Road  
Enrollment: 45

The Seagull School  
1230 Kailua Road  
Enrollment: 40

St. Christopher's Nursery School  
93 N. Kainalu Dr.  
Enrollment: 30

Sue's Day Care  
241 Kihapai Street  
Enrollment: 37

Windward United Preschool  
38 Kaneohe Bay Drive  
Enrollment: 50

## A PROFILE: CHILDREN, FAMILIES, CHILD CARE

The next step is to see what portion of the population centers serve. Again using information gathered by the Department of Education, there is found a correlation between affluence and attendance in child care centers, as well as a correlation between urban areas and child care centers. The table on the following pages shows the results of the department's survey of children in the K-3 grade levels as to the incidence of child care experience prior to entrance into elementary school. The percentages of day care or preschool attendance was highest for areas such as Hawaii Kai, Waialae-Kahala, Manoa and lowest in areas such as Kalihi-Palama, Waianae-Makaha, Waimanalo, and Haleiwa. It was higher in urban areas as opposed to rural areas. For instance, Hilo reported 74 percent attendance, while Naalehu had only 33 percent attendance. In Maui County, Wailuku had a 72 percent attendance while Molokai reported 46 percent. The Honolulu school district had a higher percentage than the Central and Leeward school districts.

Private schools reported higher attendance than public schools.

There are various reasons for the discrepancies in attendance of day care or preschool. Geographically, most of the child care centers are clustered in the urban areas and accessibility to them is much easier than in the rural areas where one may have to drive a good number of miles to the nearest center. Secondly, child care services are relatively expensive, therefore, only the more affluent can afford to use the services. Presently, the going rate for center services is between \$65-\$70 per month per child. At this rate, the cost of sending one child to a center is approximately \$780 to \$840 per year. Affluence is also linked with working mothers; that is, normally higher family incomes are due to having the wife earning an income. Further, the premium placed on education and early learning is more evident among middle and upper income groups. The prime illustration of this is Headstart which was established to supplement the education of the poverty preschool child so that he would be equal to or better than the middle class child upon entrance into kindergarten.

**TABLE 16**  
**SURVEY OF PARENTS WITH CHILDREN IN GRADES K-3**  
**DID CHILD ATTEND PRESCHOOL OR DAY CARE CENTER PRIOR TO KINDERGARTEN?**  
**May-September, 1971**

Geographic Area	Elementary School	Total No. Surveyed	Did Attend		Did Not Attend	
			No. of Responses	Percent	No. of Responses	Percent
OAHU						
HONOLULU DISTRICT:						
Hawaii Kai.....	Hahaione .....	21	18	86%	3	14%
	Koko Head .....	20	11	55%	9	45%
Waialae-Kahala.....	Kahala .....	85	67	78%	18	22%
Waikiki-Kapahulu ....	Ala Wai .....	12	7	58%	5	42%
Manoa .....	Manoa .....	90	70	78%	20	22%
Makiki .....	Kaahumanu .....	25	15	60%	10	40%
Punchbowl.....	Lincoln .....	22	11	50%	11	50%
Liliha-Pauoa .....	Maemae .....	18	13	72%	5	28%
	Lanakila .....	60	39	65%	21	35%
Kalihi-Palama .....	Pauoa .....	17	12	71%	5	29%
	Kalihi .....	20	5	25%	15	75%
	Kalihi-uka .....	10	3	30%	7	70%
	Kalihi-kai .....	129	41	31%	88	69%
	Kapalama.....	21	12	57%	9	43%
	Puuhale .....	21	9	43%	12	57%
TOTAL HONOLULU DISTRICT .....		571	333	58%	238	42%

# CHILD CARE IN HAWAII: AN OVERVIEW

**TABLE 16 (Continued)**  
**SURVEY OF PARENTS WITH CHILDREN IN GRADES K-3**  
**DID CHILD ATTEND PRESCHOOL OR DAY CARE CENTER PRIOR TO KINDERGARTEN?**  
**May-September, 1971**

Geographic Area	Elementary School	Total No. Surveyed	Did Attend		Did Not Attend	
			No. of Responses	Percent	No. of Responses	Percent
<b>CENTRAL DISTRICT:</b>						
Moanalua-Salt Lake...	Moanalua.....	21	13	62%	8	38%
	Salt Lake .....	23	9	39%	14	61%
Wahiawa .....	Helemano.....	23	0	0%	23	100%
	Iliahi .....	24	9	38%	15	62%
	Wahiawa .....	30	18	60%	12	40%
Haleiwa .....	Haleiwa .....	84	30	35%	54	65%
TOTAL CENTRAL DISTRICT .....		205	79	39%	126	61%
<b>LEEWARD DISTRICT:</b>						
Pearl City.....	Pearl City Highlands ....	30	21	70%	9	30%
	Manana .....	27	17	63%	10	37%
	Palisades.....	27	19	70%	8	30%
Waipahu.....	August Ahrens .....	120	38	31%	82	69%
	Waipahu.....	28	14	50%	14	50%
	Honowai.....	18	12	67%	6	67%
Ewa .....	Ewa .....	23	10	43%	13	57%
Waianae-Makaha ....	Waianae .....	120	59	49%	61	51%
	Makaha .....	8	3	37%	5	63%
TOTAL LEEWARD DISTRICT .....		401	193	48%	208	52%
<b>OAHU</b>						
<b>WINDWARD DISTRICT:</b>						
Waimanalo.....	Waimanalo.....	96	42	43%	54	57%
Kailua .....	Aikahi.....	26	18	69%	8	31%
Kaneohe .....	Heeia .....	20	10	50%	10	50%
	Kaneohe .....	23	11	48%	12	52%
	Puohala .....	25	16	64%	9	36%
Kahuku-Laie .....	Kahuku.....	16	3	19%	13	81%
	Laie.....	78	32	41%	46	59%
TOTAL WINDWARD DISTRICT .....		284	132	46%	152	54%
TOTAL OAHU .....		1,461	737	50%	724	50%

Source: Hawaii, Department of Education, Office of Instructional Services, *A Study on Early Childhood Education in Hawaii (from birth to age 4)*, Honolulu: 1972, pp. 14-16.



# A PROFILE: CHILDREN, FAMILIES, CHILD CARE

**TABLE 16 (Continued)**  
**SURVEY OF PARENTS WITH CHILDREN IN GRADES K-3**  
**DID CHILD ATTEND PRESCHOOL OR DAY CARE CENTER PRIOR TO KINDERGARTEN?**  
**May-September, 1971**

Geographic Area	Elementary School	Total No. Surveyed	Did Attend		Did Not Attend	
			No. of Responses	Percent	No. of Responses	Percent
<b>HAWAII DISTRICT:</b>						
Hilo .....	De Silva .....	27	20	74%	7	26%
	Kalaniana'ole .....	20	7	35%	13	65%
Kona .....	Holualoa .....	19	10	53%	9	47%
	Konawaena .....	28	15	54%	13	46%
Hamakua .....	Paauiilo .....	18	3	17%	15	83%
Kau .....	Naalehu .....	18	6	33%	12	67%
TOTAL HAWAII DISTRICT .....		130	61	47%	69	53%
<b>MAUI DISTRICT:</b>						
Molokai .....	Makawao .....	24	11	46%	13	54%
Waihee, Maui .....	Waihee .....	21	13	59%	8	41%
Wailuku, Maui .....	Wailuku .....	18	13	72%	5	28%
TOTAL MAUI DISTRICT .....		63	37	58%	26	42%
<b>KAUAI DISTRICT:</b>						
Kapaa .....	Kapaa .....	23	14	61%	9	39%
Koloa .....	Koloa .....	20	10	50%	10	50%
Waimea .....	Waimea .....	20	9	45%	11	55%
TOTAL KAUAI DISTRICT .....		63	33	52%	30	48%
<b>MILITARY IMPACTED SCHOOLS:</b>						
Pearl Harbor .....	Pearl Harbor Kai .....	25	12	48%	13	52%
	Lehua .....	21	5	24%	16	76%
Hickam Air Base .....	Nimitz .....	84	23	27%	61	73%
Fort Shafter .....	Shafter .....	15	5	33%	10	67%
Kaneohe Marine Base ..	Mokapu .....	23	11	48%	12	52%
TOTAL MILITARY IMPACTED SCHOOLS .....		168	56	33%	112	67%
TOTAL—ALL PUBLIC SCHOOLS STATEWIDE ..		1,885	924	49%	961	51%
<b>PRIVATE SCHOOLS:</b>						
Oahu .....	Iolani .....	21	21	100%	0	0%
	Island Paradise .....	18	15	83%	3	17%
	Hongwanji .....	14	12	86%	2	14%
	St. Patrick .....	26	12	46%	14	54%
	Laura Morgan .....	15	14	93%	1	7%
Hawaii .....	St. Joseph .....	22	15	68%	7	32%
Maui .....	Sacred Hearts .....	13	6	46%	7	54%
TOTAL PRIVATE SCHOOLS .....		129	95	76%	34	24%
TOTAL—ALL PRIVATE & PUBLIC SCHOOLS STATEWIDE .....		2,014	1,019	51%	995	49%

Source: Hawaii, Department of Education, Office of Instructional Services, *A Study on Early Childhood Education in Hawaii (from birth to age 4)*, Honolulu: 1972, pp. 14-16.

## CHILD CARE IN HAWAII: AN OVERVIEW

*Family Day Care.* Family day care takes into account all those children who are cared for by relatives, paid sitters, friends, neighbors, etc. In Hawaii, this is a multimillion dollar business for which we have almost no information.<sup>11</sup>

The clientele of family day care tends to be children under the age of two who do not qualify for center programs. Further, in the Commission on the Status of Women survey, they suggested by implication that family day care is often used because of easier accessibility (The caretaker may come into the home or live in a convenient location for the parents.), lower cost factor (Much of the service is on an informal basis and charges to parents are minimal and in cases where relatives are involved, other forms of compensation may be arranged.), and more flexible hours (Family day care does not work on a rigid time schedule as center care. In special cases, parents may leave the children over the weekend or after-work hours.).

It is estimated that some 17,096 children are in some form of family day care with approximately 3,017 or another 15 percent with relatives at a nominal fee. The figures indicate that in Hawaii as with the rest of the nation family day care remains the most popular form of child care. But, as with the rest of the nation, most of it is on an informal basis and elude regulation by licensing agencies.

Part of the popularity of family day care in Hawaii stems from a traditional extended family system. As seen in the percentages presented earlier, relatives account for some 40 percent of the care in family day care. However, in recent years with the influx of new families from the mainland, the extended family influence seems to be lessening and more persons are turning to family day care in the form of a paid sitter. With more and more women entering the labor force it is expected that the paid sitter will increase and the "relative" sitter will decrease since "grandmother" or "aunty" will probably be working.

### Parental Attitudes

Besides figures of potential users and statistics on income and working mothers, probably the most important factor to consider in child care planning is the attitude of the parent toward child care and the type of child care service he would use. There is, however, some difficulty in making this determination. In the past, surveys of attitudes of parents toward child care have revealed that an accurate picture of parental preference in child care options cannot be fully determined because most parents are unaware of options. Many choose center care as their preferred option not because center care is necessarily the best care for their child but because it is the only form of child care they are familiar with. Secondly, discrepancies have occurred between professed use and actual use. Many answer "yes" to the question as to whether they would use the center but when it comes to actual use, other factors enter into the picture (price of the services and convenience).

Probably the most important factor in child care service use which seems to remain constant in most surveys is accessibility and convenience. In the Model Cities survey of the Kalihi-Palama and Waianae-Nanakuli areas they found that 58 percent and 50 percent, respectively, of the heads of household indicated that they would possibly use day care centers in the area if one were made available.<sup>12</sup> The Department of Education survey in September 1971 conducted among 946 parents of children K-3 in ten Oahu schools revealed a consistent relationship between inaccessibility of center and use of center. Their findings concluded:<sup>13</sup>

*No center within convenient distance.* Twenty percent of the parents who did not send their child to preschool or day care centers gave geographical distance as a factor. It is interesting to note that based on the total number of parents surveyed, all four communities in metropolitan Honolulu (Kahala, Manoa, Lanakila, and Kalihi Kai) plus Waimanalo reported this as a reasons [sic] for non-attendance.

## A PROFILE: CHILDREN, FAMILIES, CHILD CARE

There are other reasons for nonattendance in preschool or day care. According to the same Department of Education survey, in 45 percent of the cases, the reason given for nonattendance was that the mother was a housewife. They also discovered that the percentages of mothers staying at home vary with the communities. In the recognized, more affluent communities the percentage of mothers staying home was down to less than 15 percent while in the less affluent areas, the percentage was as high as 40 percent. This finding brings us back to the earlier finding in this chapter which correlated income level and working mother. That is, in families where the mother worked, the family income was higher and from previous indications preschool and day care attendance was high. Families with only one working parent seem to be hard pressed to afford child care.

The department study then found a correlation between "mother is a housewife" and "cannot afford" as a reason for nonattendance in preschool or day care.<sup>14</sup>

*Cannot afford.* Thirty percent also checked money, or the lack of it, as a major reason for not sending their child to a preschool or day care center. These parents felt they could not afford the cost of child care services within their family budget. The parents of Waimanalo (41%), Kalihi Kai (40%) and August Ahrens (45%) checked this reason more than parents of other communities. Their percentages are compared with the low of 13% reported for Laie, and the average of 30% for all 10 communities surveyed.<sup>15</sup>

An illustration of the situation can be seen in the 1968 table prepared to reflect the day care need for three and four-year-olds in the Model Neighborhood areas.<sup>16</sup>

1968 DAY CARE PROBLEM MAGNITUDE

	Kalihi-Palama		Waianae-Nanakuli	
	CDA <sup>a</sup>	Birth Data	CDA	Birth Data
Number of three-year-olds	501	351	339	295
Number of four-year-olds	1,222	855	892	740

<sup>a</sup> City Demonstration Agency estimates.

The numbers of children were based on the heads of household who said they would use day care. Further, the narrative indicated that these heads of household have wives who presently watch the children until school age. These same wives would like to be employed. The median family income for the MNAs falls below the median income for Honolulu.

Finally, considering philosophical and attitudinal factors toward child care, the department survey found that approximately "23% of the parents who did not enroll their child expressed the belief that prior to kindergarten, it is the responsibility of parents to care for their child at home"<sup>17</sup> (see Table 17).

TABLE 17  
SURVEY OF PARENTS WITH CHILDREN IN GRADES K-3  
September, 1971

Elementary School	Number Surveyed	Number Attended Preschool or Day Care Center	Average Duration of Attendance (In Months)	Number Did Not Attend	Reasons for Not Enrolling Child in Preschool or Day Care Center*											
					Mother is a Housewife and Can Care for Child at Home			Could Not Afford to Enroll the Child			Believe That it is the Parents Responsibility to Care For Their Own Child at Home			No Center Within Convenient Distance		
					Number of Responses	As a % of Total That Did Not Attend	As a % of Total Surveyed	Number of Attend	As a % of Total That Did Not Attend	As a % of Total	Number of Responses	As a % of Total That Did Not Attend	As a % of Total Surveyed	Number of Attend	As a % of Total That Did Not Attend	As a % of Total
Kahala	85 (100%)	66 (78%)	14	19 (22%)	12	63%	14%	5	26%	6%	2	11%	2%	1	5%	1%
Manoa	90 (100%)	70 (78%)	18	20 (22%)	11	55%	12%	6	30%	7%	4	20%	4%	3	15%	3%
Lanakila	60 (100%)	39 (65%)	12	21 (35%)	9	43%	15%	7	33%	12%	5	24%	8%	4	19%	7%
Waianae	120 (100%)	59 (49%)	13	61 (51%)	22	36%	18%	12	20%	10%	12	20%	10%	12	20%	10%
Waimanalo	96 (100%)	42 (43%)	11	54 (57%)	15	28%	16%	22	41%	23%	9	17%	9%	7	13%	7%
Laie	78 (100%)	32 (41%)	10	46 (59%)	12	26%	15%	6	13%	8%	12	26%	15%	22	48%	28%
Haleiwa	84 (100%)	30 (35%)	11	54 (65%)	27	50%	32%	11	20%	13%	8	15%	10%	13	24%	15%
Kalihi Kai	129 (100%)	41 (31%)	12	88 (69%)	55	63%	43%	35	40%	27%	32	36%	25%	5	6%	4%
August Ahrens (Waipahu)	120 (100%)	38 (31%)	12	82 (69%)	44	54%	37%	37	45%	31%	19	23%	16%	17	21%	14%
Nimitz (Hickam Air Base)	84 (100%)	23 (27%)	12	61 (73%)	23	38%	27%	13	21%	15%	14	23%	17%	15	25%	18%
TOTAL	946 (100%)	440 (47%)	13 (Avg.)	506 (53%)	230	45%	24%	154	30%	16%	117	23%	12%	99	20%	10%

\*Parents could check more than one reason.

Source: Hawaii, Department of Education, Office of Instructional Services, *A Study on Early Childhood Education in Hawaii (from birth to age 4)*, Honolulu: 1972, p. 48.

## A PROFILE: CHILDREN, FAMILIES, CHILD CARE

Prior to its September 1971 survey, the Department of Education conducted another survey<sup>18</sup> to study the reasons for enrollment in pre-kindergarten programs and attitudes of parents toward child care services. In this earlier survey they found that parents send their children to preschool and day care programs because they want their child "educated". Figures showed that 41 percent of the parents indicated that their prime reason for sending children to pre-kindergarten programs was to be educated. Following this with 28 percent was a combination of educated and baby-sat, while some 26 percent indicated "other reasons". Only 5 percent considered "baby-sat" as the prime reason for sending the child to preschool or day care.

The survey went on further to explore the attitude of parents toward child care services and their feelings about state participation in child care programs. Survey groupings were arranged so that attitudes toward the different age groups could be defined. For four-year-olds, the department found that of the 1,340 parents answering the question, 536 or 40 percent felt that what a child learns in kindergarten could probably have been learned just as well and with no ill effects had he started kindergarten a year earlier. Some 33 percent or 447 parents felt that it would have been harmful to the child had he started kindergarten at age four while 23 percent remained undecided with 4 percent giving no response.

The next question concerned the State's participation in programs for four-year-olds. The department asked parents to respond to the statement: "The State should provide formal schooling for children beginning at age 4 instead of the present age 5, if attendance is kept strictly voluntary". Again, of the 1,340 parents responding, 57 percent or 710 had a positive reaction to the statement while 28 percent or 371 responded negatively. Some 12 percent or 160 were undecided and 3 percent made no response. Of those who answered "yes" to the question of the State providing formal schooling for children beginning at age four, 83 percent or 638 said they would enroll their children in a public school if such a program existed, 7 percent or 54 said they would not, 5 percent or 41 said they were undecided and 5 percent or 37 made no response.

In answer to the question of whether the State should provide neighborhood day care programs for three-year-olds if participation were kept strictly voluntary, the response showed that 710 or 53 percent of the sample responded favorably while 29 percent or 386 said no. Some 14 percent or 189 were undecided and those who made no response amounted to 4 percent. For those who were in favor of state-operated neighborhood programs for three-year-olds, 75 percent indicated that they would enroll their children in such programs, 13 percent or 94 said they would not, 12 percent or 88 said they were undecided and 3 parents made no response.

The final question related to programs for two-year-olds. From the survey results, 425 or 32 percent of the parents felt that the State should provide neighborhood day care programs for children between the ages of six months to two years if participation were kept strictly on a voluntary basis and rates kept comparable to those being charged by private baby-sitters and private day care centers. For those who said "no" the percentage was 48 percent or 637. Undecided parents accounted for 17 percent or 225 and 3 percent or 53 made no response.

The results of the survey led the Department of Education to reveal some interesting facts about child care. First, there is a correlation between those parents who expressed a positive attitude toward four-year-olds in public school programs and the actual number of four-year-olds now being cared for by public institutions. "This response for formal schooling for the 4-year-old appears consistent with what is already happening in our state. For example, compilation of the actual number of 4-year-olds accounted for by institutional programs is 46%. A survey of the number of children in kindergarten through grade 3 who had preschool experience reveal [sic] that 51% had an average of one year of such experiences." <sup>19</sup> The department went on further to note that although the number

## CHILD CARE IN HAWAII: AN OVERVIEW

who expressed a positive attitude toward the State providing programs for three-year-olds (53 percent) was high, and that 75 percent of the parents responding positively said they would enroll their children in such a program, presently 20 percent of the three-year-olds, by departmental count, are found in institutional programs. From this the department concluded that "(t)here appears to be a gap between the demand for child care services and the degree to which that demand is being satisfied".<sup>20</sup>

The statistics gathered for two-year-olds show that enthusiasm for public programs does not run as high. In fact more persons felt a negative attitude toward government-run programs for children between ages six months and two years. Yet, the department also pointed out that the 32 percent who are in favor of government programs may represent some 11,200 children. It further noted that an inventory of spaces available in institutional programs for children under two amounted to 748.

To the findings and conclusions of the Department of Education's survey a caveat should be added to the interpretation. In the questions concerning usage of public programs for three and four-year-olds, part of the enthusiasm for such programs on the part of the parents may stem from the fact that the implication of government-run programs is that they will be free. Consequently, for a parent already with a child enrolled in a tuition program, the reaction to a government-supported program would naturally be positive. He would get the same service, but for free. Further, the dimension of a public tuition program was introduced in the last question concerning programs for children under two. While the change in attitude toward government-run programs cannot be positively attributed to the charging of tuition, that factor may have had an influence on the negative attitude. For instance, parents who were not necessarily opposed to government-run child care for children under two may have finally decided negatively because in terms of economics, there would be no change. They would be getting the same service for the same price. Further, for those who already oppose government programs for the under two group, the charging of fees may have acted as a double negative.

Finally, the findings are limited to attitudes toward early childhood education and do not necessarily reflect a preference for one type of child care over another. What it does indicate though is, at least for three and four-year-olds, the parents are not adverse to having public programs such as early childhood education.

Beside surveys and statistical data, another expression of needs has come through the meetings and conferences sponsored by those concerned with children's services.

### The Symposium on the Young Child—May 1972

Realizing the need for the establishment of priorities and the definition of needs, a symposium was held on the young child to coincide with Children's Week in Hawaii, May 1-5. The symposium was "to develop a statement of needs and of recommendations for action that could guide future policy in providing services for young children (ages 0-5)".<sup>21</sup> People from the four counties, both parents and professionals, were asked to submit a paper on the needs and recommendations for their respective counties. The following reports have been taken from a summary report prepared by Dr. J. Michael O'Malley, an assistant professor in the Educational Psychology Department at the University of Hawaii, active in early childhood research and Ms. Kimi Matsuda, who is with Headstart Supplementary Training at Honolulu Community College:

## A PROFILE: CHILDREN, FAMILIES, CHILD CARE

### RECOMMENDATIONS AND NEEDS FOR THE COUNTIES OF HAWAII PRESENTED AT THE SYMPOSIUM ON THE YOUNG CHILD (May 1972)

#### HONOLULU<sup>a</sup>

Honolulu participants in the "Symposium on the Young Child" have identified several priority concerns. The identification of these concerns was accomplished through the use of both questionnaires and public meetings.

One important aspect of all types and phases of child care is *parent education*. Parents want to be properly educated, so that their children will receive the best possible care. This parent education should teach the following: (a) basic nutrition and its importance to the physical and mental development of the child, (b) how to provide a stimulating environment in which the child can grow, (c) the advantages and disadvantages of various different types of pre-school programs, (d) the principles of child psychology, and (e) anything else which would make the parent a "good mother" or a "good father". This parent education should be directed toward and available to prospective parents beginning in intermediate and high schools as well as to actual parents. Equally important, this education should be both formal and informal—ranging from classroom instruction to use of young parents or high school students as pre-school aides to the establishment of walk-in counseling centers for parents with problems.

Second, *quality child care* should be available to *all* families and should include *all* age groups of children. Care for the infant, ages 0-2, is equally as important as care for the pre-schooler, aged 3-5; and various types of child-care programs should be available to the school-aged child in the form of after-school programs as well. In each of these programs, it is imperative that innovative programs and curriculum be utilized and constantly improved upon, and that child-care not merely be custodial. Thus, for example, good care for infants might best be provided by training mothers to care for small groups in their homes; pre-schools might include a variety of creative-movement concepts in their curriculum; and local schools and park facilities might be used to great advantage as sites for after-school programs.

Third, we recognize that quality child care is costly, and that the majority of families in Hawaii are unable to provide for needed services out of their own budgets. We therefore urge the immediate adoption of *federal legislation* to help us provide the funds to meet our child-care needs, and we urge the citizens of our community to consider the position of our elected representative on this matter before casting their votes. We also urge private industry and the labor unions to take the lead in this vital area of concern to their employees and members. If the private sector is to assume a responsibility for the alleviation of social problems, then it is imperative that it addresses itself to the very real needs in the field of child care.

Finally, we realize that the provision of quality child care will require a *coordinated, cooperative effort* by all sectors and levels of our community; and we laud the efforts of the federal government, the State of Hawaii, and the City and County of Honolulu to establish such a framework through the formation of the Community Coordinated Child Care (4-C) Program. It is the responsibility of the 4-C Program to utilize the many suggestions for action made by participants in the county meetings, and to help mobilize all available resources in an attempt to address these concerns.

Attached is a list of needs compiled from over 100 questionnaires submitted by a variety of agencies, organizations, and individuals during the first week of May, 1972. Each of the items listed appeared on more than one questionnaire.

<sup>a</sup> Presented by Mayor Frank F. Fasi; Coordinated by Louise Bonner and Rob Zimmerman, Staff to City 4-C's Committee.

## CHILD CARE IN HAWAII: AN OVERVIEW

### NEEDS—Educational

1. Availability of quality day-care for children and infants of working parents at price they can afford to pay. Stop segregation of children by economic or academic criteria.
  - a. Pre-schools available to *all* based on ability to pay
2. Parent education for:
  - self-improvement
  - understanding of child development
  - prevention of child abuse
3. Pre-school programs developed on sound child development principles
4. Infant enrichment programs
5. Trained personnel
6. Information, resources, training for staff already on the job
7. Variety and range of programs
8. Parental involvement in every school developed by the school
9. Federal and State regulations should be uniform for class, size, etc.
10. Reassessment by all agencies and staffs of their values and assumptions on child care and development and how these relate to community and parental values.
11. Make community resources available and known to pre-schools for extra educational opportunities for pre-school children and staff.
12. Small neighborhood preschools
13. Education based on natural development of children in an atmosphere of enjoyment and love.
14. Small class size for young children.
15. After-school care
16. Emphasis on working with cultural differences rather than changing them
17. Emphasis on *Hawaiian language*. Resource teacher available to pre-school programs 1 (PCC parents)

### NEEDS—Mental and Emotional Health

1. Love and affection, security of belonging and being accepted
2. Pride of achievement
3. Freedom from fear
4. Freedom from guilt
5. Respect (from peers and adults)
6. Place to learn and grow to reach fullest expression of their personalities and awareness of themselves and others
7. Early identification of problems through psycho-social screening
8. Therapeutic schools for children not ready for regular schools
9. Improved, coordinated mental health services
  - a. Psychological help available to mothers

### NEEDS—Physical Health and Well-Being

1. Nutrition education for teachers, parents and children to prevent deficiencies in physical and mental development.
2. Emphasis on preventive care and pre-natal care.
3. Satisfy nutrition needs when adequate for intellectual as well as physical growth.
  - a. Breakfast and lunch program to continue when school is not in session.
4. Free medical care
  - a. Provision for continuity of care
5. Dental care, hygiene to all
  - a. Fluoridation of drinking water
6. Dental health education
7. Early identification of handicapped child through central coordinated agency
8. Statewide health survey
  - a. Health screening for all children—hearing, vision.
9. Care, supportive services for high school age mothers
10. Family planning to insure *wanted* children



## A PROFILE: CHILDREN, FAMILIES, CHILD CARE

11. Spacious, well-equipped facilities for children in every community
12. High school course in Pre-natal Nutrition and Parenting
13. Need nutritionists or para-professional workers familiar with Hawaii's various cultural groups
14. First-aid classes for mothers at neighborhood centers
15. One full-time nutritionist assigned to day care

### WHO SHOULD PROVIDE THE SERVICES TO MEET THE NEEDS?

1. Family
2. Interdependent, integrated relationship between public and private agencies and individuals (4-C's mentioned to forge this relationship)
3. Nutrition services should be provided by the State Department of Health's Nutrition Branch, DSS Day Care Program, OEO, Model Cities, Head Start, and the expanded nutrition program of the University of Hawaii.
4. State general services to State-wide needs
5. Federal Government
  - a. Tax monies. Better priorities for tax money
  - b. Exempt all pre-schools from 4% income tax and return to schools as allowance for equipment.
6. City and County—special services to meet special needs of each area.
7. Hotels and other industries should provide funds
  - a. Unions should insist on child-care centers as part of bargaining.
8. More and better use of volunteers
  - Senior citizens
  - Teenagers
9. DOE
10. DSS
11. Keep pre-schools in private hands
12. Private, non-profit organizations
13. Parent participation nursery schools
14. Use pediatric nurse practitioners now being trained in day care, pre-schools and clinics
15. Health care as a right, not a privilege, should be available through government programs
16. Guaranteed monthly income instead of welfare—from Federal and State tax monies.
17. National Health Insurance Program
18. Food Stamps available to families of marginal incomes.
19. Free school lunch programs

### HAWAII<sup>a</sup>

Head Start parents and staff on the island of Hawaii responded on priority needs for young children as follows:

1. Pre-schools emphasizing self-worth and language development or a properly run day-care center should be available to all regardless of financial status.
2. Make kindergartens small (no more than 25) with a teacher and an aide.
3. Comprehensive health and nutrition care for all children including early detection of psychological problems.
4. Parent education and involvement.
5. More field trips and excursions.

Who should provide the services?

1. State departments of health, education, mental health, social services with federal assistance.
2. Private agencies, church groups, 4-C's.
3. Private agency/community, if the personnel are properly trained, would be the best.

<sup>a</sup> Reporter: David Merino, Head Start Director

## CHILD CARE IN HAWAII: AN OVERVIEW

### MAUI<sup>a</sup>

The priority needs of young children ascertained by a poll of Head Start and Day Care staff and parents on the island of Maui are:

1. Health Care
2. Nutritional Care
3. Psychological Services
4. Social Services
5. Educational Programs
6. Parenting Education
7. Parental Involvement

Comments included:

1. Need for total community focus on children's needs.
2. Resources must be poured into *early* childhood development.
3. On-going research must be supported to seek new and more effective ways of meeting children's needs
4. Comprehensive approach needed—bringing together health, education, social sciences, environmental studies, psychology, community development, etc.

Who should deliver the needed services?

A coordinating agency made up of representatives from all pertinent state, county, private agencies, concerned groups and individuals with needed skills and knowledge in the fields of child growth and development and parent education.

Most important, representatives from among those receiving the services must be included in the coordinating agency.

This agency in its advocacy role will attempt to attract and coordinate all available federal, state, and county resources.

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<sup>a</sup> Reporter: Mr. Paul Pladera, Child and Family Development Director, Maui Economic Opportunity, Inc.

### MOLOKAI<sup>a</sup>

Head Start and Community Action Agency staff, parents and other interested on the island of Molokai listed as priority needs for young children:

1. Free, full and comprehensive health coverage—medical, dental, nutrition, psychological.
2. Make enriching educational programs available to all regardless of race, color, creed or income.
3. Educational stimulation and language development programs from two on.
4. Required Child Development courses from Junior High on to High School.
5. Child Care services (educational, not custodial) for working parents.
6. "Drop-In" child care centers and playgrounds near shopping, business, and recreational centers.
7. Pre-natal child development and other parent education classes or workshops.
8. Need affiliated NAEYC group in Hawaii.

Who should provide the services?

1. Community Action Agencies that include resident recipients as decision makers.
2. State, county, private agencies including Cooperative Extension Services, Public Health Department and the DOE.
3. Industries, businesses, stores, shopping centers, volunteers.

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<sup>a</sup> Reporter: Mr. Fred Bicoy, Supervisor, MEO, Inc.

## A PROFILE: CHILDREN, FAMILIES, CHILD CARE

### KAUAI<sup>a</sup>

At a special 4-C's committee meeting on May 4, forty-seven participants including professional, parents and interested persons divided into seven discussion groups and listed priority needs as follows:

1. Major concern—educating the adult (parents, baby sitters, young teen-age unwed mothers) in understanding of early childhood development, education and family life; high school courses, toy lending library, mothers' clubs; Saturday classes.
2. Preventive care or early identification of special health and education needs (stressed in study, "Children of Kauai") and special programs integrated into child development and day care programs and facilities.
3. Day, night, and after school care facilities for working parents free or with fees which they can afford. Include care for infants two to three.
4. Proper and full health care, particularly nutrition services before damage is done. Prenatal clinics; team of professionals for consultation or just to talk to.
5. Special approaches to immigrant families, so they can make full use of all existing services.
6. Training of future parents; training for babysitters, including older sibling and day care personnel; strict enforcement of day-care licensing regulations.

Who should provide services?

1. No one agency—a coordinated effort of all existing agencies and organizations of Community Services Council of Kauai.

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<sup>a</sup> Reporter: Jenny Yukimura, Department of Health

In examining the needs articulated by the presentations from the various counties, it was found that the concern for services to the young child is not merely limited to the educational aspect but encompasses the family, health and nutrition, and staff training.

*Parent Education and Involvement.* Considered one of the most important aspects of a "quality" child care program, parent education and involvement has been most difficult to implement. Good parent education and involvement programs are few and far between. The anathema to the whole program is the parent himself. Many parents do not have the time to become involved in child care programs. They often report that they are "too tired" or "have to work" or "must care for other children at home" and cannot come to the meetings or parent activities. Still others feel that they should not intrude upon the school's jurisdiction; that is, the school takes care of the child when he is at school and the parent takes care of the child at home. The parent does not intrude upon the teacher and the teacher, in turn, leaves the family alone.

Parent education programs in Hawaii are almost nonexistent. Most private day care centers and family day care homes offer services to the child but rarely consider him in the context of a family. The reason for this is usually because of the lack of manpower and trained personnel to deal with this type of social service. Public programs which do require parent involvement and education have found some difficulty in parent participation. Some report that parents promise to participate then renege on their promises saying they have something else to do. However, parent participation in public programs tends to be higher than in private programs.

## CHILD CARE IN HAWAII: AN OVERVIEW

Some parent education is provided through health services offered by the Department of Health and through welfare services such as homemaker services offered by the Department of Social Services and Housing. However, for the average parent who does not qualify for either departmental programs, there are no available services. Much of the parent education programs which do filter into the community are provided by private clubs or groups of people interested in child care. Usually the information comes through a speaker, conference, a PTA meeting, or a symposium held to discuss child care and development problems.

Other parental needs articulated included family planning, special approach to immigrant families, family planning and preventive and pre-natal care.

*Health and Nutritional Services.* Most important of the needs expressed in the area of health and nutritional services is the need for free, full and comprehensive health coverage for children which would include medical, dental, nutrition and psychological services. Presently, portions of these services are being offered to various target groups in the State. The Department of Health is working towards total coverage for all children under five. Last year, it began an experimental program to discover developmental disabilities among the 10,000 or so children in child care centers throughout the State. However, because some of its services are presently limited by "means tests" or "geographical conditions", departmental health services are not available to all who could use it.

Secondly, a need for a statewide health survey for early identification of special health and educational needs was expressed. With the emphasis on the early years as being crucial years to a child's development and the additional emphasis on preventative care as opposed to compensatory care, such an early identification program would be necessary and vital in child health services.

*Child Development Programs.* Under this area, the symposium listed the provision of quality child care for all children regardless of financial status. Government programs as presently designed focus on the poor, handicapped, and educationally deprived. Private programs tend to serve the middle to upper middle income groups. For many of the "working poor", child care services remain unattainable. Further, they pointed out the need for developing different types of child care services—full-day, night care, after-school care, infant enrichment programs. Finally, a need to re-examine licensing regulations making them more responsive to the present situation was expressed.

*Staff Training.* As part of the changing demands on child care, staff training becomes a factor in providing quality programs and developing new programs. The priority needs expressed in this area included a job referral center which would provide information on resources and available staff training programs. Further, the symposium suggested need for the development of a statewide standard for preschool personnel with a program of evaluation based on competencies through experience as well as educational credit. This program would eventually lead to a certification program for all those involved in child care—center care employees and family day care mothers.

### Summary

In the foregoing chapter, statistics relating to children, their families, and child care patterns have been presented. The figures show that the geographical distribution of the 70,697 children in the State who are under the age of five, reflects the general population pattern. Urban areas account for a large majority of these children as seen in the fact that some 58,074 children under the age of five live in the City and County of Honolulu. Nursery school attendance figures show that some 7,618 children attend some form of preschool activity. Private institutions account for 5,111 children, public institutions, 2,132, and parochial institutions, 413.

## A PROFILE: CHILDREN, FAMILIES, CHILD CARE

Population growth rates indicate that of the past eleven years the birth rate in the State has declined from 29.5 per 1,000 to 21.5 per 1,000. Yet, according to the Department of Health statistics, there is an expected increase of almost 10,000 children between the ages of birth and four by 1976. These figures become of particular importance in planning future services. In addition, family planning trends and the liberalization of the abortion laws also affect birth rates and such factors need to be considered.

Of the 170,729 families in the State, 51,694 have children under the age of six. Some 46,879 of these families are identified as "in-tact" with both mother and father present, while 4,062 have female head of household. In reflection of the general population distribution of the State, the families show geographical concentration in the urban areas and particularly in the Leeward Oahu area of the City and County of Honolulu. A caveat, however, needs to be included since the Leeward Oahu area is also a military-impacted area. This fact becomes of importance since the responsibility for servicing military families at the preschool level has not yet been discussed.

Family income is considered one of the determining factors in use of child care services. In Hawaii, where the mean family income has been reported at \$13,077, approximately 10.7 percent of the families fall below the poverty level which has been established at 1.25 of the national poverty level. In addition to the families below the poverty level, a second and substantial group categorized as the "working poor"—those who earn between \$4,000 and \$7,999 per year—also suffer from hardships caused by child care expenses.

In terms of the number of children affected, figures show that for families that fall below the poverty level, there are some 5,035 children between the ages of three and five. For families which fall within 2.0 of the national poverty level, but above the 1.25 Hawaii level, it is estimated that there are some 5,975 three to five year olds. Based on data trends which indicate that there exists an almost even distribution of three to five-year-olds as there are 0 to two-year-olds, it may be estimated that some 22,000 children live under poor or near poor conditions. For these children, child care services may be a luxury.

The determining factor in being able to afford child care services and not being able to afford such services seems to be the working mother since it is the mother's income which boosts the family income to over \$10,000. In a Department of Education survey correlations showed that children from more affluent homes were more likely to have preschool experience. In addition, the survey also showed a relationship between those who reported they could not afford child care and the fact that the mother is a housewife. As the department noted, parents in less affluent areas reported that they could not afford child care services. Moreover, it has been found that in less affluent areas the percentage of mothers staying home ran as high as 40 percent while in the more affluent areas, as low as 15 percent.

The fact that the mother works provides impetus for the demand for child care services. Statistics show that 21,180, or 31.8 percent, of the women with children under six are in the labor force. For women who have children between the ages of six and seventeen, the percentage who are in the labor force is 59.7 percent. From the figures, it is also noted that many of Hawaii's women seem to be going back to work before the child reaches the age of five since the difference between the percentage of working women with children between the ages of six and seventeen and working women with children between the ages of birth and five is 21.6 percent increase over the 38.1 percent already working. Further, the 59.7 percent of mothers in the labor force with children six through seventeen indicates another essential child care service is needed, and that is after-school care.

## CHILD CARE IN HAWAII: AN OVERVIEW

Use patterns show that for children from birth to two, family day care is the prevalent form of child care service. Beyond age two and before entrance into kindergarten, day care centers become more popular. Little is known about family day care and from what little has been gathered on Hawaii's family day care system, indications are that it may be a multimillion dollar business.

Day care centers on the other hand, are a highly visible form of child care service for which information can be gathered. In Hawaii day care centers are more numerous in the urban areas than the rural areas. Statistics show that there are some 9,000+ licensed spaces. On a strict comparison basis, exclusive of variables, the number of spaces, 9,000+, seems inadequate for the potential number of users as indicated by the census tract surveys. However, speaking realistically, one must consider the birth to two-year-olds who are prohibited from center care, the children who are at home with their mothers, and those in other forms of arrangements. In the final analysis, day care centers and preschools were found to account for only 10 percent of the out-of-home care.

Accessibility and convenience to the parent were found to be important factors in the use of child care center services. This fact is further reinforced when viewing the overall picture. Urban areas with a larger number of centers had higher use rates than rural areas where centers were scarcer and where accessibility to the center was more difficult.

Limited attitudinal surveys showed that parents were not adverse to the idea of government-sponsored child care for four-year-olds. This fact becomes of importance in basic decisions which must be made regarding the mandatory school age. For the three-year-olds voluntary programs were favored, but for two-year-olds most parents were against voluntary neighborhood day care centers.

In their concern over child care programs and their development, professionals in the field have listed such needs as parent education programs, health and nutritional services which would be free, full and comprehensive for all children, early identification of special health and educational needs, quality child care for all children regardless of financial status, job referral centers providing information on available resources and staff training programs, development of a statewide standard for preschool personnel, and an evaluation program of present personnel which would lead to an eventual certification program.

## CHAPTER II STATE PROGRAMS AND SERVICES

### PART I. STATE CHILD CARE SERVICES

The character and direction of child care in Hawaii depends upon the administrative structuring of such programs. Presently, the organization of state government places the responsibility of programs involving children within three primary departments: the Department of Education, the Department of Social Services and Housing, and the Department of Health. In addition, the Commission on Children and Youth, through its Community Coordinate Child Care (4-C) is responsible for overall planning of child care services. The Department of Hawaiian Home Lands maintains preschool programs under *Act 4* for Hawaiian Home Lands children. Labor and Industrial Relations administers programs with child care services as part of its manpower development programs. Model Cities programs, county programs, Headstart, and a myriad of private agencies also offer services to children through contractual arrangements.

Any state plan to develop a comprehensive child care program, therefore, requires a coordination of services among all departments and agencies involved in children's programs. Coordination would eliminate duplication of services and allow for maximum use of current services. It would minimize funding duplications and competition for the same federal programs, provide for purposive movement in developing child care programs and ensure a comprehensive approach to child care involving education, social and health components, public and private agencies. Coordination is vital to an effective plan.

However, before coordination can occur current levels of services must be examined along with the policies and statutory responsibilities of each of the agencies offering services.

#### Department of Education

Section 26-12, Hawaii Revised Statutes, charges the superintendent of education with the administration of educational programs throughout the State including preschool, primary and secondary education. In addition, departmental policy as stated in the School Code as No. 2150.1 further clarifies the department's role in pre-kindergarten activities:

Pre-Kindergarten education shall be made available as state resources permit, with priorities for admission to such programs established on the basis of children requiring compensation for sociological, mental, and physical deficits.

Currently, the department serves the educational needs of children between the ages of five to seventeen. Its preschool education program is under the compensatory education division limited to Headstart which is on contract from the Honolulu Community Action Program, *Act 4* programs

## CHILD CARE IN HAWAII: AN OVERVIEW

administered through Hawaiian Home Lands for preschool children and Title I programs under the Elementary and Secondary Education Act of 1965 (P.L. 89-10) for the educationally disadvantaged. Other branches and sections with interests in children's services include the adult education section, the special education branch, and the School Lunch Program.

Early childhood education for all children is not a new concept within the scheme of Hawaii's educational system. The 1969 *Master Plan for Public Education* made reference to a former recommendation by community and educational leaders during the late 1940's that a "study be undertaken to determine the desirability of extending the kindergarten program downward to include four-year-olds in order to help solve the language problem".<sup>1</sup> As part of the *Master Plan*, the department listed among its commitments and recommended actions the development of a relevant, modern, educational program designed to meet the needs of the individual student, the community and the cultures of Hawaii. As part of this commitment, the department stated that it would "accept and adopt the concept that early education is a worthwhile direction in which to proceed[;] . . ."<sup>2</sup> To this end, it intended to conduct a study in early childhood education and determine the earliest feasible age for beginning public education. It was also recommended in the *Master Plan* that the Department of Education "assume legal responsibility for certification of present privately organized early education and nursery schools".<sup>3</sup> However, to date, this recommendation has not been adopted as a policy and is currently under study. (Present law places such legal responsibility within the Department of Social Services and Housing. Nationwide controversy exists over who should have the responsibility of licensing. Recently, the California Assembly voted to transfer the licensing responsibility from its Social Services Department to its Education Department. The consequences of such a transfer are not yet clear. California's experience is being watched carefully by other states.)

As a result of the master plan recommendation, the department conducted a study known as *A Study on Early Childhood Education in Hawaii (from birth to age 4)*, published in 1972. Focusing on children between the ages of birth and four years, the study emphasized "the need to develop a comprehensive and coordinated educational program for young children and parents of those young children particularly the handicapped and disadvantaged pre-kindergarten children and their parents".<sup>4</sup> (Emphasis added) Consonant with this emphasis, the department's compensatory education section is presently writing up a master plan which will include a preschool program. Additionally, the department has one program specialist in early childhood education. This unit has produced a number of documents relating to early childhood education:

- (1) Curriculum Guide for Early Childhood Education, Ages 3-8 with Emphasis on Ages 3-5;  
and
- (2) A Theoretical Model of an Early Childhood Education Program for the State of Hawaii.

Currently, the unit is involved in the development of plans for a comprehensive early childhood education program, conception through age four. Among the major tasks involved in such planning, the department expects to identify and analyze issues, identify objectives, and develop alternative solutions. The completion date of the project is expected to be August, 1973.

*Special Education.* Act 29, Session Laws of Hawaii 1949 (Sec. 301-22, Hawaii Revised Statutes), established special education programs in the State. Its aim was to provide instructions, special facilities and services to exceptional children. The department's policy on special education further clarifies the department's role in providing these services:

The Department of Education shall provide special classes and services for school-age students who are handicapped as a result of physical or sensory deficit, mental retardation, or emotional disturbance. The Program for Handicapped Students shall include experiences to compensate for the interference to learning resulting from handicapping conditions, insuring the development of each student to his optimum potential. The place-



## STATE PROGRAMS AND SERVICES

ment of students in special classes shall be on the basis of affording the most effective learning environment for each student.

—School Code No. 2150.2.1  
adopted 10/70

The special education branch of the department provides programs which aid in developing competencies of mentally retarded, emotionally and physically handicapped students to the fullest extent in order for them to become self-sufficient and contributing members of society. Special education classes apply teaching methods which serve the needs of the special group by intensifying, modifying, and adapting curriculum methods used in teaching "normal children". Diagnostic and follow-up services to identify, treat and evaluate the child with special problems are also part of the branch activities.

*Adult Education.* Another special program of the department is the adult education program. Under Section 301-2, Hawaii Revised Statutes, the department is charged with providing courses in the following fields:

- (1) Basic elementary education;
- (2) Advanced elementary education;
- (3) Secondary education;
- (4) Homemaking and parent education;
- (5) Civic training;
- (6) Naturalization training; and
- (7) Cultural opportunities.

It is the homemaking and parent education portion of the program which is of particular interest. According to a department memorandum dated October 31, 1972, a listing of programs offered by the adult education section included:

- (1) *Operation Homestart* which was inherited from the Leeward Oahu district office in 1970. It is administered by the Waipahu Community School under the Adult Basic Education Program. The target group for the program are children from birth to four from disadvantaged areas. School facilities are used and the staff is limited to one teacher who is assisted by the parents who attend the classes. Its basic objective is to orient the preschool child to regular school situations with the help of the parents. Cost estimate for the program is \$1,440 for personnel services. There are no facilities and material costs.
- (2) *Operation Goodstart* is operated jointly by the Kauai Economic Opportunity and the Kauai Community School for Adults under Adult Basic Education. Its program is designed for preschool children and their parents who are from low-income households where parents have limited formal education. The main objectives of the program are:
  - (a) To provide formal and informal instruction on child growth and development;
  - (b) To provide opportunity for parents and children to play and learn together;
  - (c) To provide opportunity for parents to serve as active participants in the program;
  - (d) To provide opportunities for parents to realize personal strengths and weaknesses and the opportunity to do something about them; and
  - (e) To provide insights into the operation of a school and the development of positive attitudes toward school staff members.

Staffing for the program includes one teacher who is assisted by parents although OEO on Kauai initially provided an assistant. Costs include \$900 for personnel services and \$50 for supplies. Facilities and equipment were not cost factors since school facilities and equipment are used.

## CHILD CARE IN HAWAII: AN OVERVIEW

- (3) *Mother and Baby Care* provides classes for expectant parents in cooperation with the American Red Cross. It is open to all expectant parents, both husbands and wives, and the main objectives are to help expectant parents prepare for parenthood by keeping the mother and the baby in the best physical conditions, carrying the mother-to-be safely through pregnancy and delivery, and insuring her speedy postnatal recovery. Staff includes one teacher per class. The cost estimates for the project include \$990 for personnel costs.
- (4) *Understanding your preschool child* is a cooperative nursery offered under the Kailua Community School within the adult general education section of the department. It is open to parents with children between the ages of 3½ to 5 years. The main objectives of the program are to provide preschool children with supervised physical, intellectual, and social experiences during the summer and to give parents the opportunity to observe and to apply fundamentals of child development in a practical situation. Staffing is limited to one instructor and parental help. Children attend classes three mornings a week for two and a half hours and parents attend discussion groups one night a week and one morning session a week for six weeks. The materials used in the program are furnished by the host school and the adult education office in Kailua provides equipment as requested. A fee of \$5 is charged for each student for supplies for the class. Personnel services amount to \$315 in costs with no cost for facilities and supplies.

*School Lunch Program.* Established under Public Law 79-396, the School Lunch Act provides cash reimbursements and donated commodities to meet the nutritional needs of children K-12 and preschoolers in programs operated as part of the school system. Those eligible to participate in the program are nonprofit food services which are operated by public and nonprofit private and parochial schools. Over 80 percent of the public school students utilize the school lunch services. Federal funding over the years has been received in the following amounts:

1965-66	\$ 864,556
1966-67	883,801
1967-68	938,620
1968-69	987,864
1969-70	1,078,335
1970-71	1,723,965
1971-72	1,769,000
1972-73	2,000,000 (estimated)

An amendment to the School Lunch Act, Public Law 90-302, provides services to private, nonprofit, or public institutions which provide day care to children from low-income areas or where there is a high incidence of working mothers. The provisions include:

- (1) Reimbursement for purchase of foods up to separate maximums for breakfast, lunch, dinner, and snacks served to the children.
- (2) Nutritional requirements established for each feeding experience.
- (3) Free meals provided for those unable to pay.
- (4) Nonfood assistance allows limited funding for equipment purchases.

According to departmental figures, twelve centers serving in excess of 1,400 children daily participate in the program. Federal funding since 1968 has been received as follows:

1968-69	\$ 59,212
1969-70	60,704
1970-71	69,617
1971-72	87,934
1972-73	100,000 (estimated)

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The Child Nutrition Act, Public Law 89-642, incorporated the Special Milk Program for Children which was previously enacted under Public Law 83-690. Participation under the Act includes public and nonprofit private schools with grades K-12 and nonprofit child care institutions and centers. The program under the Act includes the following components:

**Special Milk Program.** Provides reimbursement up to a maximum of four cents for each one-half pint of milk served to children in excess of one-half pint that is part of the Type A lunch.

**Breakfast Program.** Authorizes reimbursement for food up to a maximum of fifteen cents for breakfasts served to children who are needy, or who travel long distances to school.

**Nonfood Assistance.** Authorizes limited federal funds for purchase of food service equipment for schools serving needy children.

**State Administrative Funds.** Authorizes federal funds to assist states to administer child nutrition programs.

Under the Child Nutrition Program it is estimated that some thirteen schools serve 1,420 breakfasts daily. Federal funds for the above mentioned programs have been received as follows:

### *Special Milk Program for Children*

1965-1966	\$114,437
1966-1967	180,907
1967-1968	148,796
1968-1969	149,783
1969-1970	111,352
1970-1971	92,501
1971-1972	72,022
1972-1973	42,192 (estimated)

### *Child Nutrition Programs (Includes Breakfast Program and Nonfood Assistance Program)*

1965-1966	\$ .....
1966-1967	.....
1967-1968	34,482
1968-1969	55,517
1969-1970	147,786
1970-1971	145,039
1971-1972	182,920
1972-1973	141,713 (estimated)

### *Agricultural Appropriations Act of 1969 (Supplement above programs)*

1965-1966	\$ .....
1966-1967	.....
1967-1968	.....
1968-1969	73,975
1969-1970	154,043
1971-1971	312,773
1972-1973	Reflected in National School Lunch Program after 1971

## CHILD CARE IN HAWAII: AN OVERVIEW

### *Administration Funds for the Above Programs*

1965-1966	\$ .....
1966-1967	.....
1967-1968	.....
1968-1969	12,000
1969-1970	27,044
1970-1971	17,272
1971-1972	17,272
1972-1973	19,220 (estimated)

*Vocational/Practical Arts Section Program.* While this program does not provide direct services in the area of child care, its program could have significant impact through the education of future parents. For this reason we have included the following program description:

### THE HOME ECONOMICS PROGRAM ELEMENT

#### I. Description

Rearing children and providing families with food, clothing, and shelter are essential tasks for which young people in our society need education. Home Economics in the secondary school should prepare youth for these tasks—to strengthen family life through improved personal, family, and community living.

The trend or direction of the Home Economics program is toward a greater emphasis on the intellectual development of the individual with focus on the inter-personal relationships and management aspects of family living. There is a definite shift from the production oriented to the consumption oriented program inasmuch as the present day families are consumption units rather than production units. Where once upon a time, the physical or facilitating aspects of family living—clothing, food and shelter—were the major concerns of Home Economics, the present program is more concerned with how human beings function in and with these environmental factors.

The Home Economics program element provide for indepth study of six major areas of study representative of the basic functions of the family. These basic family functions are: to provide food, shelter and clothing; to create an atmosphere conducive to human growth and development; to manage personal and family resources. Learning experiences are on a progressively more mature level in the areas of human development and the family, management and family economics, housing, food and nutrition, clothing and textiles, and personal and family health. The extent to which each student participates in this program will depend upon his maturity and personal interests.

#### A. Content

The 1967 Guide for Home Economics Education in Hawaii is built on general objectives and basic generalizations. The basic generalizations are from the conceptual structure for each subject area in Home Economics.

The content of the Home Economics program element includes the following:

##### HUMAN DEVELOPMENT AND THE FAMILY

Particular attention is given to the child growth and development phase. Functions and responsibilities of families in child-rearing, conditions in the home and their effect on child-rearing, and the influence of guidance in child-rearing comprise the major conceptual content in this program.

##### MANAGEMENT AND FAMILY ECONOMICS

The Management and Family Economics learnings are presented in depth as it helps define management and its role, principles it involves, and the managerial procedures which lend most directly toward the achievement of goals of individuals and families.

## STATE PROGRAMS AND SERVICES

### HOUSING

Consideration is given to help students set goals for their homes of the future. The processes involved are selecting, financing, adapting, furnishing, equipping and decorating and maintaining a home.

### FOOD AND NUTRITION

Attention is focused on the cultural and socio-economic influences of foods and the technological developments in the food industry and their effect on family living. Experiences focus on knowing the attribute of an adequate diet, in making wise food and equipment choices, and in the efficient use of resources in feeding themselves and their future families.

### CLOTHING AND TEXTILE

The interrelationship of clothing and culture and clothing and textiles in the economy are included. Emphasis is on management of all the resources available in relation to meeting clothing needs of the family. Construction of garments is part of this program. For students not interested in the construction phase of the program, emphasis is on the physiological, psychological and social aspects of clothing to help them meet their clothing needs.

### PERSONAL AND FAMILY HEALTH

The Home Nursing program provides educational experiences to enable individuals to make practical application of basic fundamentals and skills associated with health habits and nursing procedures in illness. It also develops in the learners an awareness of community resources available to families in good health and in illness.

*Office of Library Services.* The Office of Library Services offers services to children under the Library Services and Construction Act, Public Law 91-600, which authorizes federal funds to public libraries "for library services to the disadvantaged in urban and rural areas, . . ." According to a Department Education memo dated November 14, 1972, the department's program description of such services was as follows:

Children's librarians are also serving their neighborhood agencies serving children through providing storytimes for Head Start and day care center groups and also by serving as consultants to these and other child care groups who have requested assistance regarding the use of literature with young children. The children's librarians have, since September 1971, been stressing services to day care and Head Start classes in order to reach a greater number of children not yet in school. The children's librarians have been visiting preschool classes in addition to having the classes visit the library. In this manner our children's services is cooperating "with all agencies serving the needs of children to bring about the best contribution to the growth and development of the individual child".

The objectives of the total program include: (1) identifying the needs of the disadvantaged and means by which the library services office can begin to assist them through library services in collaboration with community agencies already serving them; (2) providing and developing a wide variety of materials and programs and approaches which will meet the interest, special needs, and be helpful in improving the overall quality of life of the disadvantaged; and (3) developing a neighborhood information center and referral service for the purpose of demonstrating the link between total library services and the problems and needs of the people in the community.

In the future, the program outreach coordinator who administers the program plans to consider the implementation of a toy lending library program on an experimental basis. The Hawaii Regional library has requested assistance through Program Outreach to fund a Parent/Child toy lending program in the county of Hawaii in connection with the Hawaii 4-C and the Headstart program. The Kauai Headstart coordinator has also made inquiries into the establishment of a library of this nature for Kauai County.

## CHILD CARE IN HAWAII: AN OVERVIEW

*Compensatory Education Section.* Established in 1968, the compensatory education section of the department provides special and extra services which are intended to compensate for social, economic, educational and other related handicaps which deprived children may suffer. To this end, the section administers a number of programs in the area of early childhood education among which are Headstart and Followthrough which is contracted from the Honolulu Community Action Program, the Elementary and Secondary Education Act of 1965, a federal program for the educationally disadvantaged, Act 4, Session Laws of Hawaii 1965, offering special educational projects to benefit children of Hawaiian Home Lands lessees. In addition the section administers programs under Act 299, Progressive Neighborhoods Act, a Comprehensive School Alienation Program, and aids a number of Model Cities Projects.

### SPECIFIC PROGRAMS:

#### PROJECT HEADSTART Economic Opportunity Act of 1964

**Administering Agency:** Department of Education (Honolulu Community Action Program has delegated the authority to the DOE for the operation of 17 classes).

**Purpose:** Headstart is designed to provide assistance to children of preschool age, specifically disadvantaged three- and four-year-olds who meet the OEO income criteria and their respective families. Assistance is comprised of education, medical, dental, and social and psychological services, as well as adult programs for improving the daily lives of recipient families.

**Present Status:** The department operates full-year Headstart programs and sponsors the largest number of Headstart classes in the State. For the 1972-1973 school year, the department has again been delegated the authority to operate 17 classes which are located as follows:

Central District—3 classes at Aiea, 2 classes at Haleiwa, 1 class at Wahiawa  
Leeward District—1 class at Maili, 1 class at Makaha, 1 class at Nanaikapono, 1 class at Waianae, 1 class at Waipahu, 1 class at Trinity United Methodist  
Windward District—1 class at Hauula, 1 class at Kahaluu, 1 class at Kailua, 1 class at Waimanalo, 2 classes at Pope.

**Budget:** The amount of funds delegated from HCAP is as follows:

Year	Full-Year Program	Summer Program
1971-72	\$383,148	—
1970-71	300,712	—
1969-70	224,621	—

Summer Headstart programs were eliminated and funds were used to maintain the number of full-year classes.

**No. of Children Affected:** 340

## STATE PROGRAMS AND SERVICES

### PROJECT BREAKDOWN BY SCHOOL DISTRICT:

**Project:** Headstart—Honolulu School District

**Administering Agency:** DOE, Compensatory Education

School	No. of Children	No. of Classes	Cost
FISCAL YEAR 1970-71			
Ala Wai Elem.	20	1	\$19,734
FISCAL YEAR 1971-72			
Ala Wai Elem.	20	1	\$26,075

**Project:** Headstart—Windward School District

**Administering Agency:** DOE, Compensatory Education

School	No. of Children	No. of Classes	Cost
FISCAL YEAR 1970-71			
Hauula Elem.	20	1	\$19,128
Kahaluu Elem.	20	1	14,154
Kailua Elem.	20	1	14,154
Pope Elem.	40	2	44,098
FISCAL YEAR 1971-72			
Hauula Elem.	20	1	\$22,059
Kahaluu Elem.	20	1	24,547
Kailua Elem.	20	1	22,389
Pope Elem.	40	2	43,954

**Project:** Headstart—Central School District

**Administering Agency:** DOE, Compensatory Education

School	No. of Children	No. of Classes	Cost
FISCAL YEAR 1970-71			
Aiea Elem.	40	2	\$42,533
Halawa Elem.	20	1	17,883
Haleiwa Elem.	40	2	27,356
FISCAL YEAR 1971-72			
Aiea Elem.	60	3	\$65,854
Haleiwa Elem.	40	2	41,756

## CHILD CARE IN HAWAII: AN OVERVIEW

**Project:** Headstart—Leeward School District

**Administering Agency:** DOE, Compensatory Education

School	No. of Children	No. of Classes	Cost
<b>FISCAL YEAR 1970-71</b>			
Maili Elem.	20	1	\$19,956
Makaha Elem.	20	1	18,322
Nanaikapono Elem.	20	1	18,765
Pearl City Elem.	20	1	18,485
Waianae Elem.	20	1	19,517
Waipahu Elem.	20	1	13,637
<b>FISCAL YEAR 1971-72</b>			
Maili Elem.	20	1	\$21,774
Makaha Elem.	20	1	21,025
Manana Elem.	20	1	21,440
Nanaikapono Elem.	20	1	21,987
Waianae Elem.	20	1	21,398
Waipahu Elem.	20	1	21,229

### AID FOR THE EDUCATIONALLY DISADVANTAGED Elementary and Secondary Education Act of 1965, Title I (P.L. 89-10, as amended and 89-313)

**Administering Agency:** DOE, Compensatory Education

**Purpose:** Activities offered to educationally deprived children including preschool, summer school, outdoor education and English as a second language, remedial and compensatory activities and counseling, adjustment and other student activities.

Preschool activities include Likelike Elementary, Maili Elementary, Makaha Elementary, Nanaikapono Elementary, Waianae Elementary, Waipahu Elementary, Hauula Elementary, Waiahole Elementary on Oahu; Honaunau Elementary on Hawaii; Hana Elementary, Lanai Elementary, Puunene Elementary on Maui; Kalaheo Elementary, Kapaa Elementary and Koloa Elementary on Kauai (Project Goodstart). Summer activities include Summer Interim Preschool for Hawaii school district; preschool classes I and II for Maui school district.

**Budget:** Total funding (P.L. 89-10):<sup>a</sup>

1965-1966	\$2,449,944
1966-1967	2,183,762
1967-1968	2,376,608
1968-1969	2,198,479
1969-1970	2,756,146
1970-1971	3,332,228
1971-1972	3,400,669

**Children Affected:** 6,630<sup>b</sup>—Title I, P.L. 89-10  
70—Title I, P.L. 89-750

<sup>a</sup>All federal funds.

<sup>b</sup>Includes all programs and children preschool to 17 years.



## STATE PROGRAMS AND SERVICES

### COMPONENT PRESCHOOL PROJECTS UNDER ESEA, TITLE I

#### Honolulu School District

*Likelike Elementary School*—designed to aid educationally deprived children to enable them to enter kindergarten on equal footing with peers. Emphasis on playground activities, classroom activities, and field trips. 20 children.

#### Central Oahu School District—None

#### Leeward Oahu School District

Continuing program for disadvantaged preschoolers designed to provide the experimental setting needed in which to develop skills and attitudes necessary for school success. Parent education is an important part of the program in developing more positive attitudes toward education.

#### Windward Oahu School District

*Hauula and Waiahole Elementary Schools*—two classes designed to raise educational attainment of children to level where they may begin to develop necessary skills to achieve in later years. 40 children.

#### Hawaii School District

*Honaunau Elementary School*—program to provide experiences that would enable the educationally disadvantaged preschooler to meet kindergarten and first grade expectations. Learning experiences for children, and parents have training programs.

#### Maui School District

*Hana, Lanai High and Elementary, and Puunene Elementary Schools*—preschool classes for the educationally deprived to meet kindergarten and first grade expectations. Experiences to develop positive self-image, language, basic skills and ability to solve problems.

#### Kauai School District

*Project Goodstart*—program for preschoolers held on 35 Saturdays during the school year, 8:00 a.m. to 12 noon and is a "self-help" program requiring the participation of a parent or an older sibling of the child. Objective is to enable parents to assist their own children in succeeding in the regular school program, to improve the quality of relationships between the children and selves, to assist parents in improving the home learning environment, and to enable parents to help themselves.

**Project:** ESEA, Title I—Honolulu School District

**Administering Agency:** DOE, Compensatory Education

School	No. of Children	No. of Classes	Cost
FISCAL YEAR 1970-71			
Likelike Elem.	20	1	\$19,503
FISCAL YEAR 1971-72			
Likelike Elem.	20	1	22,473

## CHILD CARE IN HAWAII: AN OVERVIEW

**Project:** ESEA, Title I—Leeward School District

**Administering Agency:** DOE, Compensatory Education

School	No. of Children	No. of Classes	Cost
FISCAL YEAR 1970-71			
Nanaikapono Elem.	20	1	\$23,017
Waianae Elem.	20	1	21,150
FISCAL YEAR 1971-72			
Nanaikapono Elem.	60	3	\$93,308
Waianae Elem.	20	1	22,812

**Project:** ESEA, Title I—Windward School District

**Administering Agency:** DOE, Compensatory Education

School	No. of Children	No. of Classes	Cost
FISCAL YEAR 1970-71			
Waiahole Elem.	20	1	\$17,985
FISCAL YEAR 1971-72			
Hauula Elem.	20	1	\$19,588
Waiahole Elem.	20	1	18,000

**Project:** ESEA, Title I—Hawaii School District

**Administering Agency:** DOE, Compensatory Education

School	No. of Children	No. of Classes	Cost
FISCAL YEAR 1970-71			
Honaunau Elem.	20	1	\$23,691
Konawaena Elem.	20	1	20,044
FISCAL YEAR 1971-72			
Honaunau Elem.	25	1	\$29,366

**Project:** ESEA, Title I—Maui School District

**Administering Agency:** DOE, Compensatory Education

School	No. of Children	No. of Classes	Cost
FISCAL YEAR 1970-71			
Hana Elem.	15	1	\$14,254
Kam III Elem.	15	1	12,183
Puunene Elem.	15	1	13,754
FISCAL YEAR 1971-72			
Hana Elem.	20	1	\$14,082
Lanai High and Elem.	20	1	15,071
Puunene Elem.	20	1	12,902

## STATE PROGRAMS AND SERVICES

**Project:** ESEA, Title I (Goodstart)—Kauai School District

**Administering Agency:** DOE, Compensatory Education

School	No. of Children	No. of Classes	Cost
<b>FISCAL YEAR 1970-71</b>			
Kalaheo Elem.	6	1	\$10,229
Kapaa Elem.	6	1	10,229
Koloa Elem.	6	1	10,229
<b>FISCAL YEAR 1971-72</b>			
Kalaheo Elem.	10	1	\$11,486
Kapaa Elem.	10	1	11,486
Koloa Elem.	10	1	11,486

### ACT 4, SESSION LAWS OF HAWAII 1965

#### Amendment to Hawaiian Homes Commission Act (1920)

**Administering Agency:** Department of Education

**Purpose:** To provide for educational improvement for children of Hawaiian Home Lands lessees. Concentration of programs on the preschool level. The department has established preschool programs at the following schools: Lincoln Elementary, Waimea Day Care Center, and Kapaa Elementary School.

**Budget:** Funds for preschool program only:

1970-71	\$72,070
1971-72	43,208

**No. of Children Affected:** 49

**Project:** Act 4, Child Care Projects—Honolulu School District

**Administering Agency:** DOE, Compensatory Education

School	No. of Children	No. of Classes	Cost
<b>FISCAL YEAR 1970-71</b>			
Linekona Elem.	20	1	\$22,862
<b>FISCAL YEAR 1971-72</b>			
Linekona Elem.	20	1	\$21,000

## CHILD CARE IN HAWAII: AN OVERVIEW

**Project:** Act 4, Child Care Projects—Leeward School District

**Administering Agency:** DOE, Compensatory Education

School	No. of Children	No. of Classes	Cost
FISCAL YEAR 1970-71			
Nanaikapono Elem.	20	1	\$22,364
FISCAL YEAR 1971-72			
Discontinued			

**Project:** Act 4, Child Care Projects—Hawaii School District

**Administering Agency:** DOE, Compensatory Education

School	No. of Children	No. of Classes	Cost
FISCAL YEAR 1970-71			
Waimea Day Care Center	14	1	\$ 9,100
FISCAL YEAR 1971-72			
Waimea Day Care Center	13	1	\$ 7,116

**Project:** Act 4, Child Care Projects—Kauai School District

**Administering Agency:** DOE, Compensatory Education

School	No. of Children	No. of Classes	Cost
FISCAL YEAR 1970-71			
Kapaa Elem.	18	1	\$17,744
FISCAL YEAR 1971-72			
Kapaa Elem.	16	1	\$15,092

**Project:** Nanaikapono Elementary Preschool Class

Model Cities Program

**Administering Agency:** DOE, Compensatory Education

School	No. of Children	No. of Classes	Cost
FISCAL YEAR 1970-71			
Nanaikapono Elem.	20	1	\$23,194
FISCAL YEAR 1971-72			
Discontinued and combined under ESEA, Title I programs			

## STATE PROGRAMS AND SERVICES

### Department of Social Services and Housing

The Department of Social Services and Housing administers "programs designed to improve the social well-being and productivity of the people of the State".<sup>5</sup> These programs include services for the family, child, and adult welfare. While each program within the department focuses on an individual need, the effects of the program are often felt in other areas. The social problems of the family, for instance, affect the child and vice versa. Hence, children may benefit indirectly from services which do not offer them direct aid. Most of these services fall under the social welfare programs of the department. In its 1971 annual report, the department listed the following accounting of social welfare programs:<sup>6</sup>

- \* 1. Care in foster homes or institutions for 646 children.
- \* 2. Arrangements for adoption for 74 children.
- \* 3. Homemaker services in time of crisis for 144 families with 455 children.
- \* 4. Licensing of 179 day care centers with capacity for 9,133 children.
- \* 5. Licensing of 115 day care homes with capacity for 345 children.
- \* 6. Received 840 alleged child abuse cases with 421 confirmed.
- \* 7. Counseling for 9,568 families.
- \* 8. Work Incentive Programs for 454 adults with 79 attaining employment.
- \* 9. A monthly average of 76 partially handicapped adults assigned to Temporary Labor Force Program with an output of 44,968 manhours valued at \$56,210.
- \* 10. 200 Aid to Families with Dependent Children mothers enrolled in a pre-employment preparation pilot project.
- \* 11. Demonstration project with families of potential and actual school dropouts.
- \* 12. Increased effort to improve nutritional levels through use of Food Stamps and 18,703 families participating, a 61.3 percent increase over last year.
- 13. Placed 672 adults with physical or mental limitations in licensed boarding homes and 780 in licensed care homes.
- 14. Veterans Service Counselors on each major island provided assistance to 16,243 veterans.

In terms of actual financial assistance, the department listed the following programs:<sup>7</sup>

- 1. Aid to Families with Dependent Children averaged 8,418 cases per month, with \$256.60 average monthly payment for a total of \$25,930,463.
- 2. Child Welfare Foster Care averaged 564 cases monthly, with \$124.98 average monthly payment for a total of \$845,483.
- 3. General Assistance averaged 3,139 cases per month, with average payments of \$171.88 for a total of \$6,474,580.
- 4. Medical Care was provided for 72,889 different individuals under Inpatient Hospital Care, Skilled Nursing Care, and Outpatient Care for a total of \$23,652,038.

Child day care programs administered by the department focus on two areas: licensing of day care centers and family day care homes and aid to welfare children. According to its recommended program submitted as part of the PPBS budget form, the objective of the child day care program is:<sup>8</sup>

To care for children of working mothers and other families under stress, to enable children to develop satisfactory interpersonal relationships by providing peer group contacts and to assure the safe and satisfactory care of all children placed in various day care facilities.

Activity indicators of program size show that child day care is serving approximately 0.89 percent of the total welfare children.<sup>9</sup> Services offered center mainly on children from Aid to Families with Dependent Children and General Assistance families, including the counseling and placement of such children in centers or family care homes and the actual payment for child care services. The department has noted that the placement of welfare children in day care centers has been difficult because many licensed facilities do not meet the federal guidelines as established by the *Federal*

\*Represents programs affecting children most directly.

## CHILD CARE IN HAWAII: AN OVERVIEW

*Interagency Day Care Requirements*,<sup>10</sup> or because the social worker cannot find a day care facility near the child's home or his parents' place of work.

The second program directly concerned with child day care is the licensing of day care centers and family care homes. Statutorily, under Sections 346-18 to 25, Hawaii Revised Statutes, the department is charged with the responsibility of licensing day care centers and family care homes. The rules and regulations promulgated establish standards for child care facilities in the areas of organization and administration, health, physical facilities, to ensure the health, welfare and safety of the children being cared for. According to its report on program activity, the department licensed twenty-four day care centers and thirty-seven day care homes during the 1970-71 fiscal year. Relicensing of 175 day care centers and 122 day care homes was completed during the same year. In projecting the future activity growth of the licensing division, the department estimates that by the fiscal year 1978-79, approximately seventy day care centers and fifty-five family care homes will be licensed every year in addition to the 220 centers and the 155 family care homes which will require relicensing.

The current licensing program, at least on Oahu, has maintained pace with the growing demands of licensing. However, the department foresees an increasing demand on its licensing unit caused by the changeover of the Model Cities day care program from the City and County of Honolulu to the State, the increase in applications for day care licenses, the need to develop more family care homes, the training of AFDC mothers to be family care mothers, and the additional referrals for child placement services.

Aside from its two main concerns in day care, the department has recently begun to informally serve as an information agency. With the increasing interest in child care, the need for information concerning the establishment of child care facilities, available federal funding, and information for parents interested in enrolling their children in a child care center or family care home has multiplied.<sup>11</sup> Time spent in gathering and disseminating information and answering inquiries cuts into the time used for licensing and relicensing and child placement services.

In order to alleviate some of the present program problems, particularly in the area of placing welfare children, the department feels that additional effort should be expended to encourage the establishment of child care facilities in areas which presently lack adequate services. Child care payment allowance, another factor which inhibits the availability of choices in child care for welfare children, is set at \$70 per month. However, the department notes that the \$70 is inadequate since many centers charge more than the allowance. Additional licensing staff is needed to help centers meet federal requirements thereby offering more choices to the welfare family and bringing in more federal funds to pay for services.

Overall, the department has identified the following alternatives for development in child care:<sup>12</sup>

1. Develop agency-sponsored family day care homes.

- a. Establish a training program through Work Incentive Program (WIN) through the department of labor or through the community colleges. (Training of AFDC Mothers to be licensed family day care mothers.) Awaiting help from the above department and institution, the Public Welfare initiated what might be termed in-service training.

Family day care would help provide care for:

- a. Sibling groups of children
- b. Infants
- c. Children after regular school hours
- d. Children where transportation to a center is inconvenient or impossible.
- e. Certain handicapped children

While developing family day care homes through this method has its advantages, the process will take time, because of the screening process in locating mothers with possible potentials, the involvement of

## STATE PROGRAMS AND SERVICES

another agency in training and the departments staffing needs. Furthermore, because of the fees paid for each child cared for, in relation to costs which include a state gross income license, state and federal income tax, there is not expected to be a good response.

2. Other facilities and programs which offer child benefits and services such as government sponsored recreational and park activities and church sponsored activities in the summer. These facilities are however limited to time, ages of children and continuity and thus do not meet the needs of children and working mothers adequately.

Further, the department has suggested that the Department of Education be involved in licensing of child care centers. This is to ensure that an adequate education component be included as part of the standard for licensing.

*Title IV Programs.* Title IV of the Social Security Act is a 1967 amendment providing federal funds for a variety of children's services. Within the title, there are three basic programs:

Title IV-A—Aid to Families with Dependent Children

Title IV-B—Child Welfare Services

Title IV-C—Work Incentive Programs

**Aid to Families with Dependent Children.** The phenomenal growth of the AFDC program across the nation has placed the program under severe criticism in recent years. In a recent survey<sup>13</sup> of recipients and costs under Title IV-A, figures revealed "over the five years, 1965-1970, the average monthly number of recipients of aid to families with dependent children rose by more than 75 percent (75.3%) to a total of 7.4 million children and adults".<sup>14</sup> Costs to the federal government amounted to \$4.1 billion for 1970, showing an increase of \$2.5 billion from 1965. In terms of percentages, this meant a 156 percent increase since 1965.

For the child care programs under Title IV-A, the federal government put together the following table which reported estimated program levels for the fiscal years 1970, 1971, and 1972.

**TABLE 18**  
**ESTIMATED PROGRAM LEVEL AND COST OF CHILD CARE PROGRAMS UNDER TITLE IV-A**  
**OF THE SOCIAL SECURITY ACT, FISCAL YEARS 1970, 1971, AND 1972<sup>a</sup>**

Program and estimated child care years	Annual cost per child			Federal cost (thousands)	Total cost (thousands)
	Total	Federal	State		
<b>Fiscal Year 1970</b>					
AFDC—Social services (111,847) <sup>b</sup> . . . .	1,140	855	285	95,604	127,473
AFDC—Income disregard (264,550) <sup>c</sup> ...	315	189	126	50,000	83,333
<b>Fiscal Year 1971</b>					
AFDC—Social services (197,479) <sup>b</sup> . . . .	1,385	1,039	346	205,199	273,508
AFDC—Income disregard (300,000) <sup>c</sup> ...	330	198	152	59,400	99,000
<b>Fiscal Year 1972</b>					
AFDC—Social services (291,972) <sup>b</sup> . . . .	1,365	1,024	341	298,787	398,542
AFDC—Income disregard (342,000) <sup>c</sup> ...	346	208	138	71,136	118,332

<sup>a</sup> All data on these tables are estimated. Estimates for IV-A social services and income disregard are based on estimates obtained from our regional offices on a request for information made in November 1970.

<sup>b</sup> These are children of AFDC mothers with training and employment outside of the Work Incentive Program whose care was financed through IV-A social service funds.

<sup>c</sup> These are children of employed AFDC mothers whose care is financed in part by disregard of earned income for child care costs. This in effect raises the amount of the welfare payment the mother would be eligible for and Federal sharing would be reflected in the cash assistance funds rather than social service funds.

Source: U.S. Congress, Senate, Committee on Finance, *Child Care, Data and Materials*, 92nd Congress, 1st Session, 1971, p. 32.

## CHILD CARE IN HAWAII: AN OVERVIEW

In Hawaii, AFDC costs have also been on the rise. Some of the factors underlying increases are (1) a change in economic conditions accounting for a 25.5 percent change between June 1969 to June 1970; (2) an earnings disregard affecting the average monthly payment per recipient. As of March 1972, Public Assistance Statistics reported 11,090 families receiving payments with a total number of recipients reaching 40,029. Of this number, 27,826 were children under eighteen years of age. The total amount spent was \$3,119,900 averaging \$281.33 per family. In comparison with March 1971 figures, this represents a 20.1 percent increase in the number of recipients and a 30.4 percent increase in the amount expended (see Table 19 for state by state comparison of AFDC expenditures). The figures include unemployed parent data.

**TABLE 19**  
**SOCIAL SERVICES UNDER TITLE IV, PART A OF THE SOCIAL SECURITY ACT: CHILD CARE —**  
**FEDERAL SHARE OF COSTS, AVERAGE NUMBER OF CHILDREN, AND AVERAGE COST PER CHILD —**  
**FISCAL YEARS 1970, 1971, AND 1972 (EXCLUDING CHILD CARE UNDER THE WORK**  
**INCENTIVE PROGRAM)<sup>1</sup>**

State	Federal Share of Costs (Fiscal Year)—			Average Number of Children in Care (Fiscal Year)—			Average Annual Cost per Child (Fiscal Year)—		
	1970	1971	1972	1970	1971	1972	1970	1971	1972
All States .....	\$95,604,511	\$205,199,360	\$298,786,790	111,847	197,479	291,972	\$855	\$1,039	\$1,024
Alabama .....	444,000	2,625,000	3,375,000	1,007	3,500	4,500	441	750	750
Alaska .....	(200,000)	276,375	276,375	(769)	1,040	1,040	(260)	266	266
Arizona .....	152,850	831,162	883,200	593	2,211	2,356	257	375	374
Arkansas .....	(300,000)	739,977	1,034,111	(789)	(1,947)	(2,298)	(380)	(380)	(450)
California .....	23,844,267	32,266,550	34,533,252	21,155	26,608	32,112	1,127	1,212	1,075
Colorado .....	1,375,750	2,520,558	5,938,146	1,949	3,403	7,705	706	741	771
Connecticut .....	1,154,218	2,175,000	2,542,500	1,536	2,927	3,366	751	743	755
Delaware .....	158,645	1,290,000	1,800,000	176	1,246	1,515	901	1,035	1,188
District of Columbia .....	(1,900,000)	(2,400,000)	(2,800,000)	(1,727)	(2,181)	(2,333)	(1,100)	(1,100)	(1,200)
Florida .....	91,328	1,116,750	3,824,250	55	1,155	4,855	1,661	967	788
Georgia .....	0	8,283,192	9,114,321	0	(5,176)	(5,696)	0	(1,600)	(1,600)
Hawaii .....	40,500	45,000	45,000	139	158	158	291	284	284
Idaho .....	3,761	10,116	13,500	56	112	150	67	90	90
Illinois .....	4,997,267	6,600,000	11,250,000	(4,542)	(6,000)	(9,375)	(1,100)	(1,100)	(1,200)
Indiana .....	37,790	1,015,156	3,854,824	(42)	(1,127)	(3,504)	(900)	(900)	(1,100)
Iowa .....	104,335	946,000	1,051,500	162	683	749	644	1,385	1,404
Kansas .....	0	150,000	225,000	0	240	360	0	625	625
Kentucky .....	0	3,835,000	5,610,000	0	2,560	2,850	0	1,498	1,968
Louisiana .....	513,406	827,925	1,572,750	1,551	2,480	4,090	331	334	385
Maine .....	512,620	1,054,316	1,202,850	450	600	1,250	1,139	1,757	962
Maryland .....	992,577	2,513,795	5,042,292	1,084	2,316	4,174	916	1,085	1,208
Massachusetts .....	4,125,000	7,800,000	10,575,000	1,500	5,000	7,000	2,750	1,560	1,511
Michigan .....	5,700,000	10,500,000	13,900,000	16,000	21,000	32,000	356	500	434
Minnesota .....	83,931	150,000	187,500	(140)	(250)	(234)	(600)	(600)	(800)
Mississippi .....	32,500	315,000	585,000	70	670	1,267	464	470	462
Missouri .....	470,839	3,848,945	7,210,617	902	3,149	5,267	522	1,222	1,369
Montana .....	90,000	180,000	180,000	226	550	550	398	327	327
Nebraska .....	502,109	1,472,000	1,874,000	304	493	567	1,652	2,986	3,305
Nevada .....	0	0	0	0	0	0	0	0	0
New Hampshire .....	(668,991)	735,000	640,843	(1,070)	(1,176)	1,000	(625)	(625)	(641)
New Jersey .....	10,791,511	15,206,609	24,154,939	(5,995)	(7,603)	(10,979)	(1,800)	(2,000)	(2,200)
New Mexico .....	(345,000)	756,000	1,050,000	(1,150)	1,900	2,600	(300)	398	404
New York .....	13,189,500	27,864,000	33,897,000	21,300	29,850	36,700	619	933	924
North Carolina .....	559,662	671,556	805,868	349	419	503	1,604	1,603	1,602
North Dakota .....	52,500	74,000	90,000	900	1,100	1,350	58	67	67
Ohio .....	(6,500,000)	(7,800,000)	(8,000,000)	(5,909)	(7,090)	(6,666)	(1,100)	(1,100)	(1,200)
Oklahoma .....	0	1,460,250	1,565,100	0	3,828	4,083	0	381	383
Oregon .....	237,215	1,039,215	2,065,351	(878)	3,500	6,000	(270)	297	344
Pennsylvania .....	2,860,004	27,300,000	37,500,000	2,125	12,750	17,400	1,346	2,141	2,155
Rhode Island .....	464,740	577,494	946,316	453	535	725	1,026	1,079	1,258



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TABLE 19 (Continued)

**SOCIAL SERVICES UNDER TITLE IV, PART A OF THE SOCIAL SECURITY ACT: CHILD CARE —  
FEDERAL SHARE OF COSTS, AVERAGE NUMBER OF CHILDREN, AND AVERAGE COST PER CHILD —  
FISCAL YEARS 1970, 1971, AND 1972 (EXCLUDING CHILD CARE UNDER THE WORK  
INCENTIVE PROGRAM)<sup>1</sup>**

State	Federal Share of Costs (Fiscal Year)—			Average Number of Children in Care (Fiscal Year)—			Average Annual Cost per Child (Fiscal Year)—		
	1970	1971	1972	1970	1971	1972	1970	1971	1972
South Carolina .....	0	3,764,067	4,225,000	0	2,595	2,750	0	1,451	1,536
South Dakota .....	187,908	295,481	400,500	850	1,125	1,486	221	263	270
Tennessee .....	3,150,000	6,300,000	8,775,000	2,525	4,750	6,585	1,247	1,326	1,332
Texas .....	579,468	3,603,600	28,130,464	1,260	5,200	28,000	460	693	1,005
Utah .....	246,861	162,045	178,245	517	532	600	477	305	297
Vermont .....	(900,000)	1,050,000	1,350,000	(1,000)	(1,166)	(1,350)	(900)	(900)	(1,000)
Virginia .....	18,469	543,750	930,000	68	1,300	3,800	293	418	245
Washington .....	1,039,132	1,695,488	4,007,691	2,309	3,768	8,906	450	450	450
West Virginia .....	44,200	90,000	112,500	255	300	350	173	300	321
Wisconsin .....	5,925,000	8,403,000	9,436,000	(5,642)	(8,002)	(8,578)	(1,050)	(1,050)	(1,100)
Wyoming .....	16,657	19,988	24,985	178	208	213	96	96	117

<sup>1</sup>Estimates made by States via HEW regional offices during winter 1970 except numbers in parentheses were estimated in central office from available data.

Source: Department of Health, Education, and Welfare, Social and Rehabilitation Service.

For the particular monies which are spent on child care, it was reported that in 1970 Hawaii spent \$40,500 in federal monies. The 1971 and 1972 figures were \$45,000 per year. This means that state share of the monies amount to \$13,500 in 1970 and \$15,000 in 1971 and 1972. In terms of the number of children affected: an average of 139 received day care funds in 1970, 158 in 1971 and 158 in 1972. The average annual costs for these children were \$291 in 1970, \$284 in 1971 and \$284 in 1972.<sup>15</sup>

**Child Welfare Services.** The second program under Title IV is Part B relating to the child welfare services. Under the provisions established, monies for Part B are to be used for (1) cooperative arrangements with state health authorities and state education departments to provide health services and education for children receiving day care; (2) an advisory committee to advise state public welfare agencies on a general policy involved in the provision of day care services; (3) safeguards to provide day care in cases in which it is determined under state criteria, that the need for such care exists; (4) giving priority to members of low income or other groups and to geographical areas having the greatest relative need for extension of such day care; (5) day care provided only in facilities which are licensed or approved by the State; and (6) development and implementation of arrangements for more effective parent involvement.

National figures relating to child welfare services estimate that the average number of children served for the fiscal year 1969 amounted to 22,600 (see Table 20 for state by state comparison). Cost figures to serve these children were estimated at \$20.8 million. Hawaii figures for that same period show the number of children being served as 64. Departmental figures for the program amounted to an expenditure of \$1,739 in 1969-70, \$4,550 in 1970-71, and \$6,678 in 1971-72.

## CHILD CARE IN HAWAII: AN OVERVIEW

**TABLE 20**  
**ESTIMATED AVERAGE NUMBER OF CHILDREN**  
**IN DAY CARE UNDER CHILD WELFARE SERVICES PROGRAMS**  
**(TITLE IV-B OF THE SOCIAL SECURITY ACT)**

	Average Number of Children in Care (Fiscal Year)	
	1967	1968
Alabama.....	610	663
Alaska.....	299	325
Arizona.....	386	420
Arkansas.....	225	245
California.....	1,196	1,300
Colorado.....	42	46
Connecticut.....	64	70
Delaware.....	235	255
District of Columbia.....	621	675
Florida.....	(1)	(1)
Georgia.....	152	165
Hawaii.....	59	64
Idaho.....	0	0
Illinois.....	248	270
Indiana.....	166	180
Iowa.....	40	43
Kansas.....	179	195
Kentucky.....	110	120
Louisiana.....	1,196	1,300
Maine.....	(1)	(1)
Maryland.....	446	485
Massachusetts.....	0	0
Michigan.....	(1)	(1)
Minnesota.....	207	225
Mississippi.....	9	10
Missouri.....	317	345
Montana.....	77	84
Nebraska.....	51	55
Nevada.....	0	0
New Hampshire.....	3	3
New Jersey.....	336	365
New Mexico.....	101	110
New York.....	7,314	7,950
North Carolina.....	(1)	(1)
North Dakota.....	19	21
Ohio.....	235	255
Oklahoma.....	285	310
Oregon.....	11	12
Pennsylvania.....	1,196	1,300
Rhode Island.....	30	33
South Carolina.....	0	0
South Dakota.....	19	21
Tennessee.....	99	108
Texas.....	711	773
Utah.....	382	415
Vermont.....	0	0
Virginia.....	37	40
Washington.....	138	150
West Virginia.....	46	50
Wisconsin.....	823	895
Wyoming.....	4	4
Guam.....	0	0
Puerto Rico.....	106	115
Virgin Islands.....	120	130
Total.....	18,950	20,600

<sup>1</sup>Not reported.

Note: Estimates based on data for the month of March 1970 indicate that day care under the Child Welfare Services program has stabilized at slightly below the fiscal year 1968 level. Estimates of average number of children in care for fiscal years 1970 and 1971 are 20,000 in each year.

Source: Department of Health, Education, and Welfare, Social and Rehabilitation Service.

## STATE PROGRAMS AND SERVICES

WIN Program. The Work Incentive Program administered under Title IV-C of the Social Security Act is the third part of the Title IV program. While the Department of Labor and Industrial Relations administers the program, the Department of Social Services and Housing makes payments for child care services to AFDC mothers who qualify.

Nationally, WIN programs served in December 1970 approximately 127,000 children. Federal costs for child care under WIN programs amounted to \$18,457,000 in 1970, \$40,589,000 in 1971, and \$78,000,000 in 1972. The federal government bore two-thirds of the expense with state government contributing one-third. (See Table 21 for the number of children reported receiving child care under WIN.)

In Hawaii, WIN programs offer child care services to 527 children at a cost of \$26,699.

# CHILD CARE IN HAWAII: AN OVERVIEW

TABLE 21  
NUMBER OF CHILDREN REPORTED RECEIVING CHILD CARE  
UNDER THE WORK INCENTIVE PROGRAM

	Last Day of—				
	December 1969	March 1970	June 1970	September 1970	December 1970
Alabama .....	1,200	1,400	1,900	2,200	2,200
Alaska .....	370	470	300	380	340
Arizona .....	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )
Arkansas .....	650	1,000	1,200	1,600	1,900
California .....	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	6,100	6,700
Colorado .....	1,200	2,300	2,700	3,100	3,200
Connecticut .....	1,500	1,800	1,600	1,800	2,100
Delaware .....	( <sup>1</sup> )	( <sup>1</sup> )	740	720	770
District of Columbia .....	( <sup>1</sup> )	410	640	870	960
Florida .....	2,000	3,500	4,200	4,400	4,900
Georgia .....	1,500	4,300	7,500	9,400	9,700
Hawaii .....	44	62	29	51	68
Idaho .....	670	860	820	820	810
Illinois .....	2460	2600	2430	2410	3,100
Indiana .....	( <sup>4</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	350	1,100
Iowa .....	1,200	1,400	1,600	1,400	1,400
Kansas .....	1,100	1,100	990	850	940
Kentucky .....	6,100	4,700	4,500	4,000	3,900
Louisiana .....	2,000	2,400	2,800	3,100	2,800
Maine .....	200	( <sup>1</sup> )	910	950	1,100
Maryland .....	2460	21,000	2920	3,400	3,700
Massachusetts .....	( <sup>1</sup> )	930	810	1,100	1,600
Michigan .....	7,900	7,900	8,200	9,300	9,100
Minnesota .....	( <sup>1</sup> )	( <sup>1</sup> )	2,100	2,400	2,700
Mississippi .....	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	1,100
Missouri .....	2,700	2,800	2,800	2,900	2,800
Montana .....	260	220	560	710	580
Nebraska .....	150	( <sup>1</sup> )	( <sup>1</sup> )	940	540
Nevada .....	( <sup>4</sup> )	( <sup>4</sup> )	27	80	160
New Hampshire .....	( <sup>4</sup> )	( <sup>4</sup> )	( <sup>4</sup> )	( <sup>4</sup> )	( <sup>5</sup> )
New Jersey .....	2,900	3,500	3,700	4,100	4,100
New Mexico .....	240	710	910	920	940
New York .....	( <sup>1</sup> )	7,800	15,400	17,900	17,800
North Carolina .....	340	910	1,100	1,400	1,300
North Dakota .....	320	370	330	360	320
Ohio .....	( <sup>1</sup> )	1,400	( <sup>1</sup> )	1,700	1,700
Oklahoma .....	200	560	740	900	880
Oregon .....	350	200	600	720	1,100
Pennsylvania .....	3,800	( <sup>1</sup> )	4,700	4,600	4,900
Rhode Island .....	( <sup>1</sup> )	830	850	( <sup>1</sup> )	720
South Carolina .....	240	230	220	130	240
South Dakota .....	300	380	310	360	480
Tennessee .....	2,600	3,300	4,100	3,500	2,800
Texas .....	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )
Utah .....	1,400	1,700	2,200	2,400	2,500
Vermont .....	190	290	260	270	250
Virginia .....	550	2,400	3,000	3,100	3,400
Washington .....	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )
West Virginia .....	( <sup>1</sup> )	650	820	790	560
Wisconsin .....	1,900	2,300	( <sup>1</sup> )	3,300	4,100
Wyoming .....	190	270	280	320	290
Guam .....	—	25	—	31	—
Puerto Rico .....	6,000	7,300	8,500	8,600	8,300
Virgin Islands .....	—	—	—	72	—
Total .....	53,200	74,300	96,300	119,000	127,000

<sup>1</sup> Not reported.

<sup>2</sup> Excludes Cook County.

<sup>3</sup> Excludes Baltimore City.

<sup>4</sup> No program initiated.

<sup>5</sup> Program not fully implemented.

Source: Department of Health, Education, and Welfare, Social and Rehabilitation Service.

## STATE PROGRAMS AND SERVICES

### CHILD DAY CARE PROGRAM Departmental Administration

**Administering Agency:** Department of Social Services and Housing

**Purpose:** Includes the licensing, relicensing and monitoring of day care centers and family day care homes; placing of welfare children in day care center or family care home; administering and monitoring of Title IV-A funds from the Social Security Act, as amended.

**Budget:**

	Total Operating Costs	Federal <sup>a</sup>	State
1970-71	\$ 54,000	\$ 24,000	\$ 30,000
1971-72	414,000	228,000	186,000
1972-73	2,042,000	1,320,000	722,000

**No. of Children Affected:**

Public assistance children served:<sup>b</sup>

1970-71	238
1971-72	270 <sup>c</sup>
1972-73	282 <sup>c</sup>

Day care centers: 9,814<sup>d</sup>

Family day care homes: 569<sup>d</sup>

<sup>a</sup>Federal funds include AFDC funds.

<sup>b</sup>Children qualifying under Title IV-A, Title IV-B, WIN.

<sup>c</sup>Departmental estimates.

<sup>d</sup>Figures as of June 1972.

### AID TO FAMILIES WITH DEPENDENT CHILDREN Title IV-A, Social Security Act

**Administering Agency:** Department of Social Services and Housing

**Purpose:** Monies are provided for child care programs for AFDC families.

**Budget:<sup>a</sup>**

	Total	Federal	State
1969-70	\$ 41,500	\$ 17,039	\$24,461
1970-71	64,856	19,842	45,014
1971-72	180,763	107,729	73,034

**No. of Children Affected:** 1971-72: 3,724

<sup>a</sup>Amount represents child care service expenses only.

## CHILD CARE IN HAWAII: AN OVERVIEW

### CHILD WELFARE SERVICES Title IV-B, Social Security Act, as amended

**Administering Agency:** Department of Social Services and Housing

**Purpose:** Provision for care of children in day care facilities, including private homes, as part of an approved child welfare services plan developed by the state and federal government. Priority is given to members of low-income or other groups, such as mentally retarded, the physically handicapped, or migrant children, and to geographical areas that have the greatest relative need for extension of such day care.

**Budget:**

1969-70	\$1,739
1970-71	4,550
1971-72	6,678

**No. of Children Affected:** NA

### WORK INCENTIVE PROGRAM Title IV-C, Social Security Act, as amended

**Administering Agency:** Department of Labor and Industrial Relations in conjunction with Department of Social Services and Housing

**Purpose:** To provide child care supportive services to enable AFDC recipients to participate in the WIN program which is a comprehensive training effort to reduce welfare rolls. The 1970-71 fiscal year saw the program funded for 360 slots and later authorization came through for 480 slots. According to a recent study done by the Commission on Manpower and Full Employment, "[T]he number of recipients referred to WIN by DSS&H has been greater than the program can absorb at the current level of funding."

**Budget:<sup>a</sup>**

	Total Operating Costs	Federal	State
1971-72	\$26,699	\$17,628	\$ 9,071
1970-71	33,833	23,631	10,202
1969-70	10,920	8,190	2,730

**No. of Children Affected:**

1971-72	527
1970-71	757
1969-70	288

<sup>a</sup> Figures apply only to funds paid for child care services.

## STATE PROGRAMS AND SERVICES

### FAMILY SERVICES CENTER

**Administering Agency:** Family Services Center (Model Cities Project)

**Purpose:** Day Care for three to five year old children whose parents are residents of the Kalihi-Palama Model Neighborhood. Residents must be either employed, attending school, or in a job training program, or referred for services by a social worker. Quality educational, health, nutritional, and social services are provided.

**Present Status:** Family Services Center began as a Model Cities project but is presently being supported by Title IV-A funds from the Social Security Act and by state funds.

**Budget:**

Total—\$281,205 (12-month period)

HEW Title IV-A—\$210,904

State funds—\$70,301

**No. of Children Affected:** 130<sup>a</sup>

<sup>a</sup> Average monthly enrollment.

### WAIANAE COAST DAY CARE CENTER

**Administering Agency:**

**Purpose:** Day care for three to five year old children whose parents are residents of the Waianae-Nanakuli Model Neighborhood. Residents must either be employed, attending school, or in a job training program, or referred for services by a social worker. Quality educational, health, nutritional, and social services are provided.

**Present Status:** Waianae Coast Day Care Center began as a Model Cities project but present funding comes from Title IV-A funds from the Social Security Act and by state funds.

**Budget:**

Total—\$148,480 (12-month period)

HEW Title IV-A—\$111,360

State funds—\$37,120

**No. of Children Affected:**

6/72 to 12/72      30 children

1/73 to 6/73      90 children

## CHILD CARE IN HAWAII: AN OVERVIEW

### Department of Health

Statutorily, the Department of Health is responsible for "programs designed to protect, preserve, care for, and improve the physical and mental health of the State".<sup>16</sup> To this end, the children's programs are primarily administered through the Children's Health Services division of the department. Among the programs within the division are: Maternal and Child Health branch, Cripple Children branch, and School Health branch. In turn, each of these divisions consists of individual programs.

*Maternal and Child Health.* This branch of the division focuses its attention on the producing and rearing of healthy, well-adjusted children. Public education, child health clinics for infants and preschool children, immunizations and parent education in clinics and in the home are programs designed to meet the objectives.

*Child Health Conference.* Child health conferences consist of well-baby clinics, nursing conferences, and pediatric evaluation clinics which supplement nursing conferences. Services, based on a means test, are given to children below school age but not beyond the sixth birthday. Immunization, child rearing, guidance, nutrition, preventive mental health, safety, detection of departures from well being, and referral and follow-through services are offered. Supplemental services are also given by public health nursing services in homes and day care centers.

*Children and Youth Project.* This project operates a pediatric clinic in Waimanalo delivering preventive, case finding and diagnostic services to any child in the area younger than sixteen years of age. Health care, including pediatrics on-site, referral to specialists, hospitalization, dentistry, psychological services, speech services, public health nursing, social case work and nutrition is offered to children of low-income families.

*Maternity and Infant Care Project.* Complete and comprehensive maternity care to high risk, low-income mothers and comprehensive pediatric and surgical care for the first year of life to high risk infants is offered. Prenatal care including dentistry to those living within district boundaries is also given. The districts include Nanakuli, Waimanalo, Palolo, and parts of Hilo.

*Infant and Preschool Health Supervision.* Sometimes administered through child health conferences, the program is designed to offer and maintain services for children and their parents who are of low income or who may be isolated from services. Professional observation, periodic medical examination, detection of congenital defects and other defects and departures from well-being are part of the program. In addition, parents are provided with education and counseling in nutrition, hygiene, mental health, safety and child rearing. Arrangements for referral and other medical assistance comprise another area of services as does the immunization component.

In its April 1972 narrative of program description for PPBS, the department noted that the target group for the infant and preschool health supervision program was all children below age six who qualified because of low income or geographical isolation or lack of medical resources in the area. In actual practice, the department reported that it was reaching approximately 20 percent of this group and that of the 20 percent, at least half were not Department of Social Services and Housing clients. Further, "since July 1, 1969, Title XIX<sup>17</sup> patients may choose private preventive and diagnostic medical care. There is no available information as to how many Title XIX children are in fact receiving adequate care privately in the field of prevention, detection, and education in child rearing".<sup>18</sup>



## STATE PROGRAMS AND SERVICES

Overall, the Maternal and Child Health branch reported a number of inadequacies in its program:<sup>19</sup>

- (1) There are inadequate numbers of public health nurses and/or lesser trained persons to extend their capacity.
    - (a) Both delivery of services and outreach and recruitment are skimped. There are not as many child health conferences as there should be. Some rural ones have had to be combined at the cost of the ability of some families to get to the more distant locations.
    - (b) Screening and assessment are rather severely skimped.
    - (c) Efforts to round up the poor-attender are skimped.
- These shortages are especially distressing in that infant and preschool child supervision is an area where the special abilities of the public health nurse are most telling and have the most impact.

The department went on to state that while no child is turned away because of shortages, the drop in enrollment is partly due to them and the proportion of those enrolled children who get full screening and assessment is far too small.

In an amended budget narrative form dated June 1972, the Department of Health requested a "statewide intensification and expansion of the existing program of infant and preschool health supervision, in the area of early detection of handicapped conditions".<sup>20</sup> The objective of this program in screening and assessment is to provide an integrated approach to health care involving preventative and treatment services in various locations throughout the State for infants and preschool children who have handicapping conditions which, if not cared for immediately, would become disadvantaged.

The expanded target group for this intensification of services is about one-fourth of the population of children 0 to 5, or 17,500 children. These children include:<sup>21</sup>

- (1) Some children enrolled in the department's child health conferences who may be receiving some screening. Almost none are receiving all. (10,000 children)
- (2) Medicaid children who have elected private medical care are almost all not receiving routine appraisal of vision, hearing, development, anemia, and other components of the proposed program.
- (3) Majority of the non-Medicaid children attending private practitioners are getting some but not all of this screening. Program should be open for referral by private physicians for those procedures which are not available in their offices.
- (4) Children attending outpatient clinics are not receiving screening there.

The proposal is basically geared to the not-in-school children 0 to 5 in all parts of the State. It is expected a disproportionate number of rural children will be affected because:

1. There are fewer day care centers in rural areas;
2. Fewer rural mothers are employed;
3. Rural doctors are more likely to be general practitioners whose busy offices are not geared to screening of little children; and
4. Transportation problems militate against motivation for on-going preventive services.

Under a separate PPBS program, the department has also instituted a program for screening offered for children in day care centers. Through this avenue, the hope is to reach some 9,000 children between the ages of 2 and 5 on all islands.

*Crippled Children.* The Crippled Children branch maintains programs offering diagnostic and evaluative services to children who are suspected of having handicaps. Treatment and habilitation are provided for those who are economically disadvantaged or who lack community resources to fulfill their needs. Support for the programs come from federal and state funding.

Services extend to children under twenty-one years of age and are usually based on referrals by physicians, nurses, social workers, school officials, other community workers or by their

## CHILD CARE IN HAWAII: AN OVERVIEW

parents. Diagnostic services are available to all children but treatment is reserved for those who meet the requirements of the means test administered by the department. During the past year, the department offered services to 1,195 children between the ages of 0-4.

The program includes services for the following conditions: congenital heart disease, rheumatic fever, rheumatic heart disease, orthopedic conditions, speech and language disorders, cleft lip and palate, hearing loss, eye conditions, learning disability, epilepsy, hyperactive behavior syndrome, mental retardation, cerebral palsy, congenital deformities of the genital tract, cystic fibrosis, myelodysplasia, asthma, and hemophilia.

*Nutrition Branch.* The nutrition branch of the Department of Health provides services both indirectly and directly to children between the ages of birth and five years. These services are one component of the total program. According to statistics gathered by the nutrition branch, nutrition unit workers spend approximately 12.14 percent of their time doing work affecting preschool children and 1.5 percent of their time in work affecting infants. This is in addition to the time spent aiding school age children, adults, and other program activities.

Six times a year, the branch publishes a newsletter on nutrition which is sent out to all the child care centers in the State and to social workers and public health nurses. In addition, when called upon, the branch provides consultative services to the Department of Social Services and Housing through referrals made by the day care licensing unit. It is estimated that last year, these services affected some 1,560 children between the ages of birth and five years, many of whom were in licensed center care. Further, the branch has conducted training programs for health aides connected with the Headstart program.

## STATE PROGRAMS AND SERVICES

### MATERNAL AND CHILD HEALTH Departmental Program

**Administering Agency:** Department of Health

**Purpose:** Includes a number of component programs:

Child health conferences: medical well-baby clinics, nursing conferences, and pediatric evaluation clinics to supplement nursing conferences. Age range: birth to school entrance but not beyond sixth birthday. There is means test. Services include immunization, child rearing, guidance, nutrition, preventive mental health, safety, detection of departures from well-being, and referral and follow-through services. Family planning is discussed. Child and child health supervision programs but are supplemented by public health nursing services in homes and day care centers.

Infant and preschool supervision program: some of the services offered in child health conference settings. Provides professional observation, periodic medical examination, detection of congenital defects and other defects and departures from well-being. Parent education and counseling in nutrition, hygiene, mental health, safety and child rearing. Referral and follow-through services and immunization program.

Also includes some day care and public health nursing services.

**Budget:**

Budget for fiscal year 1972-73:

Federal funds <sup>a</sup>	\$320,000
State funds	130,000

Public health nursing funds:

Federal funds	\$ 70,000
State funds	530,000

**No. of Children Affected:<sup>b</sup>**

Under 1 year:	2,632
1-4 years:	7,395

<sup>a</sup>Federal funds obtained under Title V, Social Security Act, as amended, basic formula grants (42 USCA sec. 703) and special grant for infant and preschool supervision program (42 USCA sec. 709).

<sup>b</sup>Figures represent 1971-72 counts.

### SCREENING COMPONENT FOR INFANTS AND PRESCHOOL CHILDREN:

Number of children participating in 1971:

Developmental screening	N/A
Hearing test (Most of these in day care centers. Including 2,038 by Assistance Guild of Hawaii, a service organization whose volunteer testers are trained and given consultation by the Division of Children's Health Services.)	5,304
Vision screening (Most in day care centers)	1,593

## CHILD CARE IN HAWAII: AN OVERVIEW

Tuberculin test (In child health conferences)	5,283
Anemia test (In child health conferences)	4,838

In addition, public health nurses gave informal but definite rough screening of hearing, vision, and development to over 1,000 infants.

## CHILDREN AND YOUTH PROJECT IN WAIMANALO

**Administering Agency:** Department of Health

**Purpose:** Pediatric clinics offering preventative, case finding, and diagnostic services to any child in the area younger than sixteen years. For low-income children, it offers complete health care, including pediatrics on-site, referral to specialists, hospitalization, dentistry, psychological services, speech services, as well as public health nursing, social case work, and nutrition.

**Budget:** Budget for fiscal year 1972-73:

Federal funds <sup>a</sup>	\$248,000
State funds	184,667

**No. of Children Affected:** 1,800 enrolled, out of a possible 2,991; 2,500 of these estimated eligible for treatment services.

<sup>a</sup> Federal funds obtained under Title V, Social Security Act, as amended (42 USCA secs. 701-715).

## MATERNITY AND INFANT CARE

**Administering Agency:** Department of Health

**Purpose:** Gives complete and comprehensive maternity care to high risk, low-income mothers; and comprehensive pediatric and surgical care for the first year of life to high risk infants. It offers prenatal care, including dentistry to all living within its district boundaries. Districts are Nana-kuli, Waimanalo, and parts of Hilo.

**Budget:**

Total budget for fiscal year 1972-73:

Federal funds <sup>a</sup>	\$400,000
State funds	100,000

Previous federal funding:<sup>b</sup>

1967-68	\$298,538
1968-69	338,859
1969-70	398,000
1970-71	398,000

**No. of Children Affected:** 50 babies

<sup>a</sup> Special project grant under Title V, Social Security Act, as amended (42 USCA sec. 708).

<sup>b</sup> Grants based on a 75%(f) 25%(s) formula.

## STATE PROGRAMS AND SERVICES

### CRIPPLED CHILDREN'S PROGRAM<sup>a</sup> Basic Act of 1912

**Administering Agency:** Department of Health

**Purpose:** Offers diagnostic and evaluation services to children who are suspected of having handicaps. Treatment and habilitation is provided to those who could not otherwise obtain care because of a lack of financial resources or unavailable community services.

**Budget:** Programs:<sup>b</sup>

Mentally retarded <sup>c</sup> (1972-73)	\$123,000 (federal funds)
Learning disability (1972-73)	139,000 (state funds)
Crippled children <sup>c</sup> (1972-73)	725,000 (state funds)
	220,000 (federal funds)

**No. of Children Affected:**

	Under 1 Year	1-4 Years
Honolulu City and County	52	733
Kauai County	5	57
Hawaii County	21	189
Maui County	10	128

<sup>a</sup> 42 USCA sec. 701 et. seq.

<sup>b</sup> All amounts cover children from 0-21.

<sup>c</sup> Some of the funds go to child development centers. Also, monies are from Title V of the Social Security Act, as amended (42 USCA sec. 712).

### CHILD DEVELOPMENT CENTERS Diamond Head, Wahiawa, Ewa Beach (future centers to be established at Kaneohe, Lanakila, Pearl City) Title V, Social Security Act

**Administering Agency:** Department of Health

**Purpose:** Focuses on the mentally retarded and/or the handicapped child. Services are comprehensive including medical, equipment, drugs, physical therapy, occupational therapy, social work and training (language development, parent counseling, toilet training, etc.)

**Budget:**

Total budget for fiscal year 1972-73 (estimate):	\$150,000
Federal contribution:	100,000
State contribution:	50,000

**No. of Children Affected:**

Diamond Head Center: 29 (total); 17 children under 5  
Ewa Beach Center: 28 (total); 24 under 5  
Wahiawa Center: 16 (total); 14 under 5

## CHILD CARE IN HAWAII: AN OVERVIEW

### HAWAII ASSOCIATION FOR RETARDED CHILDREN Waianae and Ewa Beach Centers

**Administering Agency:** Department of Health Contractual Services

**Purpose:** Services offered to the multiply handicapped children of age who are not ready for pre-school or public school. Counseling services with parents also offered.

**Budget:**

1971-72 total budget:	\$17,887.51
State contribution:	15,330.00

**No. of Children Affected:** 21 children  
10 involved in infant stimulation  
11 involved in child training center  
14 of the children are beyond 5 years

### INTENSIVE CARE TREATMENT Leahi Hospital

**Administering Agency:** Department of Health Contractual Services with Leahi Hospital

**Purpose:** Offers 24-hour treatment for mentally retarded children.

**Budget:**

1972-73 total budget:	\$117,211.10
State contribution:	96,776.60

**No. of Children Affected:** 5 children

### LEAHI DAY CARE PROJECT Sections 331-11, 12, Hawaii Revised Statutes

**Administering Agency:** Department of Health on Contract to the University of Hawaii, Leahi Hospital

**Purpose:** Offers services to mentally retarded children who are brought to the center by parent, guardian or community agency, social worker, etc. Offers preventative care for the mentally retarded.

**Budget:** Most recent figures: 1971-72

Total program costs:	\$22,903.95
State contribution:	19,596.00

**No. of Children Affected:**

## STATE PROGRAMS AND SERVICES

### DEVELOPMENTAL ASSESSMENT FOR MENTAL RETARDATION

#### Federal Program (P.L. 91-517)

**Administering Agency:** Department of Health (pilot project)

**Purpose:** Focus on children between the ages of 2½ to 4 years 10 months. An early identification program for developmental disability. Administered through day care centers to reach 10,000 children. Goal is to identify 114 children in day care centers who are mentally retarded. Emphasis on low income areas.

**Budget:** 1972-73 total budget: \$3,883 (federal funds)

**No. of Children Affected:**

### VARIETY CLUB SCHOOLS

**Administering Agency:** Department of Health Contractual Services

**Purpose:** Offers a learning disabilities program of three classes with 12-18 children between the ages of 3-5 for training and observation. Referrals accepted from all counties.

**Budget:**

Total cost for fiscal year 1971-72:	\$69,716.99
State contribution for 1971-72:	50,000.00
1972-73:	50,000.00

**No. of Children Affected:** 20 children under 6 years

## CHILD CARE IN HAWAII: AN OVERVIEW

### Department of Labor and Industrial Relations

The Department of Labor and Industrial Relations is responsible for the administration of programs "designed to increase the economic security, physical and economic well-being, and productivity of workers..."<sup>22</sup> While the department itself is not directly involved in child care delivery services, recent trends in labor have developed such that some department programs do include payment for child care services. Welfare pressures have produced a work policy for welfare recipients which have resulted in such a program as Work Incentive Program (WIN) which is designed to help recipients on Aid to Families with Dependent Children (AFDC) program attain self-sufficiency through jobs by providing them with the basic education, work training and experience and other supportive services. Concentrated Employment Program (CEP) is another such program (see Honolulu Community Action Program for discussion).

In addition to the federally funded programs, the department also administers the Manpower Development and Training Programs established under Act 251, Session Laws of Hawaii 1969. Of the nine projects established in 1969, two were supportive services projects which provided child care and transportation services. The first year's allotment for the services was \$129,707 for the fiscal year. Another allotment extended funding through November 30, 1971 at a cost of \$102,968. As a result of the 1971 state legislative session, the sum of \$50,000 per year was authorized to be used to develop and operate joint nursery schools. However, state support for the programs has been discontinued. According to a spokesman for the department, the projects were begun as demonstration projects as part of the Manpower Development and Training Program. The centers were to provide supportive services for women in training programs. It was hoped that these centers would eventually become self-supporting; that is, as the women found gainful employment, they would be able to afford child care without subsidy from the State. Consequently, when training programs ended, the State decided to withdraw support for the child care centers. It was thought at the time that the industry would contribute to the centers so that it would become an employer-employee venture. Presently, the Lahaina center is being supported by the Maui County Economic Opportunity Council and is in limited operation. The Kona child care center is run under the auspices of the church where it is presently housed.

### LAHAINA CHILD CARE AND TRANSPORTATION SERVICES CENTER<sup>a</sup> Act 251, Session Laws of Hawaii 1969

**Administering Agency:** Department of Labor and Industrial Relations

**Purpose:** Project was begun as part of supportive services for programs administered under the Manpower Development and Training Act (Act 251). It was designed to help meet the demand for workers in the Lahaina area resulting from the growth of the hotel and allied tourist industries. Enabled women to avail themselves of the employment opportunities in the Lahaina area. The sponsoring agency for the Lahaina Child Care and Transportation Services Center was the Maui County Economic Opportunity Council. As of June 15, 1972, state funds were discontinued and the Maui County Economic Opportunity Council has taken over funding.

**Budget:** Summary cost:

Fiscal year 1969-70	\$78,289.00
Fiscal year 1970-71	66,793.00
Fiscal year 1971-72	8,400.00



## STATE PROGRAMS AND SERVICES

### No. of Children Affected:

Number of children enrolled: <sup>b</sup>	87
Number of children terminated:	69
Number of children currently enrolled:	18

<sup>a</sup> See Appendix E for project proposal.

<sup>b</sup> Figures represent totals between 3/1/70 to 10/31/71.

### KONA CHILD AND FAMILY CENTER PROJECT<sup>a</sup>

Act 251, Session Laws of Hawaii 1969

**Administering Agency:** Department of Labor and Industrial Relations

**Purpose:** Project was designed to increase the work force from the nonparticipating population in the Kona area, specifically housewives, to meet an unmet demand for workers resulting from the accelerated growth of hotels and allied tourist industries in the area. Sponsoring agency for the county is the Hawaii County Economic Opportunity Council. As of November 30, 1971, state funds were discontinued. The project is now being solely sponsored by the church.

**Budget:** Summary costs:

Fiscal year 1969-70	\$51,418.00
1970-71	47,813.00
1971-72	

### No. of Children Affected:

Number of children enrolled: <sup>b</sup>	64
Number of children terminated:	41
Number of children currently enrolled:	23

<sup>a</sup> See Appendix F for project proposal.

<sup>b</sup> Figures cover time between 12/1/69 to 10/31/71.

## Commission on Children and Youth

Act 294, Session Laws of Hawaii 1949, established the Territorial Commission on Children and Youth, charging it with the following duties:<sup>23</sup>

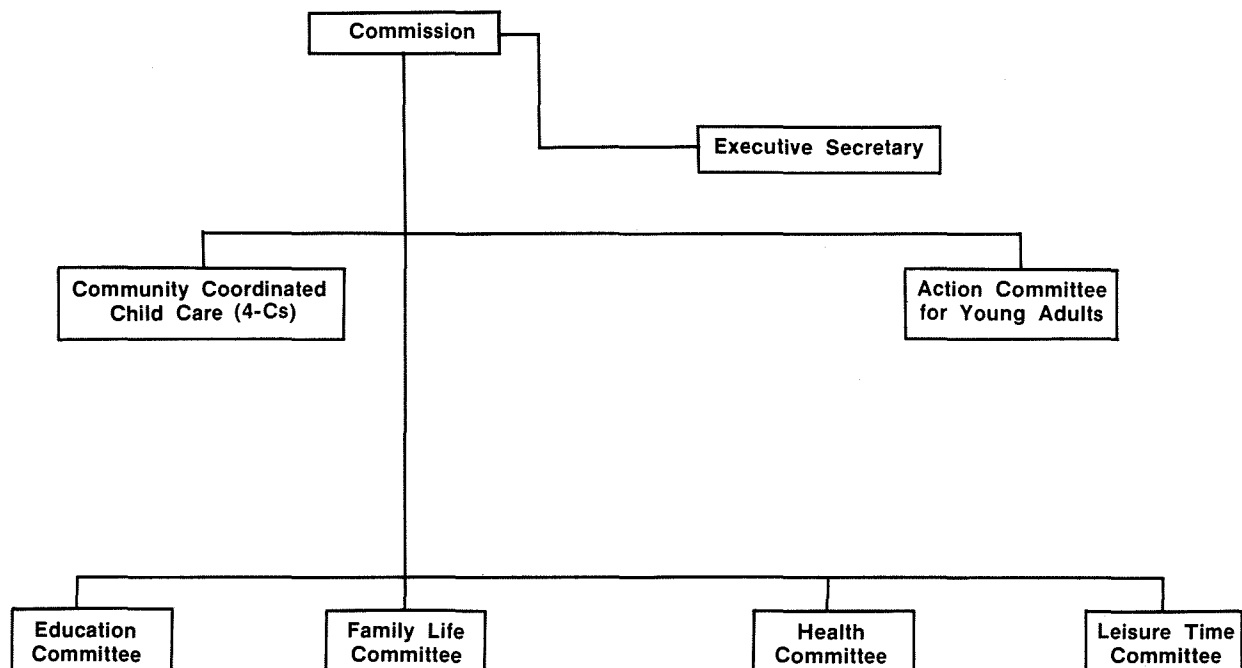
- (1) To study the facts concerning the needs of children and youth in the Territory through adequate research and studies . . . .
- (2) To review legislation pertaining to children and youth and appropriations made for services in their behalf in such fields as health, child guidance, social service, education, recreation, child labor, juvenile courts, probation and parole and detention and correctional facilities . . . .

## CHILD CARE IN HAWAII: AN OVERVIEW

- (3) To appraise the availability, adequacy, and accessibility of all services for children and youth . . .
- (4) To ascertain the facts concerning operations and the operating policies, affecting children and youth, of all territorial and county departments and agencies responsible for providing services for children and youth . . .
- (5) To maintain contacts with local territorial and federal officials and agencies concerned with planning for children and youth.
- (6) To encourage and foster local community action in behalf of children through the local county committees on children and youth.
- (7) To develop and promote plans and programs for the prevention and control of juvenile delinquency.
- (8) To cooperate with the National Commission on Children and Youth . . .

Since 1949, the statute has undergone a number of revisions and amendments most important of which occurred in 1971. Act 107, Session Laws of Hawaii 1971,<sup>24</sup> placed the Commission on Children and Youth under the Office of the Governor and amended the structure of the commission. It divided the commission into two sub-committees serving a specific target group: one committee is to serve children from conception through age twelve to be known as the coordinated child care committee, and the other is concerned with youths from ages thirteen through twenty-four, to be known as the action committee for young adults.

**FIGURE 6**  
**STRUCTURE OF COMMISSION ON CHILDREN AND YOUTH**



## STATE PROGRAMS AND SERVICES

*Community Coordinated Child Care.* Pursuant to the provisions of Act 107, Session Laws of Hawaii 1971, the Community Coordinated Child Care<sup>25</sup> Committee was organized on the state level and in three of the four counties. (Maui county did not establish a committee). In its constitution, the Hawaii State Coordinated Child Care (Hawaii State 4-C's) stated that its objective was "to insure optimum child development in the State of Hawaii through its various functions".<sup>26</sup> Among these are a child advocacy role; mobilization of resources in the State to assure maximum coordination from all sectors, public and private, agency and individual; development of joint planning and reviewing of services to children thereby improving the quality and effectiveness; and providing technical assistance to local 4-C's and acting as liaison between the local 4-C's and the regional federal office.

In a further clarification, the Hawaii State 4-C's described its role as "community-wide planning, enabling the State to address its total need for child care services through systems of child care service delivery which make maximum use of all available resources".<sup>27</sup> Membership on the State 4-C's committee reflects its role definition by bringing together public and private representatives with overall responsibilities in the area of child care and related children's services. Local 4-C objectives, on the other hand, call for coordination of community resources to develop a variety of programs and services in response to the child care needs of a particular community. "Membership in the local 4-C reflects this difference in focus, being more heavily weighted for parent and general community representation. Agency representatives are largely directors of in-community programs, and local government administrators".<sup>28</sup>

To achieve its goals and objectives, the State 4-C plans to develop technical assistance programs in the following areas:

*Research and information.* Research and information will address itself to developing a neighborhood profile of child care needs and available services, consolidating information on current and potential resource availability, gathering and disseminating information on local, state, and federal programs, and establishing possible central data banks on children's records, neighborhood information, and studies.

*Training and education.* Such a program will include the coordination of resources in the area of training and education as part of the mobilization force in implementing community-wide child care systems. Greater availability of programs for child care workers through the various state, county and private agencies; expansion of parent/adult education programs in child development; dissemination of public education through newspapers, television, radio and other mass media.

*Consultation and advise.* A major task of the State 4-C is to aid in the establishment of local 4-C programs. Consultation and advise through correspondence, seminars, conference, information dissemination through newsletters, resource persons, referrals, discussions, planning assistance, establishment of linkages between different 4-C programs, state, local, private, public.

*Coordination.* Establishes State 4-C as a supplemental agency, supporting such "lead agencies" as the Department of Education, Department of Social Services and Housing, and the Department of Health. Committee to also act as liaison between the community and the department, possible advocate for the department to the Legislature. In cases where joint efforts are being utilized to solve a given problem, the committee will act in an advisory capacity assisting wherever possible. For private agencies and community and local 4-C committees, technical assistance will be offered to establish the proper linkages in utilizing public and other resources. Overall development of programs will be monitored and appropriate action will be taken to meet unfulfilled needs.

At the present time the 4-C program is for all practical purposes suspended. Both positions allocated to 4-C are not filled due to personnel resignations. (See Appendix G for fact sheet on the 4-C program.)

## CHILD CARE IN HAWAII: AN OVERVIEW

### COMMISSION ON CHILDREN AND YOUTH Community Coordinated Child Care

**Administering Agency:** Commission on Children and Youth

**Purpose:** To gather data, do research, review proposals for funding in child care and coordinated delivery of services from both public and private sectors. Act as resource and informational center and coordinate training and other educational programs.

**Budget:** 1971-72: \$55,000 (f)

**No. of Children Affected:**

### University of Hawaii

The University's programs range from theoretical research to applied programs. Most of its programs dealing in early childhood development emanate from three departments and the community college system. The three departments are: Human Development, College of Education, and School of Public Health.

*College of Education.* The college of education is involved in early childhood development through its university lab schools which sponsors the University Headstart program and the former Headstart Regional Training Office. (RTO has closed.) In addition, the Educational Research and Development Center (EDRAD) has a grant for a Headstart Research Center which is one of five regional centers involved in projects related to Headstart. (The grant has since ended and EDRAD no longer does research for Headstart.)

As part of its curriculum offering, the college has also established a baccalaureate degree program in early childhood education. The curriculum consists of two options: one for those intending to teach children three to four years old, the other for those intending to teach children five to eight years.

*College of Tropical Agriculture, Human Development.* The human development curriculum concentrates on studying human behavior during a life span. Students in the field are allowed to develop their own programs with an emphasis on work with preschool children and their parents in group centers, adult education, college student personnel, business, and work with various types of community agencies.

*College of Health Sciences and Social Welfare, School of Public Health.* The purpose of the school of public health is "to prepare persons who will conduct research and contribute to the enlarging base of knowledge in the basic sciences pertinent to public health".<sup>29</sup> To this end the department offers programs which include population and family planning, maternal and child health studies, and mental retardation, as well as health education, public health nutrition, and other related fields which affect children.

*College of Health Sciences and Social Welfare, School of Medicine.* The school of medicine which offers a two-year curriculum does provide services to children through contractual arrangements with the Department of Health and the University's Leahi Hospital (see Department of Health section for project details).

## STATE PROGRAMS AND SERVICES

### PROJECT HEADSTART Economic Opportunity Act of 1964, as amended (P.L. 89-794, Title II)

**Administering Agency:** University of Hawaii (delegate agency for Honolulu Community Action Program)

**Purpose:** To provide the economically disadvantaged preschool child with learning experiences, medical and dental examinations and treatment. Full-year child development program with a summer program for children entering kindergarten for the first time (see following discussion for description of component parts).

**Budget:** Federal funds received:

	Headstart Center	Training <sup>a</sup> Program	Headstart Supplementary Training
1966-67	\$22,849	\$19,941	
1967-68	30,712	24,296	
1968-69	35,140	34,386	\$35,470
1969-70 <sup>b</sup>	33,435	37,000	53,292
1970-71 <sup>b</sup>	34,000	45,000	53,000

**No. of Children Affected:** 40 in Headstart Center

<sup>a</sup> Regional training office has been closed. Monies are now being distributed to the delegate agencies.

<sup>b</sup> Estimated amounts.

## COMPONENTS OF THE UNIVERSITY HEADSTART PROGRAM

### Headstart Center

The University's Laboratory School (preschool unit) participates in a full-year Headstart program for forty children from the Papakolea-Punchbowl and Kalakaua-Sheridan tract area. The center is part of the program development laboratory for the Hawaii Curriculum Center (HCC) and the Hawaii Headstart Evaluation and Research Center. The school represents a Headstart child development approach to child care with emphasis on a comprehensive program to meet child, family and community needs. Parental participation is a great part of the program.

### Headstart Regional Training Office (Closed)

Until recently, the RTO acted as the consultant and resource center for all training needs of Hawaii Headstart programs. Its accomplishments include (1) first statewide Headstart parents conference; (2) special training in Headstart for social workers and aides; (3) trainers workshop for Headstart administrative staff; and (4) initiation of an annual Headstart conference in each county.

### Headstart Supplementary Training Program

Offers college level training for Headstart personnel, especially in the area of early childhood education. Baccalaureate and associate degrees are program elements.

## CHILD CARE IN HAWAII: AN OVERVIEW

### HEADSTART RESEARCH CENTER, EDUCATIONAL RESEARCH AND DEVELOPMENT CENTER (EDRAD)

Economic Opportunity Act of 1964, P.L. 88-452, Title II, Part C  
(No longer operating)

**Administering Agency:** University of Hawaii

**Purpose:** Conducts research projects related to Headstart. One of five regional centers which does research projects. Recent research includes (1) development of instruments for measuring motivation to achieve among preschool children; (2) development of music program for preschool children; (3) evaluation of progress of Headstart children representing different ethnic and national groups in Hawaii; (4) operation of Office of Economic Opportunity Center for research in early childhood development; (5) development of a physical activities program for preschool children; (6) development of a home activities program for preschool children, etc.

**Budget:** Federal funds received:

1966-67	\$ 57,689
1967-68	124,574
1968-69	379,088
1969-70 <sup>a</sup>	220,000
1970-71 <sup>a</sup>	250,000

**No. of Children Affected:**

<sup>a</sup> Estimated figures.

*Community College System.* The community college system has become involved in child care through an educational development program training persons for the child care field leading either to an associate degree or an advanced degree. In addition the system has been most active in providing in-service training for child care workers.

*Honolulu Community College.* HCC presently operates a Headstart and follow-through supplementary training program which allows the staffs of the two programs to take courses leading to college degrees. The focus of the program is in paraprofessionals for which educational and counseling services are provided free. Its program is in turn coordinated with the University of Hawaii's programs in related areas to provide for the maximum transferability of credits toward a Bachelor of Arts degree. The college also offers an associate degree and serves some Model Cities programs by offering a certificate of achievement to persons enrolled in courses at the college.

In addition to the training program the community college will be funded and is awaiting a notification of grant award to establish a Child Development Associate Training program "to develop a system of (1) assessing individual child development associate competency levels of personnel working with children three to six years of age, and (2) a system of providing individualized learning experiences which will result in the acquisition of those competencies".<sup>30</sup> This program will be in addition to the Headstart Supplementary Training.

Activities at other community colleges in the State include an early childhood education program at Maui Community College and a certificate of achievement program for nursery schools at Hawaii Community College.

## STATE PROGRAMS AND SERVICES

### Office of Economic Opportunity

The purpose of the State Office of Economic Opportunity is to provide assistance to the local community action agencies and assist in program coordination and activities for poverty programs under the federal government's Office of Economic Opportunity. The actual agencies involved in the administration of child care programs are the local community action programs or economic opportunity offices. In the State of Hawaii, there are four local programs: Honolulu Community Action Program, Kauai Economic Opportunity, Inc., Maui Economic Opportunity, Inc., and Hawaii County Economic Opportunity Council.

*Honolulu Community Action Program.* The Honolulu Community Action Program is the sponsoring agency for Headstart programs in the State. In turn, HCAP delegates the actual operations of its Headstart programs to several agencies including the Department of Education, the University of Hawaii, the Susannah Wesley Community Center, the Palama Interchurch Council, the Harris Memorial Church and the Palolo Community Center. All of these centers serve approximately 740 of the 1,944 children eligible for Headstart.

Budget requirements for Headstart show that the total grant has increased from \$282,222 in 1968-69 to \$1,562,543 in 1971-72. The State's share of this money has risen from \$56,555 in 1968-69 to \$136,154 in 1971-72.

A second program run by the Honolulu Community Action Program is the Concentrated Employment Program. The purpose of the program is to provide a comprehensive employment plan coordinating manpower programs in the Model Cities target areas of Kalihi-Palama and Waianae-Nanakuli. As part of its supportive program, CEP includes a child care component which provides child care services payments to enrollees. According to CEP officials, the program estimates for child care expenses for 1972-73 run about \$8,000. This amount serves an average of 40 children during the year.

The third HCAP program offering child care services is the Parent-Child Center of Kalihi-Palama which is located in the Kuhio Park Terrace and provides comprehensive services to children and parents between the ages of 0-4. Prenatal services are also offered. The program components include parent education and activities, family health care and job referrals and whatever activities are needed by the family.

### PROJECT HEADSTART Economic Opportunity Act of 1964

**Administering Agency:** Honolulu Community Action Program (Programs under this agency include all delegate agencies which run Headstart programs including the Department of Education)

**Purpose:** Headstart is designed to provide assistance to children of preschool age, specifically disadvantaged three- and four-year-olds who meet the OEO income criteria and their respective families. Assistance is comprised of education, medical, dental, and social and psychological services, as well as adult programs for improving the daily lives of recipient families.

## CHILD CARE IN HAWAII: AN OVERVIEW

**Present Status:** The Oahu Headstart Program, under HCAP sponsorship, serves about 740 children in 35 classes of which three classes receive only support services. Classes have been delegated to the Department of Education, Susannah Wesley Community Center, Palama Inter-church Council, Harris Memorial Church, Palolo Community Council, and University of Hawaii. Statistics compiled by the Honolulu Community Action Program found that in 1969, there were 1,944 children eligible for Headstart. In comparison with the 740 students actually enrolled in full-year Headstart classes on Oahu to the 1,944 preschoolers eligible for Headstart in 1969, only 38 percent of eligible children were being served in full-year programs on Oahu.

**Budget:** Amount of grant:

	Total <sup>a</sup>	Federal	State	Others
1971-72	\$1,562,543	\$1,050,072	\$136,154	\$276,317 <sup>b</sup>
1970-71	1,275,491	987,329	91,343	196,819
1969-70	866,715	655,459	62,036	149,220
1968-69	282,222	255,778	56,444	— <sup>c</sup>

**No. of Children Affected:** 740

<sup>a</sup> All figures obtained from annual reports of the Hawaii Office of Economic Opportunity.

<sup>b</sup> Represents in-kind services.

<sup>c</sup> Not reported.

### PARENT-CHILD CENTER Economic Opportunity Act of 1967, Title II-A

**Administering Agency:** Health and Community Services Council of Hawaii (Delegate agency: Parent and Child Center Policy Advisory Committee)

**Purpose:** The general objectives of the Parent and Child Center are: overcome deficits in health, intellectual, social and emotional development and maximize the child's inherent potential, improve the skills, confidence, attitudes and motivations of the parents as citizens, parents, and individuals, strengthen the family organization, and encourage a sense of community and neighborliness.

The center serves fifty families with children from birth to age three and at four years the children go on to Headstart. The program components are infant, toddler, and family life.

**Budget:** Amount of grant:

	Total	Federal	State	Others
1971-72	\$218,750	\$175,000	\$29,624	\$14,126
1970-71	218,750	175,000	29,624	14,126
1969-70	218,750	175,000	29,624	14,126
1968-69	218,750	175,000	30,542	13,208
1967-68	11,865	9,465	2,400	

**No. of Children Affected:** 100



## STATE PROGRAMS AND SERVICES

### CONCENTRATED EMPLOYMENT PROGRAM Economic Opportunity Acts of 1966 and 1967

**Administering Agency:** Honolulu Community Action Program

**Purpose:** Provides comprehensive employment plan which coordinates the various manpower programs in the Model Cities target areas of Waianae-Nanakuli and Kalihi-Palama. Assists with the chronically unemployed and underemployed to increase their skills and education to enable them to become active in the labor market. In addition, CEP provides supportive services to its clients, including child care service payments.

**Budget:** Estimated use of federal funds for the year 1972-73: \$8,000<sup>a</sup>

**No. of Children Affected:** 40

<sup>a</sup> The \$8,000 for the forty children does not mean that forty children are being provided services for a full year. Supportive services such as child care are provided for only as long as the program lasts which may be a matter of a couple of weeks or months.

*Hawaii County Economic Opportunity Council.* Second largest of the Headstart programs, HCEOC delivers Headstart services to 600 children in various areas throughout the county. Program costs in 1967-68 were at the \$163,736 level and have since risen to the \$246,420 level in 1971-72.

### PROJECT HEADSTART<sup>a</sup> Economic Opportunity Act of 1964

**Administering Agency:** Hawaii County Economic Opportunity Council

**Purpose:** See description for Headstart program under HCAP.

**Budget:** Amount of grant:

	Total	Federal	State	Others
1971-72	\$246,420	\$197,100	\$11,314	\$38,006
1970-71	249,170	197,100	28,252	23,818
1969-70	211,875	169,500	22,165	20,210
1968-69	214,006	169,514	19,125	25,367
1967-68	163,736	132,861	—	30,875

**No. of Children Affected:** 600<sup>b</sup>

<sup>a</sup> Includes health services delegated to the Department of Health.

<sup>b</sup> Figure from the December 1970 report of the Hawaii Office of Economic Opportunity includes those children receiving day care and health services.

## CHILD CARE IN HAWAII: AN OVERVIEW

### HEADSTART FACILITIES—KONA PROJECT Act 187, SLH 1970, Item K-16

**Administering Agency:** Hawaii County Economic Opportunity Council

**Purpose:** To finance the replacement of dilapidated and unsafe Headstart facilities. New classrooms will be in joint use by the DOE (ESEA, Title I, Preschool classes) and HCEOC (Headstart classes) and other related organizations.

**Budget:** Amount of grant:

	Total	Federal	State	Others
1970-71	\$100,000		\$100,000 <sup>a</sup>	
1969-70				
1968-69				
1967-68				

NO PREVIOUS FUNDING

**No. of Children Affected:**

<sup>a</sup> Legislative appropriation.

*Kauai Economic Opportunity, Inc.* Project Headstart under KEO, reported serving approximately 75 children with comprehensive health, education, and social services. Budget for the full-year Headstart programs included health services costs and amounted to \$162,434 in 1970-71 and \$56,699 in 1971-72.<sup>31</sup>

### PROJECT HEADSTART Economic Opportunity Act of 1964

**Administering Agency:** Kauai Economic Opportunity

**Purpose:** Designed to provide assistance to children of preschool age, specifically disadvantaged three- and four-year-olds who meet the OEO income criteria and their respective families. Assistance is comprised of education, medical, dental, and social and psychological services, as well as adult programs for improving the daily lives of recipient families.

**Present Status:** Kauai full-year Headstart provides preschool experience for low-income children, four years of age. School year is from September through June. However, the program year begins from March 1 to February 28. For the program year March to June, a total of 60 children participated and from September to February, 75 children.

## STATE PROGRAMS AND SERVICES

**Budget: Amount of grant:**

	Total	Federal	State	Others
1971-72	\$156,699	\$118,700	\$10,737	\$27,262
1970-71	162,434 <sup>a</sup>	118,700	9,270	34,464
1969-70	124,232 <sup>a</sup>	99,364	—	24,868
1968-69	96,852	74,102	5,400	17,350
1967-68	77,777	60,051	8,640	9,086

**No. of Children Affected: 75**

<sup>a</sup> Includes health services.

*Maui Economic Opportunity, Inc.* Maui OEO runs eight Headstart classes which serve 160 children in the county of Maui (located on two of the principal islands of the county). According to figures relating to program budgeting, the Maui program has grown from \$152,245 in 1967-68 to \$254,224 in 1970-71. Figures for the 1971-72 budget showed a total of \$156,699.

### PROJECT HEADSTART Economic Opportunity Act of 1964

**Administering Agency:** Maui Economic Opportunity

**Purpose:** See description under HCAP

**Present Status:** Eight Headstart classes serve a total of 160 children in Maui county and are located as follows: Molokai at Kilohana, Maunaloa, Hoolehua, and Kaunakakai; on Maui at Makawao, Haiku, and two at Kahului.

**Budget: Amount of grant:**

	Total	Federal	State	Others
1971-72	\$156,699	\$118,700	\$10,737	\$27,262
1970-71	254,224	190,600	20,271	43,353
1969-70	215,346	167,600	15,183	32,563
1968-69	171,211	138,267	32,944	—
1967-68	152,245	124,301	27,944	—

**No. of Children Affected: 160**

This part covered the spectrum of child care services offered by state programs affecting children under five, with heavy concentration on direct services. In addition, statutory responsibility and future program development have been defined. The second portion of this chapter will include a discussion of how these services fit together, what the level of coordination is and an attempt to define service voids. At the outset, it should be emphasized that the discussion is not evaluative in nature and does not draw any conclusion about the quality of the service being provided. Focus is primarily in the structural form and its effect on child care programs.

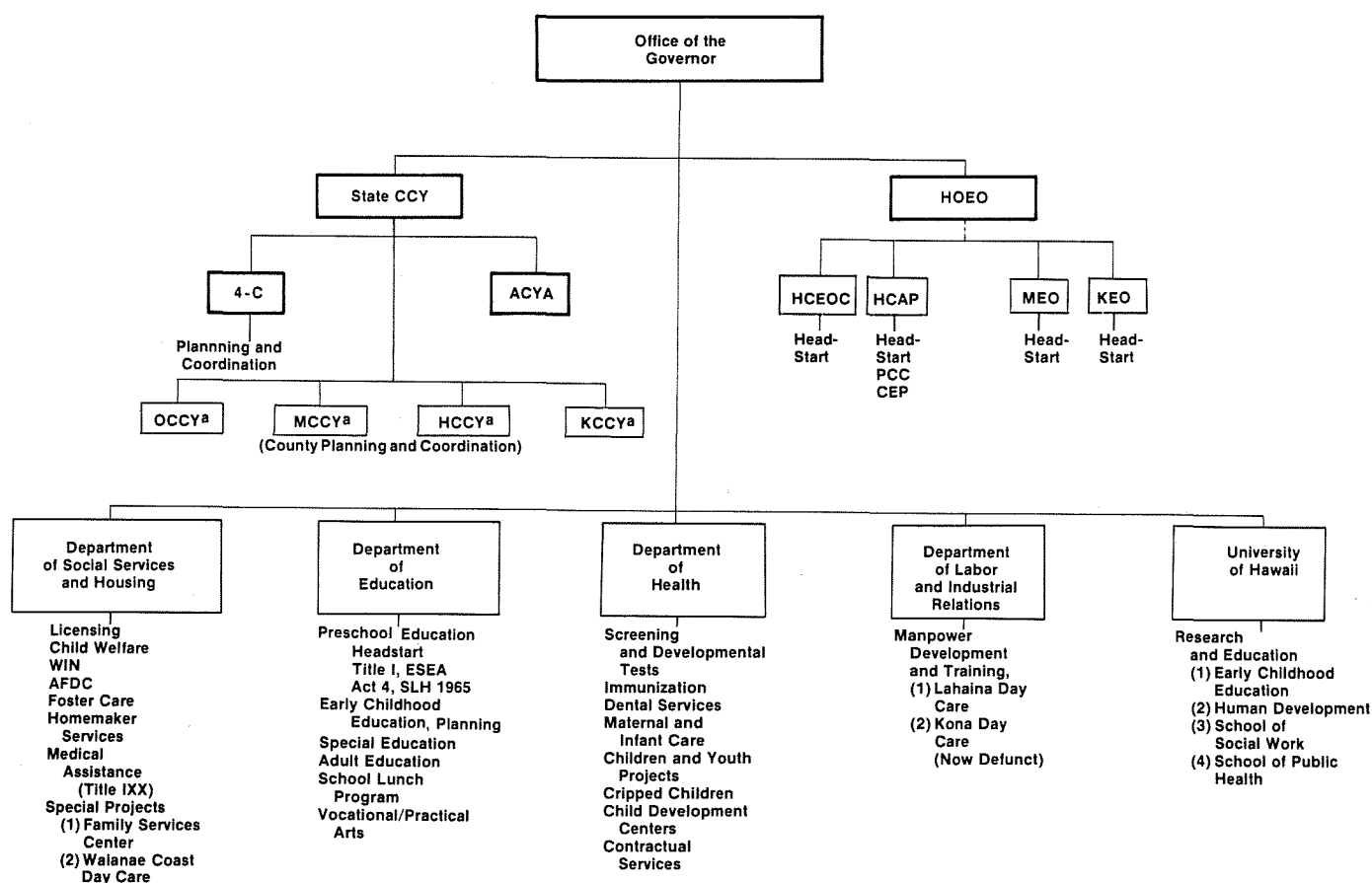
# CHILD CARE IN HAWAII: AN OVERVIEW

## PART II. STATE OF HAWAII PROGRAM MODEL

Since child care programs already exist and jurisdictional lines have been drawn, it is helpful to look at the present structure in total. Figures 7 and 8 show the state organization of all programs in child care and their relationship to one another. The most notable aspect of the organizational structure when seen pictorially is the fact that none of the state departments, commissions and offices have any relationship between them except that they all report to the governor. There is a weak relationship between DSS&H\* and DLIR in the administration of WIN and certain manpower development program. Further, representatives from the DOE and DOH sit on the child care advisory committee of the DSS&H, and vice versa. Departmental representatives also sit on the various committees on children and youth and the "4-C". But sitting on committees does not ensure automatic coordination and since the nature of most of the committees are advisory their decisions are not binding.

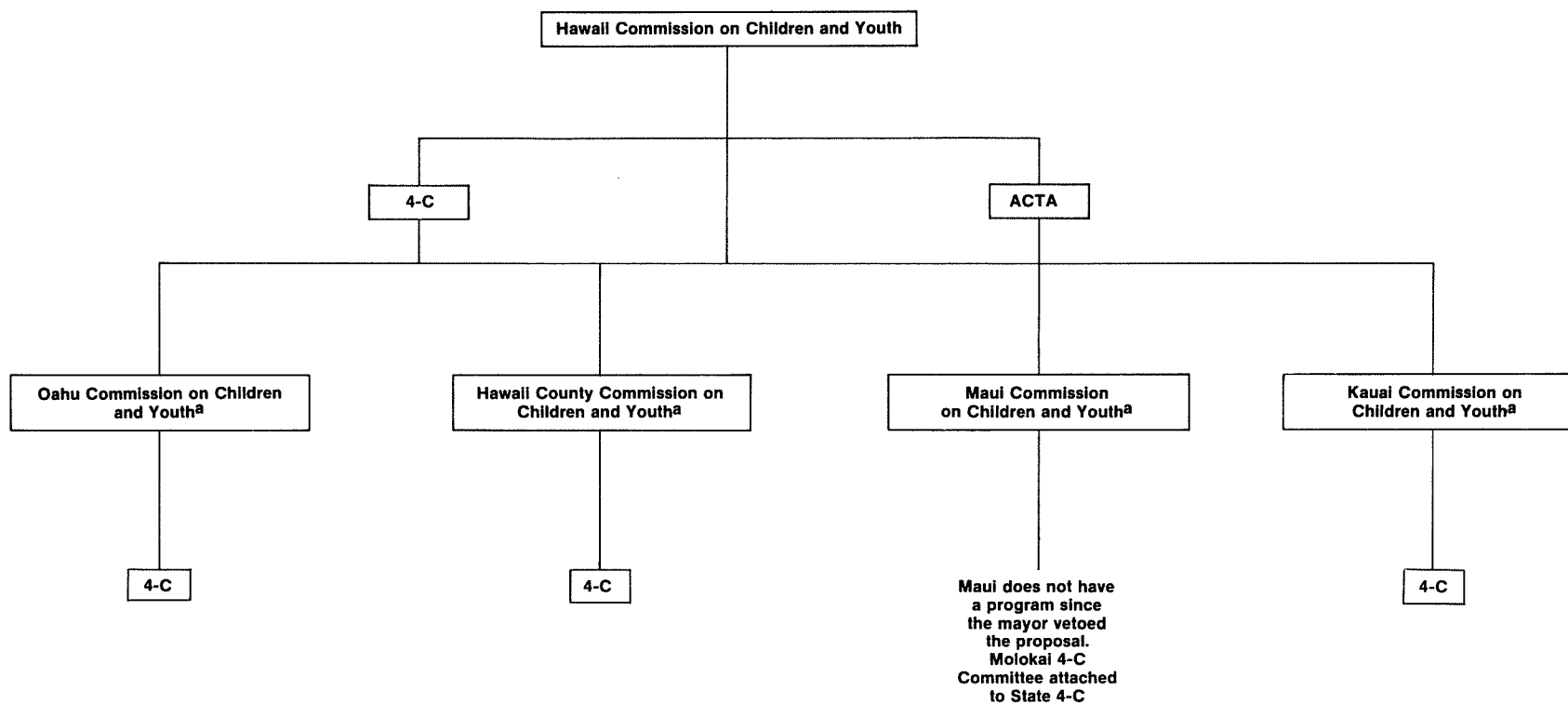
\*Hereafter all departments will be referred to by alphabetical designations, i.e., DSS&H (Department of Social Services and Housing).

FIGURE 7  
STATE STRUCTURE FOR CHILD CARE SERVICES



\*See next page for county organization.

**FIGURE 8**  
**RELATIONSHIP BETWEEN THE STATE COMMISSION ON**  
**CHILDREN AND YOUTH TO COUNTY COMMISSIONS**  
**PURSUANT TO ACT 107, SLH 1971**



<sup>a</sup>Each commission has two representatives to the State Commission on Children and Youth.

## CHILD CARE IN HAWAII: AN OVERVIEW

A more cogent manner in which to discuss governmental coordination is to view the functions of the various agencies. For this purpose, the following grid has been prepared:

**TABLE 22**  
**AGENCY FUNCTIONS IN CHILD CARE**  
**A SUMMARY OF SERVICES FOR CHILDREN 0-4**

Agency	Licensing	Program Responsibility	Consultation	Monitoring	New Program Development	Information Service	Training and Education	Planning and Coordination
Department of Health		1	1	1	1A	2		
Department of Social Services and Housing	1	1	1	1	1A	2		
Department of Education		1	1	1	1A	2	1	
University of Hawaii				1				
Manoa Campus			2				1	
Honolulu Community College							1	
Department of Labor and Industrial Relations		1 <sup>a</sup>						
Department of Hawaiian Home Lands		1 <sup>b</sup>						
Commission on Children and Youth			1			1		
4-C Committee			1		1	1	1	1
Hawaii Office of Economic Opportunity		1		1		2A		1
HCAP		1A	2A	1A	1A		1A	
HCEOC		1A	2A	1A	1A		1A	
MEO		1A	2A	1A	1A		1A	
KEO		1A	2A	1A	1A		1A	
City and County of Honolulu	1 <sup>c</sup>							
Model Cities		1		1	1A		1	1A
OCCY			1					
4-C			1			1	1	1
County of Hawaii	1 <sup>c</sup>							
CCY			1					1
4-C			1			1	1	1
County of Maui	1 <sup>c</sup>							
CCY								
County of Kauai	1 <sup>c</sup>							
CCY			1					
4-C			1			1	1	1

1—Formal agency function by statute, rule and regulation, executive order, legislative mandate, etc.

2—Informal service provided by the agency.

A—Limited to agency programs.

<sup>a</sup> A formal service when designated as part of the project services as in the case of the Lahaina and Kona day care projects.

<sup>b</sup> Actual services delegated to the DOE.

<sup>c</sup> Relates to zoning requirements.

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From the grid one can define areas of possible overlapping and other areas which are underserved.

### Licensing

With the concern for quality programs and the prevention of children receiving harmful or detrimental care professionals and public agencies have relied on licensing. For the states, licensing is the means for regulating and monitoring programs meeting minimum quality standards. In Hawaii, the Department of Social Services and Housing is the sole licensor of day care facilities and family care homes. For this activity, the department employs 9<sup>32</sup> professionals who have licensed approximately 192 day care centers and 137 family care homes serving some 10,165 children.

The department works together with the Department of Health, Department of Education, the Fire Marshal, and the building inspectors of the various counties during the process of establishing licensing standards. In actual implementation of standards and licensing procedures, the department utilizes the help of public health nurses, the fire marshal and county building inspectors. When necessary a nutritionist may be called in.

### Program Responsibility

The State maintains preschool programs with total or partial administrative control funded by federal or state funds. At present, there are five state agencies providing services to some 15,938 children involved in federal programs, one state program along with a number of local and private contracted programs.

The Department of Education provides preschool services to children of low socio-economic backgrounds through two federal programs:

- (1) Elementary and Secondary Education Act of 1965, Title I
- (2) Economic Opportunity Act of 1964, Title II-A

In addition, it operates preschool classes for Hawaiian Home Lands children under Act 4, SLH 1965, which is a state-supported program.

The Department of Health provides screening and developmental assessment programs, immunizations and other health-related programs under Title V of the Social Security Act and the basic act of 1912 which provides for crippled children's services. In addition, under P.L. 91-517, Developmental Disabilities Services and Construction Amendments of 1970, a program for developmental assessment has been instituted to detect mental retardation in preschool children.

Pursuant to Hawaii statute, the department is also allowed to contract with private agencies for services in the various health areas. Among their contracts are the Variety Club Schools, Hawaii Association for Retarded Children and Leahi Hospital.

The Department of Social Services and Housing provides child care payments through three federal programs: Titles IV-A, IV-B, and IV-C of the Social Security Act. In addition, the department has taken over the funding of two Model Cities child care centers: the Family Services Center, Wai-anae Coast Day Care Center, and Keiki O Ka Nani (as of January, 1973).

The Hawaii Office of Economic Opportunity is the coordinating agency for all economic opportunity programs in the State including Headstart. The four community action programs of the counties are actual deliverers of child care services either directly or through delegate agencies.

Further, HCAP provides services through its Concentrated Employment Program (CEP).

## **CHILD CARE IN HAWAII: AN OVERVIEW**

The Department of Labor and Industrial Relations provided child care under its Manpower Development Program in Lahaina and Kona. Both projects have since been discontinued. It also coordinates the WIN program with DSS&H.

### **Program Consultation**

State departments provide technical and program assistance including nutrition, health, education, training and program development.

The Department of Health, the Department of Education, the Department of Social Services and Housing, the University of Hawaii, the Commission on Children and Youth's 4-C's program on both state and county levels, the Community Action agencies and the State OEO office all provide some type of consultative and technical assistance services to their programs, programs run by other departments and to private providers. However, in the case of the 4-C movement, the consultative services are being provided by nonstaff on behalf of 4-C.

### **Program Monitoring**

All state departments involved in federal funding and state-supported programs monitor their programs keeping track of their target group and funding constraints. The departments include DOH, DOE, DSS&H, UH, DLIR and HOEO.

### **New Program Development**

No state agency formally offers technical assistance and planning information to persons interested in providing child care services. Thus far, the DOE, DSS&H, and the DOH have been providing the service on an informal basis. What aid is available seems to fall within the jurisdiction of the department; that is, the DSS&H gives advice on matters relating to licensing which may include questions on how to begin a day care center. The DOE provides curriculum information<sup>33</sup> and the DOH gives information on health components in child care centers.

The Office of Economic Opportunity provides some program development for its programs although it is somewhat limited since federal requirements must be met. In addition, the City and County of Honolulu's Office of Social Resources has a program development component in its City Demonstration Agency branch.

### **Information Services**

The State provides almost no information services and assistance in the areas of child placement for parents whose children do not qualify for government programs, general career development and opportunities, departmental procedures and requirements and general child care information. The Department of Social Services and Housing offer some informational services which answer a question a licensee may have. According to departmental records, some 376 inquiries per month and approximately 52 informational requests per month are received.

Further, information dissemination has been rather poor although attempts through newsletters have been tried. The DSS&H puts out a newsletter relating to day care when possible.

Based on the government functions by agencies, community coordinated child care on both the county and state levels have been established to assume this role. Unfortunately, these committees have not been in existence long enough to evaluate their effectiveness in the role.



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### Training and Education

The University of Hawaii system and the Department of Education are the main providers of training and education program.<sup>34</sup> Most of the education and training information and programs, however, have been geared to certain target groups such as Headstart teachers, DOE teachers, University majors in education or human development, social work or public health majors.

Extensive general education courses in child development serving parents have not yet been undertaken.

Recently, education and training of child care personnel is experiencing a big surge of activity both at the University's Manoa campus and the community college level. (See Appendix H for personnel development in other states.)

### Planning and Coordination

This is the weakest link in state government. Each department has its own area of attention and each is working on its own program development.

Besides the particular departmental planning, such agencies as the Commission on Children and Youth and Community Coordinated Child Care have been established to provide some overall view of children's activities. The 4-C program, in particular, was designated as coordinator of child care programs. Activities so far have been very limited and centered around organizational problems. According to its program definition, 4-C sees itself in a supportive role to "lead" agencies such as the executive departments.

From the view of functions, duties, programs and services certain facts about child care programs in the State emerge. First, departmental programs, often with the same goals and target population, are fragmentized. As an example, both the Department of Education and the Department of Social Services and Housing see the culturally deprived (sometimes known as educationally deprived depending on the statutory terminology) as their target group for services. Further, the Department of Education and the Department of Health see the handicapped, mentally retarded, and the learning disability child as a receiver of services. To complete the circle, the Department of Health and the Department of Social Services and Housing share concerns over the health of the family since the physical and social health simultaneously affect each other. Yet each need is administered separately. A child could be considered "educationally deprived" by the DOE, "economically and socially deprived" by the DSS&H and "medically deprived" by DOH. If he qualifies under all three labels, then he receives services from all three agencies, contending with three different departments, three different forms, three different procedures and so forth.

The reasons for such fragmentary structures are largely historical. As pointed out in the study done for the Massachusetts Advisory Council on Education, entitled *Child Care in Massachusetts: The Public Responsibility*.<sup>35</sup>

Services and programs for young children were originally created to serve the needs of a host of separate clienteles—children of working mothers, handicapped children, retarded children, those from broken homes, and so forth. Consequently, the responsibility for providing these services was allocated to the several "appropriate" social agencies. These different mandates have been perpetuated and further strengthened through separate legislative and funding channels . . . Auxiliary program services which have been added, such as technical assistance, other forms of consultation, and training, were created to meet the needs, not of the total range of programs for children, but rather of these separately administered and funded programs.

## CHILD CARE IN HAWAII: AN OVERVIEW

Fragmentation in itself need not be bad if provisions are made to provide proper coordination. However, from the look at departmental problems, such coordination to facilitate comprehensive planning is weak.

What is the effect of fragmentation on child care programs in Hawaii?

As noted in the DOE study, piecemeal funding seen in child care presents a distorted picture:<sup>36</sup>

... the variety of grants and specific funding provisions of each distort our perspective of the needs of our youngsters, restrict our actions, and contribute greatly to the fragmented, piecemeal approach now prevalent in the financing of early childhood programs. In many instances, the *funds are dictating which needs will be satisfied*. (Emphasis theirs)

The consequence is a great concentration on the lower socio-economic levels or designated model neighborhood areas and an almost complete ignorance of the middle income to working poor who do not qualify for services but who nonetheless have very real needs.

In addition, piecemeal funding often includes restrictive provisions as experienced by the last legislative session (see Appendix I). Many bills were introduced, most of them with definite restrictions such as matching Title IV-A monies or for specific neighborhoods. The end result is an almost total inability to offer new services to parents and children outside the target group.

All of this leads into a third effect of fragmentation which is the isolationist effect many programs foster. Piecemeal approaches isolate groups from each other. Headstart, for instance, allows only children of the lower socio-economic levels into its program. Some parents of Headstart children have requested that their children be intermingled with children from different backgrounds to allow for a greater range of experience. However, intermixtures have been difficult because of government regulations. Model Cities programs also exemplify the isolationist effect. Model neighborhood area child care centers are restricted to services only for those who live in the area and whose parents are in training or work programs.

Another area where fragmentation hinders is program development which includes those areas of licensing, technical and consultative services, and program monitoring. Most areas in the country are plagued with the problems of having to contend with three different agencies for licensing on both states and local levels. In Hawaii, the Department of Social Services and Housing is designated as the licensing agency. Ironically, just as others have found that too many agencies make licensing a fragmented effort often fraught with contradiction, the consolidation of the licensing power within one line agency has also resulted in limited development. Coordination of licensing with program development in the area seems to be a problem. Some of the licensing regulations need review in light of the expanding and changing child care needs. Licensing could be used more effectively in supplying much needed information about the private child care market. Educationally oriented personnel feel that more input from the education department in licensing is necessary to ensure an adequate program.<sup>37</sup>

In areas such as technical and consultative services is found a great shortage of personnel. The Department of Education has one program specialist in early childhood education, the Community Coordinated Child Care has two positions which could provide such services although both are presently vacant and the University serves as a resource though there is no formal commitment on their part to provide such services on a regular basis. Because of the limited number most of their services go toward departmental efforts. Further, governmental programs in this area for private providers is almost nonexistent. This brings us back to the original observation made: the present form of government has not been conducive to coordinated planning and has served to reiterate and underline fragmentation. As a result, much duplication may be occurring although we cannot determine its

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exact extent. Master plans for child care services with the "target group" approach are being developed in the various departments. In addition, county level and state level agencies are now determining needs and services. Moreover, anyone conducting a study similar in nature to this study will inevitably find himself backtracking over territories which were already being studied by some group or another—all concentrating on only one aspect of child care.

Once all the information does come in, there is no way to assure that the information will be used to develop comprehensive approaches. The Community Coordinated Child Care program seems to be considered a low priority since staff personnel openings have been left vacant. In fact, the planner most actively involved in child care assessment is not in the employ of 4-C but does so voluntarily. However, the whole area of comprehensive child care planning is too complex for one person to handle.

The picture of 4-C as a viable coordinating agency is dim. At issue is not the concept of 4-C but rather its position of weakness. Evaluation of the state structure shows a crucial need for strong coordination. Although 4-C may have an overall view of the situation, its present role as a coordinating agency is far too innocuous if it is to aid in the development of a comprehensive child care program. What is probably needed is a clearer definition of authority concerning the role of the committee.

From the preceding discussion, it appears that state child care services, though providing a number of quality services, labors under a structural system which results in fragmented efforts and funding leading to the development of special interest in child care. Moreover, these programs, limited either by target group or geographic area, do not sufficiently meet statewide needs and from departmental indications even the special area programs are plagued with inadequacies.

## CHAPTER III

### CHILD CARE IN THE PRIVATE SECTOR

Thus far, there has been presented a discussion of the public sector's programs in child care. But to avoid presenting an incorrect picture of child care services provisions, the private sector's contribution must be included in any child care study. The observation can be made that child care services, particularly day care and family care homes, is a predominantly private sector service. A report conducted by the National Council of Jewish Women, entitled *Windows on Day Care*, reported a total of 16,600 licensed day care centers in the United States in 1970 and of this amount only 1,200 were sponsored by public institutions. The rest were part of the private sector, both private nonprofit and profit. In terms of actual amount of children served, the 1,200 public centers had an enrollment of 50,700 children, while the private centers served 527,000 children. This figure does not include the 48,100 children in programs whose auspices was not reported. The actual figures are seen in Table 23. As an added informational point, the table also shows the percentage of increase over 1960 levels.

**TABLE 23**  
**TOTAL NUMBER AND CAPACITY OF LICENSED NON-PROFIT DAY CARE CENTERS**  
**AND PROPRIETARY CENTERS, BY TYPE, 1960 AND 1970**

Non-Profit Centers												
Year	Public				Voluntary				Total Non-Profit			
	No.	%	Capacity	%	No.	%	Capacity	%	No.	%	Capacity	%
1960 . . . . .	276	6.2	15,501	11.0	1,109	25.1	49,160	34.8	1,385	31.3	64,661	45.8
1970 . . . . .	1,200	7.2	50,700	8.1	5,600	33.8	234,000	37.4	6,800	41.0	284,700	45.5
Rate of Increase:	335%	UP	227%		405%	UP	376%		391%	UP	340%	
Auspices Not Reported												
Year	Proprietary				Auspices Not Reported				Total, All Licensed Centers			
	No.	%	Capacity	%	No.	%	Capacity	%	No.	%	Capacity	%
1960 . . . . .	2,497	56.4	66,714	47.3	544	12.3	9,703	6.9	4,426	100	141,078	100
1970 . . . . .	8,400	50.6	293,000	46.8	1,400	8.4	48,100	7.7	16,600	100	625,800	100
Rate of Increase:	236%	UP	339%		157%	UP	395%		275%	UP	344%	

Source: Mary Dublin Keyserling, *Windows on Day Care* (New York: National Council of Jewish Women, 1972), p. 72. Original data from the U.S. Department of Health, Education and Welfare.

## CHILD CARE IN HAWAII: AN OVERVIEW

The history of private day care and nurseries began long before public institutions had child care services. In 1854, a day nursery for children of poor working mothers was started. It was the New York Nursery and Children's Hospital which took in children from six weeks to six years of age. After the civil war, private individuals began baby-sitting for profit as a result of a demand developing out of widows of civil war soldiers who now had to work to support their families.

Nineteenth century child care was essentially a welfare service or sponsored under the philanthropic banner. Standards were not enforced and service was uneven ranging from "good" care which may have been a little more than custodial to "bad" care from which emanated many of the early stories of child abuse in day care centers. The whole focus of the services provided was parent-need-centered. Working parents needed a place to leave their children while they were on the job. As a result, the child's developmental needs were of secondary importance.

Today, the private sector still serves the needs of the working parents. For the most part, conditions have improved and standards enforced. More agencies are involved in providing child care and the thrust no longer is limited to "philanthropic" or "welfare" related services.

In the total scheme of child care, the private sector's target group is the working parent, a group for which government historically has not provided services save during times of emergencies such as war.

Statistics show that in comparison with the public programs, the clientele of the private market are families whose incomes fall within the \$5,000 to \$10,000 annual income range. According to the *Windows on Day Care* report, the findings revealed the following facts:<sup>1</sup>

- (a) In only one-fifth of the centers visited for which information was available, did all or most (more than two-thirds) of the families have annual incomes of less than \$5,000.
- (b) In somewhat more than one-half of the centers, all or most of the families served were said to be in the \$5,000 to \$10,000 income bracket.
- (c) In about one-fifth of the centers, all or most of the families served were said to be in the \$10,000 and over annual bracket.
- (d) In 6 percent of the centers, half the families served were reported to be in the \$5,000-\$10,000 income bracket and half in the \$10,000 and over category.

The report went on further to state that: "Working mothers constituted the large majority of users of the proprietary centers visited."<sup>2</sup> These findings reinforced an earlier survey conducted by the Westinghouse Learning Corporation and Westat Research, Inc. in which proprietary centers were shown to provide a greater percentage of their services to families with an income level between \$6,000 and above as illustrated in Table 24. Note also that the same table shows that families with incomes less than \$6,000 are provided with services from nonproprietary organizations.

## CHILD CARE IN THE PRIVATE SECTOR

**TABLE 24**  
**ESTIMATED NUMBER AND PERCENTAGE DISTRIBUTION OF USER PARENTS BY**  
**FAMILY INCOME AND BY OWNERSHIP OF CENTER USED**

User Family income (\$)	Ownership of center used					
	Proprietary		Other		Total	
	No.	%	No.	%	No.	%
Under 2,000 .....	2	5.1	37	94.9	39	100.0
2,000-3,999 .....	21	22.6	72	77.4	93	100.0
4,000-5,999 .....	22	28.2	56	71.8	78	100.0
6,000-7,999 .....	51	60.7	33	39.3	84	100.0
8,000-9,999 .....	28	52.8	25	47.2	53	100.0
10,000+ .....	158	77.8	45	22.2	203	100.0
Total .....	282	51.3	268	48.7	550	100.0

Note: Percentages represent the percent of all users in a certain family income group that are users of centers with the given characteristics of the three groups.

<sup>a</sup>Non-profit centers usually sponsored by community agencies and public programs.

Source: Westinghouse Learning Corporation and Westat Research, *Day Care Survey-1970, Summary Report and Basic Analysis*, prepared for U.S. Office of Economic Opportunity (Washington: 1971), p. 132.

Further, findings relating the distribution of day care users by income and working mother show that when the mother does work in a two-parent family the median family income is \$7,524 (see Table 25). When this finding is correlated with the income levels of families using proprietary centers, there appears to be a confirmation that working mothers do use proprietary centers.

**TABLE 25**  
**NUMBER AND PERCENTAGE DISTRIBUTION OF USER PARENT RESPONDENTS BY FAMILY**  
**INCOME, BY TYPE OF HOUSEHOLD, AND BY WORKING STATUS OF MOTHER**

Family Income Per Year (\$)	One-parent households				Two-parent households				All households				Total	
	Working mother		Nonworking mother		Working mother		Nonworking mother		Working mother		Nonworking mother			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Under 2,000 ...	21	14	12	35	2	1	4	6	23	5	16	16	39	7
2,000-2,999 ....	18	12	8	23	11	3	6	9	30	6	14	14	44	7
3,000-3,999 ....	27	18	5	15	16	5	2	3	43	9	7	7	50	9
4,000-5,999 ....	37	24	4	12	28	9	9	13	65	14	13	13	78	14
6,000-7,999 ....	12	8	2	6	56	17	14	21	68	14	16	15	84	15
8,000 or more .	26	17	1	3	199	62	30	44	225	48	31	30	255	44
Other*.....	10	7	2	6	11	3	3	4	21	4	5	5	26	4
Total .....	151	100	34	100	323	100	68	100	474	100	102	100	577	100

\*Identified with respect to working status of mother and type of household, but no family income figure. One response is not included in the table because of no response to type of households.

Source: Westinghouse Learning Corporation and Westat Research, *Day Care Survey-1970, Summary Report and Basic Analysis*, prepared for U.S. Office of Economic Opportunity (Washington: 1971), p. 105.

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Private day care divides itself into two categories: the private profit and the private nonprofit. The former are made up of national franchise operations and small private centers while the latter runs the gamut of church schools, community association sponsorship or other service organizations set up under trusts or United Fund auspices.

The programs provided under both types of private sector services vary greatly. Some proprietary centers are exemplary programs in their area while others are simply a business proposition trying to make a profit and sacrificing quality for quantity. In cases of the nonprofit private centers, a lack of money may force program quality to be low. Many church-related facilities fall into this category. Operating on a shoe-string budget and voluntary help from church members, church-related child care is often nothing more than custodial services.

Because of the great demand for child care, nationally franchised day care operations have proliferated within the last decade becoming one of the fastest growing services. In many cases, day care for profit is somewhat of an oddity in the day care field. Excellent quality programs are being offered at lower costs than nonprofit publicly supported programs. However, the statement must be tempered by understanding the components involved in the care. Profit day care often does not contain the health and social services which government programs offer and it is here that the price differential occurs. Nonetheless, for the type of service being offered quality can exist in profit day care.

Family day care is the silent partner of center day care. In actuality, it represents the largest private service in child care. In studying the child care arrangements of working mothers, family day care is estimated at 450,000 homes across the nation. Most of the care provided in family day care is on an informal basis and therefore difficult to regulate or study.

The quality of the service provided in family day care, as with center care, varies greatly, depending on the person taking care of the child. It may be simple baby-sitting or it may involve educational aspects informally provided by the family day care mother.

### Hawaii and Private Child Care

The private sector in Hawaii has a long tradition of child care services. The first centers began in the 19th century as places for children of immigrants to be taken care of while their parents worked. Since that time, church organizations, community groups, private and nonprofit organizations have all been providing child day care services to the community.

Today, there are some 144 private centers across the State who serve approximately 7,329 children. Their services range from limited custodial type programs to more comprehensive forms which include medical and dental services, transportation and parent involvement.

As of May 1971, there were approximately twenty-eight privately sponsored combination preschool and day care centers<sup>3</sup> in the State who could be classified as profit-making organizations. The nonprofit making child care centers accounted for 65 of the privately sponsored centers. In the preschool classification, eight centers were considered profit making and some forty-three were nonprofit.

Tuition charges for the different child care services ranged from a low of \$20 for a preschool program to a high of \$90 for a ten-hour year-round day care program. Estimates on the cost per pupil was made in the DOE study. For the preschool program on a year-round basis, it was computed at \$46 per month or \$552 per year. Costs for a ten-hour day care year-round amounted to approximately \$66 per month for each child or some \$792 per year (see Table 26).

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**TABLE 26**  
**TUITION CHARGES AND COST OF CHILD CARE PROGRAMS**

Programs	Tuition Range (Per Mo.)			Add 10% Misc. Income	Cost Per Pupil	
	Low	High	Avg.		Per Mo.	Per Year
<b>Combination Day Care Centers:</b>						
Preschool (3 hrs. per day-year round).....	\$20	\$65	\$42	\$4	\$46	\$552
Day Care & Preschool (10 hrs.-year round) .....	\$35	\$90	\$60	\$6	\$66	\$792
<b>Preschool:</b> (3 hrs.-9 mos.) .....	\$17	\$63	\$36	\$4	\$40	\$360
<b>Special Programs:</b>						
For Disadvantaged (6 hrs.-9 mos.) ...	—	—	—	—	\$178	\$1,600
For Exceptional (6 hrs.-9 mos.) .....	—	—	—	—	\$178	\$1,600
Babysitting Services (year round).....	—	—	\$75	—	\$75	\$900

Source: Hawaii, Department of Education, Office of Instructional Services, *A Study in Early Childhood Education (from birth to age four)*, Honolulu: 1972, p. 28.

Some of the reasons for the relatively low cost for private day care can be seen in the staffing of the private programs. Statistics show that the teacher-pupil ratio for private centers meet DSS&H licensing requirements. This means that for private centers the ratio is one teacher to twenty children. For the most part, the average teacher to pupil ratio was approximately 1:14 (see Table 27).

**TABLE 27**  
**STAFFING RATIO BY TYPES OF INSTITUTIONAL PROGRAMS**  
**As of May 1971**

Type of Program	Ratio of Children to Teachers			Ratio of Children to Teachers and Asst. Teachers		
	High	Low	Avg.	High	Low	Avg.
<b>Group Day Care Centers</b>						
Combination Preschool & Day Care Centers .....	25:1	6:1	14:1	20:1	4:1	12:1
Preschools .....	21:1	3:1	13:1	20:1	3:1	12:1
<b>Special Programs for Disadvantaged</b>						
Private agency sponsored	—	—	15:1	—	—	5:1
DOE sponsored	—	—	15:1	—	—	5:1

Source: Hawaii, Department of Education, Office of Instructional Services, *A Study in Early Childhood Education (from birth to age four)*, Honolulu: 1972, p. 27.



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A more telling factor for the low cost in private day care are the salaries paid to employees. On the whole, private salaries are below DOE schedules thus making the employment and retention of college graduates difficult. "In some private pre-schools, teachers are paid \$180 to \$240 per month on a half-day work schedule. Some teachers are paid hourly rates ranging from \$1.85 to \$2.00 per hour. In other instances, the teachers and teacher assistants doubled as custodians, cooks, and nurses."<sup>4</sup> The educational backgrounds of directors, teachers, and assistant teachers varied from less than high school to college degrees. Among directors, a higher academic level of achievement was found. Most directors tended to have some college experience to graduate degrees. There was some geographical variance. Directors on the neighbor islands fell into the lower levels of achievement as opposed to Honolulu directors.

Teachers also reflected a wide range of educational attainment. For the most part, however, they fell between a high school diploma to a Bachelor's degree. The geographical variation showed up more prominently among teachers. Neighbor island counties reported most of the teachers in the "high school diploma" and "some college experience" group. Whereas, for the City and County of Honolulu, findings showed that teachers were more evenly distributed among the three groups ranging from "high school diploma" to Bachelor's degree.

Assistant teachers were heavily weighted in the high school diploma area in all four counties. The second grouping in which assistant teachers fell was the "less than high school diploma".

(For all results see Table 28 on educational background of day care center personnel. The figures also include government-sponsored centers. However, it is felt that the main findings discussed in the preceding paragraphs hold true for private centers.)

**TABLE 28**  
**EDUCATIONAL BACKGROUND OF GROUP DAY CARE CENTER DIRECTORS, TEACHERS AND ASSISTANT TEACHERS BY DOE SCHOOL DISTRICTS**

School District	DIRECTORS <sup>a</sup>					TEACHERS <sup>b</sup>					ASSISTANT TEACHERS <sup>c</sup>			
	Less Than H.S.	H.S. Diploma	Some College Exp.	B.A. Degree	Grad. Degree	Less Than H.S.	H.S. Diploma	Some College Exp.	B.A. Degree	Grad. Degree	Less Than H.S.	H.S. Diploma	Some College Exp.	B.A. Degree
Honolulu .....	0	3	17	63	17	2	20	32	41	5	13	49	35	3
Central .....	0	10	50	40	0	0	37	30	33	0	10	40	10	40
Leeward .....	7	7	14	50	22	7	27	20	41	5	17	79	4	0
Windward .....	0	10	40	50	0	4	11	53	32	0	15	65	20	0
Hawaii .....	0	25	25	25	25	6	50	26	12	6	12	67	0	11
Maui .....	0	75	0	0	25	0	73	18	9	0	33	67	0	0
Kauai .....	0	20	20	60	0	8	69	15	0	8	14	86	0	0
STATE .....	—	9%	23%	53%	15%	3%	26%	33%	34%	3%	14%	59%	22%	1%

Source: Data obtained from Department of Education, Office of Instructional Services, 1970.

Primary responsibilities:

<sup>a</sup>Administration of center and total program development.

<sup>b</sup>Planning and implementing educational program.

<sup>c</sup>Assistant to teacher; may take over group in teacher's absence.

## CHILD CARE IN THE PRIVATE SECTOR

Services offered by centers were surveyed.<sup>5</sup> From the findings, a design of program services can be seen. The highest percentage of services offered was in the area of food services where 100 percent of the centers surveyed said they offered some type of food service including snacks. Eighty-four percent reported medical and dental referrals and 77 percent reported having formal instructions. Parent involvement was part of the program in 75 percent of the centers and 40 percent offered diagnosis of specific handicaps, 45 percent had in-service training while only 14 percent had any evaluation of children. Transportation services were provided by 28 percent of the centers surveyed.

The results of actual service were then compared with the results of the directors' attitudes as to whether such services should be provided. Of those responding to the question of whether formal instruction should be provided, 79 percent reported in the affirmative with 11 percent saying "no" and 10 percent not responding. In parent involvement, 74 percent said that such a program should be provided, with 28 percent responding in the negative and some 33 percent not answering.

The two highest responses in comparing actual service to proposed services were in the area of in-service training and evaluation of children. Of the forty-five directors who stated their programs contained in-service training components, all or 100 percent felt that these services should be provided. As for evaluation of children, all of those who presently offer the service felt that such services should be offered. However, in this case this amounts to only some 14 percent of the centers.

While 100 percent of the centers surveyed offered food services, only 68 percent said that such services should be offered and 20 percent said such services should not be offered, with 12 percent recorded with "no response".

Transportation still remained among the lowest in priority with 74 percent of the 28 percent who stated they offered the service, saying they should not offer the service. Only 13 percent of those who presently offer transportation said they should include it in the program (see Table 29 for detailed results of the survey).

Sponsorship of programs seems to be an important factor in programs and program quality. For instance, in interviews conducted on the neighbor island counties, it was found that aside from the Headstart and DOE centers, child care services was almost an exclusively church-sponsored service. Child care businesses are more common in the urban areas due to the profit-making factors of urban areas as opposed to rural. As a result, Honolulu logically is served by a greater proportion of independent centers than the other three counties. However, this does not diminish the fact that many of the programs serving Honolulu are still church-sponsored.

The preceding chapter shows the extent to which private child care center services are available in the State. In Hawaii, private child care offers an important service to the working mother. However, many of the programs find themselves limited by financial constraints. In turn, this affects program development and expansion, staff training, and service expansion. The fact that most of the centers are nonprofit, often church related, further adds to the financial difficulties since expenditures depend on contributions from such agencies as the Aloha United Fund or church money. Private child care, like so many service agencies, now finds itself in a situation of double jeopardy. An increase in service would mean an increase in fees and an increase in fees may hurt those who need their services the most.

## CHILD CARE IN HAWAII: AN OVERVIEW

**TABLE 29**  
**SERVICES PROVIDED VS. DIRECTORS' ATTITUDES TOWARD**  
**PROVIDING THESE SERVICES IN DAY CARE PROGRAMS**

Service is Provided	Service Should Be Provided			
	Yes	No	No Reply	Total
<b>FORMAL INSTRUCTION</b>				
Yes .....	86	8	6	100%
No .....	61	28	11	100%
No Reply .....	25	0	75	100%
TOTAL .....	79	11	10	100%
<b>PARENT INVOLVEMENT</b>				
Yes .....	89	6	5	100%
No .....	28	67	5	100%
No Reply .....	33	0	67	100%
TOTAL .....	74	17	9	100%
<b>DIAGNOSIS OF SPECIFIC HANDICAPS</b>				
Yes .....	66	32	2	100%
No .....	71	29	0	100%
No Reply .....	24	35	41	100%
TOTAL .....	70	29	1	100%
<b>INSERVICE TRAINING</b>				
Yes .....	100	0	0	100%
No .....	85	12	3	100%
No Reply .....	33	25	42	100%
TOTAL .....	85	9	6	100%
<b>EVALUATION OF CHILDREN</b>				
Yes .....	100	0	0	100%
No .....	73	16	11	100%
No Reply .....	33	0	67	100%
TOTAL .....	76	14	10	100%
<b>MEDICAL AND DENTAL REFERRALS</b>				
Yes .....	59	7	34	100%
No .....	27	27	46	100%
No Reply .....	50	0	50	100%
TOTAL .....	55	9	36	100%
<b>FOOD SERVICES INCLUDING SNACKS</b>				
Yes .....	68	20	12	100%
No .....	—	—	—	—
No Reply .....	—	—	—	—
TOTAL .....	—	—	—	—
<b>TRANSPORTATION</b>				
Yes .....	13	74	13	100%
No .....	19	67	14	100%
No Reply .....	—	—	—	—
TOTAL .....	16	71	13	100%

Source: Data obtained from Department of Education, Office of Instructional Services, 1970.

## CHAPTER IV

# REGULATION OF CHILD CARE SERVICES

An extremely important issue in child care services is licensing and regulation. Thus far in the study, allusions have been made to regulation and licensing of child care services through the mention of the regulatory function as part of the program of the Department of Social Services and Housing. Although a systematic analysis of the rules and regulations affecting licensing has not been undertaken, research during the course of the study has revealed a number of issues which will be discussed in this chapter.

There are many views and concepts of child care licensing and regulation. Some consider it a protective services; others, a preventative service. Some consider it a health and welfare function; others see it as an educational function. Still others consider licensing a consumer protection function. Whatever the conceptualization, there is more to licensing than simple regulation.

Licensing represents one form of regulation in the area of child care services. According to Norris E. Class, the foremost authority in the United States on child care licensing, there are five postulates of child care licensing:<sup>1</sup>

1. *Child care licensing should be viewed as a form of regulatory administration.* In essence, licensing powers are delegated legislative powers with quasi-legislative and quasi-judicial powers given to the departments. In many ways child care licensing is no different, ultimately, from professional and occupational licensing. As Class and Gertrude Binder observed, "The ultimate purpose of welfare licensing is fundamentally no different from the ultimate purpose of professional licensing for such groups as doctors and pharmacists. In each instance the community, speaking through the legislature, has decided that the users of services concerned are not, by themselves, in a position to inquire into and properly appraise the standards under which the services are rendered."<sup>2</sup>

Licensing has sanctions both positively and negatively. Positive sanctions are provided under approval to operate a facility and the negative sanctions are the revocation or suspension of the license when the licensee is in violation of the standards established.

All of this makes licensing a powerful tool. It provides for total control of a service in the name of public good. Consequently, the administration of licensing rules and regulations by the department must insure that the individual rights of those who provide child care services and those who receive the service are not abridged in any way.

2. *Child care licensing is concerned with facilities under private auspices.* Under the powers of the State is the power to regulate private enterprises for the general welfare. Historically, states have imposed such regulations when the services provided by the private enterprise affects the public interest.

Certain inconsistencies have been noted in applying licensing requirements to private enterprises and not to public agencies which provide the same care. The philosophy behind this is that public agency programs are essentially controlled by legislative powers. That is, the legislative body establishes and abolishes

## CHILD CARE IN HAWAII: AN OVERVIEW

public programs. Secondly, it is noted that in cases where public agencies provide direct services, there is an expectation that the programs would be part of the state's obligation to protect children in out-of-home care. One method of regulation, although not licensing, is administrative control. Public programs normally are subject to administrative control which imposes standards upon the programs thereby assuring proper care for the children.

In any case, consistent standards for both public and private programs should be established and all programs regardless of auspices should meet such standards.

3. *Licensing is only one means of securing conformity to standards and the upgrading of service.* Many view licensing as a means of upgrading services in the area of child care. However, in doing so a number of problems emerge which will be discussed in a later section of this chapter. Class seems to feel that this view of licensing is only one part of raising standards. Other means include an accrediting system with voluntary registration, standards for purchase of care which are higher than licensing standards, replacing of family-type facilities with a system of official approval of homes receiving children independently placed, as in England under the Child Care Act of 1948, and requiring the registration of certain types of family facilities plus the right of inspection.

Licensing remains an instrument of protection, assuring good child care. However, it needs supplementary and complementary operations to help it reach its full potential.

4. *Sound administration requires recognition of the operational differences between child care licensing and child placing.* Many states, by tradition, still integrate child placement with child licensing. In such cases both programs suffer since the thrust of each is in a different area. Class notes that child placement has four major tasks: (a) placement diagnosis; (b) handling the separation experience; (c) dealing with the problems of congruence or incongruence between the child's own home and the caretaker's home; and (d) dealing with the confusion that often occurs over implementation of parental rights when the child is in an out-of-home situation. In contrast, he notes that child licensing includes: (a) interpreting the fact that child care is an activity affecting the public interest and is therefore recognized by the State as an area of regulation; (b) formulating and reformulating licensing standards which will reduce the risk of improper care and enhance the possibility of wholesome care; (c) evaluating each applicant's situation to decide whether or not to issue the license; and (d) supervisory activity to maintain conformity to standards and usually, consultation to upgrade care.
5. *Child care licensing is a preventive welfare program.* Essentially, licensing is a preventive program because it is future oriented. That is, present facts are gathered to determine whether future users of a facility will receive proper care.

Class' postulates serve as a basis for understanding licensing. However, improperly administered or based on rationale not suitable for its functions, licensing can cause a number of difficulties affecting child care.

Licensing is not the best way of raising child care standards. In case where licensing or similar regulatory methods have been used to raise standards, problems have occurred. The Federal Inter-agency Day Care Requirements established by the federal government is one example of using licensing to raise standards. In this situation, licensing effect is created through the allocating or withholding of federal monies; that is, where normally a license to practice is awarded a center that meets standards, the federal government awards federal monies.

The interagency requirements are particularly strict in the area of staff:pupil ratios. They require one staff member for every five children as compared to Hawaii's requirement of one staff member for every fifteen children. It is not denied that a high staff to pupil ratio is desirable in view of the latest findings which indicate correlations between high staff to pupil ratios and "quality child care". However, it should also be noted that in the discussion on the cost of child care found in chapter VII, personnel costs were considered the greatest single cost factor in the deliverance of child care services.

## REGULATION OF CHILD CARE SERVICES

The imposition then, of a set of standards, although valid, on the market situation which cannot cope with the added expenses incurred only serves to inhibit the growth of child care services and exclude more persons from taking advantage of the available service. In the case of the Federal Inter-agency requirements, the implementation of standards usually resulted in the following:

1. The program became so expensive that only the very rich or those who were involved in federal programs such as Headstart and Model Cities could benefit; and
2. The middle group of people, those earning between \$8,000 and \$15,000 a year, in which both parents must work in order to maintain the income level, would be summarily excluded since they cannot afford the high costs, nor do they qualify for federal aid.

As shown in an earlier discussion, it is this middle group which seems to have the greatest need for child care services. In this case, then, regulatory standards served to limit rather than expand services.

Licensing may be a limitation on the development of new and experimental programs. Any time an institutionalization of a program occurs, standardization sets in. While standardization is not in itself a negative fact, an overzealous adherence to it may result in undermining the development of new programs.

It was stated in the introduction of this study that child care services should be delivered from a variety of sponsorships and provide a variety of approaches to education, socialization, and other aspects of child development. If such is the case, then it is possible that certain requirements in licensing may inhibit diversification. For instance, in the *Rules and Regulations Governing Group Day Care Centers*, promulgated by the Department of Social Services and Housing, Public Welfare Division, standards must be met in reference to the number of children per staff member. Gradations in the number of children per staff member are also required so that all group day care centers must meet the following schedule:<sup>3</sup>

2. The number of children per staff member shall not exceed:
  - 10 children age 2 to 3 years
  - 15 children age 3 to 4 years
  - 20 children age 4 to 5 years
  - 25 children age 5 years and older

The regulations assume that all group day care centers group their children by age. It does not allow for any other type of program grouping or the type of activity provided. Smaller centers may require less staffing than large centers, or drop-in center programs may need more staff than regular programs.

A corollary which emerged from the inability of standards to provide for a variety of child care services is the possibility that standards may inadvertently act to cut off new and innovative programs. Gwen G. Morgan, Child Care Consultant for the Commonwealth of Massachusetts, provides an example of such a situation:<sup>4</sup>

A good example of this problem is to look at existing standards for group day care and try to figure out how they might be applied to the Swedish "together center" idea. Advocates of this program model deplore the segregation imposed by the traditional day care center, as many in our society do, and propose as an alternative model a program which would serve all ages. Preschool children would be cared for there; mothers would have a place to meet and drink coffee or do laundry or mending; the elderly would have hobby rooms; and in the afternoon the school-age children could use the same hobby rooms. The opportunities for cross-age helping are great, and it is likely that such a center, if it existed, would begin to develop all kinds of creative linkages . . . . Children would have an opportunity to become interested in the activities of members of their community, and one can imagine an attachment between young children and "special" elderly people or teenagers, who are doing hobbies or work which interest the children. Under these circumstances, how is one to determine where adult-child ratio leaves off and program begins.

Inflexible licensing standards which do not recognize varying needs and conditions of the differ-

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ent communities and do not adjust appropriately, within proper standards, are probably one of the great deterrents to the expansion of child care services.

Licensing may also establish certain ironies and inconsistencies. The most obvious area of child care in which these inconsistencies and ironies appear is in family day care. There is some incongruity about requiring family day care standards for a private home. Moreover, it should be noted that such rigid standards are not applied to a family home where six or more may reside. Requiring a person to renovate his home and adhere to standards not otherwise required in general occupancy seems somewhat unfair when so much substandard housing is allowed to exist. *The problem here, however, is more a matter of raising general housing standards than lowering family day care standards.* Ironically, parents who use the services of family day care providers are less interested in increasing the protection of their children than in at least having some protection for them.

Licensing may be so restrictive as to cause operations outside the law. Again, family day care is the target group. Throughout the study reference has been made to the fact that family day care is the most used form of child care but the least licensed. Part of the reason lies in the fact that many are unaware that such licensing is necessary. Among those who are aware, the presence of a government agent checking their home and monitoring them periodically seems to be considered an unwelcome intrusion.<sup>5</sup> Consequently, they operate quietly without obtaining a license. For others, government intervention eventually means that renovations and other governmental requirements lead to red tape and further costs.

In Hawaii, licensing goes one step further. Licensed family day care homes are required to have a general excise tax license since they are considered persons engaged in a service business (see Appendix J). This means that on the income they earn from providing their services, they must pay a four per cent tax in addition to the income tax to be paid on the sum. In talking to professionals in the area of child care licensing, many stated that this fact, the general excise tax license, is probably the most important deterrent to obtaining a family day care license.

Besides licensing, there are other forms of regulation which may inhibit the development of child care services. One such regulation is zoning requirements. County ordinances establish certain use standards for different areas. As much as possible consistent usage of an area is maintained. Only in cases of unusual circumstances is a variance given for a nonconforming use. Child care, however, may be needed in all parts of the community. The complicated procedures for variances and other delays tend to inhibit development. Further, once a variance is obtained, physical requirements which may be imposed can be more stringent than the licensing requirements and therefore unrealistic.

Taxation is another form of regulation. Tax incentives and exemptions may be used to encourage or discourage child care services development. For instance, most child care centers which are non-profit organizations are eligible for a tax exemption because they engage in charitable activities for a public purpose. A negative tax is the general excise tax on family day care which adversely affects the industry.

Staff certification and requirements is another area in which regulation can be enforced. Recent trends have centered around the discussion of requiring academic degrees for those who wish to work in the child care area. Again, this situation presents a dilemma. Academic achievement while desirable does not insure a good teacher. On the other hand, many good teachers could benefit from academic learning particularly if they have not had any course work in early childhood development. The effects of implementing a degree regulation could include the loss of some good "natural" teachers who do not wish to obtain a degree, and the raising of child care costs since personnel with

## REGULATION OF CHILD CARE SERVICES

degrees would be expected to receive more pay. Degree requirements, however, may be a way of raising child care standards.

It was not the intent of the foregoing discussion to lay the groundwork for advocating an abolishment of regulation and licensing. The purpose was to illustrate that licensing and regulation in the area of child care is not a simple matter of requiring building standards. There are two faces to licensing, a positive and a negative. It can aid providers and consumers in requiring good child care services. At the same time if not properly understood, the quest for good child care may result in establishing standards beyond feasibility. Further, certain licensing requirements can inhibit growth particularly if licensing rigidly maintains a standard forcing all programs into a particular mode. Other regulatory forms such as county zoning requirements and taxation are also part of the regulatory body which affects child care services.

### Regulation in Hawaii

According to professionals, child care providers and those knowledgeable in the area of child care in the State, Hawaii's rules and regulations relating to group day care and family day care are essentially good standards which have provided good child care in most instances. However, one basic problem can be observed. While the standards established may be good standards, they only account for two forms of child care: group day care and family day care. If any other innovative form were to be established it would encounter difficulties. The Hawaii standards do not allow for infant care which is becoming a fast growing area of development. It does not allow for drop-in center situations whose requirements do not necessarily fit those of an all day, everyday center.

Aside from the basic complaint in the rigidity of the standards, the licensing unit also suffers from administrative difficulties. Inconsistencies in the enforcement of the standards involved in licensing have been reported. Child care center owners have complained that the standards seem to vary from year to year. Whereas during a given year a doorway six feet high and three feet wide may suffice, the next year, inspectors may decide that such a doorway no longer suffices and require the owner to change the doorway. Such renovations cost money which eventually affects the fees charged for the service or in cases where the operation is marginal, may cause an operator to close down. In addition, this practice causes confusion among operators as to what the standards really are.

The lack of personnel has hindered the licensing program. A licensing program should be more than a police function. It should offer the operator services to help him find ways to meet standards. Cooperation should be the approach to licensing rather than punishment. Under the present staff, the licensing unit of the Department of Social Services and Housing is in no position to provide adequate licensing services. According to the department, there are nine licensing personnel in the State. While the city and county of Honolulu staff spends all their time on licensing, staff in the other counties must divide their time between licensing and other social work duties. It is impossible for some nine persons to provide adequate service to some 200 centers and 130+ family day care homes, each with its own problems.

Supplemental services such as counseling on technical matters which are pertinent at the time of licensing is done informally and inadequately. For example, it would be advantageous to have some type of legal advisor to aid prospective providers in understanding some of the legal problems involved in providing child care. Persons knowledgeable in the areas of fire and building safety could provide suggestions for meeting the requirements at a low cost. The purpose of the licensing unit in this case would be to expedite and negotiate the system for the operator. If the licensor is successful in providing the operator with expeditious services during licensing then the operator may confer with the licensor about areas beyond licensing.



## CHILD CARE IN HAWAII: AN OVERVIEW

The whole thrust of the approach is to build a sense of trust between the licensing agency and the operator so that the operator will not feel threatened by the presence of licensing officials. Through this informal method, the private sector can benefit by becoming aware of the many government personnel knowledgeable in the different areas of child care. In turn, standards for licensing can be raised slowly since governmental aid may add to the quality of private programs. The licensing division, therefore, plays an important liaison role between the private provider and the public agency.

The greatest difficulty in licensing which should be a future consideration of the licensing unit is the family day care home. With the trend toward the development of family day care as a source of child care services, more homes will be coming under the scrutiny of licensing. In terms of manpower, it would be almost impossible to inspect, license, and monitor each individual home. It has therefore been suggested that a systems approach be devised. At present, the main problem in family day care is the need to identify the unknown quantities of this form of child care. Therefore, minimal links should be established to bring these homes out of oblivion. Standards could be established for a system of family day care homes. Unlicensed family day care homes could be pulled into the system and monitored without the need for actual licensing procedures. Once a sense of trust is established between the family day care mother and the licensing agency, then can stricter standards be more slowly imposed all the while the agency is aiding the provider in meeting the requirements.

Certificates of registration for family care homes may also be established. Under a proposal of this form of regulation, providers, upon registration, would certify that their homes meet the standards established. No prior inspection or evaluation would be conducted. Issuance of certificate is automatic upon registration and certification by provider.

Copies of the standards would be circulated throughout the community and providers would be required to give a copy of the standards to prospective users. The licensing division would inspect and evaluate the premises only in cases where the user or another person has filed a complaint. Knowingly false certification that a home meets established standards would be considered a misdemeanor and would prohibit the person from further service to children. Aside from presenting a less threatening form of child care regulation, the system would provide for a wiser use of staff time especially in consideration of the fact that staff shortages already exist.

Although the preceding discussion is only a cursory view of child care licensing and regulations, a number of facts about licensing in Hawaii stand out. First, there seems to be a need to reassess the approach to child care licensing, particularly in the area of family day care. It may be possible that present licensing standards should be relaxed so that minimum requirements be established making less prohibitive demands on providers. Further, a systems approach may be adopted whereby standards apply to the system rather than the individual providers as they do now. Thirdly, as suggested earlier, certification or registration may be used in place of licensing with the goal of encouraging the family day care providers to emerge from the underground.

Administration problems between the State and counties and among the various licensing agents to prevent inconsistencies in the demands for meeting standards placed on the private providers should be ironed out. Providers should not be subjected to yearly changes particularly if such changes are minor changes and do not present a major hazard to the children.

To meet future demands of licensing, the licensing staff should be expanded and special training sessions held to provide new information developing in the area of child care. If possible, staff should be able to devote full-time to child care licensing and not have to double as caseworkers.

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The basic role of licensing should be to aid the development of child care services through the imposition of standards which ensure the quality of service but are not prohibitive in nature. If the State is to embark on a comprehensive child care program, licensing should work to enhance development, not hinder it.

**PART B: THE FEDERAL GOVERNMENT  
AND CHILD CARE**

## CHAPTER V

# THE FEDERAL GOVERNMENT AND CHILD CARE

The 92nd session of Congress produced a number of laws which will affect child care services in the states: the Economic Opportunity Amendments of 1972, the State and Local Fiscal Assistance Act of 1972, the Communicable Disease Control Program, the Health Professions Manpower Act, Housing and Urban Development Act of 1972, Juvenile Delinquency Control Act, the Manpower Development and Training Act, the National School Lunch Act and Child Nutrition Act, and Social Security Act.<sup>1</sup> While the preceding acts do not exhaust the list of child-related services, they represent the more important legislative accomplishments.

The federal government's role in child care has been a special interest role. That is, the handicapped, the mentally retarded, the culturally and economically deprived, the educationally deprived, the abused, the juvenile—all receive some form of federal program. But a commitment, a "national commitment to providing all American children an opportunity for healthful and stimulating development during the first five years of life", has been made by President Nixon. While everyone is in agreement over the commitment, the approach lies in controversy. It would be difficult to untangle all the opinions relating to how child care should be implemented and who should receive the services. Suffice to say that the two main approaches are (1) universal child development services; and (2) child care services for the poor often accompanied by workfare provisions for the parents.

### The 92nd Congress

Action in the area of child care legislation was marked by victories and frustration. The much heralded "Economic Opportunity Amendments of 1971" (S. 2007) which would have established the groundwork for a national approach to child development services but give local governments the responsibility for actual development, was vetoed by the President on the basis of fiscal irresponsibility and the fact that such a radical step is not warranted at this time. He further stated that the administration, in its welfare reform measures, does encompass provisions similar to the program outlined in S. 2007. The result would be a duplication of services.

After the veto of S. 2007, Congress worked furiously to put through some kind of child care legislation to meet the President's approval. The result was P.L. 92-424, the "Economic Opportunity Amendments of 1972". The new law provided for OEO Headstart project to receive \$485 million for the fiscal 1973 and \$500 million for the fiscal 1974. It would also allow free services to be offered to children from families of four whose annual income is \$4,320 and for minimal fees, services may be provided for children from families with incomes between \$4,320 and \$6,960. For areas of high

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living costs, less may be charged. In addition the law called for programs to meet HEW standards, enrollment to include at least 10 percent who are handicapped children, and a \$70 million authorization for Follow-Through.

Besides the OEO amendments, P.L. 92-512, "The State and Local Fiscal Assistance Act of 1972" (H.B. 14370) will affect child care funding in the states.

*General Revenue Sharing.* Under general revenue sharing provision, states and local governments are to receive federal monies over a five-year period at a 1:3 state:county ratio. The two-thirds local pot is then distributed among the local governments on the following basis:

- (1) County population, tax effort, and inverse per capita income (i.e., county population X tax efforts of county X inverse per capita income); or
- (2) If municipalities exist, a split between the county and its municipality on the basis of "adjusted taxes".<sup>2</sup>

After the first twelve months beginning in January 1973, alternate sharing formulas of the local pot may be devised by states.

Restrictions on the money from general revenue sharing at the state level do not exist, but local governments must adhere to a number of restrictions in the expenditure of general revenue sharing funds. Congress has termed these as "high priority expenditures":<sup>3</sup>

(A) Maintenance and operating expenses:

- (1) Public safety (including but not limited to law enforcement, fire protection and building code enforcement);
- (2) Environmental protection (including but not limited to sewage disposal, sanitation, and pollution abatement);
- (3) Public transportation (including but not limited to transit systems and streets);
- (4) Health;
- (5) Recreation;
- (6) Social services for poor or aged;
- (7) Financial administration (including but not limited to budgeting, auditing, and tax collection);
- (8) Libraries.

(B) Capital expenditures, no limitations as long as they meet an "ordinary and necessary" test.

*Social Services Under Revenue Sharing.* Congressional action in social services spending has a direct effect on child care services in the states. Under the new law, restrictions were enacted on federal matching of state spending for social services as they relate to Titles I, X, XIV, and IV-A of the Social Security Act, as well as other spending limits.

## THE FEDERAL GOVERNMENT AND CHILD CARE

While federal funds on the 75:25 matching formula will continue, the new law provides that they be based on population rather than on an open-ended basis. Priorities based on individuals and families receiving social services rather than the types of programs were also included. The following summary published in the *Washington Report for State Legislators* provides a brief explanation of the social service availability priorities:<sup>4</sup>

1. Child care and family planning services, foster care for children, treatment of drug addicts and alcoholics, and services for the mentally retarded would continue to be available, as under present law, for applicants for and "present, former, and potential" welfare recipients. *However, child care would be limited to services needed to enable members of a family to work, take job training, or provide necessary supervision for a child because of the death, continued absence from the home, incapacity, or inability of the child's family to provide adequate care and supervision.* (Emphasis ours)
2. At least 90 percent of the federal funds spent for social services other than those above must be used for social services for individuals who are applicants for or recipients welfare cash assistance and no more than 10 percent for "former and potential welfare recipients". Examples of these other social services include: protective services for children and the aged in danger of neglect or abuse; homemaker services; services to enable persons to remain in or to return to their homes or communities instead of being in an institution (examples: community services for delinquent youth and services in the community for the mentally ill); legal services; family counseling services; etc.
3. Federal matching for "emergency assistance-services" would be reduced from 75 percent to 50 percent.
4. The Secretary of Health, Education, and Welfare would be required to write regulations prescribing the conditions under which the welfare agency can purchase services from other agencies.

Provisions for child care services under Title IV-B (child welfare) and IV-C (WIN) of the Social Security Act are not affected by the changes.

What the effects of revenue sharing on child care services will be cannot be ascertained. Some people have expressed the opinion that the new law sorely restricts child care and limits program development to custodial levels. Still others feel that the effect will be minimal.

For informational purposes there is included a table showing the revenue sharing income state by state. Further, a second table includes the social services allocations under revenue sharing and the amount used by the State during FY 1972 along with the amount sought for FY 1972 (see Tables 30 and 31).

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**TABLE 30**  
**STATE AND LOCAL SHARES FOR GENERAL REVENUE SHARING**  
**AND SOCIAL SERVICES REVENUE SHARING AMOUNTS**

State	State Share	Local Share	Total Revenue Sharing	Social Services
Alabama .....	38.7	77.4	116.1	41.9
Alaska .....	2.2	4.6	6.8	3.7
Arizona .....	16.7	33.4	50.1	21.6
Arkansas .....	18.0	37.0	55.0	23.6
California .....	185.2	370.6	555.8	243.8
Colorado .....	18.2	36.4	54.6	27.1
Connecticut .....	22.1	44.0	66.1	37.0
Delaware .....	5.2	10.5	15.7	6.7
Dist. of Columbia .....	7.9	15.8	23.7	9.2
Florida .....	48.6	97.3	145.9	92.0
Georgia .....	36.6	73.2	109.8	56.1
Hawaii .....	9.3	18.8	28.1	9.5
Idaho .....	6.6	13.2	19.8	8.7
Illinois .....	91.5	183.1	274.6	135.6
Indiana .....	34.7	69.6	104.3	63.5
Iowa .....	25.6	51.4	77.0	34.5
Kansas .....	17.6	35.2	52.8	27.5
Kentucky .....	29.1	58.2	87.3	39.3
Louisiana .....	37.8	75.8	113.6	43.4
Maine .....	10.3	20.8	31.1	12.2
Maryland .....	35.6	71.3	106.9	47.9
Massachusetts .....	54.3	108.6	162.9	69.5
Michigan .....	73.9	147.8	221.7	108.5
Minnesota .....	34.6	69.2	103.8	46.4
Mississippi .....	30.2	60.4	90.6	27.1
Missouri .....	32.9	65.8	98.7	57.1
Montana .....	6.8	13.8	20.6	8.5
Nebraska .....	14.3	28.6	42.9	18.1
Nevada .....	3.7	7.4	11.1	6.0
New Hampshire .....	5.0	10.2	15.2	8.9
New Jersey .....	54.5	109.0	163.5	87.6
New Mexico .....	11.0	22.2	33.2	12.4
New York .....	197.0	394.1	591.1	222.7
North Carolina .....	45.0	90.4	135.4	62.1
North Dakota .....	6.5	13.2	19.7	7.4
Ohio .....	68.9	138.0	206.9	130.0
Oklahoma .....	19.8	39.6	59.4	31.3
Oregon .....	18.8	37.4	56.2	25.6
Pennsylvania .....	91.2	182.6	273.8	144.0
Rhode Island .....	7.8	15.8	23.6	11.7
South Carolina .....	27.1	54.3	81.4	31.8
South Dakota .....	8.3	16.8	25.1	8.2
Tennessee .....	32.8	65.6	98.4	47.9
Texas .....	81.4	163.0	244.4	136.8
Utah .....	10.4	21.0	31.4	12.9
Vermont .....	4.9	9.9	14.8	5.5
Virginia .....	35.0	70.2	105.2	56.8
Washington .....	28.0	56.0	84.0	41.7
West Virginia .....	17.4	34.9	52.3	21.3
Wisconsin .....	44.6	89.3	133.9	53.9
Wyoming .....	3.2	6.5	9.7	3.9

Source: *Washington Report for State Legislators*, September 21, 1972.

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**TABLE 31**  
**FEDERAL ALLOCATIONS FOR SOCIAL SERVICES**

	Revenue Sharing Act	Used in FY 1972	Sought by States for FY 1972
Alabama .....	\$ 42,140,087	\$ 11,571,325	\$ 135,000,000
Alaska .....	3,901,962	4,204,059	18,471,000
Arizona .....	23,351,021	2,648,529	6,304,000
Arkansas .....	23,747,267	3,273,092	8,750,000
California .....	245,732,851	219,841,888	273,007,000
Colorado .....	28,297,473	18,908,218	29,782,000
Connecticut .....	37,001,637	8,028,378	22,912,000
Delaware .....	6,783,184	12,570,049	26,361,000
Dist. of Col. ....	8,980,162	10,602,081	20,520,000
Florida .....	87,149,646	42,559,626	113,572,000
Georgia .....	56,666,945	31,751,657	206,472,000
Hawaii .....	9,712,655	1,200,788	2,588,000
Idaho .....	9,076,411	1,544,330	24,571,000
Illinois .....	135,076,426	116,250,775	211,603,000
Indiana .....	63,522,377	5,920,974	14,775,000
Iowa .....	34,612,411	10,111,032	12,809,000
Kansas .....	27,109,223	6,210,576	7,414,000
Kentucky .....	39,606,862	12,634,934	30,024,000
Louisiana .....	44,661,312	16,786,266	34,875,000
Maine .....	12,353,879	6,347,757	6,665,000
Maryland .....	48,659,273	20,556,397	415,721,000
Massachusetts .....	69,477,069	15,243,096	95,952,000
Michigan .....	109,035,932	26,855,978	108,912,000
Minnesota .....	46,774,292	20,653,000	72,375,000
Mississippi .....	27,168,984	1,755,131	269,393,000
Missouri .....	57,063,191	12,594,619	16,910,000
Montana .....	8,632,165	2,959,950	3,270,000
Nebraska .....	18,308,821	7,566,425	12,564,000
Nevada .....	6,326,938	1,623,453	1,480,000
New Hampshire .....	9,256,409	2,693,855	4,857,000
New Jersey .....	88,446,133	36,616,198	415,944,000
New Mexico .....	12,786,125	3,738,262	32,404,000
New York .....	220,497,089	566,588,830	854,850,000
North Carolina .....	62,597,887	17,981,988	50,904,000
North Dakota .....	7,587,676	3,333,605	3,957,000
Ohio .....	129,457,731	19,517,478	92,050,000
Oklahoma .....	31,623,190	14,060,340	48,496,000
Oregon .....	26,196,494	24,317,217	25,152,000
Pennsylvania .....	143,180,347	57,883,857	106,469,000
Rhode Island .....	11,621,636	6,625,410	15,802,000
South Carolina .....	31,995,186	5,947,651	176,224,000
South Dakota .....	8,151,920	2,377,346	2,929,000
Tennessee .....	48,395,026	14,183,651	227,625,000
Texas .....	139,854,630	53,500,629	179,468,000
Utah .....	13,518,368	4,007,875	5,250,000
Vermont .....	5,546,696	2,433,568	2,599,000
Virginia .....	57,195,189	16,163,219	31,954,000
Washington .....	41,335,595	43,985,593	90,571,000
West Virginia .....	21,382,290	7,118,059	16,771,000
Wisconsin .....	54,265,968	37,748,206	58,500,000
Wyoming .....	4,141,959	584,344	608,000
<b>TOTALS:</b> .....	<b>\$2,500,000,000</b>	<b>\$1,597,773,506</b>	<b>\$4,652,203,000</b>

Source: *Day Care and Child Development Reports*, November 13, 1972.



## CHILD CARE IN HAWAII: AN OVERVIEW

HR 1 was to be the welfare reform bill which was to clean up the "welfare mess". However, as a result of disagreements from both Senate and House of Representative members, the final bill that passed eliminated most of the controversial provisions although it did increase fund authorizations for child welfare services, increase social security benefits and require changes in family planning and Medicaid screening programs in the states. The following excerpt from *Day Care and Child Development Reports* explains the provisions of the new law:

Main features of these key HR-1 provisions are:

### A. Child Welfare Services

HR-1 would increase the annual authorization for Federal grants to states for child welfare services from \$110 million to \$196 million in fiscal 1973, and to \$266 million in 1977.

This could be just a paper improvement, however, since only \$46 million has actually been appropriated each year since 1967 for these programs.

The conferees intended that most of any increased appropriations would go toward providing foster child care, now the largest child welfare expenditure at the county level.

However, the conferees said they avoided earmarking specific amounts for foster care—as proposed in the House version—so that states and counties could use additional funds to expand preventive child welfare services to help families stay together, thus avoiding the need for foster care.

Other additional funds could be used for adoption services, including efforts to increase adoptions for hard-to-place children.

### B. Medicaid Screening

The bill would authorize Federal matching for inpatient care in mental institutions for Medicaid-eligible children under age 21. Matching would be available only if care were provided in an accredited mental institution, and an independent review team of medical and other personnel determined that active care would lead to significant improvement. This provision would be effective Jan. 1, 1973.

Present law limits reimbursement under Medicaid to those 65 and older.

### C. Family Planning

This bill would make family planning services a mandatory service under Medicaid and set Federal matching for family planning services and Medicaid and Title IV-A at 90 percent.

The Federal share of AFDC funds would be reduced by one percent beginning July 1, 1973, if a state, in the prior year, failed to inform or supply welfare applicants or recipients with family planning counseling and related medical care.

The state would have to make these services available throughout the state on a voluntary and confidential basis, directly or by contracting with planning organizations.

Current law encourages, but does not require, states to expand family planning under Medicaid, but most do not.

### D. Health Screening

HEW regulations require states to provide health screening and followup services to Medicaid-eligible children under age 6 and screening to all children between 7 and 21 by July 1, 1973.

It also stipulates that states which do not comply lose their Federal share of Medicaid matching. This provision, however, has not been enforced even though many states have failed to implement the requirements.

The conferees said states have not enforced the law because of limited financial and health resources.

The bill would retain the time and age requirements, but it would reduce the Federal share of AFDC matching funds by one percent, beginning in Fiscal 1975, if a state does not inform adults in the AFDC program of available health screening or fails to provide or arrange for screening or corrective treatment.

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### E. *Social Security Numbers*

The bill would authorize the HEW Secretary to issue Social Security numbers to children when they enter the first grade and directs HEW to study by 1975 the feasibility of a mandatory system. The Senate bill would have required a mandatory Social Security number for all first graders.

The bill would require a Social Security number for non-citizen aliens and those who apply for Federal benefits.

It would establish criminal penalties for using a Social Security number that was knowingly obtained with false information or with someone else's number.

### F. *Miscellaneous Provisions*

The bill would also:

—Authorize special project grants under the maternal and child health program (Title V) to continue through June 30, 1973 as under current law. The Senate bill would have extended the grants until June, 1974.

—Eliminate the requirement that states move toward comprehensive Medicaid programs; Medicaid maintenance of effort requirements; and the post of Inspector General of Medicare and Medicaid.

—Increase cash benefits for childhood disability to disabled children of beneficiaries if the disability began before age 22, rather than at age 18 as currently provided.

—Make children adopted by old age or disabled beneficiaries equally eligible for benefits.

—Provide that a child entitled to benefits or more than one worker receive the higher amount.

—Extend benefits to children adopted by their grandparents if their parents die or are disabled while the children are living with their grandparents.

—Continue a child's benefits regardless of which relative adopts him after the death of a worker whose earnings a child is receiving.

—Federalize the current state program of aid to aged, blind and disabled.

Although the three bills discussed are not the total child care legislation, they give some indication of child care movement on the federal level. The outlook for the 93rd Congress remains unclear. Child care services provisions seem to be developing as adjuncts to workfare programs. Further, with fiscal problems the cost of day care programs may be drastically reduced thereby having some effect on the quality of services. A bill similar to the ill-fated S. 2007 may be reintroduced and passed but not without much debate.

## HEW and Child Care

In accordance with provisions in HR 1 relating to the Social Security titles, the Department of Health, Education, and Welfare has submitted new federal regulations to govern child care services. As the scheduled plans presently stand, the new rules are to go into effect January 1, 1973. Presently, public comments are being solicited.

The proposed rules are consonant with the change in child care program focuses from the present system which is suppose to strengthen the family and foster individual development to a goal-oriented approach. A recipient will now be provided with those services which will help him attain his goal. Regulations list the following four goals:

- (1) Economic self-support;
- (2) Family and self-care;
- (3) Community-based care;
- (4) Institutional care.

## CHILD CARE IN HAWAII: AN OVERVIEW

Under the proposed regulations child services would be limited to cases in which such services would lead to adult employment or be "healthful" to the child's development. Further, present clientele would be maintained but new recipient definitions would curtail services to "future" past recipients by limiting benefits to those persons who received financial assistance within the previous six months and to future welfare recipients by limiting the time length of eligibility to one year.<sup>5</sup>

The proposed regulations also indicate a movement away from "group eligibility"; that is, the model neighborhood idea where services may be provided to all persons in a geographical area regardless of income.

The mandatory and optional services also would be shifted around. The following table gives a comparative idea of the changes:

PROPOSED	PRESENT
Mandatory Services	Mandatory Services
Child care	Employment
Employment (Non-WIN)	Employment-related child care
Family planning	Foster care
Foster care for children	Family planning
Health-related services	Protective services
Protective services for children	Health services
	Legal services
	Educational services
	Homemaking services
	Child rearing
	Housing improvement
Optional Services	Optional Services
Educational services (for children, must be provided from community resources at no extra cost to agency)	Nonemployment-related child care
Homemaker services	Emergency assistance
Housing improvement	Educational and training services
Legal services	Legal services
Special services (provided by professionals who are not members of the medical profession)	
Transportation	
Services	

The optional services would be provided for all classes of welfare recipients—past, present and potential. Further, if services are not being provided for current recipients, past and potential recipients may not receive the services.

Child care definitions have undergone substantial changes under the proposed new rules. Minimum standards requirement for in-home care under Homemaker services are being changed. Present regulations require such care meet recommended standards of CWLA and NCHS. New proposals ask only that such care meet state standards.

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Federal Interagency Day Care requirements have been maintained for out-of-home care. Parental involvement in choosing day care will be required but there is no provision that more than one type of care be offered. In cases where only one type is available a parent will have to use that service unless he can prove that it would not be suitable for the child. The new regulations would also allow state agencies to place time limits on child care services.

(For a point by point comparison with current regulations, see Appendix L.)

### **Present Federal Programs Relating to Child Care**

There are many programs relating to child care which could be utilized. However, the problem is to use them properly and not to create programs to meet funding requirements. The cry that we are not taking advantage of federal monies is often heard, but the answer does not lie in an application for every program in sight.

Presently Hawaii participates in the major funding programs for children which are available in the areas of education, health, social services, nutrition, and so forth. Unfortunately, an evaluation of these programs as to their effectiveness in reaching their target population was impossible within the time constraints of this study. Such a task may be undertaken as part of child care planning in the State.

To get some idea of the range of child care related programs available, the following chart was prepared listing the program authorization, the eligible grantees, the eligible participants, the objectives, the financing facts and the federal administering agency.

A view of the federal government's program and activities in child-related services reveals much chaos, indecision and confusion. Piecemeal funding, complicated rules and regulations and administrative red tape has hindered the development of a cohesive program. However, the possibilities for funding resources are greatest with the federal government. Consequently, in all planning states must consider federal action and try to anticipate movement. Adopting a "wait and see" policy is not the answer in dealing with the federal government.

## CHILD CARE IN HAWAII: AN OVERVIEW

### FEDERAL PROGRAMS RELATING TO CHILDREN

Title of Bill	Public Law No.	Eligible Grantees	Elig. Participants	Objectives	Fed. Financing	Adm. Agency
Title IV, part A of Social Security Act of 1935	74-271	State & local welfare agencies	AFDC recipients	To encourage the care of needy children in their own homes or in those of relatives	Formula grants	Social & Rehabilitation Service: HEW
Public Health Service Act, Sec. 301(d)	78-410	Research persons in public or nonprofit agencies	Same as applicant eligibility	Develop new knowledge & approach in the area of mental diseases; areas of special interest include day care	Project grants	Health Service & Mental Health Adm.: HEW
Sec. 2 of the Hatch Act of 1887	84-352	State agricultural experimental stations	Same as applicant eligibility	Carry out research focused on improved nutrition of the preschool child, families & development of human resource	Formula grants	Cooperative State Research Service: HEW
Title IV, part B of Social Security Act	86-778 96-248	Public or nonprofit agency of higher learning & child welfare services	Children & families	Financial support for research & demonstration projects relating to early childhood intervention programs, youth studies, school-age parents, & preparation for a stable family life	Project grants: grantees supply 5%	Off. of Sec.: HEW
Title IV, part B of Social Security Act, as amended	86-778 96-248	Public or nonprofit organization of higher learning; public agency responsible for child welfare services	Same as applicant eligibility	Provide financial support for research & demonstration projects relating to relevant aspects of the field of child welfare	Project grants	Social & Rehabilitation Service: HEW
Title I, XVI, & X Title IV Title XIX, Social Security Act	87-543 90-248 89-97	All states	Recipient of welfare funds for the blind, aged, disabled or a dependent child	Provide social services to needy individuals to provide legal services, family planning, child care or protective services	Formula grants	Social & Rehabilitation Service: HEW
Sec. 1115 of Social Security Act	88-452	State public assistance agency	Public assistance recipients	Demonstration projects to develop & improve the methods & technicians of administering assistance & social service which help needy persons achieve self-support or self-care or maintaining & strengthening family life	Project grants	Social & Rehabilitation Service: HEW
Title II-A of the Economic Opportunity Act of 1964	88-452	State designated Community Action Areas (CAA)	Low-income families & individuals of all ages	Strengthen the planning & coordination of anti-poverty programs in the community	Project grants, 25% non-Federal contribution	OEO
Title I, part A of Elementary & Secondary Education Act of 1965	89-10	State departments of education	Local school district	Improve educational programs to meet the needs of educationally deprived children in low-income areas	Formula grants	Off. of Education: HEW
Title IV of the Elementary & Secondary Education Act	89-10	Persons interested in educational research & development	Educational institutions at all levels	Develop tested material & procedures to produce learning behavior or exchanges in practice in students & teachers from preschool through college	Project grants	Off. of Education: HEW

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## FEDERAL PROGRAMS RELATING TO CHILDREN (Continued)

Title of Bill	Public Law No.	Eligible Grantees	Elig. Participants	Objectives	Fed. Financing	Adm. Agency
Title IV-A of the Social Security Act	90-248	State welfare agency	AFDC recipients 16 years or over	Provide child care services so persons referred to state welfare agencies can be trained & employed under WIN	Formula grants	Social & Rehabilitation Service: HEW
Title IV-B of the Social Security Act of 1967	90-248	State employment services office	AFDC recipients	To put welfare recipients into permanent productive employment	Project grants	Manpower Adm.: LBR
National School Lunch Act, as amended	90-302	Public & private nonprofit institutions such as day care centers, settlement houses & recreation centers that provide day care for children from low-income areas.	Institutions that operate a nonprofit food service for all children	Improve nutritional status of both preschool & school age children by providing nutritious meals	Formula grants; sale, exchange or donation of property & goods	Food & Nutrition Service: AGR
Sec. 4 & 5 of the Child Nutrition Act of 1966	90-302	Schools with children from poor economic areas	All children in schools with breakfast programs	Provide breakfast to improve child nutrition	Formula grants	Food & Nutrition Service: AGR
National School Lunch Act of 1946, as amended		Schools operating a nonprofit lunch program available to all children	Children of high school grade or under in attendance	Provide commodity & cash grants to help schools provide adequate school lunches	Formula grants	Food & Nutrition Service: AGR
Title II of Economic Opportunity Act of 1964	91-177	Community Action Agency (CAA)	Children from 3 years up to school age	Provide educational, nutritional & social services to preschool children of the poor & their families & involves parents in their children's activities	Project grants; 20% local share after 32 months	Off. of Ed.: HEW
Handicapped Children's Early Education Assistance Act	90-538, amended	Public agencies & nonprofit organizations	Same as applicant eligibility	Support experimental preschool & early childhood programs for handicapped children	Project grants; 90% Federal	Off. of Ed.: HEW
Title III, Sec. 306 of ESEA amendments	91-230	Local education agency	Elementary & secondary school children in public & private schools & preschool age children	Develop & operate demonstration projects that hold promise of making a substantial contribution to the solution of critical education problems common to all or several states	Project grants	Off. of Ed.: HEW
Title I, part C, Sec 131 & 132 of Elementary & Secondary Education Act	91-230	Local education agency through State education agency	Educationally deprived preschool & elementary children	Meet the special educational need of educationally deprived children, concentrating on preschool & elementary programs	Formula grants	Off. of Ed.: HEW
Title VI, part B of Handicapped Act	91-230	State education agency	Handicapped children	Assist states in initiation, improvement & expansion of educational & related services	Formula grants	Off. of Ed.: HEW
Child Nutrition Act of 1966, as amended	91-295	All schools & child care institutions	All children attending Special Milk Program schools	Provides reimbursement payment to encourage consumption of fluid whole milk by children in schools & child care institutions	Formula grants	Food & Nutrition Service: AGR

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### FEDERAL PROGRAMS RELATING TO CHILDREN (Continued)

Title of Bill	Public Law No.	Eligible Grantees	Elig. Participants	Objectives	Fed. Financing	Adm. Agency
Title VII, Sec. 703 of Housing & Urban Development Act of 1965	89-117	Local public agency	Priority given to Priority given to Projects benefiting	Provides funds to aid in the construction & rehabilitation of community service centers	Project grants	Community Development: HUD
Title I as amended, Demonstration Cities & Metropolitan Development Act of 1966	89-754	Local governments	Neighborhood residents and organizations providing services to a model neighborhood	Financial & technical assistance to implement comprehensive city demonstration projects aimed at large slums & blighted areas	Project grants	Community Development: HUD
Sec. 518, part B of Education Professions Development Act	90-35	States and territories	State and local educational agencies	Enable State & local educational agencies to identify & meet critical needs for teachers & aides for classroom instruction improvement	Formula grants	Off. of Education: HEW
Social Security Act of 1967, as amended	90-248	State employment service offices	Welfare recipients covered by AFDC	To move welfare people age 16 or older off welfare & into meaningful permanent productive employment through training & related services	Project grants; 80%-20%	Manpower Adm. LBR
Title V, Sec. 510 of Social Security Act	90-248	State health agencies	Children from low-income areas	Promotion of dental health services of children of school or preschool age, especially in areas with concentrations of low-income families	Project grants; 3:1	Health Service & Mental Health Adm.: HEW
Title V, Sec. 509 of Social Security Act	90-248	State health agencies	Children & youth of school & preschool age from low-income areas	Provide health care: medical, dental, nutritional, social, psychological & speech-hearing diagnosis & preventive services	Project grants; up to 75% Fed. financing	Health Service & Mental Health Adm.: HEW
Title V, part 4 of Social Security Act	90-248	State health agency	High-risk patients from low-income families	Provide comprehensive maternity & infant care to high-risk patients; also includes family planning & inter-conceptional services	Project grants	Health Service & Mental Health Adm.: HEW
Sec. 512 of Social Security Act, as amended	90-248	Institutions of higher learning; organizations in research or in child health	Same as applicant eligibility	Research projects relating to maternal & child health services which show promise of substantial contribution to the advancement of such services	Project grants	Health Service & Mental Health Adm.: HEW
Title V, Sec. 503 of Social Security Act	90-248	State health agency; institutions of higher learning	Mothers & children in need of health care	Financial support to states to extend services for the improvement of the health of mothers & children	Formula grants & project grants	Health Service & Mental Health Adm.: HEW
Title IV, part B of Social Security Act, Sec. 420-425	90-248	State public welfare agency	Children eligible for welfare services	Establish, extend & strengthen state & local public welfare program services for child development; grants can be used for personnel costs to provide protective services; licensing of & standard-setting for private child-caring agency & assisting with costs of foster care, day care & homemaker services	Formula grants	Social & Rehabilitation Service: HEW

# THE FEDERAL GOVERNMENT AND CHILD CARE

## FEDERAL PROGRAMS RELATING TO CHILDREN (Continued)

Title of Bill	Public Law No.	Eligible Grantees	Elig. Participants	Objectives	Fed. Financing	Adm. Agency
HEW Reorganization Order of Aug. 12, 1969		State, public & private children's service organizations	Children, youth & their families	Technical assistance for programs for handicapped, retarded children, social services to children in their own homes (day care, homemaker services, protective services & parent-child counseling); technical assistance to 4C	Not applicable	Off. of Sec.: HEW
Title I-B, Sec. 123 (a)5 of Economic Opportunity Act of 1964		No new projects are being funded	Residents of CEP Target Area who are disadvantaged	Concentrated employment programs established in urban neighborhoods or rural areas having serious unemployment & subemployment problems	Project grants; advisory service; counseling	Manpower Adm. LBR
Title I, Sec. 102 of Manpower Development & Training Act of 1962		Organizations & individuals with financial responsibility & competence in meeting the objectives of the program	Determined by the specific design of each project	Develop through actual project operations, new ideas & improved techniques	Project grants	Manpower Adm. LBR

Note: Compilation by Miss Sandra Ebesu.



## CHILD CARE IN HAWAII: AN OVERVIEW

### Addendum

On January 29, 1973, President Nixon submitted a proposed budget for day care and child development. The following analysis of the major provisions relating to changes for key early childhood programs has been taken from the February 5, 1973 edition of *Day Care and Child Development Reports*:

*Head Start.* The Administration's request of \$443.8 million for the Office of Child Development includes \$407.4 million for Head Start, to keep programs at their current levels. This request, up from \$393.4 million funded in fiscal 1973, includes increases for the cost of living and funding for Puerto Rico as a state, so that money is not taken from other states. There are, however, no funds to meet the additional cost of the Congressional mandate that 10 percent of Head Start enrollment be handicapped children. OCD had estimated \$40 million would be needed for this purpose but the requirement will now have to be met with existing funds.

*Social Services Day Care.* Of the \$2 billion budgeted for social services, an estimated \$604 million would go toward AFDC day care—\$360 million for social services, \$90 million for income disregard and \$154 million for AFDC non-employment day care. These figures are up slightly from current levels, despite an expected \$8 million decrease in social service funding in 1974 as a result of the ceiling and tightened Federal administration of welfare. They compare with \$358 million for employment-related day care, \$80 million for income disregard and \$153 million for non-employment AFDC in 1973.

The ceiling, however, curbed the rapid expansion of day care planned by many states for fiscal 1974.

*WIN.* The Administration is asking \$204 million for child care and supportive services for those in work or training in the WIN program. Of this, \$116.6 million is expected to go for day care. Although the budget estimates \$70 million will be spent on WIN day care this year, the new request does not represent as large an increase as first appears. Last year, the Administration requested \$134 million for WIN in fiscal 1973, but revised that downward because of the slow start-up of the new WIN program. The phased increase and increased enrollment of preschool children slated for fiscal 1974 account for the amount requested.

*Education Revenue Sharing.* The budget contains a request for \$2.5 billion for education revenue sharing. Eligible for funding would be aid to the disadvantaged; grants for the handicapped; occupational, vocational and adult education, which train secondary students in homemaker and child care practices, and some parts of impact aid.

*Training.* The proposed budget would curtail most of HEW's special training programs in the education and health professions. These could be supported instead by the general student aid program, which would receive increased funding. Training for teachers, vocational educators, social workers (trained under the SRS training program), and health personnel would be included. Training for teachers of the disadvantaged, career education, special education and Community Services Administration training for public agency personnel and community aides would not be included. The 1974 funds will provide support for those currently receiving assistance.

No new awards will be made and it is not clear whether student assistance funds will be sufficient to handle the shifted requests.

*Health Services and Mental Health.* The budget would terminate the community mental health program—which it says "obtained its original objective"—by halting new construction funding and staffing grants. There would be funds to continue staffing HEW centers and those transferred from OEO through 1980. The budget hints Nixon would like to finance mental health services through a national health insurance plan.

Neighborhood health centers and maternal and child health programs would be continued at their current levels with no new starts. There would be no extension of maternal and infant care project grants which expire in June.

*Child Nutrition Programs.* The budget requests \$20 million in formula appropriations (sec. 13) for nutrition programs in year-round day care centers. To provide for some program expansion, the budget asks for \$10 million in funds (sec. 32) to be distributed among the states according to need.

A total of \$20 million is requested for the existing and new infant supplemental feeding programs. No funds are requested for OEO's emergency health and food programs, upon which some Head Start centers rely. The milk subsidy program would be halted except in schools and centers which do not have any other Federally assisted food program.

*Manpower Training.* The budget maintains that by extending existing legislation, proposed manpower revenue sharing can be instituted administratively. The following programs, many of which provide day care or worker training in day care, would be eligible for funding, at local option, in revenue sharing: institutional training under Manpower Development Training Act programs, Neighborhood Youth Corps, Concentrated Employment Program, portions of the emergency assistance program and the optional part of the JOBS program.

*Community Development.* The budget requests no funds for model cities, and urban renewal and neighborhood facilities programs. The Model Cities program, according to the budget, "tended to undermine the capacity of local governments to respond to the needs of their citizens." These programs, which back day care programs and

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supply local matching funds to obtain Federal grants, would be eligible, at local option, for funding under special revenue sharing effective July 1.

*Other programs.*

- Follow Through, which the budget says has "supported an adequate number of experimental programs to assess the validity of this approach," would be phased out beginning in 1974. Funds would go to continue phase-out operations but no new children would be added.

- Appalachian Regional Development programs. Demonstration funds which back health and child development programs would be \$46 million in fiscal 1974 compared with \$49.3 million in 1973. This would continue the existing 221 child development programs.

- Nutrition and Education programs in child development. These special priority research and development programs would be eliminated.

- Funding for the developmental disabled would be reduced.
- Comprehensive Health service grants would be eliminated.

## **PART C: PROGRAM MODELS AND COSTS**

## CHAPTER VI

# PROGRAM MODELS IN CHILD CARE

Idealistically speaking, the program models in child care are limitless. Some feel there are as many approaches to child care as there are children whose needs must be met. Yet social, economic and political realities intrude upon the ideal. Meaningful progress toward meeting the present demands in child care and planning for future demands should be discussed within the realm of the possible. Elizabeth Prescott elaborates in the following manner:<sup>1</sup>

Apparently, the urgency of needs in day care coupled with a perennial shortage of money and qualified staff have encouraged momentary pauses to outline goals of excellence alternating with frantic efforts to meet needs of children who cannot wait for more adequate services. The possibilities for constructive change probably lie in untangling the environmental necessities and possibilities, so that strategies might be mapped which have some realistic hope for implementation.

The condition she is referring to is what she terms the "politics" of day care, that is, "the art of the possible".<sup>2</sup> According to Ms. Prescott, what exists is possible. Day care exists and even flourishes under certain conditions, therefore, day care is possible as a child care service. The thrust of child care studies, then, is to begin by understanding the existent forms of child care and the environment under which they endure in order to replicate such services in other areas.

The following discussion on child care program models is based on existing programs. Whenever possible descriptions of exemplary programs and systems were given. Consequently, in most cases, the services offered extend beyond "baby-sitting" or "caretaking". For this study, the criteria established assumed an educational component as mandatory in full child care programs. Health and social services were optional but very desirable. Other factors of child care delivery such as transportation and parent participation varied with emphasis of the program. However, based on the assumption that the family has the prime responsibility for raising the child, parent participation is considered to be important. Unfortunately, this is not always possible. Such programs as Parent-Child Centers and Headstart encourage and often require parent participation. In the PCC program, for instance, parents must participate as a requirement for services. Most publicly supported programs have parent participation either in an advisory capacity or on the decision-making level or in actual classroom participation. A perusal of programs and systems and the literature in the area reveals that more programs are moving into greater parent participation.

The most controversial of issues in actual programs is the educational approach to child care. Discussion of educational approaches to child care will not be undertaken in any detail; first, because discussion of educational theory at length, requires professional expertise, and secondly, to allow for the maximum flexibility within a program and to provide for the responsiveness of the program, it

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appears that actual curriculum planning belongs on the level of implementation. Moreover, state considerations should involve the types of care to be provided for rather than whether or not "care" should include an educational component of one type or another.

### Day Care Centers and Systems

The most visible form of child care is the day care center. Such centers are normally housed in churches, private homes, neighborhood centers, hospitals, storefronts, adjacent to factories, or in buildings built for day care purposes. The center program may range from comprehensive services as those offered in Headstart programs which include health, social services, educational, nutritional and parent involvement components, to simple babysitting services under a supervised situation. Center capacities may be as small as ten children to as much as two hundred children in one physical setting. The sponsoring groups represent a cross-section of the community: federal, state and local governments, community action groups, social service agencies, church groups, nonprofit agencies, proprietary groups, national franchises, parent cooperatives, political organizations, labor unions, and industry.

The popularity of the day care approach to child care has been overestimated. However, the high visibility factor has made day care the most studied form of child care service. Inevitably, when planners sit down to construct a plan to meet child care needs in a community, the day care center approach ranks as the first, and often only approach design. Parents, when they are asked what their preferences are in child care services, indicate the day care center. "Of working mothers who want better day care, about one-third would prefer care in a day care center. Nearly a third (29%) of the nonworking mothers said they would prefer care in a center, if they went to work."<sup>3</sup>

Governments have given impetus to day care through various programs. Tax-supported public kindergartens and day nurseries materialized after the Civil War to care for children of war widows who sought employment. During the Depression of the 1930's, day care centers were established under the Work Progress Administration to provide employment for unemployed teachers and domestic workers.

World War II produced a crucial need for child care services because women's labor was essential to the war effort. Finding day care for children of these mothers became a national problem and the government responded by enacting the Lanham Act<sup>4</sup> "which granted federal funds for up to 50 percent of the costs of facilities for day care or extended school services for children of mothers employed in war areas. At their peak in 1945, these day care centers had enrolled 1.6 million children".<sup>5</sup>

After the War, the Social Security Act's 1962 amendments authorized federal aid for child care centers. The monies allotted for the centers were considered "pittance" but it did recognize the fact that child care needs existed. Finally, in 1964, under the Economic Opportunity Act, the boldest step in the delivery of child care services was begun. Project Headstart was designed to reach the economically disadvantaged, the culturally deprived preschooler of Michael Harrington's *Other America*. Its basic purpose was to "provide children whose families fall [sic] below the Office of Economic Opportunity poverty criteria with a 'headstart' to catch up to more economically fortunate middle class children. The aim of Headstart is to insure that all children enter first grade on equal footing".<sup>6</sup> To this end, Headstart represents the most ambitious nationwide educational program, as well as the most comprehensive approach to child care ever implemented on such a massive scale.

*Project Headstart.* Since the initial program began in the summer of 1965, Headstart programs throughout the country have provided educational, medical, dental, nutritional services, parent participation programs, employment and training for the disadvantaged, and generally attempted to improve the lives of the families it serves. Established under the Economic Opportunity Act of 1964 as a

## PROGRAM MODELS IN CHILD CARE

demonstration project for the War on Poverty, Headstart programs have attained a level of success as few other anti-poverty programs have. Its programs are loosely designed, regulated by federal guidelines, but adaptable to local conditions. Community Action Programs are the primary sponsoring agencies of the project but in communities where no such agency exists, the "single-purpose" groups can apply for funds. Once prime sponsorship is established, agencies may delegate the actual operation of the program to other agencies.<sup>8</sup>

The whole thrust of Headstart is to help break the poverty cycle. To this end, an interdisciplinary committee<sup>9</sup> established the following objectives to help poverty children make up certain deficits:<sup>10</sup>

1. Meeting physical, nutritional and dental needs;
2. Strengthening emotional and social development by encouraging self-confidence, spontaneity, curiosity, and self-discipline;
3. Stimulating mental processes and skills with particular attention to conceptual and verbal aspects;
4. Establishing and reinforcing patterns and expectations of success to promote self-confidence;
5. Increasing the child's capacity to relate positively to family and community, while at the same time strengthening the family's capacity to contribute to the child's development.
6. Fostering in the child and his family a responsible attitude toward society, while stimulating constructive opportunities for the poor to work together on a personal and community basis toward the solution of their problems.

The 1965 pilot Headstart project was an eight-week summer session for those children who were to enter school for the first time that fall. Enrollment nationwide was 561,000 and the initial appropriation for the program came to \$96.4 million. Today, Project Headstart has full-year and summer programs for children between the ages of three and five. Some 3.8 million children from low-income families throughout the United States, Puerto Rico, Virgin Islands, and American Samoa receive services. Current budget requirements run to approximately \$360 million.<sup>11</sup>

The program. The comprehensive approach to child care in the Headstart program requires participation from professionals and nonprofessionals, parents and community leaders. Its uniqueness lies in its flexibility and sensitivity to local conditions and situations. As such the quality of the program varies from community to community.

Headstart centers service the health needs of children with a complete medical examination which includes visual and hearing tests, dental examinations, and immunizations. Periodic examinations are conducted with follow up on referrals made for more serious problems.

At least one hot meal and a snack is provided for each child as part of the nutrition program. Lessons may often revolve around the preparation of a meal and the importance of a properly balanced diet is impressed upon the children. Meal preparation and planning may also be included in parent activity programs.

The educational component of Headstart is the core of the program. While all good Headstart centers tailor their curriculum to meet local needs, and utilize local resources, certain universalities are recognized as being necessary if Headstart is to prepare the low-income child for the school system:

Language arts objectives: Effective use of language for communication, self-expression, thought, and learning. Understand the relationship between oral and written language. Develop basic skills and concepts to form a basis for reading and writing.

Mathematics objectives: Incorporate into the child's life learning experiences dealing with numbers establishing the foundation for mathematical reasoning and an appreciation of numbers.

Science objectives: Develop an understanding, awareness, curiosity, and appreciation of the natural environment and the physical world. Helping the child to learn the techniques of scientific method.

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Social studies objectives: Provide opportunities for the child to develop social relationships, to understand himself, experience social group situations and learn to work cooperatively.

Creative arts objectives: Enrich the child's development through creative expression. Encouragement of individuality and imagination.

Since the implementation of the educational core, a number of planned variations have been experimented with to find the best way to deal with disadvantaged children.

The career development program within Headstart was designed to provide training to parents and community residents in the child care field. Since its inception, career development has provided job opportunities for many who would otherwise have remained unskilled and unemployed. In addition, career development has fulfilled manpower needs and increased family income. Psychologically, it has brought the program closer to the community.

Part and parcel to the career development component of the program is the training program. It has provided pre-service and in-service training and technical assistance to the staff in local programs. Summer Headstart personnel attend five-day orientation sessions and the full-year program personnel attend longer sessions with in-service training.

Evaluation and assessment has been an integral part of the Headstart program. Regional research centers were established to aid local centers in the development of program approach, program design and other research to meet the needs of the children. In addition, assessments of program effectiveness were conducted. Nationally, the research and evaluation has been conducted on the impact of Headstart programs. One study, known as the Westinghouse Study, assessed the impact of Headstart by following the children for the first three grade levels after leaving the program. The report was not very complimentary to the program with its major recommendation being that, "large scale efforts and substantial resources continue to be devoted to the search for finding more effective programs, procedures, and techniques for remediating the effects of poverty on disadvantaged children."<sup>12</sup> This recommendation came on the finding that "acceleration in rate of development was not sustained when the children entered primary school."<sup>13</sup> Critics of the study noted that it focused on and measured academic achievement alone neglecting the other facets of the program. They felt that the whole effect of Headstart went beyond cognitive and school-rated capabilities. The department has since embarked on a more comprehensive study.

Another study conducted by Kirschner Associates, Incorporated, concentrated on the influence of Headstart on the entire community which were beneficial to children of low-income families. Their findings revealed "an increased involvement of the poor with institutions, particularly at decision-making levels and in decision-making capacities. In the 58 communities studied, there were 1,500 identifiable changes in the educational system and the health delivery system to improve the lives of children." It was also found that Headstart made an impact on the institutional change process in the communities surveyed by working with institutions, rather than by violent confrontations. The Kirschner Report concludes, "Headstart has indeed been a success strategy in widely achieving the goal of modifying local institutions so that they are more responsive to the needs of the poor".<sup>14</sup>

Several other studies have evaluated the influence of early intervention program such as Headstart. The majority of the data indicates that such programs show improvements in the child's general ability and achievement levels. On the other hand, such improvements have shown decrease or disappear as the child progresses through the early elementary years.<sup>15</sup>

Because of its comprehensive approach to child care, Headstart programs are expensive. The Abt Study in child care included a budget of the Central City Head Start Day Care in Salt Lake City, Utah.

## PROGRAM MODELS IN CHILD CARE

The center represents an exemplary program which "has made full use of, and has developed within, OEO Head Start guidelines"<sup>16</sup> (see Table 32). The balance between the benefit derived from the Headstart program and the cost expenditures for such a program have yet to be properly measured. It is possible that such measurement will never be valid since much of the returns are in human elements and cannot be translated into numbers.

**TABLE 32**  
**CENTRAL CITY ESTIMATED \$ AND IN-KIND EXPENDITURES 1970-71\***

Summary	% of Total	Total Cost	Cost/ Child Year	Cost/ Child Hour	Personnel Costs Make Up:
Standard Core .....	67%	\$ 89,300	\$1,624	\$ .78	83% of \$'s
Varying Core .....	12%	16,100	293	.14	68% of In-Kind
Occupancy .....	11%	15,400	280	.14	79% of Total
Supplemental .....	10%	13,500	245	.12	(\$ + In-Kind)
TOTALS .....	100%	\$134,300	\$2,442	\$1.18	
*costs to nearest \$100, % to 1.0					

	% OF TOTAL	TOTAL	= \$ COST	+ \$ IN-KIND
<b>I. STANDARD CORE COSTS</b>				
A. Child Care and Teaching .....	43%	\$ 57,200	\$ 48,900	\$ 8,300
B. Administration .....	18%	23,800	18,700	5,100
C. Feeding .....	6%	8,300	8,300	0
<b>II. VARYING CORE COSTS</b>				
D. Health .....	8%	10,500	6,200	4,300
E. Transportation .....	4%	5,600	5,600	0
<b>III. OCCUPANCY COSTS .....</b>	11%	15,400	5,500	9,900
<b>IV. SUPPLEMENTAL SERVICE COSTS</b>				
F. Career Development .....	1%	1,100	500	600
G. Parent Involvement .....	6%	7,600	6,600	1,000
H. Social Service .....	3%	4,800	0	4,800
TOTALS .....	100%	\$134,300	\$100,300	\$34,000

Source: Abt Associates, *A Study in Child Care 1970-71 Vol. I: Findings*, prepared for U.S. Office of Economic Opportunity (Cambridge, Mass.: 1971), p. 37.



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*Children's Centers.* Developing out of the system of day care centers established under the Work Projects Administration and later the Lanham Act passed during World War II, the Children's Centers of California represented an effort on the part of communities to meet child care needs. Unlike most areas across the country many California school districts maintained Lanham Act facilities after federal funds were withdrawn. The care provided for in these centers were essentially supervisory in nature. However, in 1965, a state-supported educational component was incorporated as part of the program. The educational component extended the program beyond the child supervision function and was to encourage the participation of families which might otherwise become dependent upon welfare programs. This was a result of the establishment of the Preschool Education Program passed by the Assembly in 1965 providing for the purchase of child care services under Title IV of the Social Security Act and state funds.

Financial support for Children's Center programs comes from three sources: state, local and parents' fees. The breakdown of funding sources to the total budget runs to approximately 60 percent from state sources, 17 percent from parental fees, and 23 percent from school district taxes levied for Children's Centers.

Participation in the program has recently been restricted and priorities have been set as a result of recent contracts executed between the state's Social Services Department and its Education Department requiring the maximum use of federal funds. Priorities are listed in the following manner:<sup>17</sup>

1. Welfare recipients who are enrolled in educational and training programs which will lead to employment.
2. Persons who are employed but who are low-income.
3. Persons who are in certain strategic occupations.

Normally, single-parent families are eligible before two-parent families. In addition, the use of federal funding in the State's contribution requires children under these programs to meet certain criteria.<sup>18</sup>

Parental fees are based on a sliding scale according to family income. The fees are uniform throughout the State. The following tables show the rates of parental fees effective January 4, 1971. (California is presently involved in a reordering of the fee scale.)

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**TABLE 33**  
**SAN FRANCISCO UNIFIED SCHOOL DISTRICT CHILDREN'S CENTERS DIVISION**  
**WEEKLY FEE SCHEDULE**  
**SOLE PARENT AND TWO PARENT FAMILIES—"MEANS TEST"**

No. in Family	2 Family Income	3 Family Income	4 Family Income	5 Family Income	6 Family Income	7 Family Income	Hourly Fee Rate
	0- 27	0- 30	0- 33	0- 37	0- 43	0- 49	.01
	28- 45	31- 50	34- 55	38- 62	44- 72	50- 83	.02
	46- 63	51- 70	56- 77	63- 87	73-100	84-116	.03
	64- 81	71- 90	78- 99	88-112	101-128	117-149	.04
	82- 99	91-110	100-122	113-137	129-157	150-183	.05
	100-118	111-130	123-144	138-162	158-185	184-216	.06
	119-136	131-150	145-166	163-187	186-214	217-249	.07
	137-154	151-170	167-188	188-212	215-242	250-283	.08
	155-172	171-190	189-211	213-237	243-271	284-316	.09
	173-190	191-210	212-233	238-262	272-299	317-349	.10
	191-208	211-230	234-255	263-287	300-328	350-383	.11
	209-227	231-250	256-277	288-312	329-357	384-416	.12
	228-254	251-270	278-299	313-337	358-385	417-449	.13
	255-263	271-290	300-322	338-362	386-414	450-483	.14
	264-281	291-310	323-344	363-387	415-442	484-516	.15
	282-299	311-330	345-366	388-412	443-471	517-549	.16
	300-318	331-350	367-388	413-437	472-499	550-583	.17
	319-336	351-370	389-411	438-462	500-528	584-616	.18
	337-354	371-390	412-433	463-487	529-557	617-649	.19
	355-372	391-410	434-455	488-512	558-585	650-683	.20
	373-390	411-430	456-477	513-537	586-614	684-716	.21
	391-408	431-450	478-499	538-562	615-642	717-749	.22
	409-427	451-470	500-522	563-587	643-671	750-783	.23
	428-445	471-490	523-544	588-612	672-699	784-816	.24
	446-463	491-510	545-566	613-637	700-728	817-849	.25
	464-481	511-530	567-588	638-662	729-757	850-883	.26
	482-499	531-550	589-610	663-687	758-786	884-917	.27
	500-510*	551-570	612-633	688-712	786-814	917-930*	.28
						931-949	.28
		571-590	634-655	713-737	815-842	950-983	.29
		591-594*	656-678*	738-762*	843-846*	984-1016	.30
		595-610			847-871		.30
		611-630	679-699	763-787	872-899	1017-1031	.31
		631-650	700-722	788-812	900-928		.32
		651-670	723-744	813-837	929-947		.33
		671-690	745-766	838-863			.34
		691-695	767-779				.35

\*Maximum allowable income for Single Parent.

Sole Parent	Means Test	Two Parents	Means Test
Plus 1 child	(2) \$510.00	Plus 1 child	(3) \$ 695.00
Plus 2 children	(3) 594.00	Plus 2 children	(4) 779.00
Plus 3 children	(4) 678.00	Plus 3 children	(5) 863.00
Plus 4 children	(5) 762.00	Plus 4 children	(6) 947.00
Plus 5 children	(6) 846.00	Plus 5 children	(7) 1,031.00
Plus 6 children	(7) 930.00		

These are the rates to be used for

(8) in family—	.025% × net income = hourly rate
(9) " "	.02% " " " " "
(10) " "	.015% " " " " "
(11) " "	.01% " " " " "
(12+) " "	.005% " " " " "

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**TABLE 34**  
**SAN FRANCISCO UNIFIED SCHOOL DISTRICT CHILDREN'S CENTERS DIVISION**

<b>HOURS OF WEEKLY ENROLLMENT</b>							
<b>(Weekly Rate Will Be Found Where Hours of Weekly Enrollment and Hourly Rate Columns Meet)</b>							
<b>Hourly Rate</b>	<b>25*</b>	<b>30</b>	<b>35</b>	<b>40</b>	<b>45</b>	<b>50</b>	<b>55</b>
.01	.25	.30	.35	.40	.45	.50	.55
.02	.50	.60	.70	.80	.90	1.00	1.10
.03	.75	.90	1.05	1.20	1.35	1.50	1.65
.04	1.00	1.20	1.40	1.60	1.80	2.00	2.20
.05	1.25	1.50	1.75	2.00	2.25	2.50	2.75
.06	1.50	1.80	2.10	2.40	2.70	3.00	3.30
.07	1.75	2.10	2.45	2.80	3.15	3.50	3.85
.08	2.00	2.40	2.80	3.20	3.60	4.00	4.40
.09	2.25	2.70	3.15	3.60	4.05	4.50	4.95
.10	2.50	3.00	3.50	4.00	4.50	5.00	5.50
.11	2.75	3.30	3.85	4.40	4.95	5.50	6.05
.12	3.00	3.60	4.20	4.80	5.40	6.00	6.60
.13	3.25	3.90	4.55	5.20	5.85	6.50	7.15
.14	3.50	4.20	4.90	5.60	6.30	7.00	7.70
.15	3.75	4.50	5.25	6.00	6.75	7.50	8.25
.16	4.00	4.80	5.60	6.40	7.20	8.00	8.80
.17	4.25	5.10	5.95	6.80	7.65	8.50	9.35
.18	4.50	5.40	6.30	7.20	8.10	9.00	9.90
.19	4.75	5.70	6.65	7.60	8.55	9.50	10.45
.20	5.00	6.00	7.00	8.00	9.00	10.00	11.00
.21	5.25	6.30	7.35	8.40	9.45	10.50	11.55
.22	5.50	6.60	7.70	8.80	9.90	11.00	12.10
.23	5.75	6.90	8.05	9.20	10.35	11.50	12.65
.24	6.00	7.20	8.40	9.60	10.80	12.00	13.20
.25	6.25	7.50	8.75	10.00	11.25	12.50	13.75
.26	6.50	7.80	9.10	10.40	11.70	13.00	14.30
.27	6.75	8.10	9.45	10.80	12.15	13.50	14.85
.28	7.00	8.40	9.80	11.20	12.60	14.00	15.40
.29	7.25	8.70	10.15	11.60	13.05	14.50	15.95
.30	7.50	9.00	10.50	12.00	13.50	15.00	16.50
.31	7.75	9.30	10.85	12.40	13.95	15.50	17.05
.32	8.00	9.60	11.20	12.80	14.40	16.00	17.60
.33	8.25	9.90	11.55	13.20	14.85	16.50	18.15
.34	8.50	10.20	11.90	13.60	15.30	17.00	18.70
.35	8.75	10.50	12.25	14.00	15.75	17.50	19.25

\*Over 5/9 only.

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**TABLE 35**  
**SAN FRANCISCO UNIFIED SCHOOL DISTRICT CHILDREN'S CENTERS DIVISION**  
**WEEKLY FEE SCHEDULE**  
**SOLE-PARENT SLIDING SCALE AND FULL COST\***  
**Nursery and School-Age Levels (Hourly Rate Times No. of Hours per Week)**

Family Income	No. in Family (Parent Plus No. Minors)	Hourly Rate Per Child	25	30	35	40	45	50	55
\$511-520		.34	8.50	10.20	11.90	13.60	15.30	17.00	18.70
521-526		.39	9.75	11.70	13.65	15.60	17.55	19.50	21.45
527-533		.45	11.25	13.50	15.75	18.00	20.25	22.50	24.75
534-540	1 Parent	.50	12.50	15.00	17.50	20.00	22.50	25.00	27.50
541-546	and	.56	14.00	16.80	19.60	22.40	25.20	28.00	30.80
547-553	1 Child	.62	15.50	18.60	21.70	24.80	27.90	31.00	34.10
554-559		.67	16.75	20.10	23.45	26.80	30.15	33.50	36.85
560-566		.73	18.25	21.90	25.55	29.20	32.85	36.50	40.15
567-573		.78	19.50	23.40	27.30	31.20	35.10	39.00	42.90
574 and over		.84	21.00	25.20	29.40	33.60	37.80	42.00	46.20
595-604		.35	8.75	10.50	12.25	14.00	15.75	17.50	19.25
605-610		.41	10.25	12.30	14.35	16.40	18.45	20.50	22.55
611-617		.46	11.50	13.80	16.10	18.40	20.70	23.00	25.30
618-624		.52	13.00	15.60	18.20	20.80	23.40	26.00	28.60
625-630	1 Parent	.57	14.25	17.10	19.95	22.80	25.65	28.50	31.35
631-637	and	.62	15.50	18.60	21.70	24.80	27.90	31.00	34.10
638-643	2 Children	.68	17.00	20.40	23.80	27.20	30.60	34.00	37.40
644-650		.73	18.25	21.90	25.55	29.20	32.85	36.50	40.15
651-657		.79	19.75	23.70	27.65	31.60	35.55	39.50	43.45
658 and over		.84	21.00	25.20	29.40	33.60	37.80	42.00	46.20
\$679-688		.35	8.75	10.50	12.25	14.00	15.75	17.50	19.25
689-694		.41	10.25	12.30	14.35	16.40	18.45	20.50	22.25
695-701		.46	11.50	13.80	16.10	18.40	20.70	23.00	25.30
702-708	1 Parent	.52	13.00	15.60	18.20	20.80	23.40	26.00	28.60
709-714	and	.57	14.25	17.10	19.95	22.80	25.65	28.50	31.35
715-721	3 Children	.62	15.50	18.60	21.70	24.80	27.90	31.00	34.10
722-727		.68	17.00	20.40	23.80	27.20	30.60	34.00	37.40
728-734		.73	18.25	21.90	25.55	29.20	32.85	36.50	40.15
735-741		.79	19.75	23.70	27.65	31.60	35.55	39.50	43.45
742 and over		.84	21.00	25.20	29.40	33.60	37.80	42.00	46.20
763-772		.35	8.75	10.50	12.25	14.00	15.75	17.50	19.25
773-778		.41	10.25	12.30	14.35	16.40	18.45	20.50	22.25
779-785		.46	11.50	13.80	16.10	18.40	20.70	23.00	25.30
786-792	1 Parent	.52	13.00	15.60	18.20	20.80	23.40	26.00	28.60
793-798	and	.57	14.25	17.10	19.95	22.80	25.65	28.50	31.35
799-805	4 Children	.62	15.50	18.60	21.70	24.80	27.90	31.00	34.10
806-811		.68	17.00	20.40	23.80	27.20	30.60	34.00	37.40
812-818		.73	18.25	21.90	25.55	29.20	32.85	36.50	40.15
819-825		.79	19.75	23.70	27.65	31.60	35.55	39.50	43.45
826 and over		.84	21.00	25.20	29.40	33.60	37.80	42.00	46.20

\*Not qualified within  
 "Means Test" or within  
 above "Sliding Scale"

## CHILD CARE IN HAWAII: AN OVERVIEW

TABLE 35 (Continued)  
SAN FRANCISCO UNIFIED SCHOOL DISTRICT CHILDREN'S CENTERS DIVISION

**WEEKLY FEE SCHEDULE**  
**SOLE-PARENT SLIDING SCALE AND FULL COST\***  
**Nursery and School-Age Levels (Hourly Rate Times No. of Hours per Week)**

Family Income	No. in Family (Parent Plus No. Minors)	Hourly Rate Per Child	25	30	35	40	45	50	55
\$847-856		.35	8.75	10.50	12.25	14.00	15.75	17.50	19.25
857-862		.41	10.25	12.30	14.35	16.40	18.45	20.50	22.25
863-869		.46	11.50	13.80	16.10	18.40	20.70	23.00	25.30
870-876	1 Parent	.52	13.00	15.60	18.20	20.80	23.40	26.00	28.60
877-882	and	.57	14.25	17.10	19.95	22.80	25.65	28.50	31.35
883-889	5 Children	.62	15.50	18.60	21.70	24.80	27.90	31.00	34.10
890-895		.68	17.00	20.40	23.80	27.20	30.60	34.00	37.40
896-902		.73	18.25	21.90	25.55	29.20	32.85	36.50	40.15
903-909		.79	19.75	23.70	27.65	31.60	35.55	39.50	43.45
910 and over		.84	21.00	25.20	29.40	33.60	37.80	42.00	46.20
931-940		.34	8.50	10.20	11.90	13.60	15.30	17.00	18.70
941-946		.39	9.75	11.70	13.65	15.60	17.55	19.50	21.45
947-953		.45	11.25	13.50	15.75	18.00	20.25	22.50	24.75
954-960	1 Parent	.50	12.50	15.00	17.50	20.00	22.50	25.00	27.50
961-966	and	.56	14.00	16.80	19.60	22.40	25.20	28.00	30.80
967-973	6 Children	.62	15.50	18.60	21.70	24.80	27.90	31.00	34.10
974-979		.67	16.75	20.10	23.45	26.80	30.15	33.50	36.85
980-986		.73	18.25	21.90	25.55	29.20	32.85	36.50	40.15
987-993		.78	19.50	23.40	27.30	31.20	35.10	39.00	42.90
994 and over		.84	21.00	25.20	29.40	33.60	37.80	42.00	46.20
*Not qualified within "Means Test" or within above "Sliding Scale"		.84	21.00	25.20	29.40	33.60	37.80	42.00	46.20

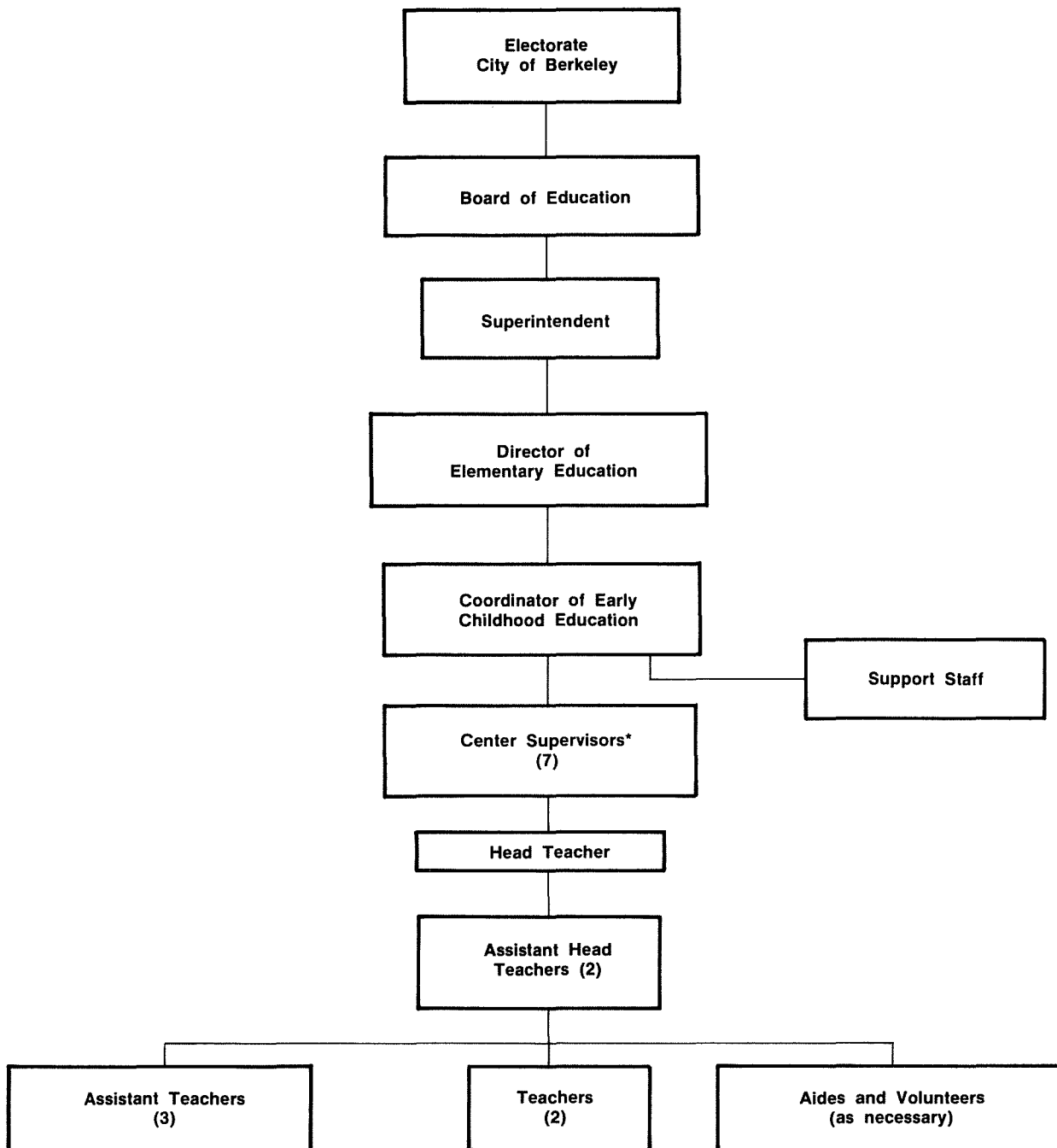
The actual operations of Children's Centers programs are vested in the school districts and an understanding of the program involves an examination of a school district system.

*Berkeley Unified School District.* The district's Early Childhood Educational System is based on the Children's Center system. Presently consisting of seven day care centers and eighteen parent participation nurseries, the system began with three children's programs under the Work Projects Administration of the 1930's. In 1940, parent participation nurseries began to meet the needs of young parents in the area. As programs expanded and developed, the school district recognized the need for coordination and in 1965, all preschool programs were placed under the Office of Early Childhood Education.

As presently organized, the Board of Education and the Superintendent have the final control over all policies of the system. The Office of Early Childhood Education plans and budgets programs in their area and deals with personnel hiring, firing, and promoting, all subject to the approval of the Board and the Superintendent. The actual daily operations of each center is determined by the teachers and the center supervisors (see Figure 9 for system organization).

## PROGRAM MODELS IN CHILD CARE

**FIGURE 9**  
**BERKELEY UNIFIED SCHOOL DISTRICT**  
**ORGANIZATION CHART**



\*Representative of 7 centers.

Source: Abt Associates, *A Study in Child Care 1970-71*, Vol. II-B: *Systems Case Studies*, prepared for U.S. Office of Economic Opportunity (Cambridge, Mass.; 1971), p. 25.

## CHILD CARE IN HAWAII: AN OVERVIEW

The Department of Early Childhood Education operates separately from the Department of Elementary Education but is part of the Unified School District and shares services provided by the district. Purchasing of equipment, school maintenance, physical plants and such are all centralized.

Curriculum varies widely from center to center according to the needs of the area. However, the philosophical base from which they operate is constant. "Children are usually grouped by developmental stage rather than strictly by age. Special activity areas in the classrooms include a book area, cooking area, large-muscle activity area, TV area, cognitive toys area, art-science-dining area and sleeping areas. In some centers, different age groups may be separated for special activities at certain times of the day".<sup>19</sup> Children are allowed freedom of choice in their daily activities, either involving themselves in self-help activities or organized and supervised activities. Teachers are stationed at each activity corner acting as resource personnel for the children, activity supervisors, or conducting planned lessons. The educational approach varies from center to center depending on the persuasion of the staff members.

Field trips are used extensively throughout the program and integrated into the activity.

Individual attention and help is a keystone of the program. Depending on the center, arrangements are made so that one teacher will be responsible for monitoring the progress of a particular child. Sometimes, the teacher stays with her particular children or she may spend individual time with each child in her charge during the day. (A similar program is being used at the Chinatown Day Care Center. Teachers stationed at activity areas make notes on children's behaviors as they pass through the activity area. At the end of the day, the notes are placed in the child's file so that the teacher responsible for the child may read them over. The notes are used for parental consultation particularly when problems arise. Under this system teachers remain with the same child throughout the child's enrollment at the center.)

The Berkeley centers are housed in a diversity of facilities—churches, renovated old homes, bungalows—whatever is available and meets state and county requirements. Federal requirements are also maintained since many children attending the center programs are receiving federal funds.

### Other aspects of the program:

**Food:** Each center has a cook who prepares meals and does the ordering and purchasing of food. Lunches are planned by the school district nutritionist and snacks by the center cook. Lunch and two snacks are served daily with breakfast for those who arrive early and a late snack for those who stay late.

**Health:** The centers employ a nurse whom they must share to do diagnostic and referral services. She trains the teachers in health, first aid, and physical development and talks to parents about health problems.

**Social Services:** Teachers and counselors help parents with child development problems. In addition, the system employs a psychologist and psychiatric social worker.

Staff qualifications vary with the level of the job but remain essentially standardized for all centers and programs within the system. Daily working hours are reasonable and the twelve-month schedule of the center allows teachers to rotate their three-month vacation times.

Parental involvement in the program has been almost nonexistent although plans are being made for greater parent participation. Educational programs for parents are not a formal part of the program.

## PROGRAM MODELS IN CHILD CARE

Costs of the Berkeley system are higher than most systems. An estimate placed the cost per child per year at \$3,055 (Table 36 shows the itemization of costs). The sources of funding showed the following breakdown:

District Taxes	\$515,000
State Allocation	180,000
Federal Allocation	52,700
Parent Fees	50,000
In-kind	5,400
Other	18,500
<b>TOTAL</b>	<b>\$821,600</b>

According to a recent evaluation of the Berkeley program, any constraints on the system are external constraints imposed by the state funding laws which restrict the services of the center to a particular population. In addition, eligibility lapses when income rises above an arbitrary point creating a child care problem which may lower family income again. New construction approvals by the State have been another block to needed expansion.

However, the sponsorship by public institutions insures a stable environment for the program which results in positive effects. The lack of steady funding has often been the demise of many good programs. Berkeley's stable source of funding alleviates such worries and staff as well as center directors can concentrate on program development.

**TABLE 19**  
**BERKELEY ESTIMATED \$ AND IN-KIND EXPENDITURES 1970-71\***

Summary		% of Total	Total Cost	Cost/Child Year	Cost/Child Hour	Personnel Costs Make Up:
Standard Core .....		87%	\$716,700	\$2,663	\$1.68	83% of \$'s
Varying Core .....		1%	5,800	22	0.01	76% of In-Kind
Occupancy .....		9%	75,500	281	0.18	83% of Total
Supplemental .....		3%	23,900	89	0.06	(\$ + In-Kind)
<b>TOTALS .....</b>		<b>100%</b>	<b>\$821,900</b>	<b>\$3,055</b>	<b>\$1.93</b>	
*costs to nearest \$100, % to 1.0						

BASIC CARE	I. STANDARD CORE COSTS		% OF TOTAL	TOTAL	=	\$ COST	+	\$ IN-KIND
	A. Child Care and Teaching .....		52%	\$433,100		\$429,000		4,100
	B. Administration .....		28%	227,100		227,100		—
	C. Feeding .....		7%	56,500		55,200		1,300
	II. VARYING CORE COSTS							
	D. Health .....		1%	5,800		5,800		—
	E. Transportation .....		—	—		—		—
	III. OCCUPANCY COSTS .....		9%	75,500		75,500		—
	IV. SUPPLEMENTAL SERVICE COSTS							
	F. Social Service .....		3%	23,900		23,900		—
	<b>TOTALS</b>		<b>100%</b>	<b>\$821,900</b>		<b>\$816,500</b>		<b>\$5,400</b>
				(100%)		(99%)		(1%)

Source: Abt Associates, *A Study in Child Care 1970-71, Vol. II-B: Systems Case Studies*, prepared for U.S. Office of Economic Opportunity (Cambridge, Mass.: 1971), p. 34.



## CHILD CARE IN HAWAII: AN OVERVIEW

*Infant Day Care.* Infant day care has never been a popular concept with the American public. The negative association that infant day care involved maternal separation which to many was synonymous with maternal deprivation closed the door on many children below the age of three. Equally as important, research in the area to determine the actual effects of infant day care was almost nonexistent. But the problem—the need for some type of infant care, particularly for the working mother—did not go away. Statistics showed that “in June 1958 there were 883,000 children under three years of age whose mothers were employed full time. By March 1967, the number had increased to 1,024,000; of these children 471,000 were cared for in their own homes, 427,000 were cared for in someone else’s home, 77,000 were in other arrangements, and 49,000 were in group care centers”.<sup>20</sup>

As the need of working mothers for infant care grew, communities and private agencies began to look into the possibilities of infant care. Greater pressures for services arose from the growing numbers of teenage mothers. Once isolated from society many teenage mothers were now benefitting from the changing societal mores. Special programs were being established to allow teenage mothers to finish their education or attend job training courses. Compounded by the fact that teenage mothers tended to keep their child rather than place the child for adoption, the lack of child care services for infants became more acute.

Studies and research projects began to appear which examined the relationship between mother and infant and the effects of maternal separation on the child. Research has not been completed in the area and in many cases it is too early to tell what the long-range effects may be. However, thus far, studies have shown that infant day care has had a positive effect upon the intellectual development of children. The harm of infant day care experiences at an early age never materialized. Many, in fact, benefitted from the experience as seen in the following evaluation of the Syracuse project in infant day care:<sup>21</sup>

Data in support of this (significant gains on standard intelligence and achievement tests) can be cited from the Children’s Center in Syracuse, New York (Caldwell and Richmond, 1964). The hypothesis that led to the development of that program was that the optimal time to begin enriching the experiential environment of a child was during early infancy—that is, after such time as he would have formed an attachment to his primary caregiver (his mother) but before such time as restrictive modes of communication and thinking had been established that would limit his future adaptability. From 1966 to 1969 this program had yearly enrollment of approximately 75 children ranging in age from six months to five years and divided into five approximately equal subgroups. Age separation in the groups were not rigid and during part of each day the children were in planned contacts with older and younger groups.

At this time data are available from some 86 children who had entered day care prior to age three and 22 who had entered after age three and 49 controls from comparable socio-economic backgrounds . . . The difference between the initial score and the subsequent score was statistically significant for both sub-groups of children, with neither groups gaining more than the other. For both early and late entries, the difference between the amount of change shown by day care and the control children was substantially and statistically reliable.

But above all . . . can be placed the superordinate generalization that intellectual development need not be adversely affected by participation in day care . . .

## PROGRAM MODELS IN CHILD CARE

As for the important issue relating to the social and emotional development of day care children, it was found that "[I]n terms of the attachment of children for their own mothers, there were no significant differences between the day care and the home-reared infants. That is, the children who had been enrolled in day care and had been exposed to several adults daily since before their first birthday were just as attached to their own mothers as were the children who had remained at home during the same period".<sup>22</sup> Other essentially positive facts have emerged from the Syracuse project as well as other infant care projects throughout the country. However, it must be noted that these are research projects which provide optimal environmental conditions. Whether such projects can be duplicated on a more massive scale without adverse effects upon the children has yet to be fully tested.

But, projects are beginning. A recent promulgation of standards for group care for infants under two years has paved the way for the establishment of such centers in California.<sup>23</sup> However, there are restrictions:

Group day care of children under 2 years of age shall be permitted for those children for whom the community involved offers no reasonable alternative, such as a sufficient number of family day care homes to provide adequate care, or to meet the special needs of particular groups, such as mothers attending school or training or migrant workers living in special camps for migrant workers.

*Florence Crittenden Infant Day Care Center.* Located on Broderick Street in a predominantly black area of San Francisco, the Florence Crittenden Infant Day Care Center provides comprehensive services to twelve babies and their families from the surrounding community. It is available to teenage mothers between the ages of thirteen and eighteen who have babies between the ages of six weeks and six months when admitted to the program. Because of its funding through Title IV of the Social Security Act, the center must serve persons considered as past, present, and potential welfare recipients.

The focus of the program is to help the mother care for her child. Clientele at the center are often unwed mothers from broken or disruptive family lives. Because of their youth, many are not equipped to handle motherhood or to understand the needs of a child. In addition, the mothers face other pressures: problems with the father of the child or with a boyfriend, problems with their families, their friends, uncertainties about their futures, and the need to understand themselves. The center deals with all these problems and more including housing, job training, education, parent education and so forth. As stated in a project description:<sup>24</sup>

It is our belief that the young teenage parent who is keeping his baby needs whatever supportive services are available to him so that he can develop the competencies and skills necessary to plan and determine the direction of his own life. In this way he can begin to provide a healthy, stable environment for himself and his child.

The center setting is a brownstone adjacent to the main center, the Florence Crittenden Home. Its atmosphere is homelike. For instance, the office portion of the center serves as a living room where parents of the children may find privacy, comfort and a place to talk.

The nursery section consists of three rooms: the sleep room which contains cribs for each child; the kitchen where formulas and food is prepared; the playroom where children have freedom to

## CHILD CARE IN HAWAII: AN OVERVIEW

crawl around and where play pens are located; and the porch area where children may play with outdoor toys and grosser motor activities are conducted. The center is maintained in a permissive atmosphere such that there is fluidity in the environment. Children are free to wander from room to room to explore.

The pupil-teacher ratio is four children to one adult. The center director is not included in the ratio but she offers relief to the supervising adults when necessary. Two full-time teachers are employed at the center and the third adult is a volunteer who comes over from the Florence Crittenden Home. (A side effect of the program has been the interest pregnant girls have taken in the center. Informally, the center activities have become learning avenues for future motherhood.)

Because of the heavy emphasis on the parent, parent activities such as the following play a key role in achieving project goals:<sup>25</sup>

1. Participation in the daily program with infants at the center, followed by group discussions and classes related to the experience.
2. Daily contact with parent each day when he drops off child and picks him up so that two-way communication goes on between parent and staff related to the baby's daily activities at home and center. Through such sharing practices, the parent learns that we respect him and his right to know about his child.
3. Monthly parent meetings to discuss and evaluate how program is going, to engage in discussions related to program as well as topics of interest and concern and to plan for speakers, films and other program activities.
4. Implementation of tutoring services as needed, as well as interest groups in sewing, cooking, art, exercise, and body movement.
5. Weekly bag lunch for those who wish to have a relaxed social period together. (Casual learning opportunities are unlimited in such groupings.)
6. Setting up the office to serve, not only as a focus for transacting business, but as a place for parents to relax with each other, to look at magazines and find peace and comfort. It is important to have an environment that sanctions the need for privacy and adult activity separate from his role of parent.

In many ways the Florence Crittenden Infant Day Care Center has achieved only a part of its total conceptual goals. An interview with the director, Ms. Ethel Seiderman, revealed that the center was to have a nurse, social services assistant, and a housekeeper-cook to round out the program. Staff personnel have devoted extra time to make up for the void and have done so quite successfully. In addition, the center has become a very important part of the lives of twelve families and their children. Its easy accessibility and neighborhood atmosphere has provided a "home away from home" for many. It has been a meeting place, a counseling center, a social center, a referral agency and all-around aid. The staff members maintain a close relationship with the families and are often confidants in troubled times. Unfortunately, the lack of funds and other administrative problems have prevented the center from expanding.

Cost of project amounted to a total of \$60,038. Of this amount 75 percent is funded through Title IV-A monies and 25 percent from the Rosenberg Foundation. The future of the center looks dismal since they will probably lose their 25 percent matching funds. Finding seed money to qualify for the 75 percent governmental funds is a perennial problem faced by many private, nonprofit community services organizations. (See Table 37.) As a result many child care programs which could be run by private agencies to meet special needs, such as the Florence Crittenden Infant Day Care Center, are not being developed.

# PROGRAM MODELS IN CHILD CARE

TABLE 37

## FLORENCE CRITTENTON INFANT DAY CARE CENTER ESTIMATED ANNUAL BUDGET, 1971

### DISBURSEMENTS

Director (Head Teacher) .....	\$11,000
Social Worker—½ time .....	5,500
3 Aides @ 5100 .....	15,300
Janitor—½ time .....	2,600
Housekeeper—¾ time .....	3,825
Administrative Supervision—parttime .....	2,400
Office Clerk—parttime .....	3,600
	<u>44,225</u>
Social Security taxes .....	2,133
Workmen's Compensation Insurance .....	1,200
	<u>3,333</u>
TOTAL EMPLOYEE BENEFITS .....	47,558
Rent (\$250 per month) .....	3,000
Utilities: Gas and electricity	
Water	
Telephone	
Garbage	
Pest control .....	1,020
Janitorial supplies .....	600
Food @ 75¢ a day .....	2,100
Laundry .....	800
Equipment: Kitchen .....	360
Office .....	300
Linen and clothing .....	675
Furniture .....	800
Toys .....	325
	<u>2,460</u>
Medical Supervision—Nurse—10 hours a week .....	2,367
Insurance—Liability and Fire .....	133
	<u>12,480</u>
TOTAL OTHER EXPENSES .....	12,480
TOTAL OPERATING EXPENSES .....	60,038
<b>Income</b>	
Raised from local sources based on 25% of total Operating Expenses .....	15,010
Requested herewith from San Francisco Department of Social Services based on	
75% of total Operating Expenses .....	45,028
	<u>\$60,038</u>

## CHILD CARE IN HAWAII: AN OVERVIEW

### Family Day Care Homes and Systems

The most popular form of child care in the United States is family day care. Not the formal type of family day care situation with the licensed family day care mothers, but the informal babysitting arrangement. To elaborate:<sup>26</sup>

The evidence is that family day care is the largest out-of-home supplemental child care resource used for the purchase of day care in the United States today. Most of the children of working mothers are of school age but most of the children in family day care are under six (Low and Spindler, 1968; Emlen and Watson, 1970, pp. 56-57). Among the under six children of full-time working mothers twice as many are in family day care as in any form of organized group care. Furthermore the use of nonrelatives now competes with the use of relatives (other than the father) as resources for supplemental child care whether in the home or outside the home (Low and Spindler, 1968; Emlen, Donoghue and LaForge, 1971, p. 8). The conclusion is inescapable that private family day care has become a major social institution in the United States.

The Westinghouse-Westat survey of day care reinforces the contention on the popularity of family day care. They found that "the majority (55%) of all children in day care full day are cared for in family day care homes".<sup>27</sup> Yet family day care represents the least explored, the least studied of the approaches to child care. Recognition of family day care as an alternative in child care services has been slow because of remembrances of horror stories concerning family day care homes. Situations of neglected or abused children in a family day care home were often featured in newspaper articles and the horrors exposed still linger in the American mind. More importantly, however, because of the private arrangements made by parents, family day care has remained invisible. Licensing requirements have been enforced unevenly and many states do not require licenses. "Probably the single most striking statistic on day care homes is that less than 2 percent of the estimated 450,000 homes are licensed as compared with almost 90 percent of the centers".<sup>28</sup>

Recently, however, great strides have been made in utilizing this already popular form of child care. Systems are being developed in which family day care mothers, once isolated from each other, can come together to talk over their problems, learn about child care techniques, and teach others about family day care. Most prominent among these developing systems are the Community Family Day Care Project in Pasadena, California, the Family Day Care Career Program in New York City and the Neighborhood Family Day Care System in Portland, Oregon. For the purposes of this discussion, only the Pasadena and New York systems will be detailed. The reason for this is that the Pasadena project was visited during the course of research for this study and project directors, students, and family care mothers were interviewed. As for the New York project, Abt Associates has done a profile of the system in its much lauded *A Study in Child Care 1970-71* prepared for the Office of Economic Opportunity, Office of Program Development, Evaluation Branch.

*Community Family Day Care Project.* The Pasadena project which was a demonstration project funded by the Children's Bureau, Office of Child Development of the U.S. Department of Health, Education and Welfare and sponsored by Pacific Oaks College in Pasadena, California, seems at first glance to be a modest venture. However, upon closer inspection one begins to realize the painstaking effort involved in implementing the system and the magnitude of the obstacles which had to be overcome.

The genesis of the project was an assumption on the part of the project directors "that the potential was greater for providing appropriate day care for young children in a small, neighborhood

## PROGRAM MODELS IN CHILD CARE

program than in a larger center program".<sup>29</sup> The approach taken by the project was essentially low-key. Instead of attempting to impose a foreign design on existing patterns of child care, the Family Day Care Project saw its role as a supporter and advisor:<sup>30</sup>

Our program was one in which we hoped to learn more about family day care and how it functions and how we could help those involved in such work. We hoped they (family day care mothers) in turn would cooperate and help us. Our commitment was one of mutuality. Family day care mothers would teach *us* about family day care, and we would help in appropriate ways to meet *their* needs. (Emphasis theirs)

Working in a carefully chosen neighborhood which would reflect a microcosm of urban America, the project began with a canvassing of the neighborhood in order to identify the types of child care arrangements and to locate the family day care homes in the area. Once patterns were identified the task of recruiting mothers to join the project began. The "gatekeeper"<sup>31</sup> approach was used as a facilitator for introduction into the neighborhood. Ministers, trusted social workers, public health nurses, community leaders and so forth were contacted to aid in recruitment. Besides the gatekeeper approach, a canvassing of the neighborhood for mothers was used. Although it proved to be less spectacular than the gatekeeper approach, the project directors feel that it contributed to community relations and understanding of the project.

Eventually, the project hired twenty-two mothers as consultants to the project. These consultant mothers<sup>32</sup> met at the project center from 9:30 to 11:30 once a month on Wednesday mornings to discuss family day care. From these sessions, valuable information was obtained about family day care and the women involved in such care. At the same time, mothers met other family day care mothers and discussed common problems. Resource personnel were invited to the discussion groups, answering whatever questions the family day care mothers may have had. The range of subjects and situations covered included:

1. How to help and work with aggressive and shy children;
2. Feeding, bottle feeding and weaning;
3. Toilet training;
4. Programming and routines;
5. Care of sick children;
6. Religious and moral training;
7. Sex education;
8. Male image in the home;
9. Parent relations;
10. Family day care as a neighborhood center;
11. Difference between family day care and group center care;
12. How to upgrade family day care; and
13. Child growth and development.

As part of the project, a practicum was arranged with Pacific Oaks College. Students in child development served as field demonstration assistants. These assistants helped the family day care mother by caring for her children during her Wednesday morning consultation sessions. Mondays were set aside as a time for family day care mothers to "teach" the students about family day care. Arrangements were also made for students to attend at least one Wednesday morning session with the family day care mothers. Again, consonant with the tenor of the project, students were cautioned against assuming an overly aggressive role in his relationship with the family day care mother. The imposition of the student's values on the family care mother was discouraged. Instead a neutral posture was recommended. Close supervision of the students was maintained and problems

## CHILD CARE IN HAWAII: AN OVERVIEW

emanating from the field demonstrations assistants-family day care mother relationship were analyzed, assessed and counseled.

A cadre of support services was offered to the family day care mother. These support services were essential to the project since the basic approach was supplemental and advisory. Toy loan, environmental workshop, mother's club, library story hour, health and welfare referrals, referral services, monthly bulletins, health emergency forms, and informing the community about family day care were among the myriad of services available to the family care mother.

By April 1971, a short-term pilot class had been arranged for the mothers upon their request. A family day care mothers organization was formed to sustain the activities of the project which will end as of January 1973 and to inform other family day care mothers of the program. Most important, however, was the attitude change which evolved within the mothers of the project. They began thinking that their service was a menial one and that their total contribution was babysitting. Somewhere in the course of the project, this attitude changed. Mothers gained confidence in themselves as they began to realize the value of their service and its potential. Probably the most appropriate remark which encompasses the feeling of the mothers' attitude is the title of the report on the Community Family Day Care Project—"I'm not just a babysitter".<sup>33</sup>

Based on her experiences with the Pasadena project, June Sale, the director, submitted a family day care plan to the Appalachian Regional Commission which would serve one hundred children whose parents were in work training programs or worked part-time or full-time. The objectives of the project would be:<sup>34</sup>

1. To provide an intimate home setting located near the family needing child care;
2. To provide for the care of all the children of the participating families from the age of 4 weeks to 12 years, in one setting;
3. To provide child care which is responsive to parents' needs. The family day care mother will be accountable to the parents for program content, environment, nutrition, health and safety factors;
4. To include an educational component which will include three interdependent elements:
  - a. The family day care mother will be involved in a training program in which she will serve as student and consultant;
  - b. Parents will be involved in educational programs which will help them in making decisions about child rearing practices;
  - c. The family day care plan staff will be involved in an on-going educational and training program in which they will serve as teachers and students.

Involvement of family day care mothers in the program should be on a volunteer basis. Each family day care mother should care for a minimum of three children and a maximum of five. Limiting the number of children allows for greater flexibility and more individual attention given to the child. At the same time, the mother does not become overworked. If the program is focused on the care of children from low socio-economic backgrounds whose parents are involved in work training or manpower development programs it is recommended that consideration be given to a possible socio-economic mix of children; that is, a mother who participates in the program need not limit her enrollment to children of low socio-economic backgrounds. She may have other children in the home who

## PROGRAM MODELS IN CHILD CARE

come from different socio-economic levels. The mixture allows for a wider range of experiences for all the children involved and does not "ghetto-ize" children within their socio-economic levels. Where possible, ethnic integration is also recommended.

An integral component of the program is the family day care assistants. These may be students studying early childhood education, human development, social work, or any other related field. Once a week the assistant would work with the family day care mother learning about how she takes care of children. On another day in the same week, the assistant would take over for the family day care mothers. At least quarterly, a meeting of all the family day care mothers should be held. Other group activities may be planned depending on the family day care mothers.

The training program established for the family day care mothers must be based on their needs as they see them. It should "insure quality care for children, . . . facilitate methods of communication between the users and givers of services as well as . . . help the FDCMs (family day care mothers) understand the importance and significance of the services they offer".<sup>35</sup> While the curriculum should remain flexible, it has generally been found that topics fall into four general categories: The Child, The Family Day Care Mother, The Home, and The Community.

Although parent involvement is desirable, coercive tactics should not be used to include reluctant parents. Restrictions based on parental involvement should not be placed on the use of the system. Withholding of services because a parent does not participate in parent activities is not recommended. Monthly meetings may be held for parents and an orientation session given to families upon entrance into the system. But at all times it must be understood that the parents are responsible for their children and that the system should only act as facilitator or advisory when needed.

Staffing is an important factor in the program.<sup>36</sup> They will be the mediators between the family day care mother, the parents and the children. "They should observe the strengths and weaknesses of individual FDCM's programs, learning what each FDCM has to offer in terms of program, environment, and human interaction. The staff should be facilitators for the parents in helping them with decision-making for child placement."<sup>37</sup> In addition, they must act as resource personnel, providing mothers and parents with techniques of problem solving.

Supplemental services such as a toy loan so that family day care mothers may borrow toys, equipment, books, and records for use in their home, or the hiring of a "Fix-it" man to do repairs, perform maintenance functions, and sometimes build needed equipment for family day care mothers enhances the program while serving educational functions.

The accompanying budget was included in the "Family Day Care Plan" proposal. A variation of the budget has been worked out to note the adjustments which may be made to curb costs and to meet the cost differential between the Mainland and Hawaii (see Table 38).



# CHILD CARE IN HAWAII: AN OVERVIEW

TABLE 38  
FAMILY DAY CARE PLAN BUDGET—CAPACITY 100 CHILDREN

Proposed Budget of "Family Day Care Plan" by June Sale				Adjusted Budget (includes in-kind services and adjustments for Hawaii conditions)			
BUDGET ITEM	ANNUAL SALARY	TIME	PROJECT COST	COMMENTS	ANNUAL SALARY	TIME	PROJECT COST
<b>1. Personnel</b>							
Director .....	\$13,500	100%	\$13,500		\$13,500	100%	\$13,500
Assistant Director .....	9,000	100%	9,000		9,000	100%	9,500
5 FDC Assistants .....	4,500	100%	22,500	FDC assistants may be obtained from University and Community College programs. Credits would be given in lieu of salary.	—	—	—
Fix-It Person .....	4,500	50%	2,250		4,500	50%	2,250
Secretary .....	5,000	100%	5,000		5,000	100%	5,000
Bookkeeper .....	5,000	50%	2,500		5,000	50%	2,500
Fringe Benefits (10%) .....			5,475	Fringe benefits run about 15% in Hawaii.			4,822.50
			\$ 60,225				\$ 37,572.50
<b>2. Consultant Services</b>							
FDC Consultants (\$10 per consultant × 5 consultants per week × 40 weeks) .....			2,000	This expense would only apply to new programs being established. It is hoped that mothers will work toward self-sufficiency.			2,000
Community Resources (4 Consultants × 1 day@ \$75 per day) .....			300	Such services may be obtained on an In-Kind Basis.			—
			2,300				2,000.00
<b>3. Supplies</b>							
Office @ \$67 per month × 12 months .....			800				
Instructional Supplies (including toy loan) .....			2,500				
Tape Recorder & Tapes .....			250				
			3,550				3,550.00
<b>4. Travel</b>							
This should be added for staff (_____ miles × 10¢ per mile) Conferences (2 staff members for 1 conference per year—travel and per diem) .....			300	Travel to and from West Coast at \$200.00 per person plus \$100 each for per diem.			600
			300				600.00
<b>5. Other Expenses</b>							
Rental—\$200 per month .....			2,400	If project staff can be housed in an already existing public facility within the neighborhood then rental would not be a factor. However, realistically speaking such available facilities meeting the criteria of accessibility* are hard to find.			
Utilities .....			600				
Telephone @ \$50 per month ..			600				
Insurance .....			500				
Voucher Plan 100 children (averaged at \$16.75 per week × 40 wks) .....			67,000				
Conferences for FDCMs and Parents .....			250				
			71,350				71,350.00
<b>TOTAL</b> .....			\$137,725				\$115,072.50

\*Accessibility is used to connote "atmosphere." The project headquarters should maintain a friendly, small neighborhood feeling. Therefore, a large, imposing building would not be suitable.

## PROGRAM MODELS IN CHILD CARE

*Family Day Care Career Program.* Underfinanced, understaffed, rendering uneven services and facing an uncertain future, the Family Day Care Career Program in New York City exemplifies the "politics" of day care, the art of the possible. Its unique feature is its integration of interrelated social services within one program. The career development program is two-pronged with the child care services serving as an integral component. Mothers enrolled in the system's external career program are trained in skills for gainful employment. Their children are placed in the system's family day care homes. The internal career development program focuses on the family day care homes and the family day care mothers. These women are trained to be teacher-mothers. Eventually, a family day care mother may become a career mother or attain career mobility within the system itself, being promoted to positions such as day care aides, day care counselors, technical assistants, educational aides, directors, and so forth.

Begun in 1967, on an idea from an employee of the New York City Department of Social Services, the system is a result of cooperative effort of the Human Resources Administration, Community Development and the Board of Education. The major costs involved in establishing the system centered on obtaining administrative and home facilities, licenses and recruiting clients, teachers and career mothers. Restrictions were placed upon clients: they had to be welfare mothers. However, the restrictions were later relaxed to accommodate low-income working mothers not on welfare.<sup>38</sup> As of 1970, the New York system had twenty-one subcenters, each administering 40-60 care homes. A total of 3,570 (average daily attendance) were cared for in the following percentage breakdowns:

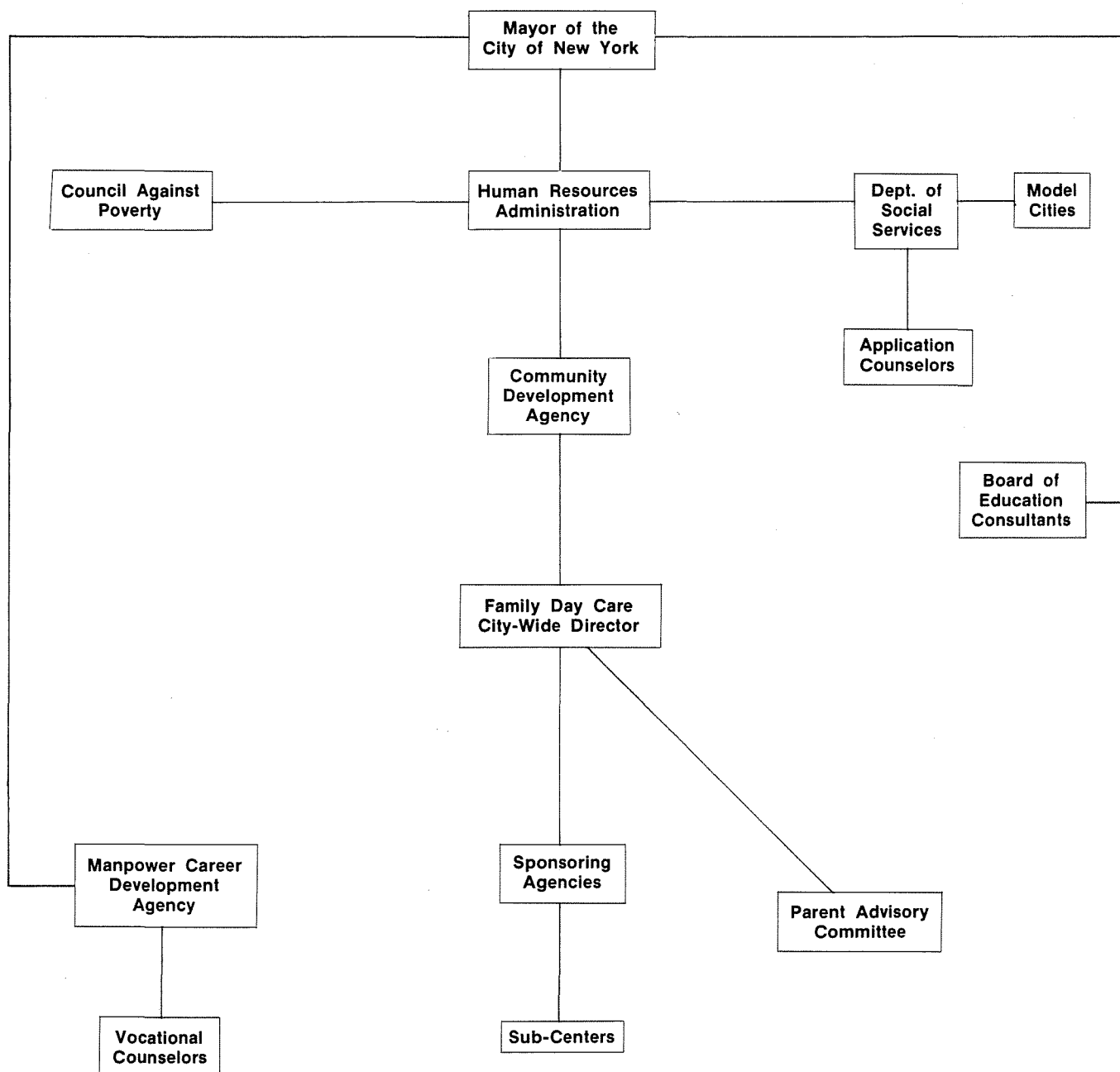
30%	half day
20%	infants
51%	preschool
29%	school age

Structurally, the system is organized on both the city-wide and local community levels. The Human Resources Administration, Community Development Agency of New York City is the prime sponsor. Locally, twenty-one subcenters are sponsored by various agencies, both private and public, and administered by a board of directors composed of 10-21 resident board members. Besides the board of directors, local and city-wide policy advisory committees exist. The composition of the city-wide policy advisory committee is 35 percent teacher-mothers, 35 percent mothers, and 30 percent representatives from professional, civic and social welfare organizations. Local parent advisory committees reflect the composition of the city-wide policy advisory committee and elect the representatives to the city-wide committee. In addition, local committees address themselves to the problems of their local centers (see Figure 10 for organizational chart).

Theoretically, the board of directors on the local and city levels are the planners and program developers. However, such tasks are done by the family day care central office staff. Budgets are also developed by the main office in consultation with the local program directors and the Com-

## CHILD CARE IN HAWAII: AN OVERVIEW

**FIGURE 10**  
**FAMILY DAY CARE**  
**ORGANIZATION CHART**  
**CITY-WIDE**



Source: Abt Associates, *A Study in Child Care 1970-71*, Vol. II-B: *Systems Case Studies*, prepared for U.S. Office of Economic Opportunity (Cambridge, Mass.: 1971), p. 29.

## PROGRAM MODELS IN CHILD CARE

munity Development Agency personnel.

Local sponsoring agencies have jurisdiction over personnel matters on recommendation of the local program directors. Curriculum is developed locally in conjunction with the Board of Education personnel and parents. Although the system establishes a double-level bureaucracy, administrative problems have been minimal according to Abt Associates' evaluation of the system:<sup>39</sup>

There appears to be relatively little conflict in the policy making process. Staff responsibilities and the chain of command are defined, and the total process is well coordinated and relatively efficient. Parents do not hold decision-making powers but they are definitely involved in the process. For example, parents have had a strong influence on the content of the Board of Education training programs.

Staffing at the central office level includes the overall director, five technical assistants, and three clerks. The technical assistants work closely with the local agency staffs, acting as liaison with other city agencies. Locally, the staff organization is as follows (see Figure 11 for organizational chart):

Director: Responsible for administration of program, report writing, community relations, coordination and problem solving as it relates to the center.

Teacher-mother: Cares for child in her home on a full-time basis. Provides for the child's educational, nutritional and socio-emotional well-being.

Educational aide: An extension worker, visits the homes, takes over for the teacher-mother when necessary and recruits new mothers for the program.

Day care aide: Processes the initial applications and introduces program to new families, refers the potential client to the appropriate staff members, directly supervises educational aides, attends to clerical work, makes necessary medical appointments, and supports teacher-mothers in emergencies.

Day care counselor: Responsible for overall program in day care homes. Supervises day care aides and uses community resources to help center families.

Application counselor: Assigned to the program by the department of social services, serves as liaison between center and the department, performs licensing functions, and consults with family care mothers and career mothers for placement purposes.

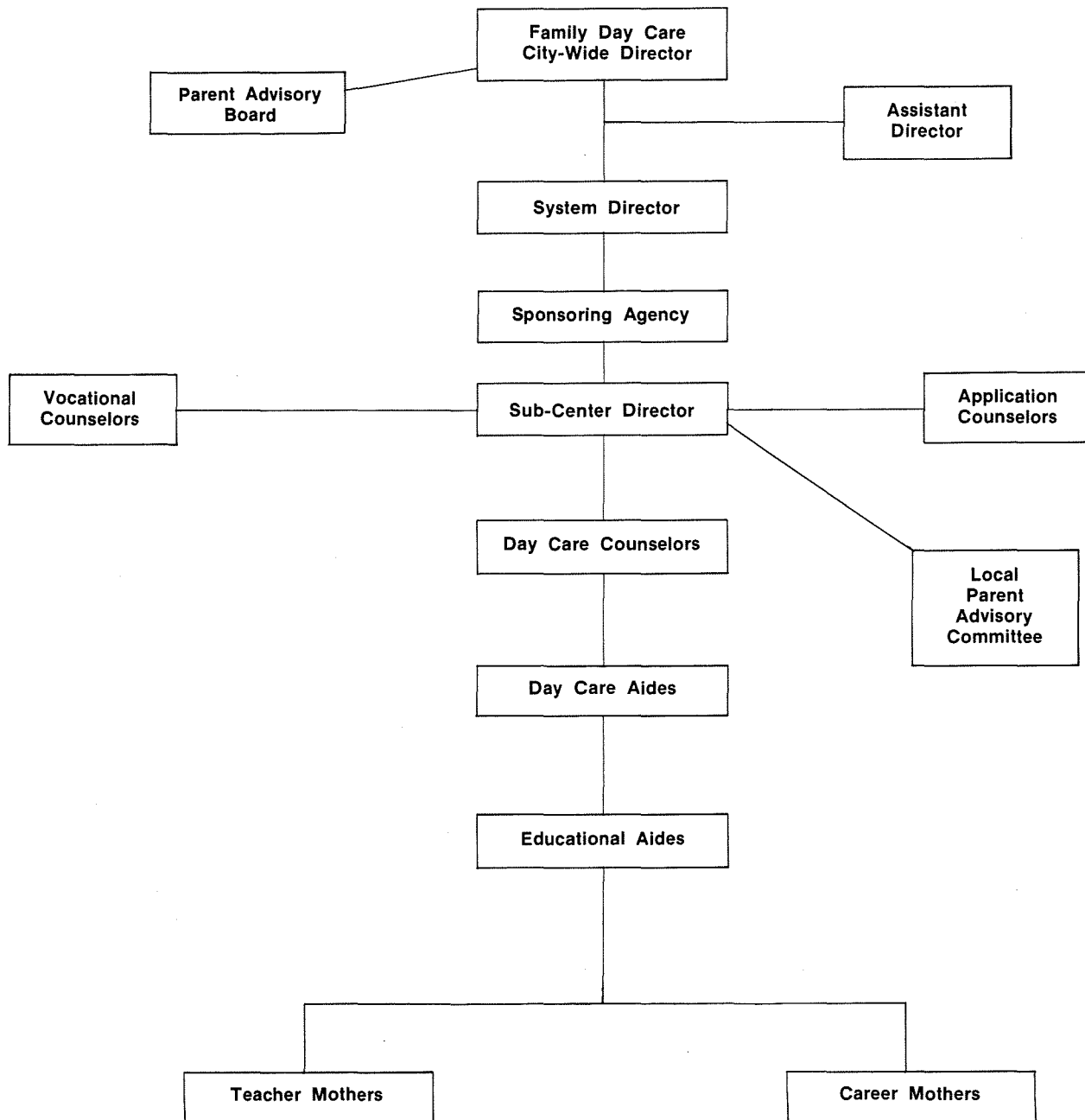
Vocational counselor: Aids career mothers with counseling, testing, and placement in training programs or job situations. Is the liaison between the day care program and the Manpower Training Agency of the social services department.

The training of teacher-mothers is conducted by the early childhood specialists of the Board of Education. Sessions are held three times a year, four days each session, seven hours a day. Weekly sessions are given at the local level during the year. Any teacher-mother who attends thirteen or more sessions during a six-month period is given a certificate. All mothers are required to attend these sessions. When city-wide training sessions are held, mothers are provided with transportation, lunch money, and babysitting.

The New York system is an extensively organized system designed to reach the optimum number of persons. Personnel costs, facilities costs, training and consultant costs, career development costs—all add up. For the year 1970-71, it was estimated that the system cost \$1.18 per child per hour. In total, \$10,390,700 was spent, of which \$3,839,900 was considered the cash equivalent of in-kind ser-

## CHILD CARE IN HAWAII: AN OVERVIEW

**FIGURE 11**  
**FAMILY DAY CARE**  
**ORGANIZATION CHART**  
**LOCAL**



Source: Abt Associates, *A Study in Child Care 1970-71*, Vol. II-B: *Systems Case Studies*, prepared for U.S. Office of Economic Opportunity (Cambridge, Mass.: 1971), p. 30.

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vices. The actual cash cost was \$6,550,800. A mixture of funding sources alleviated some of the cost burden from the city:

New York Department of Social Services	\$1,600,000
New York State	800,000
HUD-Model Cities	150,000
In-kind	1,612,000

From the breakdown, one can see the importance of in-kind services in the success of the program (see Table 39 for budget).

**TABLE 39**  
**FAMILY DAY CARE SYSTEM ESTIMATED \$ AND IN-KIND EXPENDITURES 1970-71\***  
 (Excludes In-Kind estimate of Teacher-Mother time and facilities underpayment)

SUMMARY:	% of Total	Total Cost	Cost/Child Year	Cost/Child Hour	Personnel Costs Make Up:
Standard Core.....	89%	\$7,270,800	\$2,037	\$.82	82% of \$'s
Varying Core.....	3%	218,200	61	.02	46% of In-Kind
Occupancy.....	3%	238,000	67	.03	75% of Total
Supplemental.....	5%	436,300	122	.05	(\$ + In-Kind)
TOTALS .....	100%	\$8,163,300	\$2,287	\$.92	
			*costs to nearest \$100, % to 1.0		

BASIC CARE	I. STANDARD CORE COSTS	% of TOTAL	TOTAL	=	\$ COST	+	\$ IN-KIND
	A. Child Care and Teaching.....	39%	\$3,176,400		\$2,511,400		\$ 665,000
	B. Administration .....	27%	2,190,100		1,812,000		378,000
	C. Feeding.....	23%	1,906,300		1,606,500		299,900
	II. VARYING CORE COSTS						
	D. Health.....	3%	218,200		168,600		49,600
	E. Transportation .....	—	—		—		—
	III. OCCUPANCY COSTS.....	3%	238,400		217,000		21,400
	IV. SUPPLEMENTAL SERVICE COSTS						
	F. Career Development.....	5%	433,600		235,300		198,300
	TOTALS .....	100%	\$8,163,000 (100%)		\$6,550,800 (80%)		\$1,612,200 (20%)

## CHILD CARE IN HAWAII: AN OVERVIEW

As with the Pasadena family day care project, the human returns from the New York program have been reported to be "tremendous". Mothers isolated among their neighbors, discouraged with a life leading nowhere, hopelessly doomed to welfare rolls, are now actively involved in family day care or career development programs. Many women are beginning to experience self-fulfillment through active work. Decision making has given many a sense of independence and self-determination. Most importantly, the system is helping many leave the welfare rolls and all its demoralizing effects.

*Infant Tutorial Programs.* Much emphasis has been placed on the importance of the early years, ages 0 to 4. In the *Children of Kauai* study, evidence showed that manifestations of the adverse effects of a child's environment occurred as early as age two. Consequently, some of the thrust of child care services must include children under two years of age. However, because of licensing restrictions which prohibit the group center care for children under two, and the prohibitive costs of infant care centers due to personnel requirements and equipment, the family day care setting has been an avenue used to reach infants and toddlers.

A special tutorial program for infants was established in Washington, D.C. under the direction of the National Institute of Mental Health, in the Fall of 1965. Its objectives were:<sup>40</sup>

1. To promote normal intellectual development in disadvantaged infants through home tutorial.
2. To encourage positive relationships between tutored infants and their families.
3. To study the relationship between maternal behavior and the intellectual performance and task orientation of her child.
4. To develop an inexpensive program model which can be used as a child-oriented action program.

The basic program of the infant tutorial involves a tutor who visits the home one hour a day, five times a week. Beginning with age fifteen months and working with the child until age thirty-six months, the tutor provides verbal stimulation for the child and aids in the development of positive adult-child relationships. "Experiences include walks and field trips, reading, music and rhythm activities, and sensory-motor activities. Toys and art materials are also provided. Mothers (are) encouraged to participate in the activities with tutors and the children in order to experience the way children learn."<sup>41</sup>

Training of tutors involved lectures, observations of other child care programs, home visits and pilot tutoring experiences. Personnel were chosen from among those persons who had some experience with young children and a working knowledge of the neighborhood and community.

According to a report on the project, costs were relatively low. "The main expense is represented by staff salaries. One full-time tutor (or part-time equivalent) for each four children enrolled is recommended. Resident nonprofessional mothers and high school girls could be used as tutors. Tutoring materials cost a total of \$65.00 per child for the two year period . . . . One full time educational supervisor . . . and a secretary for each 12 tutors complete the basic staff required for a tutoring program of this type. However, instituting a home tutoring program in a rural area where families are more isolated would mean the addition of sizable and necessary transportation expenses."<sup>42</sup>

A variation of this type of program was headed by Dr. Ira Gordon, Director of the Institute for Development of Human Resources, College of Education of the University of Florida. He developed his program using once-a-week home instructional programs delivered to ninety-five low-income mothers and their infants. There was a heavy reliance on fifteen parent educators who introduced sequential stimulation exercises to the mothers through home demonstrations. The essential project objective was to see whether these parent educators who were nonprofessionals could:<sup>43</sup>

1. Enhance the development of disadvantaged infants and children;

## PROGRAM MODELS IN CHILD CARE

2. Increase maternal feelings of personal worth and competence in providing educational stimulation within the home; and
3. Demonstrate the feasibility of employing disadvantaged women as primary agents in educational intervention with indigent families.

Parent educators were selected from varying backgrounds although they shared certain basic requirements:

1. Completion of high school;
2. Positive child rearing experiences with their own families;
3. Desire to change the way disadvantaged children are reared;
4. Good adult relations;
5. Ability to learn new behavior patterns and adept at record keeping; and
6. Had reliable transportation.

Training was accomplished through an intensive five-week course dealing with stimulation exercises and observation and interview techniques. Later, a continuing in-service program was established which involved the parent educator to be in the field for four days and in consultation with staff personnel on the fifth day. Graduate students were used as in-service training supervisors.

Eventually, a "backyard center" component was added for two- and three-year olds to provide them with group experiences twice a week. "Parent educators, in their expanding roles as parent and child educators, (served) as the backyard center director with the mother in whose home the center (was) located serving as a paid assistant."<sup>44</sup> Under this situation, graduate students who were formerly involved in the program as educators of the parent educators, now acted as aides to the parent educator in the backyard center.

According to Dr. Gordon, the director of the project, annual cost per child was estimated at \$300 to \$400 per year, varying with the distances and the caseload of the parent educator. These cost estimates include salaries, materials, transportation, and supervision. The families involved in the project received no compensation or supplementary services. The backyard center component raised the yearly per child cost to \$500.

From the data collected on the workability of the parent educator model, the State of Florida established a position of "child development trainee" in its merit system.

### Integrated Systems

*Parent-Child Centers.* Parent-Child Centers, established within Headstart, is a governmental attempt to reach the child below the age of three to provide preventative care. Under the original proposal, each center was to serve a maximum of one hundred children and their families. Eight program criteria serve as the basis of Parent-Child Centers:<sup>45</sup>

1. Outreach recruitment and admissions procedures which would guarantee that selected families are economically deprived.
2. Comprehensive health care for children, parents and siblings, health education, family planning and prenatal care.
3. Children's programs to facilitate physical, intellectual, and emotional development of the child.
4. Parent activities designed to strengthen:
  - a. Understanding of child development;
  - b. Competence as family managers;
  - c. Skills essential to making a living, including maximum opportunities for PCC employment;
  - d. Self-confidence and self-image as parents;
  - e. Family relationships;
  - f. Role of the father within the family.
5. Social services for the entire family.



## CHILD CARE IN HAWAII: AN OVERVIEW

6. Programs designed to increase family participation in the neighborhood and the community.
7. Training programs for both professionals and paraprofessionals including recruitment and training of neighborhood recruits and volunteers to work with professional staff.
8. Research and evaluation of program.

Since the basis of the program lies in facilitating family life so that it becomes a positive force in the child's development, parent participation is a requirement in the program. Accordingly, each center has a policy advisory committee consisting of parents, community and professional representatives. The makeup of the board now requires that 50 percent be parents of participating families. More importantly, parent participation in the actual program is required. At least four hours a week must be spent at the center program. For this reason, Parent-Child Centers are not designed to reach the working mother. The target group is the nonworking mother and her child.

Within the program proper, there are three basic components: home instruction, infant-toddler care, and nursery group care.

Home instruction serves those children below six months of age. This outreach program delivers services through home demonstration of "techniques that promote the child's awareness, positive self-concept, and a sense of trust in adults who care for him."<sup>46</sup> Parents are encouraged to participate in activities with their child and are taught infant stimulation techniques to reinforce the weekly sessions with the home demonstrator.

Designed for the child between six months and two years, the infant-toddler group meets two times a week either in the morning or in the afternoon. Parents accompany their children to the center and if possible stay with the child while the nurse-teacher conducts various exercises with the child. At all times, the emphasis is on facilitating the child's development and programs are therefore designed specifically for each child's need. Both parents and the nurse-teacher contribute to the substance of the program. Parental observations on the child's behavior at home aids the nurse-teacher in maintaining a responsive program for the child. Again, it is hoped that through observation and participation, parents will reinforce what is learnt at the center.

Children over the age of two who have participated in the two preceding components of the program are then placed in a group care situation. Again, the program focuses on the individual development but with more emphasis on intellectual development. Parent participation in the program continues to be encouraged. Parents may spend a morning a week helping at the center. They may accompany the children on field trips or aid with special projects.

In addition to the child care component, Parent-Child Centers offer a number of auxiliary services which are part of their comprehensive services. Sewing classes, family planning services, cooking and home management courses, child development classes, and whatever the parents suggest are part of the program's offerings.

As with most federal programs, Parent-Child Center programs include a career development component. Parents may be trained for positions within the program or to become family care mothers or other child care personnel. Heavy emphasis has been placed on this "new careers" for paraprofessionals since many of the people in the target area possess no skills and such a program would serve as a manpower development program. It would also have a positive effect on the income level of the family were the parent to find a job as a child care worker. In an evaluation of the program, it was found that "[T]he majority of paraprofessionals who left programs have done so for alternate employment, whereas most were formerly unemployed."<sup>47</sup>

Health services are also provided for children and their families. The comprehensiveness of the services depends upon the state of health delivery in the area. Medical examinations, dental services

## PROGRAM MODELS IN CHILD CARE

and other health-related activities are included. A nurse is on the permanent staff of the center providing health education to both mothers and staff personnel.

Housing of Parent-Child Centers have varied from renovated homes, public schools, commercial buildings, and public housing facilities. To a great extent, much frustration has been encountered in trying to find facilities which meet federal, state, and local requirements. In most low-income areas, such facilities are not available. To complicate matters further, the enabling act did not provide for construction costs. Consequently, localities wanting to establish programs had to provide their own facilities. (Hawaii established its center at Kuhio Park Terrace under the United States Housing Act of 1937 in which agencies may use housing project facilities for the conduct of child care programs under agreements with local housing authorities.)

Evaluation of Parent-Child Center programs have been positive. Health services have made major contributions to the child's development, both physically and emotionally. Parent education programs increased the understanding of the growing processes in children. Testing showed that children in the program made noticeable gains in various skills.

The greatest change which emerged was the change in parents who worked on the Parent-Child Center staff. Besides economic gains, self-images improved and confidence gained. Family relationships, child rearing behavior, and personal appearance also showed marked differences. In centers where parent participation on the policy board was effective, parents gained a sense of self-determination. Many began to actively participate in other community affairs.

Costs for Parent-Child Centers vary. The Hawaii program located in Kuhio Park Terrace serves one hundred children and has maintained an annual cost level at \$218,750 for the fiscal years 1968-69, 1969-70, and 1970-71. This averages out to approximately \$2,187.50 per child per year. The federal-state breakdown of costs were as follows:

FY 1968-69		TOTAL
State cost	\$ 30,542	
Federal cost	175,000	
In-kind cost	13,208	\$218,750
FY 1969-70		
State cost	\$ 29,624	
Federal cost	175,000	
In-kind cost	14,126	\$218,750
FY 1970-71		
State cost	\$ 29,624	
Federal cost	175,000	
In-kind cost	14,126	\$218,750

*Preschool Education Project, Appalachian Educational Laboratory.* This integrated system serving 150 children in four counties in West Virginia is a home-oriented educational program for three-, four-, and five-year-olds. Its basic aim is to develop language and reading readiness skills of preschool children. The most important aspect of the program, however, is that it utilizes television, home visitors, and a mobile classroom.

The television program, "Around the Bend" is broadcast for a half-hour each day, five days a week over a commercial television station. Content concentration is on teaching children to recognize letters, numbers, sizes, shapes.

## CHILD CARE IN HAWAII: AN OVERVIEW

Reinforcing the television programs are the home visitors who make weekly visits to participating homes, talking to and encouraging mothers to watch the television programs. They also answer questions which may arise and distribute additional material for the mother and child to use.

The third component, the "Travelab", is a mobile unit which is a complete self-contained classroom. It connects to electric sources at various locations such as school, churches, and community centers. The lab travels throughout the four counties giving 90-minute sessions with groups of children, once a week. It offers group experiences for the children and strengthens the impact of the home visits and television shows.

Curriculum content for the Appalachian Educational Laboratory program was designed specifically for the Appalachian area and the needs of the children. Television, home visitor materials and mobile unit sessions are all coordinated. Lessons are aimed at helping children to be able to enter the first grade at the readiness level of other first graders. (Public kindergartens were initiated in 1971. Prior to that time children began school with the first grade.)

Professionals are used in the production of the television program both on and off camera crews. Teachers manning the mobile units are also professionals with experience in the area of early childhood education. As with other programs using the home visitor approach, a premium is set on the ability of the person to work and relate to the mothers and their children. Educational requirements for home visitors are not set and training programs designed to aid the home visitor in using the materials and in facilitating the learning processes of both mother and child.

Part of the purpose of the Preschool Educational Project was to develop a low-cost delivery system for areas with limited resources. As a result the Appalachian Educational Laboratory has developed an estimated annual cost budget for the operation of their program for 25,000 children:

### ESTIMATED ANNUAL COSTS FOR OPERATION OF EARLY CHILDHOOD EDUCATION PROGRAM IN EIGHT-COUNTY AREA FOR 25,000 CHILDREN<sup>48</sup>

Program Component	Basis for Estimate	Total Cost	Per Pupil Cost
Television	Equipment acquisition and installation and personnel and consultant time.	\$ 137,628	\$ 5.50
Home Visitation	668 paraprofessionals and other personnel requirements. Also field office facilities and travel for home visitation.	\$2,740,565	\$109.62
Mobile Classroom	167 mobile classrooms and equipment. 1,670 power connections; field office; and mobile classroom operation and maintenance. 167 mobile classroom teachers and aides and other personnel time.	\$3,655,725	\$146.23
TOTAL		\$6,533,918	\$261.35

*Kalihi-Palama Research Demonstration Children's Center and Infant Satellite Program.* A part of integration in child care systems is the bringing together of center-based systems and family day care systems into a mixed system approach. Such is being done by Dr. Marion Kagan in the Kalihi-Palama Research Demonstration Children's Center which began under a grant from the Office of Child Development, the Department of Housing and Urban Development, and the National Institute of Mental Health. The project presently serves some twenty-six children in six family day care homes in the Kalihi-Palama area. In addition a child care center accommodates forty-one children.

## PROGRAM MODELS IN CHILD CARE

According to the project description, the program contains four basic elements: infant satellite nurseries, integrated day care component, after-school care component, and a training component.

**Infant Satellite Nurseries.** The infant satellite nurseries are designed to provide care for children between the ages of four weeks and three years in a family-like atmosphere. The homes used for the nursery are located in the Kalihi-Palama area and wherever necessary, renovations are made on the homes or apartments to meet licensing, building code, and other governmental regulations.

Each infant satellite nursery is staffed by nursery mothers who are trained by staff personnel. The number of nursery mothers in any one satellite nursery depends on the number of children being cared for in the home. This in turn is determined by the size of the premises being used. Normally, there are five children in each center.

The training of the nursery mothers is conducted in the following manner:<sup>49</sup>

To insure individualization of instructions in a small house, the nursery mothers will be trained in small groups. Instructions will be on-the-job, at the University, and other appropriate sites in Kalihi-Palama. After a six week training period, graduates committed to close supervision and continuing in-service training will be helped to open or assist in home nurseries.

Eventually, these women are expected to become independent family day care mothers.

**Integrated Day Care Component.** The second component of the project, the integrated day care component, provides care for the three to five year olds in a center situation. It is aimed at developing a child's cognitive skills along with language and social skills. The approach is a comprehensive child development approach including health and psychological services to identify mental disorders which may be developing in the child. Further, the project is to include the integration of "normal" children with those who have slight emotional or behavioral problems. This approach differs from the usual educational approach where children with emotional or behavioral problems are separated from the main group and taught in special classes. The present composition includes approximately one-third of the children who have emotional and/or behavioral problems.

The center is located in the educational building of the First United Methodist Church on Victoria Street. It is open from 6:30 a.m. to 6 p.m. five days a week and serves children whose families are considered to be past, present, and potential welfare recipients but whose parents are presently employed. Although the center is licensed for fifty-six spaces, only forty-one are being accommodated at the moment. It is expected that by July 1, 1973, the full fifty-six spaces will be filled when the center moves to new facilities in Nuuanu. The new facility will also allow the center to expand its services to include the after-school care component.

Staffing for the center includes a teacher principal, two master teachers, and five teacher aides. In addition, support personnel include an administrative and fiscal officer, secretary, janitor, nurse, social worker and bus driver.

**After-School Care Component.** As described, the after-school care component is designed to serve fifty children between the ages of five and nine whose parents work. Initially, it is planned that program services are to be offered to families in which parents are working and who already have children enrolled in the other components of the program. The program is to expand during the summer months offering full-time care.

The activities offered to the children under the after-school care program will include "guided recreation, instruction of study methods, and training in simple crafts as well as more specific social skills". In addition, the children will receive the same health and psychological services as the children in the center program.

## CHILD CARE IN HAWAII: AN OVERVIEW

**Training Component.** Details for the program have yet to be developed. However, it is planned that diagnostic and observational opportunities will be provided for the University and the community colleges and day care staffs and paraprofessionals interested in such projects.

Aside from the integrated organizational structure of services offered by the project, another prominent feature is the comprehensive approach to child development. Included in the program are an educational component, social services component, nutritional component, parent involvement program, and psychological, educational, management, and follow-up services:

*Educational program.* The educational program is based on child development concepts which allow for each child to proceed at his own pace and designed to facilitate and maximize the cognitive, emotional, and social development of the child. Environmentally, the program should provide ways to "facilitate the development of a positive self-image, personal worth, an awareness of competency, a freedom to question, explore and experiment in an individual or small group situation." The integration of the "normal" child with the "exceptional" child does not involve a segregated approach, but rather, the program developed for the exceptional child places an emphasis on programming which would alleviate the specific gaps and deficiencies in areas where the child has difficulty.

*Social services program.* The goal of the social services program as stated by the project report is "to provide more completely for the overall growth and development of the child and to increase family stability as a whole . . .". The social services coordinator then provides and coordinates social services for the parents and the child, helping them with problems involving day care, parent-child relationships, child rearing, and other family life problems. At the child's entrance into the program, the social work coordinator introduces and orients the family to day care and the appropriateness of such a service for the child. If the program is found to be inappropriate for the needs of the child, then alternatives are discussed. In addition, the social work coordinator provides ongoing counseling services to the family; provides direct services to the child through observational and referral services for the child. Whenever necessary, the coordinator also provides referral to other community resources which the family or the child may need.

*Health program.* Prior to entrance into the program each child is given a physical examination. The purpose of the health program is to provide guidance to the child's and family health. A public health nurse is on the staff of the project. The goal of the program is: (1) to identify, correct, alleviate existing medical, dental, and psychological health problems; (2) assist children who have health problems; (3) promote optimal health; and (4) establish multidisciplinary medical personnel.

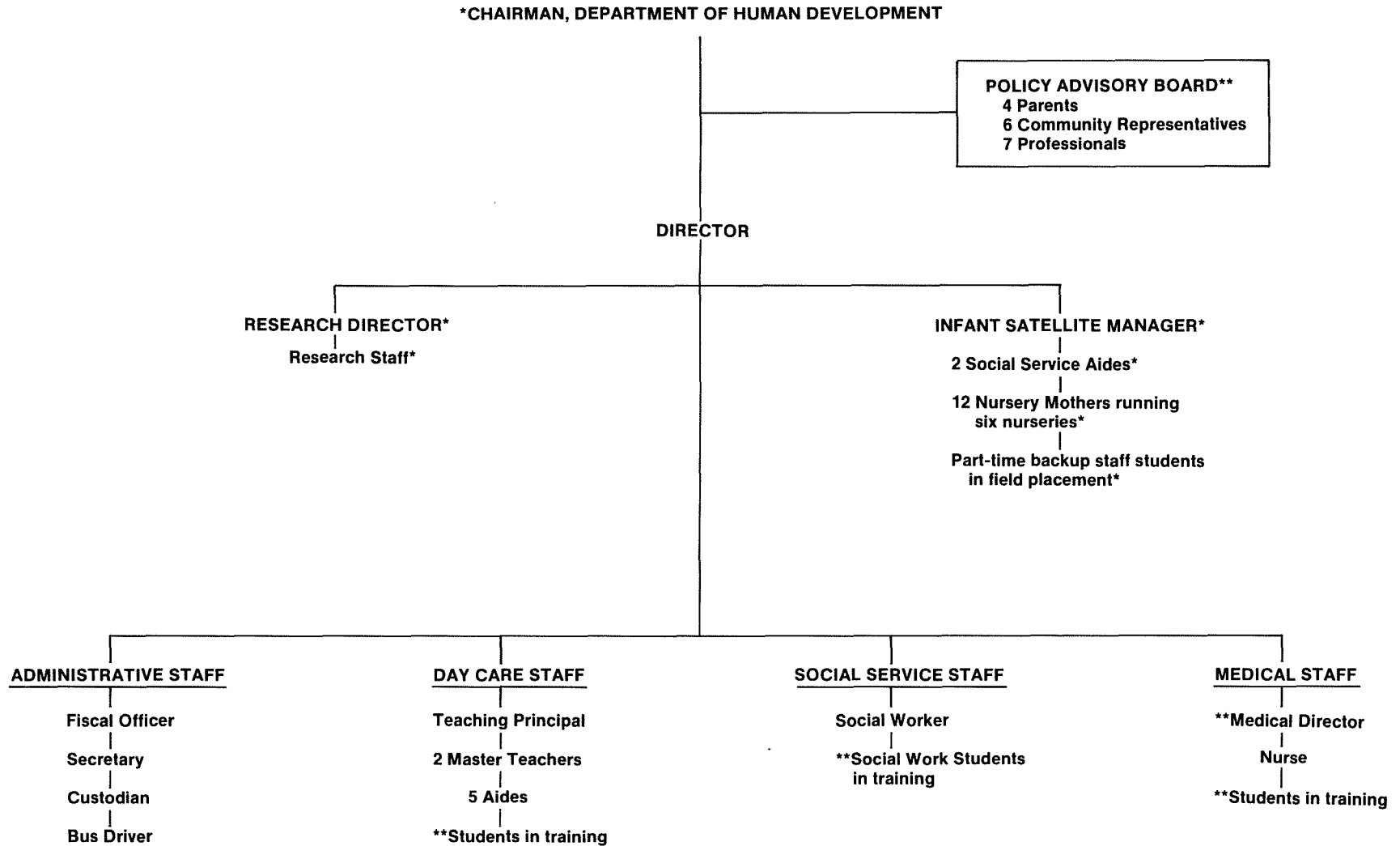
*Nutritional program.* Based on study findings that a child diet affects his learning processes, the nutritional program has been established to provide for the nutritional needs of the child. To this end, two meals and two snacks are provided each day: breakfast and lunch, and a morning and afternoon snack. The nutritional services are also included as part of the educational component. The center component is served by Lincoln elementary school kitchen and meals cost approximately 75¢ a day with 55¢ of the amount being reimbursed through the school lunch program and the rest through Title IV funds.

*Parent involvement.* The goal of parent involvement to strengthen and support the efforts of working parents to keep the family together by creating trust between the family, school, and the community. To achieve this goal, the project has planned open houses, pot-luck meals, picnics and camp-outs. In addition, the school is always open to parents who wish to visit.

*Psychological, educational, management follow-up.* This is a new component planned for the fiscal year 1973-74 in which the director, social worker, and master teacher and/or other consultants would be available to centers served by the project as well as other private centers for various services.

The Research Development Children's Center is under the University of Hawaii, within the Department of Human Development. Project staffing includes a policy advisory board made up of four parents, six community representatives and seven professionals. The board meets monthly and advises the chairman of the Department of Human Development on policy decisions. In addition, the project has an overall director who is responsible for the "setting-up, coordinating and directing of the three major components of the program to include the Child Care Center, After-School Care Program, and the Infant Satellite Nurseries." A research director and staff has been planned for the project, but funds have yet to be allocated for these positions. (See Figure 12 for organizational chart of project.)

**FIGURE 12**  
**TABLE OF ORGANIZATION**



\*Positions not funded by Title IV-A  
\*\*Non-paying positions

## CHILD CARE IN HAWAII: AN OVERVIEW

The cost of the project is presently divided between the infant satellite component and the child care center component with administrative costs added to both. For the center care component, the total costs for the fiscal year 1973-74, including administrative costs is \$217,016, of which the federal government's share is \$162,862, and the State's share is \$54,254. Overhead or administrative costs amount to approximately 19.04 percent of the budget. (See Table 40 for budget breakdown.)

**TABLE 40**

### RESEARCH DEMONSTRATION CHILDREN'S CENTER DEPARTMENT OF HUMAN DEVELOPMENT UNIVERSITY OF HAWAII

**Budget for Day Care Service (Center Costs Only)  
July 1, 1973 to June 30, 1974**

Resource Requirements	Existing Program
Personnel Cost	
Salaries and Wages	
Service Staff .....	\$ 70,827.00
Service Related (Support Staff) .....	40,047.00
Consultants and Technical Fees .....	3,280.00
Fringe Benefits	
Service Staff .....	14,166.00
Support Staff .....	9,410.00
Operating Cost	
1. Space and Maintenance .....	30,830.00
2. Supplies and Material .....	4,464.00
3. Communication .....	2,280.00
4. Equipment .....	3,000.00
5. Contractual Services .....	4,918.00
6. Publications and Other Printing .....	150.00
Travel Cost	
Service Staff .....	00.00
Support Staff .....	1,200.00
Training Cost (including travel costs)	
Pre-service Training .....	00.00
In-service Training .....	3,000.00
Total Costs .....	\$194,572.00
Federal Share .....	145,929.00
Local Share .....	48,643.00
Source of Local Share	
State Appropriation .....	48,643.00

Note: If overhead is allowed the proposed expenditures would be increased by \$22,444.00 and total costs would change as follows:

Total Cost:	\$217,016.00
Federal Share:	162,862.00
Local Share:	54,254.00

## PROGRAM MODELS IN CHILD CARE

The infant satellite component is totally under federal funding provided by the Office of Child Development and the National Institute of Mental Health. Federal funds of the Office of Child Development for the program amounted to \$71,501 for the period September 1971, to December 31, 1971. For the period January 1, 1973 to December 31, 1973, the grant is for \$76,717 of which \$12,034 is in indirect costs. The National Institute of Mental Health funding showed that from June 1971, to December 1972, funds were given in the amount of \$55,043 of which \$13,302 were in indirect costs.

The project described is of particular importance since it is operating within the State and the expenses and problems involved in the operation are real as opposed to hypothetical. In addition, the project may also be used as an example to be replicated in other areas of the State.

### Supplemental and Special Services

*Toy Lending Library.* Child care need not be in the form of actual caretaking of children. Many supplemental services which facilitate parenting can be implemented. Among these programs is the toy lending library.

The toy lending library program was developed to supplement Headstart, Follow Through and Parent-Child Center programs. Its objective is "to stimulate the intellectual growth of children by training mothers to use educational materials at home."<sup>49</sup>

The program itself is an eight-week course for parents of preschool children designed by Far West Laboratories. Its intention is to:

1. Enhance parent/child relationships;
2. Train parents to help their children develop intellectual skills;
3. Stimulate parents to take an active part in the education of their own children.

Parents attend sessions given by the leader/librarian, meeting once a week for two hours at a time. Each session introduces a new toy and parents learn the uses of the toy in helping children learn basic skills. In addition, weekly discussions of some topic of child development is also included.

The package contains eight basic toys which teach different concepts and aid in language development. The toys are:

1. Sound Cans—auditory discrimination;
2. Color Lotto—problem solving, color matching;
3. Feely Bag—tactile discrimination;
4. Wooden Table Blocks—relational concepts;
5. Stacking Toy—problem solving, relational concepts;
6. Bead-o-Graph—visual discrimination, motor coordination;
7. Number Puzzle—numerical concepts and counting;
8. Flannel Board—size and shape concepts.

As parents learn to use toys, they are free to borrow them to use at home with their children. Parents also receive with the course an easy-to-read Parent Guide explaining different games with their children.

Aside from learning about the use of toys, the child development component teaches parents about children's needs, their development, the meaning of their responses in different situations. It also serves as a discussion group for parents so they may help each other. Such articulation of problems in child rearing and education helps parents develop a base from which they may later actively vocalize their wishes in the child's formal education.



## CHILD CARE IN HAWAII: AN OVERVIEW

The location of the library could be anywhere—community centers, schools, public libraries. Not more than a room is needed for the toy lending library so capital expenditures should not be great. The only expenses incurred would be the purchasing of toys, games, books and records and personnel expenses.

The toy lending library program presents an excellent opportunity for career development programs. Teacher/librarians need not be early childhood education specialists. They may be persons trained to help parents use the toys as well as maintain the records of borrowers much like present public libraries. If toy lending libraries are established in neighborhood public libraries then the use of trained neighborhood parents would help to bring the program closer to the community particularly in the lower income areas where there may be some reticence in using such a formal library facility. In addition, use of community personnel would result in a more responsive program that could provide for ethnic considerations.

Under the established program, many parents could be reached. For instance, one person teaching fifteen parents for ten to twelve weeks per session could reach ninety parents in a year. This means that if the toy lending libraries were attached to neighborhood public libraries, then approximately 1,620 parents could be enrolled in the courses per year. As more persons are trained to run courses, the numbers would greatly increase. Extension programs for family day care mothers could be instituted as part of the services offered by the licensing division of the Department of Social Services and Housing.

Cost figures would include the purchasing of equipment and toys for the library and the personnel costs to man such a program.

Thus far, there has been no evaluation of the toy lending library program. However, as stated in the brochure describing the program, "[t]he toy library is a way to bring more learning materials into the child's first school . . . his home."<sup>50</sup>

*Drop-In Care.* Working mothers have always been considered a priority group for child care services. Recently, however, a vocal minority has been calling for child care services for the housewife. At first glance, a child care service for housewives seems superfluous and while it may not be a priority item, it nonetheless deserves serious consideration.

Drop-in care represents a form of preventative child care. It recognizes that mothers may have very human feelings and that a twenty-four hour relationship between a mother and a child could produce a potentially dangerous situation. Consequently, availability of drop-in care services may treat a potentially dangerous situation before it erupts. It would allow the mother to drop her child off at a center near her home and spend a free morning or afternoon by herself, with her friends, going shopping, taking a class or attending to all those little things which must be done. In the process, a second goal is also accomplished. The child who may otherwise be isolated at home will be able to socialize with other children and be exposed to new situations and adults. Both the mother and the child benefit: She, by fulfilling her personal needs and the child through new cognitive experiences. In the end, both the mother and child would be happier individuals and better able to cope with their problems.

As a program, a drop-in center need not be expensive. Centers could be attached to neighborhood schools or community centers, churches, or offered by the present day care centers. They may even be housed in homes similar to family day care homes. Libraries are another possibility. Depending on the demand and the physical conditions, centers may consist of one class or more. The number of children at the center at any one time should, however, be kept small and limitations may be

## PROGRAM MODELS IN CHILD CARE

placed on the age of the children who use the center. The total capacity of the center would be large since the turnover is expected to be great and the same children are not being served every day.<sup>51</sup>

The possibilities of a drop-in center being abused are great so that restrictions and regulations must be established. For instance, in order to discourage mothers from using the center as a dumping ground or as a permanent baby-sitting service, limitations should be made on the amount of times per week a mother may use the center and on the length of time she may leave her child at the center. Special overtime rates could be charged for services beyond the designated hours. If a child is to stay at the center during the lunch hour, then lunch should be required of the mother.

Arrangements for child care services at the drop-in center should be made in advance so that personnel needs may be scheduled properly to meet proper state licensing standards. In addition, cancellations should be called in beforehand to permit use of the reserved space by another child.

In many ways, running a drop-in center is more difficult than operating a full-day child care center. The most problematic of the issues seems to be that of personnel. There is no guarantee that a given number of children will always be using the center. Consequently, personnel needs may vary from week to week, day to day, and even hour to hour. Careful planning and monitoring will be necessary in the beginning before use patterns are established. However, once the patterns are established personnel needs will be more permanent; that is, based on the expected number of children a staff may be hired. For a center which has a capacity of twenty-five children at one time, a head teacher and two teacher aides would probably be needed. In addition to the permanent staff, supplemental staff may be used on a volunteer basis. Mothers who are interested in children and child care, students in early childhood education or child development, high school students interested in family life and parenting—all could be utilized on a volunteer basis as supplemental staff. All of their services could be tied in to some career development or observation-participation program to meet future day care manpower needs.

Because of the ephemeral nature of the time a child may spend at the drop-in center, formal programs may be difficult to implement. However, a drop-in child care project in Chevy Chase, Maryland, does conduct a somewhat formal program. "In preschool and nursery groups a part of each morning is devoted to planned group activities such as singing, games, and crafts designed to increase children's language ability and other skills."<sup>52</sup> If scheduling is designed such that children come in shifts rather than at any hour, the possibilities of formal programs are increased. On the other hand, if scheduling allows for children coming in at any time, then program emphasis may be switched more toward socialization of the child and individual play activities.

Record-keeping and background knowledge of the child is another problem. In a full-time day care situation, medical records and other pertinent information on the child are a prerequisite. With the number of children a drop-in center is expected to handle within a day or a week, record-keeping would be cumbersome. However, it is hoped the drop-in care would be part of a link of services which would develop out of a central data bank on children.

*Twenty-Four Hour Care.* A growing number of persons are being required to work nights, on split shifts or other odd hours. To meet the needs of these people, a twenty-four hour care center would be needed. However, proper planning is essential for the dinner and evening snacks, recreational activity before bedtime, bed preparation and actual sleeping provisions so as to cause the least amount of disturbance during shift changes.

*Sick-Care Centers.* One of the drawbacks of most care centers is the lack of health facilities to care for sick children. When a child is ill or becomes ill, he must be kept at home. Presently, one parent may absent himself from work in order to care for the child. To meet the needs of the sick child, it is

## CHILD CARE IN HAWAII: AN OVERVIEW

possible to establish private at-home care. Persons may be kept on call to go into the home to care for the child or to provide care in his own home. Sick care services could easily be attached to a day care center system. Private centers may pull their resources together and hire persons to provide sick care.

In more formal systems, these sick care givers could be trained as health aides attaining a paraprofessional level.

*Extended Day Care.* Much has been made of the "latch key child"—the youngster who is given the house key and must fend for himself during the hours after school before his parents arrive home from work. Similarly, problems arise for the child whose parents have to be at work at an early hour. This child is usually dropped off at school and left to wander around for as much as two hours before school begins.

Extended day care would provide a place for these children to go to and insure proper supervision. Extended care can be a matter of watching over children in free play at the school grounds. Or it can include serving breakfast to early morning arrivals or an evening snack to children who stay late. The after-school period may be used for remedial study, if necessary, although in the case of elementary school children a free play period may be more advisable.

The need for after-school or pre-school facilities is not a problem since present school sites may be used. The costs for the program enter in the hiring of personnel to perform such supervisory roles or prepare breakfast and snacks. Here again, paraprofessionals may be used or college and high school students interested in human development, elementary education or any of the other related fields.

*Half-Day Care—An Experiment in Living.* If parents are to be responsible for their children, then they must be taught "parenting." Unlike other animals where the demands on parents tend to be physical in nature—food, shelter, protection—humans experience more complex issues in development. Consequently, human development courses on the high school level are highly desirable. For many, high school represents the last formal education before a career, marriage, children.<sup>53</sup> With the eighteen-year-old age of majority, high school becomes even more important as a preparation site for life.

Special child care centers run as part of a practicum for human development courses may be established in high schools. The children may come in three times a week for two hours during which time the class would interact with the children. The other two days may be spent discussing experiences and learning theory. Another possibility is to make arrangements with nearby centers for volunteer experience to coincide with academic learning.

The programs described in the foregoing chapter represent some of the options available in child care. Much more experimentation needs to be done to modify the programs in response to local and neighborhood needs. It is hoped that as child care programs are being implemented enough flexibility will be allowed for variation from the basic idea. Further, it is expected that both users and professionals may develop new systems as needs are further identified and defined. From the knowledge in the area that has developed, the knowledge of what *not* to do in child care can be gained. From this point, "what to do" are all those alternatives that fall within the politics of day care.

## CHAPTER VII

# INDUSTRY AND CHILD CARE

Statistics after statistics have emphasized that working women are increasing their numbers at a phenomenal rate. It has also been shown that most of these women have children under the age of eighteen and that a substantial portion have children under the age of six as seen in Figure 13.

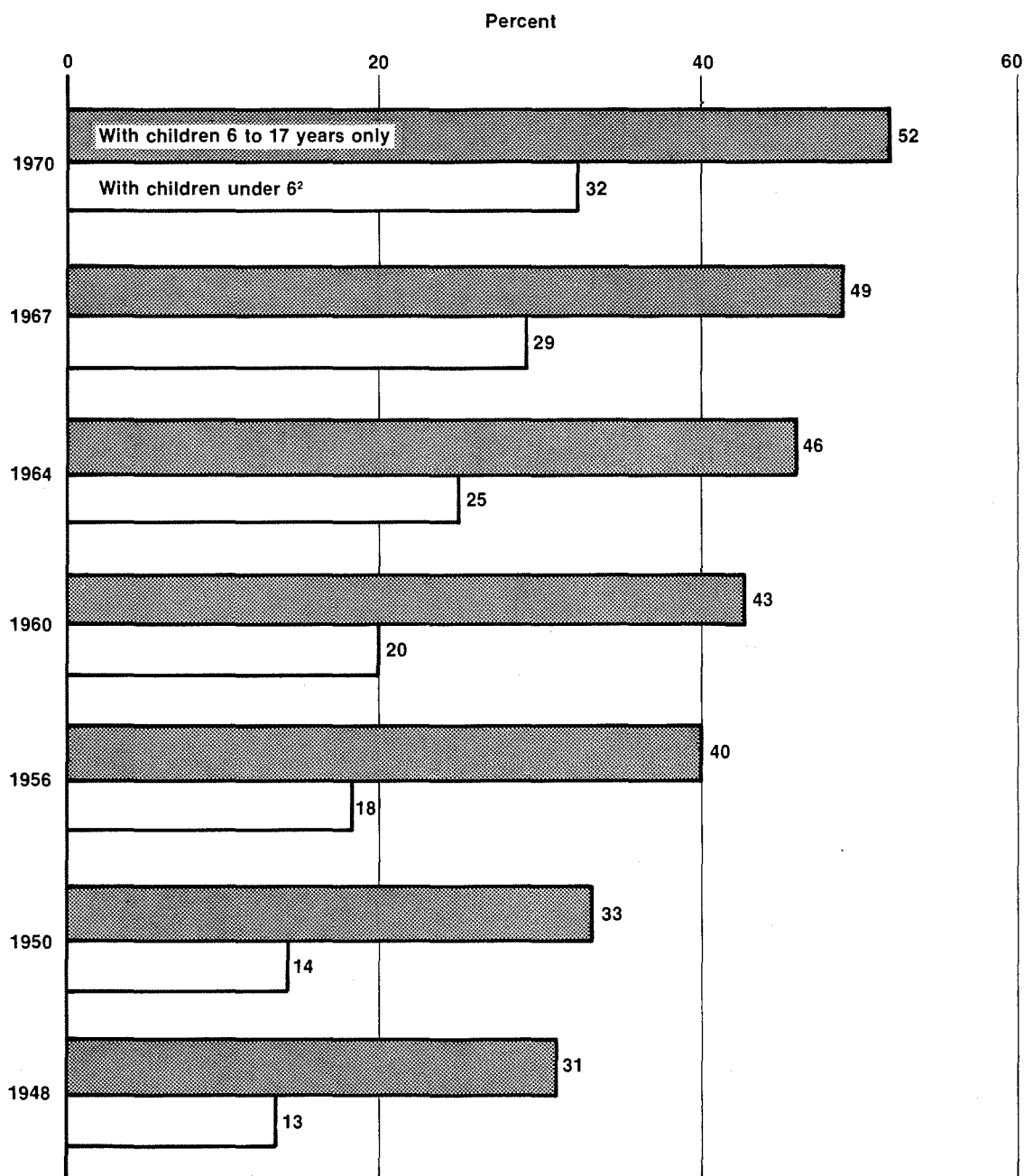
More importantly, the concentration of women workers in certain areas of industry has implications for those industries particularly in the area of child care. (See Tables 41 and 42 for national and state distributions of women workers.) The manufacturing industry, particularly garment industries, retail trade—general merchandising and food service—medical-related industries, and government on the local, state and federal levels, all have large numbers of women workers. The national figures are reflected in the Hawaii breakdown. Again, retail trade, service industries and government work show up as being major employers of women. Demands for child care services in these areas are distinct possibilities. As a result, one of the challenges to the industrial world has been the call to fill the child care services gap as it relates to their employees. There was a time when industry placed competition above all things often disregarding the social and physical well-being of their employees. But in recent years, pressures from unions, employees and changing societal values affecting the role of industry, plus a self-realization that employee well-being affected production, have developed social consciousness in industry. Child care offers industry an excellent opportunity to accomplish a multiplicity of economic and social goals: better employer-employee relations which could result in greater productivity; good public relations with the community at large and possibly better business opportunities; contributions to the well-being of a future generation by assuring the children the best possible opportunities for development; and finally, helping society meet its child care needs.

Thus far, progress is establishing industry-related day care suffers from lack of interest and resources. Nonetheless, companies and unions are beginning to develop day care programs or at least aiding employees indirectly with child care problems. At least eleven companies operate day care centers for their employees' children. These companies represent a diverse number of industries such as textile, food processing, and electronic systems. However, they do have one thing in common—an overwhelming number of women workers (see Table 43 for programs run by companies). Aside from the eleven companies, three unions have either established child care services for their members or have included such services as part of their contract with the employer. Even the federal government has entered the day care business.

## CHILD CARE IN HAWAII: AN OVERVIEW

**FIGURE 13**  
**MOTHERS ARE MORE LIKELY TO WORK TODAY**  
**THAN EVER BEFORE**

Labor Force Participation Rates of Mothers, by Age of Children, Selected Years, 1948-1970<sup>1</sup>



<sup>1</sup>Includes women 16 years of age and over in 1967 and 1970 but 14 years and over in earlier years. Data are for March of each year, except 1948 when data are for April.

<sup>2</sup>May also have older children.

Source: U.S. Department of Labor, Bureau of Labor Statistics; U.S. Department of Commerce, Bureau of the Census.

# INDUSTRY AND CHILD CARE

**TABLE 41**  
**NATIONWIDE—INDUSTRIES EMPLOYING 250,000 OR MORE WOMEN, APRIL 1970**

Industry	Employed women	
	Number	As percent of total employed
Finance, insurance, and real estate:		
Banking .....	655,700	63
Insurance carriers .....	541,900	52
Government:		
Local .....	3,622,100	50
State .....	1,115,500	42
Federal .....	767,000	27
Manufacturing:		
Apparel and other textile products .....	1,117,800	81
Women's and misses' outerwear .....	364,800	85
Men's and boy's furnishings .....	317,100	84
Electrical equipment and supplies .....	769,400	39
Fabricated metal products .....	256,100	18
Food and kindred products .....	431,000	25
Textile mill products .....	446,700	46
Printing and publishing .....	359,300	32
Machinery (except electrical) .....	306,300	15
Retail trade:		
General merchandise stores .....	1,552,300	69
Department stores .....	1,014,600	69
Variety stores .....	251,300	78
Eating and drinking places .....	1,411,300	57
Food stores .....	608,600	35
Grocery, meat, and vegetable stores .....	509,800	33
Apparel and accessories stores .....	467,500	66
Drug stores and proprietary stores .....	263,300	60
Services (miscellaneous):		
Medical and other health .....	2,456,400	81
Hospitals .....	1,508,900	81
Personal .....	620,700	62
Laundries and drycleaning plants .....	336,100	66
Educational .....	575,200	48
Colleges, universities .....	284,100	41
Miscellaneous business .....	523,200	34
Hotels, tourist courts, and motels .....	340,500	51
Transportation and public utilities:		
Communication .....	552,000	50
Telephone .....	505,400	55
Wholesale trade .....	869,000	23

Source: U.S. Department of Labor, Bureau of Labor Statistics.

# CHILD CARE IN HAWAII: AN OVERVIEW

**TABLE 42**  
**HAWAII LABOR FORCE CHARACTERISTICS: 1970**

Subject	State Total	Sex		Island	
		Male	Female	Oahu	Other
EMPLOYMENT STATUS					
Persons 16 years old and over .....	522,018	272,726	249,292	427,601	94,417
Labor force .....	344,269	222,221	122,048	286,706	57,563
Armed Forces .....	49,785	48,860	925	49,368	417
Civilian labor force .....	294,484	173,361	121,123	237,338	57,146
Employed .....	285,556	168,940	116,616	230,252	55,304
Unemployed .....	8,928	4,421	4,507	7,086	1,842
Not in labor force .....	177,749	50,505	127,244	140,895	36,854
OCCUPATION					
Employed, 16 years old and over .....	285,556	168,940	116,616	230,252	55,304
*Professional, technical, and kindred .....	45,544	25,566	19,978	39,366	6,178
Managers and administrators, exc. farm .....	25,457	19,718	5,739	21,533	3,924
*Sales workers .....	19,393	8,723	10,670	16,474	2,919
*Clerical and kindred workers .....	52,157	13,207	38,950	44,880	7,277
Craftsmen, foremen, and kindred .....	43,920	41,907	2,013	35,349	8,571
Operations, except transport .....	21,346	12,384	8,962	16,905	4,441
Transport equipment operatives .....	10,079	9,654	425	7,412	2,667
Laborers, except farm .....	14,314	13,277	1,037	10,843	3,471
Farmers and farm managers .....	1,694	1,228	466	627	1,067
Farm laborers and farm foremen .....	7,574	6,136	1,438	2,352	5,222
*Service workers, exc. private household .....	41,981	17,067	24,914	33,037	8,944
Private household workers .....	2,097	73	2,024	1,474	623
INDUSTRY					
Agriculture, forestry, fisheries .....	13,166	10,830	2,336	4,642	8,524
Mining .....	328	297	31	279	49
Construction .....	26,638	24,946	1,692	21,811	4,827
Manufacturing .....	31,159	21,973	9,186	23,613	7,546
Food and kindred products .....	13,179	9,734	1,692	7,338	5,841
Other manufacturing .....	17,980	12,239	5,741	16,275	1,705
Trans., communications, utilities .....	24,331	18,765	5,566	20,340	3,991
Wholesale trade .....	11,303	7,813	3,490	9,647	1,656
*Retail trade .....	49,730	21,443	28,287	41,554	8,176
Finance, insurance, real estate .....	14,340	6,793	7,547	12,849	1,491
Business and repair services .....	8,547	5,837	2,710	7,397	1,150
Personal services .....	20,591	7,390	13,201	14,425	6,166
Entertainment and recreation services .....	3,754	2,104	1,650	3,165	589
*Professional and related services .....	49,175	17,382	31,793	41,606	7,569
Public administration .....	32,494	23,367	9,127	28,924	3,570
CLASS OF WORKER					
*Private wage and salary workers .....	200,912	118,527	82,385	158,958	41,954
Federal government workers .....	31,391	22,044	9,347	30,005	1,386
*State government workers .....	28,699	11,596	17,103	23,369	5,330
Local government workers .....	10,457	7,746	2,711	7,452	3,005
Self-employed workers .....	12,832	8,798	4,034	9,577	3,255
Unpaid family workers .....	1,265	229	1,036	891	374

\*Occupations, Industries, and classes of workers with largest number of women workers.

Source: Hawaii Department of Planning and Economic Development, *State of Hawaii Data Book 1972* (Honolulu, 1972), p. 99.

INDUSTRY AND CHILD CARE

TABLE 43  
COMPANIES OPERATING DAY CARE CENTERS

Company and location	Number of women employees	Date center established	Facility	Eligible participants	Ages of children	Capacity	Number enrolled	Days and hours of operation	Staff <sup>1</sup>	Fees	Estimated operating costs <sup>2</sup>	Company subsidies
Avco Economic Systems Corp., Roxbury Printing and Publishing Div., Dorchester, Mass.	25-30. (Total employees, 115.)	June 24, 1969	Plant's second floor (plant machinery in basement and on first floor). T-shaped room, partitioned into four classrooms. Floor space is about 2,500 square feet.	Children of employees; children of nonemployees within Roxbury-Dorchester community. Non-employees' children predominate; 21 percent are from families receiving public assistance.	3 mos.-6 yrs.	65 children	46	5 days a week. 7:30 a.m.-6 p.m.	6 employees (2 codirectors, 4 teachers); volunteers from nearby colleges. Emphasis on career development of subprofessionals. State Department of Public Health provides social worker, nurse, pediatrician, and psychiatrist periodically.	\$15 a week per child for first 2 children in family; \$10 a week for third child. Fees are the same for children of employees and nonemployees.	\$40-\$50 a week per child.	Entire initial cost; 44 percent of operating cost, space, utilities, custodial services. (Use of company cafeteria reduces food expense to 90¢ a day per child, including breakfast, lunch, and snacks.)
Curlee Clothing Co., Mayfield, Ky.	560. (Total employees, 625.)	About 1935	Two-story house adjacent to plant.	Children of employees.	2-6 yrs. (Until 1965, age limit was 12 yrs.)	45 children	40-45 (Approximately 100 children up to 1965, when school-age children were no longer accepted in order to reduce enrollment, as required for State licensing.)	5 days a week; occasionally 6 days. 7:30 a.m.-5:30 p.m.	4 employees, including 2 part-time workers.	No fees.	\$1,500 total monthly operating cost.	Entire cost.
K.L.H. Research & Development Corp., Cambridge, Mass.	300. (Layoffs have reduced number.)	July 22, 1968	Renovated cold storage warehouse adjacent to plant. Renovations exceeded cost of \$40,000. Floor space is 10,000 square feet. Contains three classrooms, kitchen, large common room used as indoor play area and lunchroom, two toilet areas, health room, and offices. Building leased for \$12,000 a year plus utilities.	Children of employees and nonemployees, including those from families receiving public assistance.	2½-6 yrs.	60 children	60	5 days a week. 6:45 a.m.-5:30 p.m.	Director, 5 teachers, 10 teachers' aides, administrative assistant. Community agencies provide public health nurse, pediatrician, and psychiatrist.	For employees' children fee is \$10 a week per child. Balance of \$27.50 is paid by company. Fee for children of nonemployees is \$37.50 a week per child.	Total operating budget for fiscal year 1969 was \$117,244. Principal source of funds was a Children's Bureau grant of \$112,118. The Children's Bureau grant for fiscal year 1970 was \$147,782.	20 percent of operating cost; services-in-kind estimated at \$6,000.
Mr. Apparel, Inc., High Point, N.C.	460. (Total employees, 500.)	Nov. 1968	Separate building opposite plant. Renovated two old homes; glass enclosed on two sides and connected to large room; three large rooms, three bathrooms, kitchen, and office.	Children of employees and, if space permits, children of nonemployees. (Only one nonemployee child currently enrolled.)	2-6 yrs.	40 children	36	5½ days a week. 7 a.m.-4:30 p.m.	4 employees, including a registered nurse who serves as director and 2 teachers.	\$8 a week per child for employees' children; \$16 a week for nonemployees' children.	Not available.	Entire initial cost of \$15,000; estimated one-half of operating cost; general services.
Skyland Textile Co., Morganton, N.C.	750 in three plants in Morganton. (About 200 have children eligible for participation.)	July 7, 1969	Separate building adjacent to plant. Floor space is 6,400 square feet. Eight classrooms (bathroom in each classroom), isolation room, kitchen and storage space. Construction cost \$98,350.	Children and grandchildren of employees of the three plants in Morganton. Children of nonemployees eligible as of August 1970.	2-6 yrs.	118 children	84 (Fewer in summer months.)	5½ days a week. 6:30 a.m.-5 p.m.	10 employees, including a director and 7 teachers. Plans are to add another teacher.	For employees' children the weekly fees are \$11.50 for 1 child; \$18, 2 children; \$24, 3 children. For nonemployees' children the fee is \$14 a week per child.	\$55,000 total operating cost a year. (Expect operating cost to be met through fees, with attainment of full capacity and modification of fees.	Entire initial cost of \$114,895; estimated 35 percent of operating cost secretarial and maintenance services. Subsidy for first year was \$32,000.
Tioga Sportswear Div., Arney Industries, Inc., Fall River, Mass.	135. (Total employees, 175.)	July 6, 1962	Rented church school building across from plant.	Children of employees.	3-5 yrs.	50 children	30-40	5 days a week. 7:45 a.m.-4:30 p.m.	3 employees, including a former schoolteacher, and a consultant.	75¢ a day per child for hot lunch.	\$18,000-\$20,000 total annual operating cost.	Entire cost except daily hot lunch.
Tyson Foods, Inc., Springdale, Ark.	50 percent of work force. (Total employees, 2,200.)	May 18, 1970	Separate building between the two main plants. Square building with classroom portion in L-shape, surrounding kitchen, dispensary, and office. Three partitioned classrooms; floor space is 3,072 square feet. Fenced play yard is 100 by 74 feet. Construction cost about \$36,000.	Children of employees.	2-6 yrs.	50 children	43 (Plans are to increase capacity to 100 children.)	5 days a week; occasionally 5½ days. 5:15 a.m.-6:30 p.m.	6 employees (1 director, 1 teacher, 4 teachers' aides).	\$1 a day per child. (Was increased to \$1.50 a day per child in Sept. 1970.)	Not available.	Entire initial cost; 80 percent of operating cost. (With increases in fees to \$1.50 a day per child, expect to meet one-half of operating cost.)
Vanderbilt Shirt Factory, Asheville, N.C.	306. (60 have children eligible for participation.) (Total employees, 340.)	Aug. 11, 1969	Attached to side of plant. Movable partitions divide one large room; fenced play yard is 80 by 65 feet. Construction cost \$56,000.	Children of working mothers, with preference to children of Vanderbilt employees.	2-6 yrs. (Licensed to serve children 18 mos.-12 yrs.)	49 children	41 (Fewer in summer months.)	5 days a week. 7:30 a.m.-5:30 p.m.	5 employees, including a director and 3 teachers.	For employees' children the weekly fees are \$13 for 1 child; \$22, 2 children; \$29, 3 children. For nonemployees' children the weekly fees are \$17 for 1 child; \$26, 2 children; \$34, 3 children.	\$17.50 a week per child.	Entire initial cost; difference between fees and operating cost; general services
Winter Garden Freezing Co., Bells, Tenn.	About 60 percent of total employees at all plants. (No estimate on total number of employees due to seasonal nature of industry.)	Sept. 1967	Two former residences less than a quarter mile from plant. Separate nursery and kindergarten programs but plans are to combine them.	Preference to children of employees and, if space permits, children of nonemployees.	3-6 yrs.	50 children	50	5 days a week. 7:45 a.m.-5:15 p.m.	4 employees plus teachers' aides in each program. Use "homeroom mothers" (usually mothers of children enrolled) on field trips.	Weekly fees are \$10 for 1 child; \$18, 2 children; \$25, 3 children.	\$750 a year per child.	Entire initial cost of child. \$25,000; difference between fees and operating cost; food cost (company processes vegetables).

<sup>\*</sup>Since the preparation of this bulletin was begun, the Women's Bureau has learned of two additional companies which operate day care centers. Their programs are summarized on pages 13 and 14. Data are as of July 1970 unless otherwise noted.

<sup>1</sup> Cooks and housekeeping staff, where specifically listed by company, are not enumerated on chart.

<sup>2</sup> Because of the relatively short operating spans of most programs and difficulties in determining costs, figures must be viewed as rough outlines rather than as definitive statements on costs.

Source: U.S., Women's Bureau, *Day Care Services: Industry's Involvement*, Bulletin 296 (Washington: U.S. Government Printing Office, 1971), p. 11.



## CHILD CARE IN HAWAII: AN OVERVIEW

Probably the most important concerns of industry in facing the child care problems are the benefits which accrue from the service. What does the company gain in economic terms? Lists of benefits have been enumerated and most of them fall in one of the following areas:

- (1) Higher degree of employee morale and satisfaction;
- (2) Improved employer-employee relations;
- (3) Less absenteeism due to uncertain child care arrangements;
- (4) Reduced employee turnover;
- (5) Easier recruiting;
- (6) Increased productivity and efficiency;
- (7) Better physical, social and psychological health for children, as well as parents involved in the program; and
- (8) Improved community relations.

It would be impossible to discuss all the benefits of industry-based child care. Many defy measurement or at best can produce only a subjective evaluation of actual worth. However, certain factors dealing directly with company economics have been evaluated objectively:

*Absenteeism.* In a recent California study done by the State Social Welfare Board, Task Force on Industry's Involvement in Child Care, trends in absenteeism particularly among women employees appeared in their survey results. "[F]emale employees do have significantly higher incidence of absenteeism than men and . . . the turnover of women in the labor force can be a significant cost factor, both in terms of the loss of the employee and recruitment in training a replacement. Child care problems rank high among the reasons for absenteeism but is overshadowed by personnel illness."<sup>1</sup> It was also noted that many women are reluctant to put down child care as an excuse for absenteeism. Many substitute "personal illness" which may account for its overshadowing of child care problems.

*Employee turnover.* One of the greatest recurring expenses in industry is employee hiring and training. Economics of good business dictate that employee turnover should be kept to a minimum otherwise repercussions in areas such as production, quality control, training expenses, and recruiting and selection costs could place a company in a less competitive position. In a testimony before the U.S. House of Representatives Select Subcommittee on Education and Labor, Mr. William English of the Control Data Corporation of Minnesota noted they had experienced "an abnormal turnover rate<sup>2</sup> that was directly attributed to the lack of available funds for child care in that particular community."<sup>3</sup> In the case of CDC, offering child care services was an attraction to maintain a permanent, full-time work force and a necessary contributor to company profits.

*Easier recruitment.* Although the government-sponsored KLH Child Development Center, an experiment in industry-based child care, experienced disappointments, one point made was that future recruiting could be affected by offering child care services as a benefit particularly in a tight market situation. In addition, child care in industry has implications for collective bargaining. In New York City, for instance, an early childhood education program designed to offer care and education to children of teachers returning to poverty areas, as well as community children is a part of the contract with the New York City Board of Education. Here, child care is being used as an incentive for recruiting and keeping teachers in poverty areas.

### Industry's Experience in Child Care

*KLH Child Development Center.* Established as a demonstration project under the sponsorship of the U.S. Children's Bureau and in conjunction with the KLH Research and Development Corporation, the KLH Child Development Center was an attempt at demonstrating the feasibility of industry-based day care. The center, incorporated as a nonprofit corporation independent of KLH Research and Development, provided services to preschool children of employees between the ages of 2½ to 6. Funding for the project between July 1, 1967 and July 1, 1970 came from grants by the U.S. Children's Bureau. Supplemental aid from KLH Research and Development/Singer, tuition and donations were also used in operational expenses. The total budget for 1969 was \$117,244 of which Children's Bureau grant was \$112,118. For the year 1970, the federal government's grant was \$147,782. In-kind services represented 20 percent of the budget or \$6,000. Parents were charged a weekly tuition rate ranging from \$5 to \$20 per child depending on parental income and the number of children using the center.

## INDUSTRY AND CHILD CARE

The center capacity is sixty children and they are served from 6:45 a.m. to 5:30 p.m., five days a week. A director, five teachers, ten teacher's aides and an administrative assistant make up the staff with supplemental health and social services coming from the community.

The notable fact of the KLH center demonstration project is the changing nature of the center and its implications for future industry involvement in day care. In testimony presented before the U.S. Senate Committee on Finance, an evaluative report on the KLH child development center was submitted which explained the phenomenon which occurred.

As an industry-based day care center for the use of company employees, the KLH Child Development Center never quite succeeded. The reasons for the failure, though not necessarily in the order of importance, were as follows:<sup>4</sup>

- (1) Managerial change in the KLH Research and Development Corporation.
- (2) Changes in top personnel of the company and the Center's board of directors.
- (3) Economic difficulties leading to work force lay offs rather than the planned expansion.
- (4) Employee demand for child care services was insufficient.
- (5) The costliness of the program and the inability of KLH to continue funding the center once HEW funds terminated.

As a result of these factors the center went through a change to prevent abandonment of a needed service in the area. It no longer operated for the exclusive benefit of KLH Research and Development employees but sold slots to different groups needing day care services. To date, the following shows the breakdown of purchasing agencies:

KLH Research and Development Corporation	8
Massachusetts Institute of Technology	15
Massachusetts Department of Welfare	30
Others	20
	<hr/> 76

From the experience, the following implications emerged relating to the question: Is industry-based day care feasible? It is viable when the sponsoring firm is:<sup>5</sup>

1. Working at capacity and can only expand its capacity by providing day care services to individuals who would otherwise not work.
2. Relatively free of fluctuations in the economy.
3. Desires to retain and/or attract certain necessary skilled workers who would be lost to the firm.
4. Interested in recruiting recent college graduates who interpret this sponsorship as some measure of the firm's commitment of improving society.
5. Anxious to make a social contribution or is altruistic.
6. Justifies the expenditures for some other reason.

It is viable when a survey of employees shows actual need for such services and even then, participation may not be as high as indicated by need. Many centers experience a very slow start and do not attain capacity levels until a year or more after establishment, making them a liability rather than an asset for at least a year. Discrepancies have also been noted between expressed need and actual use. This has been somewhat of an anathema to child care facilities planning.

It is viable if it serves children of many ages. Services to preschool children were found to be sub-optimal. National statistics show that a great many more women enter the labor force upon the child's entrance to school. The problem then becomes what to do with the child during the after-school hours before the parent ends his working day. In addition, child care for vacation days presents another problem. Special needs of working mothers express an important part of child care needs.

## CHILD CARE IN HAWAII: AN OVERVIEW

### Unions and Day Care

The options available in the industrial sector do not end with the employer. Various union groups have established day care services for their members. The Amalgamated Clothing Workers of America operates a number of day care centers in two different regions: Baltimore Joint Board and Chicago Joint Board. Its Chicago program has been cited for excellence in the recent Abt Associates study commissioned by the Office of Economic Opportunity.

*Amalgamated Day Care Center.* The Amalgamated Day Care Center has been open less than a year offering child care services to ACWA members in the Chicago area. It is wholly financed by the Amalgamated Social Benefits Association and is housed adjacent to the union's Social Benefits Association offices which also include a health center and a retiree's center. The association itself was established as a trust under the collective bargaining agreement with garment industry employers<sup>6</sup> (see Figure 14 for organization chart).

This particular day care center in Chicago has been established as a model center on which other union day care centers will be based. Consequently, its educational component places strong emphasis on meeting the needs of the child and a rigid schedule of professional on-going evaluation. "A guiding principal in the center program is the attempt to understand the child's behavior in the light of his background and family situation."<sup>7</sup>

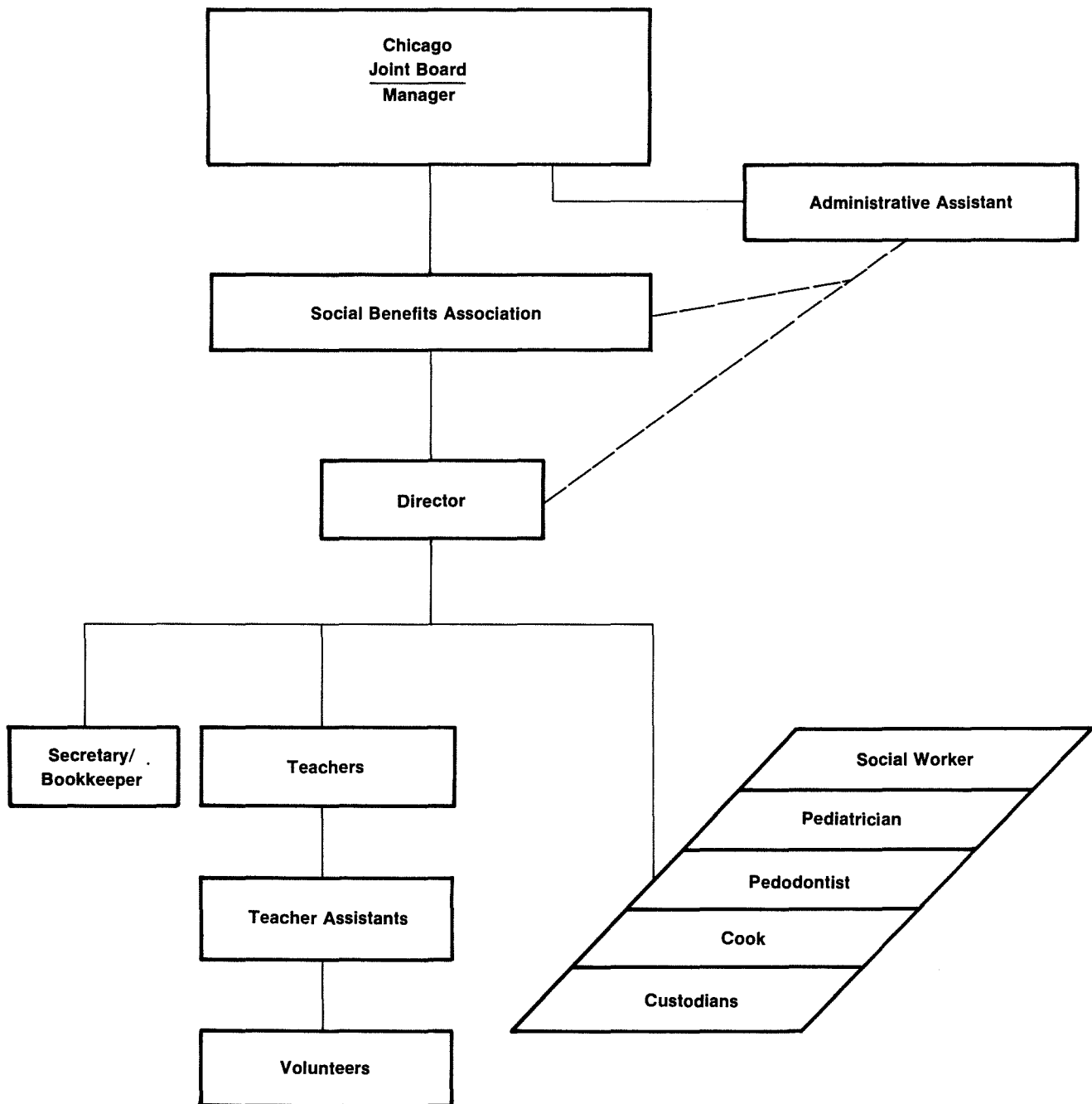
Self-reliance, development of self-image and development of inner controls are important parts of the program. Ethnic backgrounds and ethnic materials are also emphasized. Pressures from parents resulted in language development programs. Science experiments, television shows such as *Sesame Street*, field excursions, art projects and the like supplement the core program. "In short, Amalgamated's educational program is a day care rarity: the director and the staff have the opportunity to make full use of existing materials and to seek out new ones, to construct the fullest possible development program without any substantial budgetary constraints."<sup>8</sup>

Because of its association with the Social Benefits Association and its proximity to the union health center, the day care program is the beneficiary of complete medical, dental, pharmaceutical services including eye glasses and physiotherapy. Comprehensive health services for preschool children is now part of the union's health plan.

The costs of running a program like the Chicago center are great. Presently, it costs the association \$2,925 per child per year. Since parents pay no fees for services, the total cost to the union was \$154,000 during 1970. Some \$3,900 of this was considered in-kind services (see Table 44 for cost items).

## INDUSTRY AND CHILD CARE

**FIGURE 14**  
**AMALGAMATED DAY CARE CENTER**  
**ORGANIZATION CHART**



Source: Abt Associates, *A Study in Child Care 1970-71*, Vol. II-A: *Center Case Studies*, prepared for U.S. Office of Economic Opportunity (Cambridge, Mass.: 1971), p. 25.

# CHILD CARE IN HAWAII: AN OVERVIEW

TABLE 44  
AMALGAMATED ESTIMATED \$ AND IN-KIND EXPENDITURES 1970-71\*

Summary	% of Total	Total Cost	Cost/Child Year	Cost/Child Hour	Personnel Costs Make Up
Standard Core .....	80%	\$126,600	\$2,344	\$1.14	80% of \$'s
Varying Core .....	4%	6,700	124	.06	100% of In-Kind
Occupancy .....	16%	24,700	457	.22	81% of Total (\$ + In-Kind)
TOTALS .....	100%	\$158,000	\$2,925	\$1.42	

\*costs to nearest \$100,  
% to 1.0

BASIC CARE		% OF TOTAL	TOTAL	=	\$ COST	+	\$ IN-KIND
I. STANDARD CORE COSTS	A. Child Care and Teaching .....	56%	\$88,200		\$84,300		\$3,900
	B. Administration .....	14%	21,500		21,500		0
	C. Feeding .....	10%	16,900		16,900		0
	II. VARYING CORE COSTS						
	D. Health .....	4%	6,700		6,700		0
	E. Transportation .....	0%	0		0		0
	III. OCCUPANCY COSTS .....	16%	24,700		24,700		0
	TOTALS .....	100%	\$158,000		\$154,000		\$3,900
			(100%)		(98%)		(2%)

Source: Abt Associates, *A Study in Child Care 1970-71, Vol. I: Findings*, prepared for U.S. Office of Economic Opportunity (Cambridge, Mass.: 1971), p. 26.

The Baltimore Regional Joint Board operates a more advanced system of day care centers. In 1968 it opened a day care center for 240 children in Verona, Virginia. A center in Baltimore accommodating 300 was opened in September 1970. The most recent center to be established was the Hanover, Pennsylvania center which began in 1970 and has a capacity of 80 children. As with the Chicago center, comprehensive health, educational, social, and nutritional services are part of the program. The ultimate goal of the Joint Board is to provide child care for 2,000 children.

Unlike the Chicago program, fees are charged. A token fee of \$5 per child per week is charged to the prime user of the center but the major funding comes from employer contributions to a jointly administered special fund for day care facilities.

## INDUSTRY AND CHILD CARE

The authorization under which joint labor-management trust funds have been established is the 1969 amendment to the Labor-Management Relations Act of 1947, better known as the Taft-Hartley Act. This amendment (P.L. 91-86)<sup>9</sup> provided for the use of trust funds for the purpose of scholarships for the benefit of employees and their families or for child care centers for preschool children of employees. Trust funds are fully voluntary and the refusal to bargain for such a fund is not to be considered an unfair labor practice.

### Child Care and Hawaii's Industry

Child care activity among Hawaii's industries has been nonexistent. The only experiment in industry-based child care was a state manpower development and training program established in Lahaina and Kona. However, the experiment failed because industry felt that the child care service did not benefit them enough to warrant monetary contributions toward operating expenses. Eventually state funds were also eliminated since the State did not feel that it was their obligation under the MDT program to provide child care once the training program had ended and the participants were employed.

Unions have thus far not included child care as a demand and under collective bargaining. However, various union officials have taken stands in favor of child care provisions.

### Industry's Alternatives

Support for child care need not come in the form of direct services. Industry and unions could play a catalytic role in development of day care resources. They possess a wealth of resources and the administrative know-how needed in the application of ideas. Architects could be used to design centers, business talent could help in the arrangement of mortgage loans, contract negotiations, and supply purchasing. Skilled labor is needed in the actual construction of centers. Lawyers could supply legal aid in cases of incorporation or understanding the legal responsibilities in child care.

A private corporation, nonprofit, could be established to pool such talents together. Cash investments need not be necessary as long as companies donated executive time for services to the development of child care resources. Actual capital donations could be solicited from different companies. Land and building donations, equipment, construction and instructional materials may be obtained from various suppliers. The corporation's activities, however, may extend beyond child care to other community needs.

If direct grants are more feasible, then a fund for child care development could be established and companies may contribute directly to the fund. A board would administer the fund, establishing priorities and criteria for its dissemination.

Another possibility would be the establishment of a referral service for employees. Interviews with the employee to determine his needs in child care would be conducted and company staff would then find suitable facilities to meet needs. For instance, it could encourage residents to obtain family day care licenses to fill the void that center care cannot fulfill.

Payments to employees is another avenue available. Companies and unions may pay the partial cost of child care for their employees under a voucher system. The other possibility is to contract for spaces in various community centers and family care homes. Again the company may pay the full cost of the reserved slot or partial costs. In any case, employees could be assured of available services.

(See also Appendix N for *Suggestions for Union Action to Promote Quality Child Care Services* prepared by the Day Care Crisis Council of the Chicago Center.)

## CHAPTER VIII

# THE COST OF CHILD CARE

Once a need has been established and the kinds of child care services to be delivered are loosely defined, the question of cost becomes of utmost importance. The following discussion will consider the components of child care and its cost. None of the estimates represent a definite program cost figure for Hawaii. Instead they are to serve as guidelines and establish a base for comparison.

There is a certain deception in comparing child care costs based on hidden factors. Mary Rowe, in an excellent discussion on child care costs presented in hearings before the Committee on Finance of the United States Senate held in September of 1971, stated that child care costs vary from program to program. For instance, both the Abt study and Children's Bureau figures place the cost of child care at \$2,300-\$2,400 per child per year. "Custodial" care according to the Westinghouse-Westat study can be delivered at \$354 per child per year. Information on commercial child care reveals that costs run about \$1,000-\$2,000 per child per year while nonprofit centers run higher at \$2,000 per child per year. Compare this to \$1,179.21<sup>1</sup> which is the cost of kindergarten in Hawaii. (See Appendix O for state by state funding efforts.)

Much of the discrepancy in child care costs is due to the data collection. Not all costs include the same items. Neither are they based on the same standards. For instance, in determining the cost per child per year some figures are calculated on a FTE basis (full-time equivalent) while others are on an ADA basis (average daily attendance). Some child care costs include only the actual child care service while others include all supportive and supplementary services. Some include start-up costs while others are based on recurrent costs. Regional cost differences and inflation also affect cost figures. The value of in-kind services may be included in some budgets while excluded from others. Finally, there is the question of "quality" which incurs difficulty when trying to quantify it. The amount of monetary input does not necessarily ensure a quality program although it is often stated that "good" programs are expensive.

### Components of Child Care Costs

Child care costs fall into five different areas—each representing one area of child care.<sup>2</sup> Abt Associates in their discussion on "Costs and Quality," Volume III of their *A Study in Child Care* established the following categories:

## CHILD CARE IN HAWAII: AN OVERVIEW

### STANDARD CORE COSTS

#### A. TEACHING AND CHILD CARE

- Salaries and fringe benefits
- Educational consumables
- Field trips
- Miscellaneous

#### B. ADMINISTRATION

- Salaries and fringe benefits
- Equipment
- Office supplies
- Telephone
- Travel (staff)
- Insurance (liability)
- Miscellaneous

#### C. FEEDING

- Salaries and fringe benefits
- Foodstuffs
- Equipment
- Miscellaneous

### VARYING CORE COSTS

#### D. HEALTH

- Salaries and fringe benefits
- Supplies
- Health insurance and miscellaneous

#### E. TRANSPORTATION (CHILDREN)

- Salaries and fringe benefits
- Maintenance, operation, lease

### OCCUPANCY COSTS

- Plant
- Salaries and fringe benefits
- Housekeeping supplies
- Utilities, taxes, insurance

### SUPPLEMENTAL COSTS (includes career development, parent involvement, staff training, etc.)

*Standard Core Costs.* The functional breakdown of standard core costs includes teaching and child care, administration, and feeding.

Teaching and child care function consists of services directly affecting children which provide for their development. Staff salaries and supplies are a part of these costs with other peripheral items such as field trips, special project costs, and other activity costs related to teaching added on.

Administrative costs encompass the managerial functions including office equipment, office supplies, liability insurance, telephone, bookkeeping, and records and reception.

Finally, feeding covers all the food services—utensils, food, and related activities, dishes, pots and pans, napkins, cups and salaries of kitchen personnel. If a central kitchen is established for child care systems, then transportation costs are included.

The standard core cost per child may be represented by the two tables, 45 and 46, under what is considered "minimum" care standards.

*Varying Core.* To the standard core is added the varying core which includes such services as health, social services, and transportation. Health function costs include doctor's, dentist's or clinic fees, public health nurse services and other related health needs including first aid and supplies. Social services provide counseling, agency referrals and intake procedures particularly in the cases



## THE COST OF CHILD CARE

where income determination, eligibility qualifications and other priorities must be made. Transportation includes cost of transporting children to and from centers, automobile insurance, salaries for drivers, and repair costs.

*Occupancy Costs.* These costs deal with rent costs, maintenance costs for janitorial and house-keeping services, utilities, taxes and insurance.

*Supplemental Costs.* Supplemental costs are the extras above and beyond the actual direct services. Costs under this function may include career development programs, staff training, and parent relations activities.

If the activities of all the functions discussed were provided in an extensive network of services then the average cost per child per year would amount to approximately \$2,000+ (see Tables 45 and 46 under "desirable").

Why does child care cost so much? When one considers the type of varied and comprehensive services envisioned for child care programs and compares this with the services offered in the public school system, one begins to see where the expenses come in.

To compare:

	CHILD CARE PROGRAM (Desirable)	PUBLIC SCHOOL SYSTEM (Actual)
Food	2 meals and snack	1 meal and snack
Transportation		
Medical and dental	Examination and referral	Examination and referral
Parent activities and counseling	Parent education Full service family counseling	Problem cases only
Facilities and utilities	Generous space	Less space per square foot for child
Clothing and other emergencies		
Supplies and materials	Individualized developmental program	General developmental program
Staff (Staff-Pupil-Ratio)		
Classroom professional	1:15	1:30
Classroom nonprofessional	3:15	—
Social service	1:100	—
Community social service parent or health aide	2:100	—
Business		
Special resource	2:100	Urgent need only
Supervision		
Training		

The comparisons do not reflect any individual situation but rather a generalization of a condition. It is recognized that the public school system does provide many of the "extra" services either informally or under special programs sponsored by federal and local programs particularly in the area of compensatory education.

What does show up under the comparative examination is that child care costs are high because of staff requirements, an area in which as much as 80 percent of the costs lie. Note the difference in the teacher:pupil ratio in the classroom. Whereas, there is usually one teacher for some twenty children in a normal classroom, child care requirements place the ratio at one teacher to fifteen

## CHILD CARE IN HAWAII: AN OVERVIEW

children. In addition, three paraprofessionals for the fifteen children brings the final total to 4 teachers to fifteen children or a 1:4 teacher:pupil ratio.

The teacher:pupil ratio is a crucial cost factor often overlooked. Basic differences between what is considered "minimum" care and "desirable" care can be found in the cost factors relating to the teacher:pupil ratio. In the budget designed by the Children's Bureau (now called the Office of Child Development) and the Day Care and Child Development Council of America (see Tables 45 and 46), the greatest monetary difference between "desirable" and "minimum" care in the two forms—child care center and family day care—is in the area of staff. This can be shown by adding up the costs of those activities classified under the standard core costs<sup>3</sup>—food, supplies and materials, and equipment (recurrent expenses)—for "minimum" and "desirable" care levels. The cost difference is approximately 30 percent. In the area of personnel costs for standard core, the differential rises to approximately 54 percent.

The Massachusetts study in child care compared the cost factors of the three main budgets<sup>4</sup> used as standards for child care costs and came to the following conclusion:

*It is then wrong to assume that one can significantly lower child care costs by restricting the scope of activities; major reductions in costs could occur only by decreasing the staff time available to children and/or lowering day care salaries. (Emphasis theirs)<sup>5</sup>*

The study goes on further to say that to achieve "desirable" or "developmental" care (operational definitions) is not simply a matter of enlarging the scope of the services of child care. "Scope" is important but only a secondary feature of good child care.

The primary contributor towards good child care is the staff and director:

*Good and excellent child care are very hard to guarantee. The wide diversity described above has one common thread: enormous human effort . . . Like other studies, this report has a few hypotheses about standards, but the most important aspect of quality child care is human effort and devotion which are its chief characteristics: a child care center is its director and staff.<sup>6</sup>*

The study also found that a correlation between "warmth" and staff:child ratio exists. The assumption is that a lower staff:child ratio will allow the staff to project "warmth" since more time may be spent in individualized attention with the child. Lower staff-child ratios also leave staff members less harried and more relaxed in their interaction with the children allowing them to enjoy the program activities.

### Some Budget Constructs

For informational purposes, the following budgets represent models for four different alternatives basic to child care delivery: a center, a center care system, a home care system, and a mixed system. The basis for the model budget are the figures prepared by the Massachusetts Early Education Project. Their source was the Abt study prepared for the Office of Economic Opportunity. Certain adjustments were made to compensate for conditions in Hawaii. Fringe benefit percentages were increased to 15 percent. Salaries were adjusted to meet Hawaii standards using 1.018<sup>7</sup> as an adjustment factor. Further, a 6 percent increase was added on to compensate for inflation.

*Center Care Budget.* The budget includes costs for the standard core functions described earlier in the chapter. Each of the three budgets is designed for 25, 50 and 75 children, respectively. Since the figures are based on the 1970 dollar, adjustments have been made to the personnel component of the budget in order to get some idea of the increase in cost (see Tables 47 to 52). The base salary figures for teachers lie somewhere between what the private sector might pay and what the Depart-

## THE COST OF CHILD CARE

ment of Education pays for a starting teacher.<sup>8</sup> However, it should be noted that the child care teacher does not have a nine-month contract but rather is on a twelve-month schedule with allotted vacation time.

*Center Care System.* The figures represent an average of system costs presented in the Abt study as adopted in the Massachusetts study. Some 1,500 are to be served under the system design (see Figure 15). In this budget and in the following two system budgets certain basics remain constant:

- (1) Many children (more than 100) are served;
- (2) Service is limited to preschool children (3-5);
- (3) System is located in an urban or semi-urban setting;
- (4) The system conforms to Federal Interagency Requirements (5/71 draft) with respect to teacher/child ratios (1:8 for preschool children);
- (5) The system provides a semi-organized program of play and informal education with one nutritious meal per day. Comprehensive health services, transportation, formal education, and social services are not provided; and
- (6) Care is available for ten hours a day, Monday through Friday, fifty-two weeks a year (250 days exclusive of holidays).

Again, as in earlier budgets, adjustments were made to meet Hawaii's cost levels. A 15 percent fringe benefit allowance was added to the salaries and a 6 percent inflation increase was added to the final per child cost (see Table 53).

*Home Care System.* The home care system is based on an organized family day care system (see Figure 16). The budget represents general cost estimates for standard core components for 5,000 children. Fringe benefit and inflation adjustments have been made (see Table 54).

*Center-Home Mixed System.* This system combines both the family day care approach and the center care into one system providing for 1,500 in centers and 3,500 children in family day care homes (see Figure 17). Cost considerations are only for core components and appropriate adjustments have been made (see Table 55).

*Variations of the Core Costs.* Standard core costs are only the beginning of child care costs. Beyond this added services to make programs "comprehensive" increase the per child cost.

Table 56 summarizes cost estimates for the variations on the core. Factors such as urban and nonurban geographical locations may add up to 30 percent in costs for urban areas over nonurban areas. Adding extended programs for after-school care to increase enrollment by 25 percent to 30 percent also increases the cost per child by some \$171. Infant care requires more staffing for infant needs adding some \$200 to the per child core costs. Transportation, health and social services all cost more. Salaries of the driver and repair and maintenance costs need to be considered. Even a formal education program is an added expense due to the necessity of staff training.

The foregoing chapter has considered general child care costs for centers, systems and family day care. The figures show that child care costs are high, normally averaging between \$1,000 to \$1,500 for the standard core costs. Personnel represents the largest cost component in providing child care and yet cutting down on personnel may substantially reduce costs but at the same time adversely affect program quality. Program quality is an elusive condition which does not necessarily correlate with cost unless the cost investment is in personnel. Supplemental and support services are desirable and they add to basic costs. However, the comprehensiveness of a program is not a crucial factor in the quality although it does greatly enhance the program.

## CHILD CARE IN HAWAII: AN OVERVIEW

**TABLE 45**  
**BUDGET ITEMS, DESCRIPTION, AND COST\***  
**CHILD CARE CENTER, FULL DAY, ANNUAL COST PER CHILD**

Budget Item	(a) Minimum	(b) Acceptable	(c) Desirable
1. Food	\$140 one meal and snacks	\$210 two meals and snacks	\$210 two meals and snacks
2. Transportation	\$0 not provided	\$60	\$60
3. Medical and Dental	\$20 examinations and referral service	\$20 examinations and referral service	\$60 examinations, treatment when not otherwise available, and health education
4. Parent Activities and Counseling	\$10 problem cases only	\$30 general parent activities plus limited counseling	\$70 parent education, family-type activities, and full counseling services
5. Facilities (rent) and Utilities	\$90 meets state and local licensing requirements	\$90 meets state and local licensing requirements	\$110 more generous space
6. Clothing and Other Emergency Needs	\$20 as necessary	\$20 as necessary	\$20 as necessary
7. Supplies and Materials	\$40 custodial program	\$50 general developmental program	\$75 individualized developmental program
8. Equipment (annual replacement costs)	\$10	\$12	\$15
9. Staff			
a. classroom professional @ \$6,600	\$275 one per 20 children	\$405 one per 15 children	\$405 one per 15 children
b. classroom non- professional @ \$4,400	\$320 two per 20 children	\$420 two per 15 children	\$640 three per 15 children
c. social service professional @ \$6,600	\$65 one per 150 children	\$65 one per 100 children	\$65 one per 100 children
d. community, social service, parent or health aide @ \$4,400	\$0	\$20 one per 100 children	\$40 two per 100 children
e. business (sec. and maintenance) @ \$4,000	\$80 two per 100 children	\$120 three per 100 children	\$120 three per 100 children
f. special resource personnel @ \$6,600 (psychology, music, art, etc.)	\$20 urgent need only	\$60 one per 100 children	\$120 two per 100 children
g. supervision	\$80 one per 100 children	\$160 two per 100 children	\$160 two per 100 children
10. Training	\$75 about 10% of salary costs	\$120 about 10% of salary costs	\$145 about 10% of salary costs
TOTAL	\$1,245	\$1,862	\$2,320

\*Cost figures based on centers providing service 10 to 12 hours a day, five days a week.

Source: "Standards and Costs for Day Care," compiled in 1968 by the Day Care and Child Development Council of America, 1426 H Street, N.W., Washington, D.C. 20005, and the then Children's Bureau of the U.S. Department of Health, Education, and Welfare (now the Office of Child Development in HEW).

## THE COST OF CHILD CARE

**TABLE 46**  
**BUDGET ITEMS, DESCRIPTION, AND COST\***  
**FAMILY DAY CARE, FULL DAY, ANNUAL COST PER CHILD**

Budget Item	(a) Minimum	(b) Acceptable	(c) Desirable
1. Food	\$100 one meal and snacks	\$150 two meals and snacks	\$150 two meals and snacks
2. Transportation	\$0	\$0	\$0
3. Medical and Dental	\$20 examination and referral services	\$20 examination and referral services	\$60 examinations, treatment when not otherwise available, and health education
4. Parent Activities and Counseling	\$10 problem cases only	\$30 general parent activities plus limited counseling	\$70 parent education, family- type activities, full counseling services
5. Facilities and Utilities	\$30 special maintenance allowance in view of rent plus central administrative spaces, in all cases	\$30	\$30
6. Clothing and Other Emergency Needs	\$20 as necessary	\$20 as necessary	\$20 as necessary
7. Supplies and Materials	\$20 limited developmental program	\$35 developmental program	\$50 enriched developmental program
8. Equipment (annual replacement cost)	\$9	\$15	\$20
9. Staff			
a. day care mother @ \$4,400	\$880 one per 5 children	\$1,110 one per 4 children	\$1,110 one per 4 children
b. social service professional @ \$6,600	\$44 one per 150 children	\$66 one per 100 children	\$66 one per 100 children
c. community, social service, parent or health aide @ \$4,400	\$0	\$44 one per 100 children	\$44 two per 100 children
d. business @ \$4,400	\$80 two per 100 children	\$80 two per 100 children	\$80 two per 100 children
e. special resource personnel @ \$6,600 (psychology, music, arts, etc.)	\$20 urgent need only	\$132 two per 100 children	\$264 four per 100 children
f. supervision @ \$8,000	\$80	\$160	\$240
10. Training	\$110 about 10% of salary costs	\$150 about 10% of salary costs	\$178 about 10% of salary costs
<b>TOTAL</b>	<b>\$1,423</b>	<b>\$2,032</b>	<b>\$2,372</b>

\*Cost figures based on service provided 10 to 12 hours a day, 5 days a week.

Source: "Standards and Costs for Day Care," compiled in 1968 by the Day Care and Child Development Council of America, 1426 H Street, N.W., Washington, D.C. 20005, and the then Children's Bureau of the U.S. Department of Health, Education, and Welfare (now the Office of Child Development in HEW).

# CHILD CARE IN HAWAII: AN OVERVIEW

**TABLE 47**  
**ESTIMATED ANNUAL COSTS FOR CORE PROGRAM OF 25 CHILDREN (ADA)**

**I. Summary of Operating Costs:**

Total Estimated Cost: **\$58,719**

(76% personnel, 6% foodstuffs, 9% rent, 9% other)

Cost per child: **\$2,349** per year, **\$1.12** per hour

(Cost per child/hour based on estimate of child/hour as

8.4 hours/child/day × 25 children × 250 days/year = 52,500 hours/year)

**II. Functional Budget Summary**

Category	% of Total	Total Cost	Cost per Child
A. Care and Teaching .....	52	\$30,803	\$1,232
B. Administration .....	22	12,845	514
C. Feeding .....	12	6,893	276
D. Health .....	1	824	33
E. Occupancy .....	13	7,354	294
TOTALS .....	100%	\$58,719	\$2,349

**III. Functional Budget Detail**

Category	% of Category	Total Cost	Cost per Child
A. Care and Teaching			
1. Personnel .....	94	\$28,928	\$1,157
2. Educational Consumables .....	3	875	35
3. Other .....	3	1,000	40
Sub-total .....	100%	\$30,803	\$1,232
B. Administration			
1. Personnel .....	84	10,745	430
2. Other .....	16	2,100	84
Sub-total .....	100%	12,845	514
C. Feeding			
1. Personnel .....	42	2,893	116
2. Foodstuffs .....	54	3,750	150
3. Other .....	4	250	10
Sub-total .....	100%	6,893	276
D. Health			
1. Personnel .....	79	649	26
2. Other .....	21	175	7
Sub-total .....	100%	824	33
E. Occupancy			
1. Personnel .....	17	\$1,254	\$50
2. Rent .....	68	5,000	200
3. Other .....	15	1,100	44
Sub-total .....	100%	\$7,354	\$294
TOTALS		\$58,719	\$2,349

# THE COST OF CHILD CARE

**TABLE 47 (Continued)**  
**ESTIMATED ANNUAL COSTS FOR CORE PROGRAM OF 25 CHILDREN (ADA)**

## IV. Personnel Component of Functional Budget

<b>A. Care and Teaching</b>			
2 Teachers .....	@ 6,000	\$12,000	
2 Assistant Teachers .....	@ 5,400	10,800	
1 Aide .....	@ 3,450	3,450	
Fringe Benefits & Payroll Taxes .....	@ 10.2%	<u>2,678</u>	
Sub-total .....			\$28,928
<b>B. Administration</b>			
1 Director .....	@ 8,400	8,400	
1 Secretary, ¼ time .....	@ 5,400	1,350	
Fringe Benefits & Payroll Taxes .....	@ 10.2%	<u>995</u>	
Sub-total .....			10,745
<b>C. Feeding</b>			
1 Cook, ½ time .....	@ 5,250	2,625	
Fringe Benefits & Payroll Taxes .....	@ 10.2%	<u>268</u>	
Sub-total .....			2,893
<b>D. Health</b>			
1 Nurse, 1/10 time .....	@ 5,900	590	
Fringe Benefits & Payroll Taxes .....	@ 10.2%	<u>59</u>	
Sub-total .....			649
<b>E. Occupancy</b>			
1 Custodian, ¼ time .....	@ 4,550	1,138	
Fringe Benefits & Payroll Taxes .....	@ 10.2%	<u>116</u>	
Sub-total .....			<u>1,254</u>
<b>TOTAL .....</b>			<b>\$44,649</b>

Source: Abt Associates, *A Study in Child Care 1970-71, Vol. III: Costs and Quality, Issues for Operators*, prepared for U.S. Office of Economic Opportunity (Cambridge, Mass.: 1971), pp. 53-54.

## CHILD CARE IN HAWAII: AN OVERVIEW

**TABLE 48**  
**ADJUSTED PERSONNEL COMPONENT OF FUNCTIONAL BUDGET**  
 (Figures Represent Salary Adjustments; 15% Fringe Benefit Costs; 6% Inflation Since 1970.)

<b>A. CARE AND TEACHING</b>				
2 teachers .....	@ 6,108	12,216		
2 ass't. teachers .....	@ 5,497	10,994		
1 aide .....	@ 3,512	3,575		
Fringe benefits.....	@ 15%	4,018		
				30,803
<b>B. ADMINISTRATION</b>				
1 director .....	@ 8,400	8,400		
1 secretary, ¼ time .....	@ 5,400	5,400		
Fringe benefits.....	@ 15%	2,070		
				15,870
<b>C. FEEDING</b>				
1 cook, ½ time .....	@ 5,250	2,625		
Fringe benefits.....	@ 15%	394		
				3,019
<b>D. HEALTH</b>				
1 nurse, 1/10th time .....	@ 5,900	590		
Fringe benefits.....	@ 15%	88		
				678
<b>E. OCCUPANCY</b>				
1 custodian, ¼ time .....	@ 4,550	1,138		
Fringe benefits.....	@ 15%	170		
				1,308
Sub-total .....				51,678
6% increase due to inflation .....				3,100
<b>TOTAL .....</b>				<b><u>54,778</u></b>



# THE COST OF CHILD CARE

**TABLE 49**  
**ESTIMATED ANNUAL COSTS FOR CORE PROGRAM OF 50 CHILDREN (ADA)**

**I. Summary of Operating Costs:**

Total Estimated Cost: **\$111,135**

(74% personnel, 7% foodstuffs, 9% rent, 10% other)

Cost per child: **\$2,223** per year      **\$1.06** per hour

Cost per child/hour based on estimate of child/hours as

8.4 hours/child/day × 50 children × 250 days/year = 105,000 hours/year

**II. Functional Budget Summary**

Category	% of Total	Total Cost	Cost per Child
A. Care & Teaching.	56%	\$62,432	\$1,249
B. Administration ..	19%	21,171	423
C. Feeding.....	11%	11,802	236
D. Health.....	1%	1,650	33
E. Occupancy .....	13%	14,080	282
TOTALS .....	100%	\$111,135	\$2,223

**III. Functional Budget Detail**

Category	% of Category	Total Cost	Cost per Child
A. Care & Teaching			
1. Personnel .....	94%	\$58,682	\$1,174
2. Educational Consumables ....	3%	1,750	35
3. Other .....	3%	2,000	40
Sub-total .....	100%	\$62,432	\$1,249
B. Administration			
1. Personnel .....	80%	16,971	339
2. Other .....	20%	4,200	84
Sub-total .....	100%	21,171	423
C. Feeding			
1. Personnel .....	32%	3,802	76
2. Foodstuffs .....	64%	7,500	150
3. Other .....	4%	500	10
Sub-total .....	100%	11,802	236
D. Health			
1. Personnel .....	79%	1,300	26
2. Other .....	21%	350	7
Sub-total .....	100%	1,650	33
E. Occupancy			
1. Personnel .....	13%	1,880	38
2. Rent .....	71%	10,000	200
3. Other .....	16%	2,200	44
Sub-total .....	100%	14,080	282
TOTALS .....		\$111,135	\$2,223

**IV. Personnel Component of Functional Budget**

A. Care and Teaching		
1 Head Teacher.....	@ 6,750	\$6,750
3 Teachers .....	@ 6,000	18,000
4 Assistant Teachers.....	@ 5,400	21,600
2 Aides .....	@ 3,450	6,900
Fringe Benefits & Payroll Taxes .....	@ 10.2%	5,432
Sub-total .....		\$58,682

## CHILD CARE IN HAWAII: AN OVERVIEW

**TABLE 49 (Continued)**  
**ESTIMATED ANNUAL COSTS FOR CORE PROGRAM OF 50 CHILDREN (ADA)**

	<u>% of Total</u>	<u>Total Cost</u>	<u>Cost per Child</u>
B. Administration			
1 Director.....	@ 9,400	9,400	
1 Administrative Assistant .....	@ 6,000	6,000	
Fringe Benefits & Payroll Taxes .....	@ 10.2%	1,571	
Sub-total .....			16,971
C. Feeding			
1 Cook, 2/3 time .....	@ 5,250	3,450	
Fringe Benefits & Payroll Taxes .....	@ 10.2%	352	
Sub-total .....			3,802
D. Health			
1 Nurse, 2/10 time .....	@ 5,900	1,180	
Fringe Benefits & Payroll Taxes .....	@ 10.2%	120	
Sub-total .....			1,300
E. Occupancy			
1 Custodian, 3/8 time .....	@ 4,550	1,706	
Fringe Benefits & Payroll Taxes .....	@ 10.2%	174	
Sub-total .....			1,880
TOTAL .....			\$82,635

Source: Abt Associates, *A Study in Child Care. 1970-71, Vol. III: Costs and Quality. Issues for Operators*, prepared for U.S. Office of Economic Opportunity (Cambridge, Mass.: 1971), pp. 60-61.

# THE COST OF CHILD CARE

**TABLE 50**  
**ADJUSTED PERSONNEL COMPONENT OF FUNCTIONAL BUDGET**  
 (Figures Represent Salary Adjustments; 15% Fringe Benefit Costs; 6% Inflation Since 1970)

<b>A. CARE AND TEACHING</b>			
1 head teacher .....	@ 6,871	6,871	
3 teachers .....	@ 6,108	18,324	
4 ass't. teachers .....	@ 5,497	21,988	
2 aides .....	@ 3,512	7,024	
Fringe benefits .....	@ 15%	8,131	62,338
<b>B. ADMINISTRATION</b>			
1 director .....	@ 9,400	9,400	
1 administrative ass't. ....	@ 6,000	6,000	
Fringe benefits .....	@ 15%	2,310	17,710
<b>C. FEEDING</b>			
1 cook, 2/3 time .....	@ 5,250	3,450	
Fringe benefits .....	@ 15%	518	3,968
<b>D. HEALTH</b>			
1 nurse, 2/10 time .....	@ 5,900	1,180	
Fringe benefits .....	@ 15%	177	1,357
<b>E. OCCUPANCY</b>			
1 custodian, 3/8 time .....	@ 4,550	1,706	
Fringe benefits .....	@ 15%	255	1,961
Sub-total .....			87,334
6% increase due to inflation .....			5,240
<b>TOTAL</b> .....			<b>\$92,574</b>

## CHILD CARE IN HAWAII: AN OVERVIEW

**TABLE 51**  
**ESTIMATED ANNUAL COSTS FOR CORE PROGRAM OF 75 CHILDREN (ADA)**

### I. Summary of Operating Costs:

Total Estimated Cost: **\$164,186**

(74% personnel, 7% foodstuffs, 9% rent, 10% other)

Cost per child: **\$2,189** per year      **\$1.04** per hour

(Cost per child/hour based on estimate of child/hours as

8.4 hours/child/day × 75 children × 250 days/year = 157,000 hours/year)

### II. Functional Budget Summary

Category	% of Total	Total Cost	Cost per Child
A. Care and Teaching .....	56%	\$92,408	\$1,232
B. Administration .....	20%	32,638	435
C. Feeding .....	10%	15,857	212
D. Health .....	1%	2,476	33
E. Occupancy .....	13%	20,807	277
TOTALS .....	100%	\$164,186	\$2,189

### III. Functional Budget Detail

Category	% of Category	Total Cost	Cost per Child
A. Care and Teaching			
1. Personnel .....	94%	\$86,783	\$1,157
2. Educational Consumables .....	3%	2,625	35
3. Other .....	3%	3,000	40
Sub-total .....	100%	\$92,408	\$1,232
B. Administration			
1. Personnel .....	81%	26,338	351
2. Other .....	19%	6,300	84
Sub-total .....	100%	32,638	435
C. Feeding			
1. Personnel .....	24%	3,857	52
2. Foodstuffs .....	71%	11,250	150
3. Other .....	5%	750	10
Sub-total .....	100%	15,857	212
D. Health			
1. Personnel .....	79%	1,951	26
2. Other .....	21%	525	7
Sub-total .....	100%	2,476	33
E. Occupancy			
1. Personnel .....	12%	\$2,507	\$33
2. Rent .....	72%	15,000	200
3. Other .....	16%	3,300	44
Sub-total .....	100%	\$20,807	\$277
TOTALS .....	100%	\$164,186	\$2,189

## THE COST OF CHILD CARE

**TABLE 51 (Continued)**  
**ESTIMATED ANNUAL COSTS FOR CORE PROGRAM OF 75 CHILDREN (ADA)**

### IV. Personnel Component of Functional Budget

<b>A. Care and Teaching</b>			
6 Teachers .....	@ 6,000	\$36,000	
6 Assistant Teachers .....	@ 5,400	32,400	
3 Aides .....	@ 3,450	10,350	
Fringe Benefits & Payroll Taxes .....	@ 10.2%	<u>8,033</u>	
Sub-total .....			\$86,783
<b>B. Administration</b>			
1 Director .....	@ 10,450	10,450	
1 Assistant Director .....	@ 7,750	7,750	
1 Secretary/Bookkeeper .....	@ 5,700	5,700	
Fringe Benefits & Payroll Taxes .....	@ 10.2%	<u>2,438</u>	
Sub-total .....			26,338
<b>C. Feeding</b>			
1 Cook, 2/3 time .....	@ 5,250	3,500	
Fringe Benefits & Payroll Taxes .....	@ 10.2%	<u>357</u>	
Sub-total .....			3,857
<b>D. Health</b>			
1 Nurse, 3/10 time .....	@ 5,900	1,770	
Fringe Benefits & Payroll Taxes .....	@ 10.2%	<u>181</u>	
Sub-total .....			1,951
<b>E. Occupancy</b>			
1 Custodian, 1/2 time .....	@ 4,550	2,275	
Fringe Benefits & Payroll Taxes .....	@ 10.2%	<u>232</u>	
Sub-total .....			<u>2,507</u>
<b>TOTAL .....</b>			<b>\$121,436</b>

Source: Abt Associates, *A Study in Child Care, 1970-1971, Vol. III: Costs and Quality, Issues for Operators*, prepared for U.S. Office of Economic Opportunity (Cambridge, Mass.: 1971), pp. 67-68.

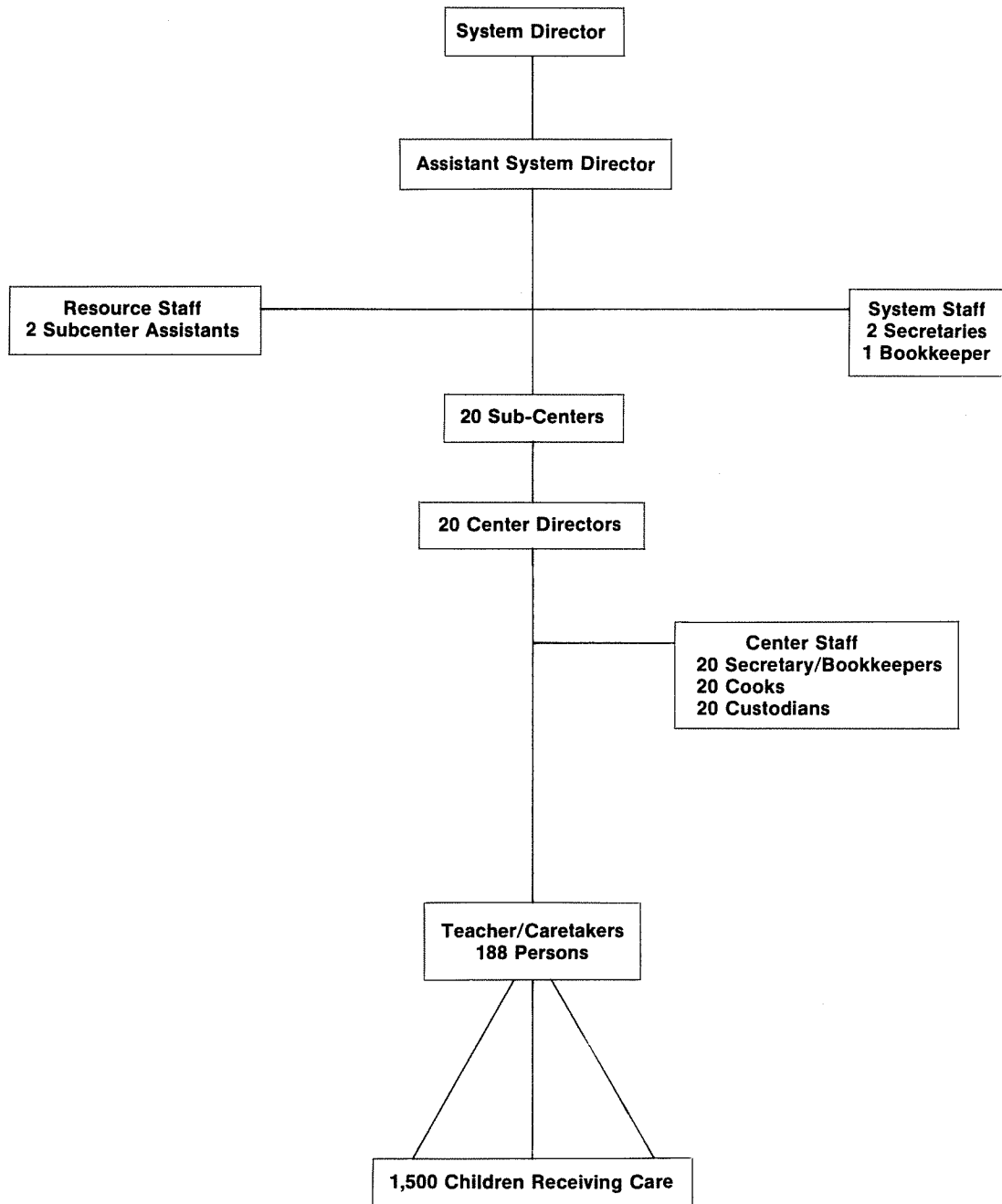
## CHILD CARE IN HAWAII: AN OVERVIEW

**TABLE 52**  
**ADJUSTED PERSONNEL COMPONENT OF FUNCTIONAL BUDGET**  
 (Figures Represent Salary Adjustments; 15% Fringe Benefit Costs; 6% Inflation Since 1970)

<b>A. CARE AND TEACHING</b>			
6 teachers .....	@ 6,108	36,648	
6 ass't. teachers .....	@ 5,497	32,982	
3 aides.....	@ 3,512	10,536	
Fringe benefits.....	@ 15%	12,024	
			92,190
<b>B. ADMINISTRATION</b>			
1 director .....	@ 10,450	10,450	
1 assistant.....	@ 7,750	7,750	
1 secretary/bookkeeper .....	@ 5,700	5,700	
Fringe benefits.....	@ 15%	3,585	
			27,485
<b>C. FEEDING</b>			
1 cook, 2/3 time .....	@ 5,250	3,500	
Fringe benefits.....	@ 15%	525	
			4,025
<b>D. HEALTH</b>			
1 nurse, 3/10 time.....	@ 5,900	1,770	
Fringe benefits.....	@ 15%	265	
			2,035
<b>E. OCCUPANCY</b>			
1 custodian, 1/2 time .....	@ 4,550	2,275	
Fringe benefits.....	@ 15%	341	
			2,616
Sub-total .....			128,351
6% increase due to inflation .....			7,701
<b>TOTAL .....</b>			<b>\$136,052</b>

# THE COST OF CHILD CARE

**FIGURE 15**  
**HYPOTHETICAL ORGANIZATIONAL**  
**CONSTRUCT**  
**CENTER DAY CARE SYSTEM**



## CHILD CARE IN HAWAII: AN OVERVIEW

**TABLE 53**  
**CENTER CARE SYSTEM ANNUAL BUDGET<sup>a</sup>**  
**(1,500 Children)**

		Adjusted Budget	
<b>I. Care and Teaching</b>			
188 Caretaker-teachers @ 4,500 <sup>b</sup> (or \$7,000).....	\$846,000	\$846,000	(1,316,000)
Fringe Benefits and Payroll taxes @ 10% .....	89,600	126,900	(197,400)
Educational Consumables @ \$30/child .....	45,000	45,000	
Other @ \$35/child <sup>c</sup> .....	52,500	52,500	
Subtotal .....	1,028,100	1,070,400	(1,610,900)
(Cost per child) .....	(685)	(714)	(1,073)
<b>II. Administration (assume 20 centers)</b>			
System Director @ \$20,000 <sup>d</sup> .....	20,000		
Assistant System Director @ \$16,000 <sup>d</sup> .....	16,000		
2 System Secretaries @ \$5,700 .....	11,400		
1 System Bookkeeper @ \$9,000 <sup>d</sup> .....	9,000		
2 Subcenter Assistants @ \$10,000 .....	20,000		
20 Center Directors @ \$9,400.....	188,000		
20 Center Secretary-Bookkeepers (1/2 time) @ \$5,700 ...	57,000		
Fringe Benefits and Payroll Taxes @ 10%.....	32,100	48,210	
Other @ \$74/child <sup>e</sup> .....	111,000		
Subtotal .....	464,500	480,610	
(Cost per child) .....	(310)	(321)	
<b>III. Feeding (assume 20 centers)</b>			
20 Cooks @ \$5,300.....	\$106,000		
Fringe Benefits and Payroll Taxes @ 10% .....	10,600	15,900	
Foodstuffs @ \$132/child .....	198,000		
Other @ \$9/child <sup>f</sup> .....	13,500		
Subtotal .....	328,100	333,400	
(Cost per child) .....	(219)	(222)	
<b>IV. Occupancy (assume 20 centers)</b>			
20 Custodians (½ time) @ \$4,600 .....	46,000		
Fringe Benefits and Payroll Taxes @ 10%.....	4,600	6,900	
Rent @ \$175/child .....	262,500		
Other @ \$4/child <sup>g</sup> .....	60,000		
Subtotal .....	373,100	375,400	
(Cost per child) .....	(249)	(250)	
TOTAL .....	\$2,193,800	\$2,259,810	\$2,800,310
Cost per child (teachers paid an average \$4,500): .....	\$1,463	\$1,507	
6% increase for inflation .....		\$1,597	
Cost per child (teachers paid an average \$7,000): .....	\$1,807	\$1,867	
6% increase for inflation .....		\$1,979	

<sup>a</sup> All figures based on averages from Abt Study in Child Care unless otherwise indicated.

<sup>b</sup> Average of teacher salaries from Abt Study (\$5,700) and minimum wage for aides (\$3,328), rounded. The \$7,000 figure is included to show wages that may be considered preferable by child care planners. Budget totals refer however to wages of \$4,500.

<sup>c</sup> Field trips, equipment depreciation, and miscellaneous.

<sup>d</sup> Based on system of comparable size from Abt study.

<sup>e</sup> Equipment depreciation, office supplies, telephone, staff travel, liability insurance, audit and legal fees.

<sup>f</sup> Equipment depreciation, nonfood supplies.

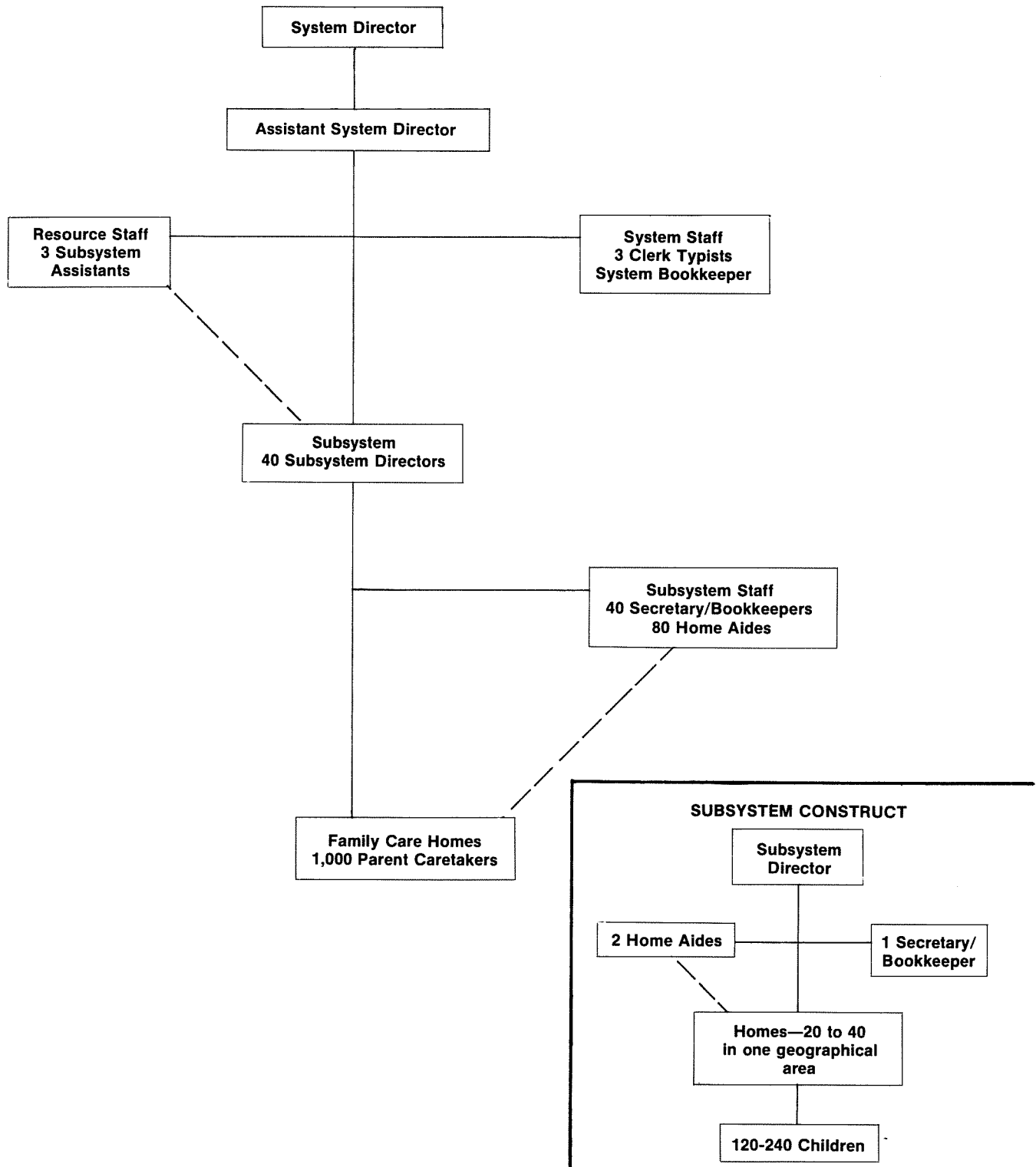
<sup>g</sup> Housekeeping supplies, utilities, taxes, and insurance.

Source: Massachusetts Early Education Project, *Child Care in Massachusetts; The Public Responsibility*, A Study for the Massachusetts Advisory Council on Education (Cambridge, Mass.: 1972), pp. 8-51 to 8-53.



# THE COST OF CHILD CARE

**FIGURE 16**  
**HYPOTHETICAL ORGANIZATIONAL**  
**CONSTRUCT**  
**HOME CARE SYSTEM**



## CHILD CARE IN HAWAII: AN OVERVIEW

**TABLE 54**  
**HOME CARE SYSTEM ANNUAL BUDGET<sup>a</sup>**  
**(5,000 Children)**

		Adjusted Budget
<b>I. Care and Teaching</b>		
1,000 Parent-caretakers @ \$3,800 <sup>b</sup> (avg.)	\$3,800,000	
Fringe Benefits and Payroll Taxes @ 10%	380,000	570,000
Educational Consumables @ \$30/child	150,000	
Other @ \$35/child <sup>c</sup>	175,000	
Subtotal	4,505,000	4,695,000
(Cost per child)	(901)	(939)
<b>II. Administration</b>		
System Director @ \$30,000 d	30,000	
Assistant System Director @ \$24,000 d	24,000	
3 Subsystem Assistants @ \$14,000 d	42,000	
3 Clerk typists @ \$5,700	17,000	
System Bookkeeper @ \$12,000 d	12,000	
40 Subsystem Directors @ \$9,400	376,000	
40 Secretary-bookkeepers @ \$5,700	228,000	
80 Home Aides @ \$4,500	360,000	
Fringe Benefits and Payroll Taxes @ 10%	109,000	163,350
Other @ \$74/child <sup>e</sup>	370,000	
Subtotal	1,568,100	1,622,350
(Cost per child)	(314)	(324)
<b>III. Feeding</b>		
Foodstuffs @ \$132/child	660,000	
Other @ \$5/child <sup>f</sup>	25,000	
Subtotal	685,000	
(Cost per Child)	(137)	
<b>IV. Occupancy</b>		
Home Expenses @ \$220/home/year	220,000	
Office space <sup>g</sup>	32,000	
Subtotal	252,000	
(Cost per Child)	(50)	
<b>TOTAL</b>	<b>\$7,010,100</b>	<b>\$7,227,350</b>
Cost per Child	\$1,402	\$1,445
Cost per Child, 6% increase for inflation		\$1,532

<sup>a</sup> All figures are based on averages from the *Abt Study*, unless otherwise indicated.

<sup>b</sup> Roughly 15 percent above current minimum wage (\$3,328 year) but below poverty level (\$4,000 for a family of four). Please note, this parent-caretaker receives in addition \$900 per year for home and child expenses. It *may* also be assumed that of the five children, one or more might be own children. It is difficult to compare payment per hour (the MEEP suggestion) with present payments per child. (Under the present system the caretaker must pay child and home expenses out of her per-child earnings.) We believe however that these budgeted salaries are actually higher than modal earnings of most present home-caretakers in family day care.

<sup>c</sup> Field trips, equipment depreciation, miscellaneous expenses.

<sup>d</sup> Based on systems of comparable size from the *Abt Study*.

<sup>e</sup> Equipment depreciation, office supplies, telephone, staff travel, liability insurance, and audit and legal fees.

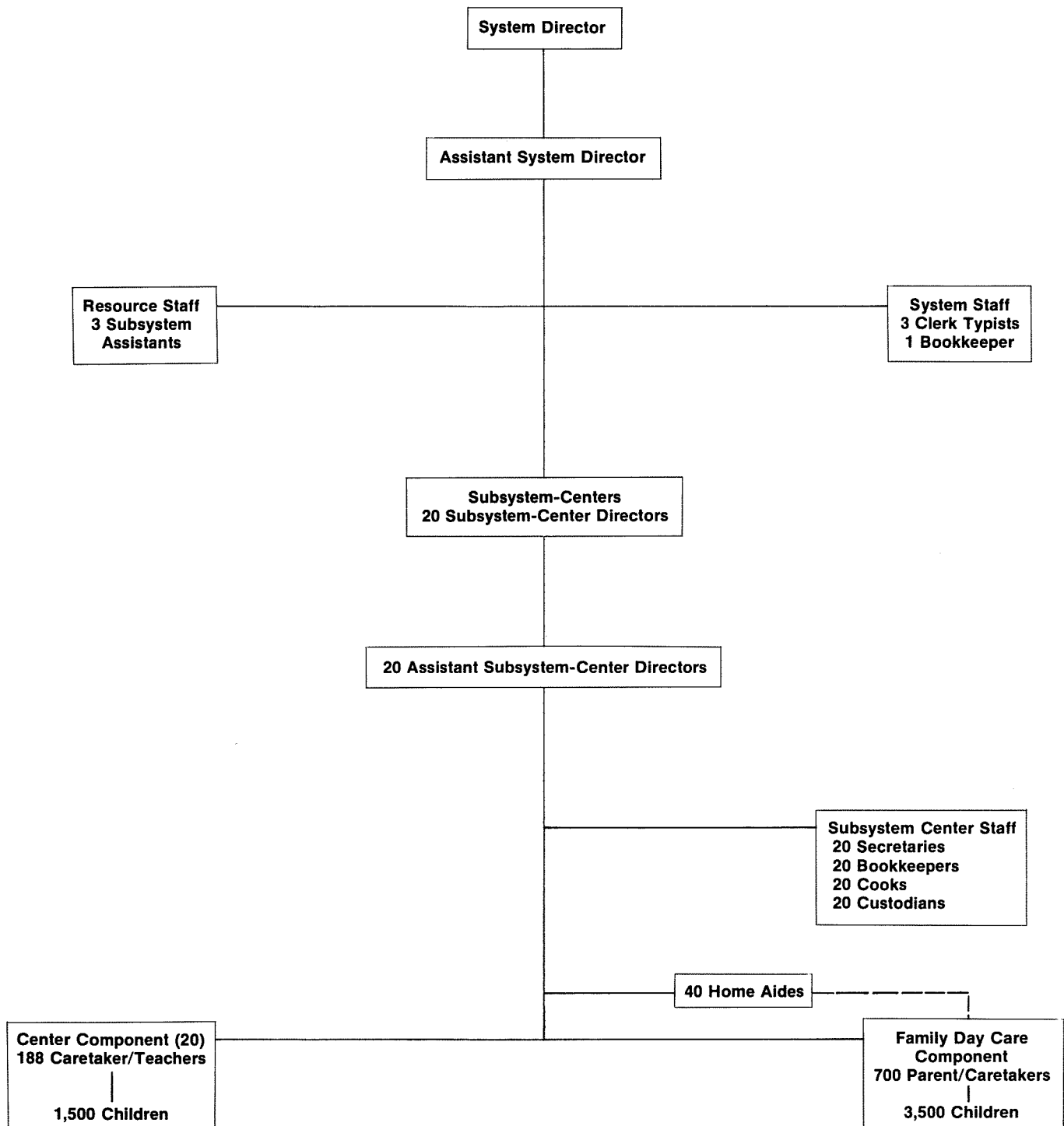
<sup>f</sup> Nonfood supplies.

<sup>g</sup> An average of 75 square feet/person × 169 people requiring office space × \$2.50/square foot rental.

Source: Massachusetts Early Education Project, *Child Care in Massachusetts: The Public Responsibility*, A study for the Massachusetts Advisory Council on Education, (Cambridge, Mass.: 1972) pp. 8-54 to 8-56.

# THE COST OF CHILD CARE

**FIGURE 17**  
**HYPOTHETICAL ORGANIZATIONAL**  
**CONSTRUCT**  
**HOME CARE—CENTER CARE MIXED SYSTEM**



# CHILD CARE IN HAWAII: AN OVERVIEW

**TABLE 55**  
**CENTER-HOME MIXED SYSTEM ANNUAL BUDGET<sup>a</sup>**  
**(5,000 Children)**

<b>I. Care and Teaching</b>		
700 Parent-caretakers @ \$3,800 (avg.)	\$2,660,000	
188 Caretaker-teachers @ \$4,500 (avg.)	846,000	
Fringe Benefits and Payroll Taxes @ 10%	350,600	525,900
Educational Consumables @ \$30/child	150,000	
Other @ \$35/child <sup>b</sup>	175,000	
Subtotal	\$4,181,600	\$4,356,900
(Cost per child)	(836)	(871)
<b>II. Administration</b>		
System Director @ \$30,000	30,000	
Assistant System Director @ \$24,000	24,000	
3 Subsystem Assistants @ \$14,000	42,000	
3 Clerk typists @ \$5,700	17,100	
System Bookkeeper @ \$12,000	12,000	
20 Subsystem Center Directors @ \$12,000	240,000	
20 Subsystem Assistant Center Directors @ \$7,000	140,000	
20 Subsystem Center Secretaries @ \$5,400	108,000	
20 Subsystem Center Bookkeepers (½ time) @ \$6,000	60,000	
40 Home Aides @ \$4,500	180,000	
Fringe Benefits and Payroll Taxes @ 10%	85,300	127,965
Other @ \$74/child <sup>c</sup>	370,000	
Subtotal	1,308,400	1,351,065
(Cost per child)	(262)	(270)
<b>III. Feeding</b>		
20 Cooks @ \$5,300	106,000	
Fringe Benefits and Payroll Taxes @ 10%	10,600	15,900
Foodstuffs @ \$132/child	660,000	
Other @ \$9/child <sup>d</sup>	45,000	
Subtotal	821,600	826,900
(Cost per child)	(164)	(165)
<b>IV. Occupancy</b>		
20 Custodians (½ time) @ \$4,600	46,000	
Fringe Benefits and Payroll Taxes @ 10%	4,600	6,900
Rent:		
\$175/child for 1,500 children in centers	252,500	
\$220/home/year for 700 homes	154,000	
Other @ \$40/child for 1,500 children in centers <sup>e</sup>	60,000	
Subtotal	517,100	519,400
(Cost per child)	(103)	(103)
TOTAL	6,828,700	7,054,265
Cost per Child	\$1,365	\$1,410
Cost per Child (6% increase due to inflation)		\$1,495

<sup>a</sup> All figures are drawn from other system modal budgets, unless otherwise indicated. Please refer carefully to Footnote b, Table 49 (Home Care System Budget)

<sup>b</sup> Field trips, equipment depreciation, miscellaneous.

<sup>c</sup> Equipment depreciation, office supplies, telephone, staff travel, liability insurance, and audit and legal fees.

<sup>d</sup> Equipment depreciation and nonfood supplies.

<sup>e</sup> Housekeeping supplies, utilities, taxes, and insurance.

Source: Massachusetts Early Education Project, *Child Care in Massachusetts: The Public Responsibility*, A study for the Massachusetts Advisory Council on Education, (Cambridge, Mass.: 1972) pp. 8-57-8-59.

# THE COST OF CHILD CARE

**TABLE 56**  
**SUMMARY OF COST ESTIMATES FOR CORE MODELS AND VARIATIONS**  
**(By Cost Per Child-Year)**

Type of System	Preschool Core Program I Teacher/Child Ratio—Center 1:8; Home 1:5; Mixed 1:5.6	Preschool Core Program II Teacher/Child Ratio—1:6	Preschool Core Program III Teacher/Child Ratio—1:10	Add 20% Infants to Preschool Core Program I—Teacher/ Infant Ratio 1:3	Add 20% Infants to Preschool Core Program II—Teacher/ Infant Ratio 1:4	Add 30% School-age Children to Preschool Core Program I— Teacher/School Age Child Ratio 1:15	Add Child Transportation	Add Health Component	Add Formal Education	Add Social Services	Add Extended Hours (25% more) For Preschool Core Program I
<b>Center System</b>											
SMSA.....	1,614	1,841	1,477	+190	+115	-207	+106	+138	+110	+121	+171
Non-SMSA ..	1,312	1,497	1,201	+154	+ 93	-169	+176	+112	+ 90	+ 99	+139
National											
Average ...	1,463	1,669	1,339	+172	+104	-188	+141	+125	+100	+110	+155
<b>Home System</b>											
SMSA.....	1,546	1,393	1,085	+103	+ 39	-239	+106	+138	+110	+121	+231
Non-SMSA ..	1,258	1,133	883	+ 83	+ 31	-194	+176	+112	+ 90	+ 99	+187
National											
Average ...	1,402	1,263	984	+ 93	+ 35	-217	+141	+125	+100	+110	+209
<b>Mixed System</b>											
SMSA.....	1,509	1,452	1,135	+122	+ 56	-224	+106	+138	+110	+121	+213
Non-SMSA ..	1,227	1,180	923	+100	+ 46	-182	+176	+112	+ 90	+ 99	+173
National											
Average ...	1,368	1,316	1,029	+111	+ 51	-203	+141	+125	+100	+110	+193

Source: Abt Associates, Inc., *A Study in Child Care, 1970-71*, pursuant to OEO Contract No. OEO-B005213, as cited in Massachusetts Early Education Project, *Child Care in Massachusetts; The Public Responsibility*, A Study for the Massachusetts Advisory Council on Education (Cambridge, Mass.: 1972), p. 8-60.

## THE COST OF CHILD CARE

The cost figures presented in this chapter do not tell the whole story. They are arbitrary numbers in order to have a general idea of cost levels in the area. They are the rule and every locality establishing child care is an exception to that rule. Further, the figures are not the price tag the government must pay for child care. The state government's costs in child care will depend on the role they will be playing in providing services.

## SUMMARY

The preceding discussions relating to the State and child care have delineated areas of strength and areas of deficiencies, alternative systems of child care, cost factors and problems of regulations. The following discussion brings together all the various facts and issues in an attempt to present a cohesive approach to child care.

### Needs and Resources

In the profile on children, their families, and child care, certain salient facts emerged:

- (1) Department of Health statistics estimated that the population growth of children under the age of five is expected to increase by 10,000 by 1976. This means that there will be some 79,390 children under five years of age three years from now despite the fact that the birth rate has dropped from 29.5 per 1,000 in 1960 to 21.5 per 1,000 in 1971.
- (2) Most of the growth is expected in urban areas with higher concentrations in the Leeward Oahu area and possibly the Hawaii Kai area of the City and County of Honolulu.
- (3) Of the children under five, approximately 5,035 three-, four-, and five-year olds are from families which fall below the 1.25 poverty line, and some 5,975 three-, four-, and five-year olds are from families which fall below two times the poverty level. Normally, those children whose families fall below the 1.25 poverty line qualify for federal and state aid for child care expenses. However, because of the high cost of living in Hawaii, the group which falls between the 1.25 poverty line and two times the poverty level cannot afford child care services but are not eligible for public-supported programs.
- (4) Approximately 38.1 percent of the women with children under six years of age are employed, and approximately 59.7 percent of the women with children between the ages of six and sixteen are employed providing Hawaii with one of the highest labor participation rates in the country.
- (5) Working women in Hawaii tend to be full-time workers as opposed to parttime.
- (6) Women who intend to work after their child is born normally re-enter the labor force by the time the child reaches the age of five.
- (7) The most popular form of child care arrangement made by parents is the family day care situation in which a relative or a friend cares for the child on an informal basis. However, in recent years gains have been made in the use of the paid baby-sitter. Nevertheless, while the family day care situation is the most popular form used, it is the least regulated form with an overwhelming majority of family day care homes in the State remaining unlicensed.
- (8) Although it is considered the most visible form of child care services, day care centers and preschools account for only a small percentage (10%) of the children in out-of-home care.
- (9) In relation to the use of child care centers, statistics show that the income of the family and the geographic area affects use. Urban areas reported higher incidence of day care attendance than rural areas and families reporting higher family incomes also reported higher attendance rates.
- (10) The most important factor in child care services use is accessibility of services and convenience to the parent.
- (11) Families which had two parents working were more likely able to afford child care services than families in which the mother did not work.

## CHILD CARE IN HAWAII: AN OVERVIEW

- (12) Attitudinal surveys showed that parents sent their children to day care and preschool to be educated. It also showed that more than 50 percent of the parents surveyed were not adverse to the idea of the State providing school for children beginning at age four. For children age three on a strictly voluntary basis, again more than 50 percent of the parents responded favorably to a state program. For children age two, 32 percent were in favor of voluntary neighborhood day care centers and 48 percent were against.
- (13) Geographical distribution of child care shows that the centers are concentrated among the urban areas of the state leaving large gaps for rural services.
- (14) State needs in the area of child care services reported by the Symposium on the Young Child held in May of 1972, included need for greater parent involvement in child care programs, need for the development of a health and nutritional program including comprehensive health services for young children, provision of child care for all children regardless of financial status, improvement of staff through programs in staff training.

One of the ways to meet the needs of child care services is through government-sponsored programs. Among the most important social decisions legislators will have to make within the next few years is the decision concerning child care programs: Should the State implement and support a statewide child care program? This decision must be made in the areas of health, social services, and education. With such decisions close at hand, it would be appropriate to review the present status of child care programs in the State.

The three main departments in the State responsible for direct services in child care programs are the Departments of Social Services and Housing, Education, and Health. Each of these departments has its own set of goals to achieve, viewing child care programs from their particular set of references and functions. In most cases, however, they do have one thing in common, and that is they often serve a restricted target group, usually the deprived. Having the target groups in turn may result in an overlapping of services. Consequently, one area or group may receive an overabundance of services from public agencies while other areas or groups are never recipients of public agency services. Even among the target groups served by the agencies, services may be uneven and uncoordinated.

Aside from the direct service agencies, there are a number of other state agencies which offer some type of child-related service. The University of Hawaii system is involved in the educational and research aspect of child care and has thus far been utilized on a limited basis, usually a project by project consultation. The community colleges have in the past offered training programs under the auspices of the Headstart program. These were limited to Headstart personnel. Recently, however, efforts have been made to develop a Child Development Associate program which would be more universally available.

The coordinating body for child care programs in the State has been designated to be the Community Coordinated Child Care committee established by Act 107, Session Laws of Hawaii 1971, under the Commission on Children and Youth. Since its inception, the state committee has suffered from a number of problems: lack of funding, resignation of staff personnel, and no central authority over resources. As a result, the committee has been an ineffective agency. On the county levels, the program has had slightly better success. The most active county committee is the Honolulu committee which has been actively functioning since its organization. However, it too suffers from a lack of funding and support.

In analyzing the basic structural problems of the state government as it relates to child care, it was found that planning and coordination represents the weakest link in child care programs. While each department has its own area programs, departmental obligations have kept the staff from working together more effectively. With the Community Coordinated Child Care committee involved in its own fight for survival, it has no time to effectively function as the liaison between the departments.



## SUMMARY

Other areas such as information services, new program development, and training and education were also found to be weak. As a result, much of the reason for the non-development of a comprehensive system of child care services in the State lies with the governmental structure which dictates a fragmented, target group approach to the problem.

The private sector has been and still remains the stalwart of the child care industry in Hawaii. Hawaii's private child care system has deep historical roots dating back to the late 1800's when the first centers were established for the children of immigrant workers. Today the private industry accounts for 7000+ of the 9000+ licensed day care spaces in the State. However, the services offered by the private centers are restricted.

Because of the precarious financial situation of most of the private centers, services are often limited to "day care" in the narrow sense of the word. Children are cared for during the day, subject to routines which keep them occupied. In the more advanced and larger centers, educational curriculum is included in the program to supplement daily activity. On the third and highest level of development are the full service centers which offer not only educational, but medical and social services. These centers are definitely in the minority.

The type of services offered by the private sector is relatively uniform in terms of structure. Most of the centers are group day care centers operating for ten hours a day, five days a week. A smaller portion are preschools whose programs usually are half-day programs, five days a week or sometimes limited to three times a week. Only one center offers night care. Experimental or demonstration centers are few and far between although with the recent development in education particularly in the area of early childhood development, experimental type programs are becoming more common.

In many ways, some of the difficulty in developing the child care industry in the State and encouraging alternatives rests in the area of regulating and licensing. Under present licensing requirements, only two forms of child care have established standards: group day care and family day care homes. If some integrated form of child care were to be established in the State, it may have difficulty in obtaining a license to operate. Further the application of the standards is based on individual operations and does not seem to allow for a systems approach to child care.

The most telling fact of the regressiveness of the licensing requirements is the fact that an overwhelming majority of the family day care operations are not licensed. Part of the problem is in the incongruity of imposing such stringent requirements for building standards in family day care homes when so much substandard housing is allowed to exist in normal living conditions. The imposition of the strict building standards often requires persons to invest in costly renovations before they are allowed to operate. Since family day care has been found to be a losing proposition in terms of monetary returns, most people do not pursue the licensing procedures once they are informed of the cost of renovations. Others drop the idea of providing family day care services completely.

Taxation is a form of regulation which can either encourage or discourage activities within the State. In the case of child care activities, present taxation laws constitute an obstacle to those who offer child care services. Under present law, any person who engages in offering child care services in the State and does not have a tax-exempt status as a nonprofit organization, must pay a four percent general excise tax under the general excise tax license he is required to obtain. For the larger profit making child care businesses, such a tax may be accounted for in the tuition charges or off-set through other cost items. However, it is the small family day care operator who suffers the most. Professionals in the child care licensing field and those involved in other aspects of child care expressed the opinion that this general excise tax provision is singularly, the greatest deterrent to licensing and regulation. As long as the tax remains in effect, family day care providers will remain

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underground and resist regulation. In turn, the task of developing this form of child care service will be almost impossible.

### Federal Government and Child Care

Among the many states which have developed plans for instituting comprehensive child care programs there is a note of apprehension over the direction the federal government will take in the area of child care. During the 92nd session of Congress child care bills were heard in committee and one bill, the Economic Opportunity Amendments of 1971 (S. 2007), passed both houses of Congress and was sent to the President only to be vetoed on the basis of fiscal irresponsibility and administrative difficulties. The bill would have provided a much broader program in the area of child care and set the groundwork for a national approach to child development.

It is hard to predict how the federal government will approach child care within the next few years. Many expect Congressional members to re-introduce child care bills which died during the last session. However, it is also expected that divisive debates over such measures are inevitable and may even harm the future of child care programs. Further, with the change in the Secretary of Health, Education, and Welfare and the implementation of measures to cut governmental spending it seems highly unlikely any large scale programs in child care will emerge.

### Program Models in Child Care

In discussing alternatives in child care there is a great need to realistically assess the situation. As was stated in the chapter on *Program Models in Child Care*, the various program models are limitless and are only confined by what Elizabeth Prescott calls the "politics of day care" or the art of the possible.

In the chapter, systems and centers were described. Most of the projects were chosen because they were considered exemplary projects. Others were chosen because of the unique nature of the project or the target group being served.

Project Headstart, probably the most successful of the Economic Opportunity programs, was the first publicly sponsored comprehensive approach to child care. Its basic purpose was to give the culturally deprived preschooler a "headstart" and to put him on an equal footing with his more privileged counterpart. In scope, the Headstart program includes educational, medical, social and community services to the families it serves. For the most part it is locally controlled with basic organizational and structural guidelines established by the federal government.

Children's Centers operated by local school districts but essentially governed by the state department of education are the basis of the California preschool program. Until recently, the Children's Centers were totally the responsibility of the local school districts but with the advent of great amounts of federal funding under the Elementary and Secondary Education Act and Title IV money from the Social Security Act, the California education department took steps to allow greater use of federal funds. Consequently, in 1965 they added an educational component to the Children's Centers and established priorities for usage of the centers. These priorities were based on federal guidelines allowing children from welfare families whose parents were enrolled in a job training program to be served first.

The state also implemented a fee scale which is a sliding scale based on income of the family. Federal funding is apportioned among the school districts according to the number of children who qualify for welfare funds. In addition, state and local funds are used to support the operations of the centers. Last year, the California Assembly passed a law requiring all community colleges, state

## SUMMARY

universities and universities under the University of California system to establish Children's Centers on or near their campuses for the preschool children of students attending these institutions.

The Berkeley system described in the study is under the direction of the Board of Education for the district but operates as a separate branch so that the district is organized into three systems: the elementary education department, the secondary education department, and the early childhood education department. However, purchasing of supplies is centralized. Curriculum and physical accommodations for the center vary allowing each center within the system to approach child care according to the needs of the children and the philosophy of the staff. Personnel standards and classifications are established by the district and remain relatively uniform for the whole department. However, centers do have hiring privileges subject to the approval of the board.

The cost of the Berkeley system is \$3,055 per year per child which is higher than most other systems. Among its advantages is the stability in funding allowing personnel to concentrate on program development rather than in fund raising activities as so many private agency directors must do. The constraints on the system are essentially procedural constraints as a result of governmental bureaucracy.

The Florence Crittenden Infant Day Care Center represents a new development in child care services: infant care in a group setting. Much has been said about child care for the children under two and until recently, such care if it was provided in a group setting was often charged with arguments of maternal deprivation. However, recent experiments in the field have shown that children under two who are cared for in centers seem to suffer no ill-effects from such an experience. There is an acknowledgment, however, that the long-range effects of such care will not be seen until these children get older.

Infant care centers which are not allowed in Hawaii are allowed in California under special conditions, usually to serve the needs of a special group who might not otherwise be served. In the case of the Florence Crittenden center, teenage mothers and their children are being served. The center is attached to the Florence Crittenden Home and serves twelve infants and toddlers of neighborhood mothers. Whenever possible, the center aids all those connected with the child, but in particular, the program personnel hope to help the mother adjust to her situation and responsibility.

Thus far, the program has not been able to develop to the fullest extent since adequate funding has been an inhibitive factor. However, it is providing a sorely needed special service.

The Community Family Day Care Project in Pasadena, California, represents a model for developing a family day care system. Faced with the universal problem of identifying the family day care homes and bringing them into a cohesive system, the project set out to demonstrate that family day care systems could be a formidable force in meeting the day care demand.

The organization of the system included a head office conveniently located in the neighborhood with a staff coordinating activities. Secondly, the family day care mothers were organized into a system which worked two ways. The project provided services to the mothers such as carpentry work, referral services, educational services and other community resources while the mothers acted as consultants to the project, aiding it in developing a body of knowledge on family day care. A third component allowing college students to use the system as a practical experience situation was also included in the project.

What resulted was a viable family day care system at minimal cost to the sponsoring agency. The system was loosely organized allowing the family day care mothers much freedom but still providing some check to ensure quality care for the children in the homes. In addition, it furnished the identification of community resources in child care. Further, the family day care project illustrated its

## CHILD CARE IN HAWAII: AN OVERVIEW

adaptability to serving neighborhood needs and the possibility of regulating standards for care in family day care homes without the formidable institutional atmosphere which accompanies most regulations.

A more advanced form of community family day care is the Family Day Care Career Program in New York City. This system goes one step further by combining twenty neighborhood systems into a city-wide system. The New York system provides care for some 3,570 children daily from infancy to school age. In addition it contains two career programs: An external program which allows mothers to enter work training programs while providing child care services and an internal program which trains teacher-mothers for the family care homes and allows these teacher-mothers to move to positions within the system itself.

The New York system is a highly organized and tightly structured system in which lines of responsibility are clearly stated. As a result, despite its intricate and sometimes complicated organizational structure, the system has thus far had no operational difficulties. The problems have occurred in funding. Presently, three sources of funding are utilized: Model Cities-HUD, welfare funds, and New York state funds. However, with the recent cutbacks by the federal government in welfare, HUD, and other child care related funds, and the switch to revenue sharing, the system is facing a grim future.

The Infant Tutorial Program in Washington, D.C., is an outreach program providing services to families in the area with children between the ages of fifteen months and three years. A tutor visits the homes for an hour each day, five days a week providing verbal stimulation for the child and helping parents develop skills and techniques in child development. According to its project managers, the program is a low cost program in which staff salaries is the only real expense. Further, it was suggested that persons may be hired on a part-time basis for this program or students in child development may be used as home tutors.

Dr. Ira Gordon of the University of Florida developed the same type of system but added another component to the program: a backyard center. This would allow for both individualized services to the child through home tutorials and a socialization component for the older children in the group. In addition, the inclusion of the center component provides another avenue of experience for the child development student. In the Florida project, the home tutors who were students at the University of Florida changed roles with the mothers so that under the center component, the mothers became the center supervisors and the students assisted them. In most cases, the centers were usually located in the backyard of a participant's home.

Beside the center-based systems and the home-based systems, integrated child care systems are also in use. The Parent Child Centers which is an outgrowth of the Headstart program offers a longitudinally integrated program, which includes services from the pre-natal stages to preschool. The program components are: home instruction, infant-toddler care, and nursery group care. At all stages of the program, parent participation is strongly emphasized. The home instruction component is the outreach component providing home demonstrations on techniques of infant stimulation. Participants then move into the infant-toddler program which is designed for children between the ages of six months to two years. During this time, parents bring their children to a center and participate in the activities which are conducted by a nurse-teacher and designed for the child's development. At the age of two, children move into the third component which is the nursery group care. The program of the nursery group care is much like the Headstart program with emphasis on intellectual development. Again, parent participation is required and parents spend one morning a week at the center. In addition to these three components, the Parent Child Center program offers auxiliary services such as homemaking classes and child development instruction to the participating parents.

## SUMMARY

The basic difference between the Parent Child Centers and other forms of child care is that these centers are designed for parents who do not work—mothers who stay home with their children. The program does not accept those parents who are looking for child care services while they work.

An integrated system developed for rural areas is the Preschool Education Project of the Appalachian Educational Laboratory. This system uses a home visit program, a mobile classroom and television to reach the isolated areas of the four counties of West Virginia that it serves. A television program is broadcast for a half-hour each day, five days a week. As a reinforcement for the concepts taught on the television show home tutors make weekly visits to participating homes. In addition, a "travelab" which is a completely self-contained classroom travels throughout the area giving 90 minute sessions to groups of children once a week.

The advantage of such a system is its ability to reach a large number of persons simultaneously. According to cost figures developed for the system, it was estimated that the per capita costs would amount to \$261.35 calculated on the basis that the system is reaching some 25,000 children.

The Kalihi-Palama Research Demonstration Children's Center and Infant Satellite Program represents an important movement in child care services in Hawaii. It recognizes the use of family day care homes as a mode of child care services and integrates these services into a system which eventually could feed into an established day care center. All of this provides for longitudinal care for the child from infancy to school age and beyond.

The program is administered through the Human Development Department of the College of Tropical Agriculture of the University of Hawaii and serves children and their families who live in the model neighborhood area of Kalihi-Palama. Concentration of services is focused on past, present, and future welfare families which have parents who are presently employed. Children, both normal and exceptional, are provided with child care services in an integrated program. According to project descriptions, "exceptional" children are defined as those children with emotional and/or behavioral problems.

Since the program is in the developmental stages, all of its components have yet to be implemented. However, when totally operational, the program would include:

- (1) Infant satellite nurseries providing care for children between the ages of four weeks and three years in a family atmosphere.
- (2) Integrated day care services providing care for three to five year olds in a center situation aimed at developing the child's cognitive, language, and social skills.
- (3) After-school care providing after-school activities and supervision for children five to nine years of age whose parents work. This component would provide recreational and instructional activities and during the summer, it is expected to expand to full-day care.
- (4) Training component providing diagnostic and observational opportunities for students, professionals, para-professionals and those interested in day care.

The program content itself is based on a comprehensive child development approach which includes educational, social services, health, nutritional, parent involvement, and psychological, educational, and management follow-up components.

Organizationally, it is run by the director who is responsible to the chairman of the Department of Human Development who in turn is advised by a policy advisory board consisting of four parents, six community representatives, and seven professionals. Staffing of the infant nurseries include nursery mothers and back-up staff with an infant satellite manager in charge of that portion of the program. The center is staffed by a teaching principal, two master teachers, and five aides plus students in training.

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Project cost estimates for the center component alone are projected to be \$217,016 for the fiscal year 1973-74. This figure includes approximately \$22,444 which goes to administrative costs. The infant satellite component which is fully funded by federal funds has received to date, \$203,261 since its inception in September 1971.

The importance of this project lies in the fact that it has proven to be operational within the State. The next step is to determine whether other similar projects can be replicated in other communities in the State.

Supplemental and special services are also part of the alternatives available in child care services. The toy lending library developed by Far West Laboratories would provide services to children through helping parents develop skills in using toys. Parents are taught the value of various toys and their use in an eight-week course which is taught by a leader/librarian. After the course is over they are free to borrow the toys much as in a normal library and use them with their children.

The toy lending libraries may be easily included in the neighborhood libraries in a special corner or a room. Further, it can be a base or community information center for parents seeking services and information relating to child development.

Drop-in care is a new form of child care offering services to the housewife who may need relief from caring for her children. It would allow a mother an afternoon or morning off from caring for her child. During that time she may take courses, visit friends, attend to errands or do any number of things. Drop-in center concept recognizes that the mother who stays at home with the child needs child care services and that such services can serve as preventative measures against child abuse or other crisis which can occur if the pressures are too much for the mother. Drop-in centers may be attached to schools, libraries, community centers or other centrally or conveniently located areas within the community. Its benefits would be two-fold: giving the mother some time to herself while allowing the child a chance to socialize and participate in group activities with other children his age.

Twenty-four-hour care to provide services for parents who work on night shifts, sick care centers or family homes to care for sick children who are not allowed to attend regular classes during their illness, and special courses in high schools including centers based in the schools as supplemental components to family living classes are still other possibilities for child care services.

### Industry and Child Care

Because child care needs develop as a result of an increase in the women's labor force, it is only logical that child care should be a concern of industry. Industry-based child care places the responsibility for providing services on the employer or the union. Thus far, at least nine companies have ventured to establish centers for their employees. In addition, the Amalgamated Clothing Workers of America has begun a regional day care system in the Baltimore area and is developing an exemplary center in the Chicago area.

But industry-based child care is not a simple issue. In a free enterprise system profit becomes the motivating factor. If child care services enhance profit through less absenteeism or greater working efficiency or a more stable labor force, then industries are willing to establish such services. However, if there seems to be no tangible advantage to providing child care services, then it is likely most companies would not consider such a service. Moreover, the government experiment in industry-based child care services was not a great success.

Unions, on the other hand, are concerned with the welfare of the worker. As a result, more of them are asking for some kind of child care provision as part of their contract agreement. In addi-

## SUMMARY

tion, under an amendment to the Taft-Hartley Act, a trust fund may be established on a joint labor-management basis for child care services to employees.

The approaches which may be utilized by industry and the unions in providing child care services for the employees and the union members, need not be expensive or be of the direct services nature. Manpower and talents may be utilized wisely so that a community effort approach can be instituted. Industry can lend management know-how and unions can contribute the skills of the various members to build centers in the community serving their employees and workers. Referral services for parents who need child care can be part of the personnel procedure. Other possibilities include child care expense allowances and the reserving of spaces in centers for use by employees.

### The Cost of Child Care

Of great concern to program developers and to legislative bodies which must fund programs is the question of cost. Mary Rowe, in a presentation before Congress, emphasized the fact that cost figures in the area of child care should be approached with caution. It is extremely important that in making cost comparisons that one realize the cost factors under consideration. Much of the misunderstanding in child care costs result from the comparison of incomparable figures.

Child care costs vary according to regional factors, standards established for the program and the items included in the budget. Yearly operational cost figures differ from cost figures for the first year of establishment since such items as capital investments which do not continue as recurring costs are part of initial costs. Further, supplemental and supportive services add to expenses. The amount of in-kind services when computed on a dollar rate basis may also add to costs. Most of all, personnel costs are the biggest factor in child care.

In budget constructs prepared for the study it was found that personnel costs were the single most important factor in raising the per capita cost. However, there exists a dilemma in the situation. While the high cost of child care is directly attributable to personnel costs and the high teacher:pupil ratio found in child care, a link has been established between the high teacher:pupil ratio and the "quality" of the care. That is, the more personnel per child, the better the quality of the care. Therefore, cutting down on personnel to trim costs does not solve the problem and may create a more serious problem of poor child care services.

In this summary an overview of the study is presented stating some of the more important points and issues discussed. It may be stated that child care is not simply a matter of building more buildings or licensing more spaces. It is an issue which involves concern over the quality of services and the various alternative approaches which can be implemented to meet the needs of the children of the State. It is also an area in which answers to the problems are not easily found and controversies over sponsorship, costs, and program development have yet to be settled.

## RECOMMENDATIONS

Child care and its related problems will not be solved overnight. But commitments must be made, resources must be invested and action must begin before progress is made toward alleviating the problem. To this end, the following recommendations are submitted:

### General Recommendations: An Approach To Child Care Services

In line with the view set forth in the introduction, the following approach to child care development should be considered:

- (1) The State should encourage a variety of sponsorships and approaches to child care development. Thus far, the private sector has provided much of the services in the area of center based day care. There is a whole area which has been neglected and that is the family day care. Development of services in this area should be encouraged. In addition, industry-based child care should be fostered wherever possible including actual government child care for its employees. After school care, twenty-four-hour care, drop-in centers, infant tutorials, infant day care centers, outreach programs, toy lending libraries, and others should be considered for implementation.
- (2) Parents should be given the maximum freedom of choice in deciding the type of child care arrangements for their children. To this end, governmental approach to child care should allow for the greatest latitude in parental choice. The types of program services available under state and federal programs should be diversified so that group center care is not the only alternative.
- (3) In order to accomplish the above objective and make further utilization of federal money, the State should work toward developing more federally approved child care spaces. Such federally approved spaces should be developed within the various approaches to child care. (Recent happenings on the federal level have indicated that federal requirements may be eliminated.)
- (4) A systems approach should be adopted in developing child care programs. Isolated centers should not be built wherever there seems to be a need. Instead attempts should be made to draw centers into an organized structure taking advantage of the economies and possibilities of large-scale projects yet allowing each locality or neighborhood flexibility to serve the area in a responsive manner. The organizational structure should provide a resource for the individual centers.
- (5) Programs developed for serving children should be community based and whenever possible parent participation should be stressed, in both the planning and implementation, as well as the operational aspects of the program. To accomplish this the respective counties will play a vital role in developing services to meet their needs. All planning for child care services should not be done exclusively on the state level then arbitrarily implemented for all counties. Assessment of county needs should be conducted and appropriate programs, within state guidelines, should be considered for implementation.
- (6) Child care development should be viewed in terms of the whole child's needs rather than in fragmented pieces. Further, as much as possible, services developed in the area should be available to as many children as possible and not confined to target groups only.



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### Governmental Operations: Strengthening the Coordination and Planning of Child Care Programs Administered by State Departments

The study revealed the fact that governmental programs were fragmentized and uncoordinated, making overall planning very difficult. In addition, the present agency established to accomplish coordination and planning has thus far suffered from various bureaucratic and personal problems. In order to bring about a cohesive planning program for statewide child care development, one state agency should be strengthened by designating it as the agency singularly responsible for statewide planning and coordination in the area of child care services. To accomplish this end, the committee should be given the following powers:

- (1) To design, develop, and review the comprehensive statewide community-based program to meet the needs of the children of the State.
- (2) To supervise, apportion, and administer the expenditures of all state and federal funds utilized for children's services.
- (3) To apply for, receive, and administer funds which are available under federal programs which related to children's services. Such funds would include money for administration, demonstration projects, construction or acquisition of facilities, training, technical assistance, planning, and evaluation.
- (4) To coordinate the delivery of services by state agencies operating programs which include components of the State's comprehensive plan for children's services.

The Community Coordinated Child Care Committee appears to be a logical state agency to fulfill this role.

The county community coordinated child care committees would play an important role in the development of a statewide, comprehensive, community-based system by providing vital information concerning the needs of the respective counties. Much of the information provided by the counties would serve as guidelines for establishing state priorities in programs and expenditures. It is also recognized that each county has different needs and priorities and if an effective community-based system is to be developed, local conditions must be considered. In addition, it is suggested that counties develop their own county-wide plan for child care services which may be linked into the state plan whenever state services are required.

To facilitate the implementation of the new duties assigned to the Community Coordinated Child Care Committee, if this is the state agency selected, a change in the present structure is needed. Instead of the present committee approach to the problem, it is suggested that the structure be reversed so that the Community Coordinated Child Care Committee be headed by an executive director who shall be responsible for the office. The executive director would be appointed by the governor and have the power to hire his own staff which would be expanded from the present three positions to a multidisciplinary staff. The present Community Coordinated Child Care Committee would then be a policy advisory committee to the executive director and include all agencies on the state level which are involved in child care services, representatives from the private day care industry, representatives from the various industries, and private citizens and professionals.

The placement of the present committee under the Commission on Children and Youth need not be changed with the understanding that the committee is there for administrative purposes only and is not responsible to the commission although the executive director should be an ex officio member of the commission and report on the activities of the committee to the commission.

## RECOMMENDATIONS

### Development of a Body of Knowledge and Services for Use by Professionals and the Public

Because of its resources, both technical and monetary, the State should assume the role of facilitator and encourager in developing child care services. Its approach may be either in the area of direct services or through supplemental services:

- (1) A central clearinghouse for information concerning all aspects of children's services should be established. In addition, neighborhood information centers housed in libraries, storefronts, public housing, community centers, schools, or wherever convenient or accessible should be part of the clearinghouse program. Such neighborhood centers would contain referral services, program information, funding availability, and other information on services relating to children plus a crisis unit which may respond to urgent needs.
- (2) Plans must be made for a greater identification of the available resources particularly in the area of family day care homes. Information must also be gathered on cultural aspects of child care so that appropriate programs may be developed to serve special groups when necessary.
- (3) A technical assistance program should be developed to aid those interested in providing child care services, relaying information as to the procedures involved, the licensing requirements, and available funds which can be used including the possibility of obtaining state loans under the Capital Loan Program or business related aid from the Small Business Extension Service or the federal Small Business Administration.
- (4) Aid should be given private centers to develop more comprehensive programs. Presently, the Health Department is beginning a pilot project to screen some 10,000 children in child care centers for disabilities. Similar programs to provide educational and social services components for private centers be part of the services offered by the State.
- (5) A program for training and educating child care providers should be established on the community college level which would be open to all interested persons leading to an associate degree or transferring to the University of Hawaii for a baccalaureate degree.

### Review and Assess Present Regulations and Licensing Procedures and Standards

In view of the changing needs of child care, a review and assessment of present regulatory procedures and requirements is needed. If present standards and requirements are inhibitive in nature, they should be amended to provide a more conducive atmosphere for developing forms of child care. Further the staffing of the present licensing division should be increased to provide fuller services to the private providers. Child care licensing personnel should not double as social workers.

### Further Areas of Discussion

In conducting the study, several areas pertinent to making decisions about statewide government programs were found to be lacking in information. Consequently, in order to form public policy as it relates to a state-sponsored child care program, a statewide survey should be conducted to gain detailed information concerning general public attitudes toward (a) the role of government in child care services including a publicly financed child care system of programs; (b) mandatory versus optional attendance in institutional programs; (c) related taxation concerns to generate funds for public child care services; and (d) priorities for providing services to sub-groups of the population by needs and by age group for identified services.

The whole area of health services needs to be explored further, particularly the role of the private sector in medical services. According to the Department of Health, private medical care will have a major bearing on the planning, funding, and administration of health services for children. Ways need to be developed for further utilization of the private medical profession as sources of information on child health care for the family. At this point, in time, it would seem to be inadvisable and too costly to totally incorporate or take over private medical services as part of a statewide child care system. Alternative ways of dealing with the private sector need to be developed.

# FOOTNOTES

## INTRODUCTION

1. See Appendix A for Presidential veto message on S. 2007.
2. See Appendix B for complete balloting list.
3. U.S., Congress, Senate, Subcommittee on Children and Youth of the Committee on Labor and Public Welfare, *White House Conference on Children—Child Development Recommendations, Hearings*, 92d Cong., 1st Sess., 1971, p. 15.
4. U.S., Citizens' Advisory Council on the Status of Women, *Women and Their Families in Our Rapidly Changing Society, Report of the Task Force on Health and Welfare* (Washington: U.S. Government Printing Office, 1968), p. 6.
5. *Statistical Abstract of the United States*, 1971, p. 213.
6. Includes only those women who have husbands present.
7. Hawaii, Department of Planning and Economic Development, *The State of Hawaii Data Book, 1972* (Honolulu: 1972), pp. 96, 100.
8. Benjamin S. Bloom, *Stability and Change in Human Characteristics* (New York: John Wiley and Sons, 1964), p. 68.
9. Emmy E. Werner, Jessie M. Bierman, and Fern F. French, *Children of Kauai* (Honolulu: University of Hawaii Press, 1971), pp. 133-134.
10. *Ibid.*, p. 135.
11. The report is more formally known as *Equality of Educational Opportunity*.
12. U.S., Office of Education, *Equality of Educational Opportunity [Summary Report]* (Washington: U.S. Government Printing Office, 1966), p. 20.
13. Findings of the report showed that children of minority groups have lower median test scores at the first grade level than the majority.
14. Frederick Mosteller and Daniel P. Moynihan (eds.), *On Equality of Educational Opportunity* (New York: Vintage Books, 1972).
15. Sess. Laws of Hawaii 1972, Act 52.
16. Theodore Roszak, *The Making of a Counter Culture* (New York: Doubleday & Co., 1968), p. 7.
17. Abt Associates, *A Study in Child Care 1970-71*, Vol. I: *Findings*, prepared for U.S. Office of Economic Opportunity (Cambridge, Mass.: 1971), p. 3.
18. Sess. Laws of Hawaii 1965, Act 4.

19. Hawaii is one of the few states that established the 4-C program by statute.
20. Three major cost studies have presented apparently very different figures on costs of child care: Westat-defined "custodial" care was reported to cost \$324 per child per year; "developmental care", \$1,368 per year; the 1968 Children's Bureau "Standards and Costs" cited "minimum" and "desirable" care at \$1,245 and \$2,320, respectively. The Abt Study gives a national average for "good" care at \$2,300. Source: Mary P. Rowe, "The Economics of Child Care," Testimony before the Committee on Finance, U.S. Senate, September 1971.

## CHAPTER I

1. Urban population—Generally all persons residing in areas determined to be urbanized areas or in places of 2,500 or more outside urbanized areas.
2. Rural population—Population not classified as urban, includes rural farm population and rural nonfarm population.
3. In-tact families are those families in which both husband and wife are present in the household.
4. Poverty level defined as \$3,745 for a family of four with a male head of household.
5. The significance of noting children under 18 in a female-headed household becomes apparent when speaking in terms of Aid to Families with Dependent Children which serves a predominantly female-headed family clientele.
6. Under this 1.25 income designation, the poverty standard would be approximately \$4,681 a year for a family of four.
7. Two times the poverty level is approximately \$9,358. The labor statistics standards for a family of four to live on a low consumption budget is \$9,017.
8. The survey covered 2,500 homes on Oahu and 600 on Maui. According to the report, the sample is a representative sample of the population according to the 1960 census data.
9. Lois Fukuda, *A Feasibility Study: Day Care Center at the University* (Honolulu: University of Hawaii, Legislative Reference Bureau, 1970), p. 7.
10. Hawaii, Governor's Commission on the Status of Women, *Report* (Honolulu: 1966), p. 21.

11. Department of Education estimates that the family day care business is a \$15.4 million business per year.
12. Honolulu (City and County), *Model Cities Comprehensive Program*, Kalihi-Palama Model Neighborhood Area, Waianae-Nanakuli Model Neighborhood Area, Appendix (Honolulu: 1969), p. 60.
13. Hawaii, Department of Education, Office of Instructional Services, *A Study on Early Childhood Education in Hawaii from Birth to Age 4* (Honolulu: 1972), p. 50.
14. *Ibid.*, p. 49.
15. The mean family income for the communities in question were: Waimanalo—\$12,269 (12.2% of families below poverty level); Kalihi-Kai—\$8,267 (27.0% of families below the poverty level); August Ahren—\$10,043 (11.3% of families below poverty level).
16. Honolulu (City and County), *Model Cities Comprehensive Program*, p. 60.
17. Hawaii, Department of Education, Office of Instructional Services, *A Study on Early Childhood Education*, p. 49.
18. Survey encompassed 1,340 parents of children in kindergarten.
19. Hawaii, Department of Education, Office of Instructional Services, *A Study on Early Childhood Education*, p. 46.
20. *Ibid.*, pp. 46-47.
21. J. Michael O'Malley and Kimi Matsuda (eds.), *Symposium on the Young Child, Summary Report* (Honolulu: University of Hawaii, College of Education, 1972), p. iii.
10. U.S., Department of Health, Education and Welfare, *Federal Interagency Day Care Requirements*, Pursuant to Sec. 522(d) of the Economic Opportunity Act As Approved by . . . , U.S. Office of Economic Opportunity, U.S., Department of Labor, September 23, 1968 (Washington: U.S. Government Printing Office, 1968).

The day care requirements are now being revised under the joint sponsorship of the Office of Child Development and the Office of Economic Opportunity.

## CHAPTER II

1. Reference is being made to the problems of non-English speaking children entering the school system. Hawaii, Department of Education, *Master Plan for Public Education in Hawaii* (Honolulu: 1969), p. 22.
2. *Ibid.*, p. 9.
3. *Ibid.*, p. 57.
4. Hawaii, Department of Education, Office of Instructional Services, *A Study on Early Childhood Education in Hawaii from Birth to Age 4* (Honolulu: 1972), p. vii.
5. *Hawaii Rev. Stat.*, sec. 26-14 (1967).
6. *Annual Report 1971*, State of Hawaii Department of Social Services and Housing (Honolulu: 1971) [pp. 16-17].
7. *Ibid.* [p. 17] (The listing does not represent all the programs for financial assistance administered by the department. We have listed only those programs which are most directly involved with aiding children. In addition, these programs do not limit aid to children under five. Most include all children between birth and 18 years.)
8. "Recommended Program Plan (A Request for a Change from Current Approved Program), Fiscal Years 1970-71 Through 1978-79, Budget Period 1973-75 (First Half)" (Department of Social Services and Housing, State of Hawaii, 1972) [p. 1].
9. Based on 1969-70 data. Since 1967, the number of children served has risen from 146 to 227.
11. Departmental figures show that 332 inquiries per month were handled during FY 1970-71 and 50 information requests per month for the same time period. It is projected that by FY 1978-79, the department will be handling 570 monthly inquiries and 75 monthly requests for information.
12. "Recommended Program Plan . . ." [pp. 4, 5].
13. U.S., National Center for Social Statistics, *Trends in AFDC 1965-1970 and Selected Annual Periods*, NCSS Report (H-4) (Washington: 1970).
14. *Ibid.*, p. 1.
15. U.S., Congress, Senate, Committee on Finance, *Child Care, Data and Materials*, 92d Cong., 1st Sess., 1971, p. 34.
16. *Hawaii Rev. Stat.*, sec. 26-13 (1967).
17. Title XIX of the Social Security Act, as amended (42 U.S.C.A., Secs. 1396-1396g (1969)). Medical assistance to families with dependent children and of aged, blind, or permanently or totally disabled individuals whose incomes are insufficient to meet medical services needed.
18. "Narrative for HTH 802—Medical, Dental and Other Professional Health Services, Maternal and Child Health Branch" (Department of Health, State of Hawaii, 1972), p. 1.
19. *Ibid.*, p. 2.
20. "Medical, Dental and Other Professional Health Services" (Department of Health, State of Hawaii, June 1972) [p. 1].
21. *Ibid.* [p. 1].
22. *Hawaii Rev. Stat.*, sec. 26-20 (1967).
23. Sess. Laws of Hawaii 1949, Act 294.
24. Also cited as *Hawaii Rev. Stat.*, sec. 581-1, 2, 3 (Suppl. 1972).
25. See Appendix G for information on 4-C program. Hawaii is the only state to establish 4-C statutorily.
26. Constitution, Hawaii State Coordinated Child Care Committee.
27. Clarification of Role and Programs of State 4-C, Hawaii State Coordinated Child Care Committee, p. 1.
28. *Ibid.*, p. 2.
29. *University of Hawaii Bulletin*, 1972-1973 General Information and Catalog, Manoa Campus (Honolulu: 1972), p. 176.
30. "Child Development Associate Training Proposal, A Synopsis" (Honolulu Community College, 1-72). (Mimeographed).
31. The reason for the drop probably can be attributed to the exclusion of health services costs.
32. The licensors for the neighbor islands perform the duties in addition to their supervisory duties.

33. DOE has published a curriculum guide.
34. Recent changes in Headstart training funds now place Headstart training with the local community action programs.
35. Massachusetts Early Education Project, *Child Care in Massachusetts, The Public Responsibility*, A Study prepared for the Massachusetts Advisory Council on Education (Cambridge, Mass.: 1972), pp. 9-13.
36. Hawaii, Department of Education, Office of Instructional Services, *A Study on Early Childhood Education*, p. 38.
37. A further discussion of licensing and its problems will appear later in this study.

### CHAPTER III

1. Mary Dublin Keyserling, *Windows on Day Care*, A Report on the findings of members of the National Council on Jewish Women on Day Care Needs and Services in Their Communities (New York: National Council of Jewish Women, 1972), p. 44.
2. *Ibid.*, p. 43.
3. Combination preschool and day care centers are distinguished from preschools by the number of hours they offer services. Combination centers normally run for 10 hours offering educational components and care. Preschools usually offer half-day sessions concentrating on an educational component.
4. Hawaii, Department of Education, Office of Instructional Services, *A Study on Early Childhood Education in Hawaii from Birth to Age 4* (Honolulu: 1972), p. 26.
5. DOE survey of 96 directors of group day care centers throughout the State, June 1971.

### CHAPTER IV

1. Norris E. Class, *Licensing of Child Care Facilities by State Welfare Departments, a Conceptual Statement*, U.S. Children's Bureau Pub. No. 462-1968 (Washington: U.S. Government Printing Office, 1968, reprint 1971), p. 6.
2. Norris Class and Gertrude Binder, *The Licensing Responsibility in Public Welfare* (Los Angeles: 1957), p. 2.
3. Hawaii, Department of Social Services and Housing, Public Welfare Division, *Rules and Regulations Governing Group Day Care Centers* (Honolulu: 1966), p. 6.
4. Gwen G. Morgan, *Regulations of Early Childhood Programs*, a paper prepared for Battelle Memorial Institute Columbus Laboratories and presented at a conference in Scottsdale, Ariz. in December, 1971 (Washington: Day Care and Child Development Council of America, 1972), p. 75.
5. According to a study done in Michigan, licensing of this type was considered an unwelcome intrusion by parents and services providers. The conclusion of the Michigan study stated that "since the family day care mother was a key person in our child care system, better ways need to be developed to reach her and to encourage her to understand the importance of her role."

### CHAPTER V

1. See Appendix K for synopsis of legislative provisions of the Acts.
2. "Adjusted taxes"—property, income, sales, growth receipts, corporate income, etc.
3. Information obtained from the *Washington Report for State Legislators*, Sept. 21, 1972.
4. *Ibid.*
5. Future recipient must be one who is likely to become a welfare recipient within one year.

### CHAPTER VI

1. Elizabeth Prescott, Cynthia Milich, and Elizabeth Jones, *The "Politics" of Day Care*, Vol. I (Washington: National Association for the Education of Young Children, 1972), p. 1.
2. *Ibid.*, p. 1.
3. Westinghouse Learning Corporation and Westat Research, *Day Care Survey—1970, Summary Report and Basic Analysis*, prepared for U.S. Office of Economic Opportunity (Washington: 1971), p. xv.
4. Also known as the Community Facilities Act of 1941.
5. Edith H. Grotberg (ed.), *Day Care: Resources for Decisions* (Washington: U.S. Office of Economic Opportunity, 1971), p. 61.
6. Appalachian Regional Commission, *Programs for Infants and Young Children*, Pt. I: *Education and Day Care* (Washington: 1970), p. 40.
7. Single-purpose groups include public agencies, private non-profit organizations, and institutions of higher learning. However, they must establish a policy board to include participants in the program and residents being served.
8. The Honolulu Community Action Program delegates its Headstart project to the Department of Education, Susanah Wesley Foundation, Harris Memorial Church, the University of Hawaii.
9. An interdisciplinary planning committee formed under the leadership of Dr. Robert Cooke, Chief Pediatrician of Johns Hopkins University Hospital in November 1964. Popularly known as the Cooke Committee.
10. Jenny Klein, "Head Start: National Focus on Young Children," *Principal*, 51(1) (September, 1971), 99.
11. Public Law 92-424 passed Congress on September 19, 1972 and signed into law by the President authorizes new expenditures for Headstart project: \$4.85 million for the fiscal year ending June 30, 1973 and \$5.0 million for the fiscal year ending June 30, 1974. These appropriations allow only for the current level of services without any major expansions.
12. Klein, p. 102.
13. U.S., Department of Health, Education and Welfare, Office of Child Development, *A Report on Evaluation Studies of Project Head Start*, by Lois-ellin Datta (Washington: 1969), p. 13.
14. Klein, p. 102.

15. As a result of these findings, the Follow Through program was begun in an attempt to prevent the dissipation of Head-start progress.
16. Abt Associates further stated: "... Central City not only gives quality day care to its children, but also makes a sizeable contribution to the welfare of the surrounding community." Abt Associates, *A Study in Child Care 1970-71*, Vol. I: *Findings*, prepared for U.S. Office of Economic Opportunity (Cambridge, Mass.: 1971), p. 35.
17. California, Department of Education, Division of Compensatory Education, Bureau of Compensatory Preschool Educational Programs, *Guidelines for Compensatory Preschool Educational Programs* (Sacramento: 1972), p. 17.
18. Children must be in families that are (1) active AFDC recipients; (2) resident of a target area; and (3) former or potential AFDC recipients.
19. Abt Associates, *A Study in Child Care 1970-71*, Vol. IIB: *Systems Case Studies*, prepared for U.S. Office of Economic Opportunity (Cambridge, Mass.: 1971), p. 15.
20. Bettye M. Caldwell, "What Does Research Teach Us About Day Care: For Children Under Three," *Children Today*, 1(1) (January-February, 1972), 6.
21. Bettye M. Caldwell, "What Happens to Children in Day Care?," Paper presented as an S. and H. Foundation Lecture, Pacific Oaks College, Pasadena, California, February 9, 1972.
22. *Ibid.*
23. 22 Calif. Admin. Code, Secs. 34500 et. seq.
24. From an informal report on the Infant Day Care Center obtained during an interview with the director, San Francisco, Calif., August 17, 1972.
25. *Ibid.*
26. Arthur Emlen, "Family Day Care Research—A Summary and Critical Review," prepared for Family Day Care West—A Working Conference, Pasadena, California, February 1972.
27. Westinghouse Learning Corporation and Westat Research, p. vi.
28. *Ibid.*
29. June Solnit Sale and Yolanda Ledon Torres, "I'm Not Just a Babysitter," A Descriptive Report of the Community Family Day Care Project, a report prepared for the Children's Bureau, Office of Child Development, U.S. Department of Health, Education and Welfare (Pasadena, Calif.: Pacific Oaks College, 1971), p. 7.
30. *Ibid.*, p. 12.
31. The report explains "gatekeeper" with the following quotation from Deutscher's "The Gatekeeper in Public Housing" (1968): In any society—primitive or modern, urban or rural—individuals encounter a series of gates as they move through the life cycle. And at each encounter the decision between in and out is made by the gatekeeper. It may be a foregone conclusion—a ritualistic decision; it may be one that is determined by tradition; it may be the whimsical result of a powerful and capricious individual. It is also possible for such decisions to be made according to formal rules and criteria—or, for that matter according to informal rules and criteria.
- As a society becomes more urbanized, more impersonal, more specialized, more governed by formal rules, so too does the gatekeeping process and the gatekeeper himself.
32. Mothers were paid \$10 a meeting for their consultative services.
33. The title was taken from a remark made by a family day care mother during one of the Wednesday discussion groups.
34. June Solnit Sale, "Family Day Care Plan," a proposal prepared for the Appalachian Regional Commission, Pasadena, California, December 1971.
35. *Ibid.*
36. See Appendix M for project staff descriptions.
37. Sale, "Family Day Care Plan."
38. Income for a family of four cannot exceed \$6,200 per year.
39. Abt Associates, *A Study in Child Care 1970-71*, Vol. IIB, p. 28.
40. Appalachian Regional Commission, *Programs for Infants and Young Children*, Pt. I, p. 49.
41. *Ibid.*, p. 48.
42. *Ibid.*, p. 50.
43. *Ibid.*, p. 54.
44. *Ibid.*, p. 56.
45. Joan Costello, *Review and Summary of a National Survey of the Parent-Child Center Program* (Washington: U.S. Department of Health, Education and Welfare, Office of Child Development, 1971), pp. 2-3.
46. Appalachian Regional Commission, *Programs for Infants and Young Children*, Pt. I, pp. 32-33.
47. Costello, p. 34.
48. Appalachian Regional Commission, *Programs for Infants and Young Children*, Pt. I, p. 68.
49. *Ibid.*, p. 71.
50. U.S., Office of Education, *Parents and Children Learning Together* (Washington: U.S. Government Printing Office, 1972), p. 15.
51. In a hypothetical situation it is assumed that the average length of time a mother leaves her child at the center is three hours. If the center is open to allow for three three-hour shifts and the capacity of the center is twenty-five children, then any one center would be able to handle seventy-five children a day and 375 children in a week assuming there are no children coming more than once a week.
52. Richard R. Elwell, "One Morning a Week," *Children Today*, 1(1) (January-February, 1972), 22.
53. According to the 1970 census, the median school years completed in the State is 12.3 years. Of the 384,843 persons over twenty-five years, 138,307 have completed four years of high school. (Source: U.S., Bureau of the Census, 1970 *Census of Population, General Social and Economic Characteristics, Hawaii*.)

## CHAPTER VII

1. California, Department of Social Services, *Child Care: A Challenge for Industry*, Final Report of the Task Force on Industry's Involvement in Child Care of the State Social Welfare Board (Sacramento: 1971), p. 24.
2. "Employee turnover and absenteeism during the first 18 months of Control Data's operation in this community (Minneapolis) had been high and research indicated that inadequate child care was a significant contributing factor." U.S., Women's Bureau, *Day Care Services: Industry's Involvement*, Bulletin 296, 1971 (Washington: U.S. Government Printing Office, 1971), pp. 13-14.
3. U.S., Congress, House, Select Subcommittee on Education of the Committee on Education and Labor, *Comprehensive Preschool Education and Child Day-Care Act of 1969, Hearings on H.R. 13520*, 91st Cong., 1st and 2d Sess., 1970, p. 653.
4. Joseph R. Curran and John W. Jordan, "The KLH Experience," from U.S., Congress, Senate, Committee on Finance, *Child Care, Hearings*, 92d Cong., 1st Sess., 1971, pp. 114-115.
5. *Ibid.*
6. Employers contribute an established percentage of monthly payroll to the fund and union is free to use the monies in the way they deem proper.
7. Abt Associates, *A Study in Child Care 1970-71*, Vol. IIA: *Center Case Studies*, prepared for U.S. Office of Economic Opportunity (Cambridge, Mass.: 1971), p. 9.
8. *Ibid.*, p. 11.
9. Cited as 29 U.S.C.A. Sec. 186(c) (Suppl. 1972).

## CHAPTER VIII

1. Figure based on per pupil cost based on average enrollment for FY 1970-71. The cost per pupil calculated on average attendance is \$1,276.58.
2. The Abt study, a "study of twenty-five high-quality programs," revealed that despite educational approaches, philosophical differences or clientele, certain basics were standard to the programs. These included:
  - (1) Overall administration
  - (2) Program management
  - (3) Child care and teaching
  - (4) Support services (health, nutrition, housekeeping, and maintenance)
  - (5) Parent relations
3. See the functional classification established earlier in this chapter.
4. The Abt budgets, the Children's Bureau-Day Care and Child Development Council of America and the Westat budget.
5. Massachusetts Early Education Project, *Child Care in Massachusetts, The Public Responsibility*, a study prepared for the Massachusetts Advisory Council on Education (Cambridge, Mass.: 1972), pp. 8-17.
6. Abt Associates, *A Study in Child Care 1970-71*, Vol. I: *Findings*, prepared for U.S. Office of Economic Opportunity (Cambridge, Mass.: 1971), p. 3.
7. Factor adjustment ratio is arrived at by dividing the average national salary for instructional staff by the average salary for the State.
8. Class I teacher begins at \$6,630 for a nine-month contract.

## APPENDIX A

### HIGHLIGHTS OF PRESIDENT'S VETO MESSAGE

*On December 9, 1971, President Richard Nixon vetoed S. 2007, the Economic Opportunity Amendments of 1971, which had been passed by the Congress a week previously. While expressing his objections to other provisions of the amendments—mandatory funding levels for 15 categorical programs, limitations on "spinning off" OEO programs to service agencies, structure of the proposed National Legal Services Corporation—the President devoted the major part of his veto message to proposals which would establish so-called "child development programs."*

*That portion of the veto message concerned with child development proposals is as follows:*

This legislation undertakes three major Federal committees in the field of social welfare: extension of the Economic Opportunity Act of 1964, creation of a National Legal Services Corporation, and establishment of a comprehensive child development program.

As currently drafted, all three proposals contain provisions that would ill serve the stated objectives of this legislation, provisions altogether unacceptable to this Administration.

Upon taking office, this Administration sought to redesign, to redirect—indeed, to rehabilitate—the Office of Economic Opportunity, which had lost much public acceptance in the five years since its inception. Our objective has been to provide this agency with a new purpose and a new role. Our goal has been to make the Office of Economic Opportunity the primary research and development arm of the Nation's and the Government's on-going effort to diminish and eventually eliminate poverty in the United States. Despite occasional setbacks considerable progress has been made.

That progress is now jeopardized . . .

#### CHILD DEVELOPMENT PROGRAMS

... The most deeply flawed provision of this legislation is Title V, "Child Development Programs."

Adopted as an amendment to the OEO legislation, this program points far beyond what this Administration envisioned when it made a "national commitment to providing all American children an opportunity for a healthful and stimulating development during the first five years of life."

Though Title V's stated purpose, "to provide every child with a full and fair opportunity to reach his full potential" is certainly laudable, the intent of Title V is overshadowed by the fiscal irresponsibility, administrative unworkability, and family-weakening implications of the system it envisions. We owe our children something more than good intentions.

We cannot and will not ignore the challenge to do more for America's children in their all-important early years. But our response to this challenge must be a measured, evolutionary, painstakingly considered one, consciously designed to cement the family in its rightful position as the keystone of our civilization.

Further, in returning this legislation to the Congress, I do not for a moment overlook the fact that there are some needs to be served, and served now.

One of these needs is for day care, to enable mothers, particularly those at the lowest income levels, to take full-time jobs. Federal support for State and local day care services under Headstart and the Social Security Act already totals more than half a billion dollars a year—but this is not enough. That is why our H.R. 1 welfare reform proposals, which have been before the Congress for the past 26 months, include a request for \$750 million annually in day care funds for welfare recipients and the working poor, including \$50 million for construction of facilities. And that is why we support the increased tax deductions written into the Revenue Act of 1971, which will provide a significant Federal subsidy for day care in families where both parents are employed, potentially benefiting 97 per cent of all such families in the country and offering parents free choice of the child care arrangements they deem best for their own families. This approach reflects my conviction that the Federal Government's role whatever possible should be one of assisting parents to purchase needed day care services in the private, open market, with Federal involvement in direct provision of such services kept to an absolute minimum.

A second imperative is the protection of children from actual suffering and deprivation. The Administration is already moving on this front, under a policy of concentrating assistance where it will help the most—a policy certain to suffer if Title V's scatteration of attention and resources were to become law. Action we are presently taking includes:



—Expansion of nutritional assistance to poor children by nearly tripling participation in the food stamp program (from 3.6 million people to 10.6 million people) and doubling support for child nutrition programs (from less than \$600 million to more than \$1.2 billion) since 1969.

—Improvement of medical care for poor children through the introduction of more vigorous screening and treatment procedures under Medicaid.

—More effective targeting of maternal and child health services on low income mothers who need them most.

Furthermore, Headstart continues to perform both valuable day care and early education services, and an important experimentation and demonstration function which identifies and paves the way for wider application of successful techniques. And the Office of Child Development which I established within the Department of Health, Education, and Welfare in 1969 provides overall leadership for these and many other activities focused on the first five years of life.

But, unlike these tried and tested programs for our children, the child development envisioned in this legislation would be truly a long leap into the dark for the United States Government and the American people. I must share the view of those of its supporters who proclaim this to be the most radical piece of legislation to emerge from the Ninety-second Congress.

I also hold the conviction that such far-reaching national legislation should not, must not, be enacted in the absence of a great national debate upon its merit, and broad public acceptance of its principles.

Few contend that such a national debate has taken place. No one, I believe, would contend that the American people, as a whole, have determined that this is the direction in which they desire their government and nation to go.

#### SPECIFIC PRESIDENTIAL OBJECTIONS

Specifically, these are my present objections to the proposed child development program:

First, neither the immediate need nor the desirability of a national child development program of this character has been demonstrated.

Second, day care centers to provide for the children of the poor so that their parents can leave the welfare rolls to go on the payrolls of the Nation, are already provided for in H.R. 1, my workfare legislation. To some degree, child development centers are a duplication of these efforts. Further, these child development programs would be redundant in that they duplicate many existing and growing Federal, State and local

efforts to provide social, medical, nutritional and education services to the very young.

Third, given the limited resources of the Federal Budget, and the growing demands upon the Federal taxpayer, the expenditure of two billions of dollars in a program whose effectiveness has yet to be demonstrated cannot be justified. And the prospect of costs which could eventually reach \$20 billion annually is even more unreasonable.

Fourth, for more than two years this Administration has been working for the enactment of welfare reform, one of the objects of which is to bring the family together. This child development program appears to move in precisely the opposite direction. There is a respectable school of opinion that this legislation would lead toward altering the family relationship.

Fifth, all other factors being equal, good public policy requires that we enhance rather than diminish both parental authority and parental involvement with children—particularly in those decisive early years when social attitudes and a conscience are formed, and religious and moral principles are first inculcated.

Sixth, there has yet to be an adequate answer provided to the crucial question of who the qualified people are, and where they would come from, to staff the child development centers.

Seventh, as currently written, the legislation would create, ex nihilo, a new army of bureaucrats. By making any community over 5,000 population eligible as a direct grantee for HEW child development funds, the proposal actively invites the participation of as many as 7,000 prime sponsors—each with its own plan, its own council, its own version of all the other machinery that has made Headstart, with fewer than 1,200 grantees, so difficult a management problem.

Eighth, the States would be relegated to an insignificant role. This new program would not only arrogate the initiative for preschool education to the Federal Government from the States—only eight of which even require a kindergarten at present. It would also retain an excessive measure of operational control for such education at the Federal level, in the form of the standards and program guidelines to be set down by the Secretary of HEW.

Ninth, for the Federal Government to plunge headlong financially into supporting child development would commit the vast moral authority of the National Government to the side of communal approaches to child rearing over against the family-centered approach.

This President, this Government, is unwilling to take that step . . .

**APPENDIX B**  
**RESULTS OF BALLOTING BY THE DELEGATES TO THE 1970**  
**WHITE HOUSE CONFERENCE ON CHILDREN ON OVERRIDING CONCERNS**  
**AND SPECIFIC RECOMMENDATIONS OF THE OVERRIDING CONCERNS**

The following are the results of the December 18, 1970, balloting by the White House Conference on Children, as certified by the accounting firm of Alexander Grant & Company, Washington, D.C.

Votes were cast by 1,912 delegates, or 52% of those eligible. Several Forums chose not to vote, feeling that all of the recommendations should be considered of equal importance.

	<u>weighted vote</u>	<u>rank by number of first place votes only</u>
Comprehensive family-oriented child development programs including health services, day care and early childhood education.	1	3
The development of programs to eliminate the racism which cripples all children.	2	2
Reordering of national priorities beginning with a guaranteed basic family income adequate for the needs of children.	3	1
Improve nation's system of child justice so law responds in timely, positive ways to needs of children.	4	11
A Federally financed national child health care program which assures comprehensive care for all children.	5	6
A system of early identification of children with special needs and which delivers prompt and appropriate treatment.	6	10
Establishment of a child advocacy agency financed by the Federal government and other sources with full ethnic, cultural, racial and sexual representation.	7	8
Establish immediately a Cabinet post of children and youth to meet needs of all children.	8	4
Health, welfare, education and bilingual-bicultural growth of all children must be given top priority.	9	7
Immediate, massive funding for development of alternative optional forms of public education.	10	9
A change in our national way of life to bring people back into the lives of children.	11	5
Elimination of racism demands many meaningful Federal programs, particularly an adequate family income maintenance floor.	12	12
A national land use policy must be developed to guarantee the quality of leisure services, social services and our nation's natural resources for all children.	13	15
Universal developmental child care without sex role stereotyping will help to eliminate institutional, individual sexism.	14	16
All institutions and programs that affect children must involve children as active participants in the decision-making process.	15	13
The Indian representatives of this conference will recommend that all levels embark on a vigorous practical approach to enhance the future of our children.	16	14

Note: Under the weighed voting system, 1st place votes received 16 points, 2nd place votes 15 points, 3rd place 14 points, and so on. Each concern's total points determined its rank in the listing.

**APPENDIX C**  
**DISTRIBUTION OF CHILDREN AGES 0-4 YEARS BY DOE SCHOOL DISTRICTS**

TARGET GROUP	Total No. of Children	Group Day Care Centers		Est. No. W/Sitter, Inc. FDCH		Programs for Disadvantaged		Est. No. W/Mother		Programs for Exceptional* Children	
		No.	%	No.	%	No.	%	No.	%	No.	%
4-Year Old											
Honolulu .....	4,109	1,893	46.1	304	7.4	524	12.8	1,211	29.4	177	4.3
Central .....	2,643	370	14.0	196	7.4	60	2.3	1,935	73.2	82	3.1
Leeward .....	2,423	722	29.7	179	7.4	198	8.2	1,258	51.8	71	2.9
Windward .....	2,156	763	35.4	159	7.4	120	5.6	1,068	49.2	51	2.4
Hawaii .....	1,107	356	32.2	81	7.4	123	11.1	514	46.3	33	3.0
Kauai .....	554	182	32.8	40	7.4	89	16.1	203	37.5	35	6.3
Maui .....	830	253	30.5	60	7.4	153	13.4	192	23.0	172	20.7**
TOTAL .....	13,827	4,539	32.8	1,019	7.4	1,267	9.2	6,381	46.1	621	4.5
3-Year Old											
Honolulu .....	4,098	1,184	28.9	610	14.9	33	0.8	2,202	53.7	69	1.7
Central .....	2,606	173	6.6	387	14.9	0	0	2,007	77.0	39	1.5
Leeward .....	2,394	331	13.8	357	14.9	8	0.3	1,658	69.3	40	1.7
Windward .....	2,125	345	16.2	318	14.9	0	0	1,430	67.3	32	1.5
Hawaii .....	1,091	182	16.7	163	14.9	6	0.5	724	66.4	16	1.5
Kauai .....	546	47	8.6	82	14.9	0	0	407	74.5	10	1.8
Maui .....	818	115	14.1	122	14.9	46	5.6	523	63.9	12	1.5
TOTAL .....	13,578	2,377	17.4	2,039	14.9	93	0.7	8,951	65.4	218	1.6
2-Year Old											
Honolulu .....	4,033	294	7.3	796	19.7	9	0	2,911	72.2	23	0.6
Central .....	2,531	3	0.1	509	19.7			2,055	77.7	14	0.5
Leeward .....	2,370	39	1.6	467	19.7	1	0	1,850	78.1	13	0.5
Windward .....	2,105	48	2.3	415	19.7			1,632	77.5	10	0.5
Hawaii .....	1,031	21	1.9	213	19.7			842	77.9	5	0.5
Kauai .....	540	0	0	106	19.7			31	79.8	3	0.6
Maui .....	810	8	1.0	160	19.7			638	78.8	4	0.5
TOTAL .....	13,520	413	3.1	2,666	19.7	10	0	10,359	76.6	72	0.5
1-Year Old											
Honolulu .....	4,326			489	11.3			3,779	87.4	23	1.3
Central .....	2,777			314	11.3			2,430	87.5	33	1.2
Leeward .....	2,551			288	11.3			2,231	87.5	32	1.2
Windward .....	2,265			257	11.3			1,982	87.6	26	1.1
Hawaii .....	1,163			132	11.3			1,017	87.5	14	1.2
Kauai .....	581			67	11.3			506	87.3	8	1.4
Maui .....	872			99	11.3			763	87.6	10	1.1
TOTAL .....	14,535	0		1,646	11.3	0		12,708	87.5	181	1.2
0-11 Months											
Honolulu .....	4,545			140	3.1			4,382	96.4	23	0.5
Central .....	2,912			89	3.1			2,809	96.5	14	0.4
Leeward .....	2,675			82	3.1			2,580	96.4	13	0.5
Windward .....	2,375			74	3.1			2,291	96.5	10	0.4
Hawaii .....	1,219			38	3.1			1,176	96.5	5	0.4
Kauai .....	610			19	3.1			583	96.5	3	0.5
Maui .....	915			28	3.1			883	96.5	4	0.4
TOTAL .....	15,251	0		470		0		14,709	96.4	72	0.5

\*The term exceptional includes the handicapped children and the four year olds who were admitted to school under provisions of the Early Admissions Program.

\*\*This number and percentage for Maui includes service for 112 speech impaired youngsters, thus making this number appear higher than the other districts.

**APPENDIX C (Continued)**  
**DISTRIBUTION OF CHILDREN AGES 0-4 YEARS BY DOE SCHOOL DISTRICTS**

TARGET GROUP	Total No. of Children	Group Day Care Centers		Est. No. W/Sitter, Inc. FDCH		Programs for Disadvantaged		Est. No. W/Mother		Programs for Exceptional* Children	
		No.	%	No.	%	No.	%	No.	%	No.	%
Total Target Group											
Honolulu . . . . .	21,111	3,371	16.0	2,339	11.1	566	2.7	14,485	68.6	350	1.6
Central . . . . .	13,519	546	4.0	1,495	11.1	60	0.4	11,236	83.1	182	1.3
Leeward . . . . .	12,418	1,092	8.8	1,373	11.1	207	1.7	9,577	77.2	169	1.4
Windward . . . . .	11,026	1,156	10.5	1,223	11.1	120	1.1	8,398	76.1	129	1.2
Hawaii . . . . .	5,661	559	9.9	627	11.1	129	2.3	4,273	75.4	73	1.3
Kauai . . . . .	2,831	229	8.1	314	11.1	118	4.2	2,140	75.8	59	2.1
Maui . . . . .	4,245	376	8.9	469	11.1	170	4.0	2,999	70.6	202	4.8
GRAND TOTAL	70,811	7,329	10.4	7,840	11.1	1,370	1.9	53,108	75.0	1,164	1.6

Note: The number of children in Day Care Centers, Programs for Disadvantaged and Programs for Exceptional Children are actual figures from the survey. Seventy-five percent of all children ages 0-4 are estimated to be "with mother." The remainder of these children are assigned to the category "with sitter." Based on the inventory of licensed Family Day Care Homes, the percentage distribution of children "with sitter" is: 13% 4-year-old, 26% 3-year-old, 34% 2-year-old.

**APPENDIX D**  
**CENSUS TRACT TABULATIONS OF**  
**LICENSED CHILD CARE CENTER SPACES**  
**AND AN ACCOUNTING OF POTENTIAL USERS**  
**(July 1972)**

Census Tract	Name of Center	No. Enrolled	No. Waiting	(Census) (Tract) Total No. of 0-2	(Census) (Tract) Total No. of 3-4	(Census) (Tract) Total No. of 0-4
1.01	Hawaii Kai Baptist Preschool 265 Lunalilo Home Road	40	20	925	366	1,291
1.02	Hawaii Kai Preschool, Keikilani 7210 Kalaniana'ole Highway	70	5	4	167	171
1.03				165	144	309
2	Kilohana Preschool 5829 Mahimahi Street	63	2	189	169	358
	Mohala Preschool 350 Ulua Street	60	1			
3	Calvary Lutheran Preschool 5339 Kalaniana'ole Highway	30	3	191	166	357
	Church of the Holy Nativity School 5286 Kalaniana'ole Highway	22				
4.01				40	54	94
4.02				81	71	152
5	Wai-Kahala Kindergarten & Preschool (KCAA) 1261 Pueo Street	124	244	150	138	288
6				38	40	78
7	Helping Hand Preschool 1178 21st Avenue	27	15	111	89	200
	Kilauea Cooperative Playschool 4835 Kilauea Avenue	24	17			
	Waiokeola Preschool 4705 Kilauea Avenue	108				
8				161	96	257
9.01				110	87	197
9.02	Island Paradise School Annex 1238 Wilhelmina Rise	129	—	151	79	230
9.03	Merry-Go-Round Child Care Center 4224 Keanu Street	140	5	145	94	239
10				127	79	206
11	Palolo Community Council—Child Dev. Center 2106 Palolo Avenue	40	12	274	224	498
	Palolo Cooperative Preschool 2170 Ahe Street	30				
12.01	Kaimuki Evangelical Church Preschool 1419 Tenth Avenue	80	20	161	94	255
12.02				174	112	286

**APPENDIX D (Continued)**  
**CENSUS TRACT TABULATIONS OF**  
**LICENSED CHILD CARE CENTER SPACES**  
**AND AN ACCOUNTING OF POTENTIAL USERS**  
**(July 1972)**

Census Tract	Name of Center	No. Enrolled	No. Waiting	(Census) (Tract) Total No. of 0-2	(Census) (Tract) Total No. of 3-4	(Census) (Tract) Total No. of 0-4
13	Kaimuki Christian Preschool 1117 Kokohead Avenue	45	20	200	139	339
	Kaimuki Day Care 3509 Pahoa Avenue	37	—			
14				112	95	207
15	Kaimuki Community Church Preschool 1053 Sixth Avenue	45	5	192	121	313
16	Kapahulu Preschool Center 3223 Makini Street	35	5	204	156	360
17	St. Mark's Kindergarten & Day Care Center 539 Kapahulu Avenue	120 (22 in kindergarten)	40	33	19	52
	Diamond Head Day Care Center 3823 Leahi Avenue	50				
18.01	Waikiki Cooperative Preschool 215 Ohua Avenue	24	2	58	24	82
18.02				125	51	176
19.01				25	9	34
19.02	Waikiki Day Care Center 467 Makaoe Lane	42	4	98	45	143
20.01				46	23	69
20.02				50	21	71
21				215	113	328
22				275	123	398
23	Moilili Buddhist Preschool 902 University Avenue	72	12	239	108	347
	Mother Rice Kindergarten & Preschool 2707 S. King Street	210	285			
24.01				211	94	305
24.02	Aoi Preschool 2020 S. King Street	50		181	80	261
	Van Deerlin Episcopal Preschool 2062 S. King Street	60	4			
25	McCully Day Care Center 1936 Citron Street	26	9	201	121	322
26				230	137	367
27.01				98	73	171

**APPENDIX D (Continued)**  
**CENSUS TRACT TABULATIONS OF**  
**LICENSED CHILD CARE CENTER SPACES**  
**AND AN ACCOUNTING OF POTENTIAL USERS**  
**(July 1972)**

Census Tract	Name of Center	No. Enrolled	No. Waiting	(Census) (Tract) Total No. of 0-2	(Census) (Tract) Total No. of 3-4	(Census) (Tract) Total No. of 0-4
27.02	Bingham Tract School, Inc. 1232 Alexander Street	35	—	155	95	250
	Central Union Preschool 1660 S. Beretania Street	108	55			
	Olivet Baptist Nursery School 1775 S. Beretania Street	115	8			
	University Avenue Baptist Church Preschool 2305 University Avenue	63				
28				147	101	248
29				49	42	91
30	U.H. Child Care Center 2728 Huapala Street	38	136	109	245	
31.01				137	122	259
31.02				136	110	246
32				40	25	65
33				23	10	33
34.01				198	98	296
34.02	Aloha Day Care 930 Lunalilo Street	97	—	277	146	423
	Honolulu Cooperative Playschool 1730 Punahou Street	15				
	Island Paradise School 1506 Piikoi Street	60	12			
34.02	Katrice Educational Preschool 1516 Kewalo Street	15	—			
	Playmate Kindergarten & Day Care Center 1704 Keeaumoku Street	50	—			
	St. Clement's School 1515 Wilder Avenue	112	25			
	Christ United Methodist Church Day Care 1639 Keeaumoku Street	60	4			
34.03				207	107	314
35	First Baptist Day Care School 1313 Pensacola Street	60	20	199	129	328
	First Chinese Church Preschool 1061 Young Street	164	46			
36.01				93	60	153
36.02				146	72	218

**APPENDIX D (Continued)**  
**CENSUS TRACT TABULATIONS OF**  
**LICENSED CHILD CARE CENTER SPACES**  
**AND AN ACCOUNTING OF POTENTIAL USERS**  
**(July 1972)**

Census Tract	Name of Center	No. Enrolled	No. Waiting	(Census) (Tract) Total No. of 0-2	(Census) (Tract) Total No. of 3-4	(Census) (Tract) Total No. of 0-4
37	First United Methodist Day School 1020 S. Beretania Street	50	7	69	11	80
	Makiki Christian Church Preschool 829 Pensacola Street	118	4			
38	Muriel Kindergarten & Preschool 861 Ilaniwai Street	145	63	17	10	27
39				19	5	24
40						
41				218	95	313
42	Harris Preschool CAP #20 20 S. Vineyard Boulevard	40		39	26	65
43	Hongwanji Mission Day Care 1728 Pali Highway	30	2	331	178	509
44				252	175	427
45				165	130	295
46	Nuuanu Day Care Center 110 Coelho Way	75		133	117	250
47	Community Preschool & Day Care 2651 Pali Highway	(100 but expanding)		224	151	375
	Mrs. Sabala's Preschool & Day Care 95 Kawanānakoā Place	75	—			
	Alewa Nursery & Day Care 1430 Alewa Drive	42	—			
48	Laura Morgan Kindergarten & Preschool 1867 Kaikunane Loop	115	56	330	205	535
49	Pali Preschool 467 Judd Street	120	2	138	80	218
49	St. Luke's Preschool 45 N. Judd Street	110				
	Waolani-Judd Nursery School 408 N. Judd Street	86				
	Good Shepherd Christian Preschool 638 N. Kuakini Street	45	6			
50	Nuuanu Baptist Preschool 2010 Nuuanu Avenue	51	—	171	88	259
52				37	18	55
53				14	6	20
54	Happy Playmates Preschool & Day Care 1352 Liliha Street	20	3	109	115	224



**APPENDIX D (Continued)**  
**CENSUS TRACT TABULATIONS OF**  
**LICENSED CHILD CARE CENTER SPACES**  
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**(July 1972)**

Census Tract	Name of Center	No. Enrolled	No. Waiting	(Census) (Tract) Total No. of 0-2	(Census) (Tract) Total No. of 3-4	(Census) (Tract) Total No. of 0-4
55	Na Lei Kindergarten & Preschool (KCAA) 1122 Banyan Street	81	24	110	55	165
	Palama Community Preschool 766 N. King Street	30				
	St. Elizabeth's School 720 N. King Street	25	3			
56	Calvary Assembly Day Care 961 Io Lane	45	—	276	189	465
57				123	55	178
58				296	227	523
59				312	180	492
60	Jane Parke Kindergarten & Preschool 634 Kalihi Street	81	71	662	162	824
	Kalihi Union Church Preschool 2214 N. King Street	120	7			
61	Kalihi Baptist Head Start Center 1888 Owawa Street	40		177	125	302
62.01				260	168	428
62.02	Family Services Center 2319 Rose Street	112		331	185	516
	Keiki Nani Preschool (Head Start) 1475 Linapuni Street	39	20			
	Na Keiki O Kalihi Preschool 1434 Linapuni Street	25	5			
	Parent & Child Center of Kalihi 1475 Linapuni Street	30	—			
	Kalihi Child Care Preschool 1030 Horner Street	53				
63.01				200	152	352
63.02	Keiki O Ka Aina Preschool (Head Start) 2250 Kelena Drive	20	20	205	172	377
64.01	Lumbini Preschool & Day Care Center 1534 Kalihi Street	60	3	89	49	138
64.02				319	220	539
65				223	147	370
66				223	157	380
67.01	Moanalua Gardens Missionary Church 1401 Mahiole Street	25	—	367	257	624

**APPENDIX D (Continued)**  
**CENSUS TRACT TABULATIONS OF**  
**LICENSED CHILD CARE CENTER SPACES**  
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Census Tract	Name of Center	No. Enrolled	No. Waiting	(Census) (Tract) Total No. of 0-2	(Census) (Tract) Total No. of 3-4	(Census) (Tract) Total No. of 0-4
67.02				487	146	633
68.01				205	153	358
68.02				250	175	425
69				327	231	558
70				581	414	995
71				209	117	326
72				123	136	259
73				187	208	395
73.99				8	—	8
74				214	110	324
74.99				6	—	6
75.01				193	174	367
75.02				51	46	97
75.03				205	181	386
76				252	168	420
77.01	Aiea Hongwanji Preschool 99-186 Puakala Street	62		215	159	374
77.02	Our Savior Nursery School 98-1098 Moanalua Road	75	—	230	152	382
78	Bethany Day Care Center 98-1125 Moanalua Road	58	—	339	186	525
	Highlands Child Care Center 757 Hoomalu Street	135	100			
78.01				74	89	163
79				9	18	27
80.01				88	46	134
80.02	Gloria Dei Lutheran Preschool 784 Kam Highway	40	—	101	91	192
80.03				223	178	401
80.04	The Children's House, Inc. 1840 Komo Mai Drive	250 (+ 120 school age children)	—	609	462	1,071
	First Baptist Church of Pearl City 1445 Hoolaulea Street	45	2			
	Pearl City Head Start Center 1716 Komo Mai Drive	20				

**APPENDIX D (Continued)**  
**CENSUS TRACT TABULATIONS OF**  
**LICENSED CHILD CARE CENTER SPACES**  
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**(July 1972)**

Census Tract	Name of Center	No. Enrolled	No. Waiting	(Census) (Tract) Total No. of 0-2	(Census) (Tract) Total No. of 3-4	(Census) (Tract) Total No. of 0-4
80.05				653	217	870
81				289	217	506
83				481	333	814
84	Ewa Beach Day Care Center 91-660 Pohakupuna Road	33	3	535	390	925
	First Southern Baptist Preschool 91-473 Pohakupuna Road	30	—			
	Ewa Beach First Baptist Church Preschool 91-928 Ft. Weaver Road	45	17			
85.01				274	145	419
86.01				373	253	626
86.02	Ewa Recreation Association Preschool Tenny Street	38	—	254	165	419
87.01				452	318	770
87.02	The Happy Waipahu Child Center 94-330 Mokuola Street	75		332	228	560
87.03				323	134	457
88	First Baptist Church of Waipahu Preschool 94-388 Waipahu Street	50		159	127	286
	Waipahu Day Care Center 94-840 Kalaiku Street	40	—			
89.01				532	383	915
89.02	Mililani Town Children's Center 95-410 Kuahelani Avenue	55	20	343	184	527
89.03	Lanakila Baptist Preschool 94-1250 Waipahu Street	60	17	45	106	151
90				88	98	186
91				228	123	351
92	Wahiawa Keiki Hale Preschool 192 Karsten Drive	22		399	287	686
93				349	196	545
94	King's Schools 300 Wilikini Drive	80	2	426	202	628
	Wahiawa Children's Center 108 California Avenue	90	3			
95.01				396	234	630
95.02				490	268	758

**APPENDIX D (Continued)**  
**CENSUS TRACT TABULATIONS OF**  
**LICENSED CHILD CARE CENTER SPACES**  
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**(July 1972)**

Census Tract	Name of Center	No. Enrolled	No. Waiting	(Census) (Tract) Total No. of 0-2	(Census) (Tract) Total No. of 3-4	(Census) (Tract) Total No. of 0-4
95.04				85	34	119
96.01				268	200	468
96.02	Waianae Day Care Center 87-159 Kaukamana Street	30		821	533	1,354
97	Waianae Baptist Preschool 84-716 Farrington Highway	90	9	404	274	678
98	Waianae Coast Day Care Center, Inc. 84-239 Ikuone Place	30	20	296	219	515
99.01				279	161	440
99.02				194	135	329
100				121	70	191
101				240	132	372
102.01				233	173	406
102.02	Church College of Hawaii Preschool Lab Church College of Hawaii	23	10	253	179	432
	Keiki Hale Kahuku	45				
	Rainbow School Old ILWU Hall	20				
103.01	Kahaluu Family Education Center 47-074 Lihikai Drive	30	—	542	371	913
	Kahaluu Head Start Center 47-237 Waihee Road	20	28			
103.02	Beerman's Preschool & Day Care 45-535 Luluku Road	65	—	193	165	358
105.01				368	285	653
105.02	Beerman's Kilohana Preschool 45-265 Wm. Henry Road	40	—	524	321	845
	Hauoli Na Keiki Preschool & Day Care Center 45-537 Kapalai Road	41	15			
106.01				152	110	262
106.02	Calvary Episcopal Church Day Care Center 45-435 Aumoku Street	45	27	284	256	540
106.02	Kuuipo Day Care Center 45-533 Kuuipo Place	35				
	Pali View Baptist Preschool 45-510 Halekou Road	75	7			

**APPENDIX D (Continued)**  
**CENSUS TRACT TABULATIONS OF**  
**LICENSED CHILD CARE CENTER SPACES**  
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**(July 1972)**

Census Tract	Name of Center	No. Enrolled	No. Waiting	(Census) (Tract) Total No. of 0-2	(Census) (Tract) Total No. of 3-4	(Census) (Tract) Total No. of 0-4
107.01	Jack 'n' Jill Preschool Nursery 45-119 Kaneohe Bay Drive	85	—	129	113	242
	Kaneohe Private School 45-008 Kaneohe Bay Drive	35				
	Parent Participation Nursery School 45-035 Kaneohe Bay Drive	30				
107.02	Kaneohe Kiddie Kollege 45-232 Puaae Road	25	—	198	165	363
108				546	302	848
109.01				123	118	241
109.02	Beerman's Grove School 410 Oneawa Street	115	—	678	496	1,174
	The Carey School 260 N. Kainalu Drive	65	15			
	Kailua Church of the Nazarene Day Care Center 536 Oneawa Street	60				
	Kiddies Korner Preschool & Day Care 201 N. Kainalu Drive	38				
110	Kailua Baptist Church Preschool 1080 Kailua Road	55		194	149	343
111.01				353	265	618
111.02	Emmanuel Preschool & Day Care 780 Keolu Drive	50	1	424	370	794
112.01	Kailua Educational Center 361 N. Kainalu Drive	101		206	163	369
112.02	Lai Nursery & Child Care 1334 Aalapapa Drive	65	—	59	51	110
	Lanikai Private School 110 Aalapapa Drive	25				
113	Kula Kamali'i (KCAA) 41-056 Ehukai Street	70	20	392	331	723
201	Papaikou Nursery School P.O. Box 98	25	0	252	209	461
202	Kinoole Baptist Nursery School 1815 Kinoole Street	50	?	105	76	181
	Christ Lutheran Nursery School 595 Kapiolani Street	60	10			
	Co-op Nursery School 317 Lehua Street	60	10			

**APPENDIX D (Continued)**  
**CENSUS TRACT TABULATIONS OF**  
**LICENSED CHILD CARE CENTER SPACES**  
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Census Tract	Name of Center	No. Enrolled	No. Waiting	(Census) (Tract) Total No. of 0-2	(Census) (Tract) Total No. of 3-4	(Census) (Tract) Total No. of 0-4
202	Holy Apostles Day School 1407 Kapiolani Street	35	5			
	Kaumana Baptist Keikiland 400 Kaumana Drive	85	7			
	Kilauea Day Care Center 398 Kilauea Avenue	75	?			
203				130	82	212
204				218	164	382
205				215	178	393
206				163	127	290
207				216	172	388
208	Hilo Child Development Center 2133 Waianuenue Avenue	80	40	227	191	418
	Pilgrim Nursery School 1350 Waianuenue Avenue	35	0			
209				80	63	143
210				96	202	298
211				70	33	103
212	Naalehu Day Care Center	30	?	184	129	313
	Pahala Day Care Center	6	0			
213	Kalaoa Center P.O. Box 547 (Kealakekua)	20	?	100	63	163
	Kona Day Care Center P.O. Box 791 (Kealakekua)	25	0			
	Honaunau Preschool	20	5			
214				112	84	196
215	Kona Baptist Keikiland RR #1, P.O. Box 200 (Kailua)	30	?	140	103	243
	Mokuaikaua Nursery School P.O. Box 669 (Kailua)	50	?			
216				111	87	198
217				41	74	115
218				190	143	333
219	Honokaa Hale Keiki Center (Head Start)	5	?	215	128	343
	Honokaa Nursery School P.O. Box 546	20	?			

**APPENDIX D (Continued)**  
**CENSUS TRACT TABULATIONS OF**  
**LICENSED CHILD CARE CENTER SPACES**  
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**(July 1972)**

Census Tract	Name of Center	No. Enrolled	No. Waiting	(Census) (Tract) Total No. of 0-2	(Census) (Tract) Total No. of 3-4	(Census) (Tract) Total No. of 0-4
220	Ookala Hale Keiki Center (Head Start)	5	?	90	60	150
	Hauoli Liilii Kula P.O. Box 267	30	?			
	Waimea Day Care Center P.O. Box 121	30	?			
221	Laupahoehoe Hale Keiki Center (Head Start) Papaaloa	5	?	88	63	151
301				68	31	99
302				94	70	164
303				79	55	134
304				199	163	362
305				78	55	133
306				68	37	105
307				82	59	141
308				61	46	107
309	Iao Nursery School 2413 Vineyard Street	47	30	250	165	415
	Wailuku Hongwanji Mission & Day Care 1828 Vineyard Street	67	?			
310	Kahului Baptist Church Nursery School 309 Puunene Avenue	54	—	211	140	351
	Doris Todd Memorial Christian Day School P.O. Box 655	40	?			
310	Creative Nursery School Lono Avenue	65	15			
311	Pukalani Baptist Nursery School P.O. Box 233	32	?	273	222	495
312				81	65	146
313				55	42	97
314				227	145	372
315	Lahaina Day Care Center P.O. Box 693			62	38	100
	Lahaina Child Care & Transportation Service Center (Maui Economic Opportunity) RR1 Box 124	19	—			
316				42	82	124

**APPENDIX D (Continued)**  
**CENSUS TRACT TABULATIONS OF**  
**LICENSED CHILD CARE CENTER SPACES**  
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Census Tract	Name of Center	No. Enrolled	No. Waiting	(Census) (Tract) Total No. of 0-2	(Census) (Tract) Total No. of 3-4	(Census) (Tract) Total No. of 0-4
317	Hoolehua Head Start Center P.O. Box 677 Kaunakakai	20	?	157	120	277
	Kaunakakai Baptist Preschool	14	?			
	Kaunakakai Head Start Center	15	9			
	Kilohana Head Start Center	20	?			
	Star Route, Kaunakakai					
	Maunaloa Head Start Center	20	?			
	Molokai Day Care Center P.O. Box 248, Kaunakakai	14	0			
318				180	133	313
401				73	52	125
402				170	139	309
403	All Saints Nursery School P.O. Box 248, Kapaa	30	?	199	151	350
	Kauai Economic Opportunity 2768 Weke Road, Kapaa	96	6			
	a) Kapaa Head Start Center C.T. 403					
	b) Hanamaulu Head Start Center C.T. 404					
	c) Eleele Head Start Center C.T. 407					
	d) Kekaha Head Start Center C.T. 409					
403	Kapaa Jodo Mission Church Nursery School 4524 Hauaala Road	25	?			
	Kapaa Missionary Church Preschool 758 Kuhio Highway	11	0			
404				211	135	346
405	Lihue Christian Church Nursery School & Day Care	47	0	120	79	199
	Lihue Hongwanji Nursery School	25	4			
406	Koloa Union Church Nursery School	22	0	150	107	257
407	Kalaheo Mission Church School	15	?	175	134	309
408	Hanapepe Child Training Center P.O. Box 704	7	?	189	130	319
409	Waimea Nursery School	20	?	219	164	383
410				20	12	32



**APPENDIX E**  
**PROJECT PROPOSAL**

**STATE MANPOWER DEVELOPMENT AND TRAINING PROGRAM**

1. Project No: \_\_\_\_\_
2. Project Title: **Lahaina Child Care and Transportation Service Center**
3. Enrollment Capacity: **40**
4. Length of Project: **8 months**                      Starting Date: **July 1, 1971**  
Ending Date: **February 28, 1972**
5. A. Name of Operating Agency: **Maui Economic Opportunity, Inc.**  
B. Address: **189 Kaahumanu Ave., Kahului, Maui, Hawaii 96732**  
C. Project Location: **Lahaina, Maui**
6. Estimate Project Cost: **\$53,201**

**APPROVED:**

\_\_\_\_\_  
ROBERT K. HASEGAWA  
Director  
Department of Labor and Industrial Relations

## LAHAINA CHILD CARE AND TRANSPORTATION SERVICE CENTER

### I. PROBLEM

Existing hotels in Lahaina and Kaanapali area, including the newly constructed Maui Surf Hotel scheduled to open August 1, 1971 and planned hotel development by Maui Land and Pineapple Company in the Napili area, has definitely created a manpower shortage. The Maui Community Profile indicates only 2% or 51 of the male work force in Lahaina are unemployed, and this unemployed group would be socially ill, alienated, and generally construed to be chronic unemployed adults.

- A. Lack of day care centers for the disadvantaged families who cannot afford the services of private day care centers, which would free the mothers for employment.
- B. 13% (279) of the adult female population are evidently unemployed in Lahaina, which contributes to the high underemployment factor in Maui—24%—and the labor shortage in Lahaina.

#### C. Transportation:

The Lahaina area extends from Papawai point to Honokohau, an approximate distance of 25 miles with the job markets located in Lahaina and Kaanapali which are situated in the midpoint of the Lahaina area. The lack of a public transportation system in Maui makes it imperative that employees utilize their own cars for access to their jobs and historically the unemployed particularly among the poor have only one car versus the two car middle class family and that one car being of a much older vintage given to repair and other related and maintenance problems.

Also, the lack of public transportation limits recruitment of a manpower market; for example, the Kahului and Wailuku area is largely untapped by the hotel and related industries in Lahaina.

### II. OBJECTIVES

The major objectives of this proposal will be:

- A. Continue to administer a day care center in Lahaina which the Department of Labor may utilize to care for the preschool children of parents who are participating in their training program or children of parents whom they have placed in employment.
- B. Continue providing a transportation program to:
  - 1. Transport children to the child care center.
  - 2. Transport mothers of children enrolled in the child care center to and from sites.
- 3. Provide transportation services primarily to those individuals in the Lahaina area who are unable to seek employment because of transportation problems.
- C. Coordinate manpower training activities for unemployed mothers of the day care center enrollees with the employment services in:
  - 1. Seminars
  - 2. Appropriate MDTA programs.
- D. Operate a program of pre-school age (2-5) children which the DOL may use to enable parents to participate in training programs or accept employment.
- E. Coordinate training programs with Maui Community College to up-grade the skills and teach new skills to the female day care center participants who cannot immediately qualify for work in the hotel industry. Also, to link the current manpower programs available, i.e., MDTA, OJT, with the parents of the day care center.

### III. PROGRAM DESIGN

The center is designed to augment and maximize the existing manpower programs operating in the Lahaina area. The following are the components of the program:

#### A. Outreach

The existing staff of MEO, Inc. will provide outreach, information and recruitment services in coordination with the Employment Services. Every effort will be made to contact all eligible families to encourage their participation in manpower training programs.

#### B. Day Care

The Center Project Director, in concert with the Employment Services, will screen and assess the parent-applicants for suitable manpower programs and job placement. If the parent-applicants require day care services for their children, the Employment Services and Project Director will so determine and arrangements will be completed for the child's enrollment in the center's day care program.

The activities of the day care center will be of high quality, in line with the comprehensive emphasis on child development, rather than just babysitting. The Lahaina Child Care Center accommodates a maximum of 40 children. The children accepted for day care should be two years of age and over. The center hours for Lahaina shall be from 7:45 a.m. to 4:30 p.m. Snacks and hot lunches will be served to the children.

C. *After School Care*

For those parents who may have youngsters attending elementary schools, a program of after school recreational, educational and cultural enrichment experiences will be provided. This program, like the day care program for pre-schoolers, will be limited to parents who would not be able to seek job training or employment without this service—parents who need someone to care for their young school children after school prior to their return from work.

D. *Transportation*

Two nine seater buses purchased at the inception of the Lahaina Child Care Center provides transportation services to mothers who have enrolled in the day care program to increase their mobility in getting to the job sites. To minimize excess bus runs the Project Director will attempt to schedule the transportation services to the job sites to coincide with the normal working hours of the day care center. To illustrate, the mothers and children will ideally be picked up at the same time in the morning and the children or the mother dropped off at the job site or day care center whichever is more accessible and the same procedure will apply for the conclusion of the work day. However, because the majority of the available jobs will be in hotels where the employment hours are varied, the Project Director will attempt to provide split shifts for the bus drivers to coincide as near as possible with the employment hours of the working mothers.

E. *Follow-up of Parent Trainees*

The Program Aide, in cooperation with the MEO, Inc. staff will provide follow-up services to those parents placed in jobs or in manpower

training programs. The Program Aide will assist the parent trainees to cope with whatever obstacles that might arise which could prevent them from successfully completing their training program or from retaining their jobs.

F. *Fee Schedule*

The center will charge a fee on an ability to pay basis. A sliding fee schedule will be established, based on family size and annual gross income. The fee will range from \$0-180 per month for day care services and \$0-22 for transportation services.

G. *Enrollment*

Enrollment eligibility will not be determined exclusively on income, although preference will be given to families who fall within the definition of low-income as detailed in Attachment A. The overriding factor will be parents' or parent's desire to seek employment or to participate in job training programs.

H. *Budget*

The budget is attached. The bookkeeping services will be provided by the central administration of the MEO, Inc.

#### IV. POLICY GUIDELINES

The program policies will be established by the Board of Directors of Maui Economic Opportunity, Inc. However, should there be a conflict between the MEO, Inc. board's policies and with the policies as set forth by the DOL in their interpretation of the purpose, scope and definition of Act 251, State Manpower Development & Training Program, these conflicts shall be discussed and settled between the DOL and the MEO, Inc.

## BUDGET

### PERSONNEL

1 Child & Family Development Director (1/3 time) .....	\$ 2,416.00
1 Supervisor of Center .....	6,248.00
2 Teachers .....	9,568.00
2 Teacher Aides .....	6,304.00
2 Program Aides .....	6,624.00
1 Clerk-Typist .....	3,312.00
Custodian-Maintenance Man (1/2 time) .....	1,576.00
Accounting Services (1/4 time) .....	2,462.00
Fringe Benefits 16% .....	6,162.00
<b>TOTAL .....</b>	<b>\$44,672.00</b>

### TRAVEL

Center Supervisor mileage @ 10¢ per mile, 200 per month × 8 mo. (1,600 miles per 8 mo.) .....	160.00
Program Aides mileage @ 10¢ per mile, 300 miles per month × 8 mo. (2,400 miles per 8 mo.) .....	480.00
Operation cost \$50 per month (2 buses) .....	800.00
Class Excursions .....	134.00
<b>TOTAL .....</b>	<b>\$ 1,574.00</b>

### CONSUMABLE SUPPLIES

Classroom Supplies .....	330.00
Administrative Supplies .....	330.00
Maintenance .....	200.00
<b>TOTAL .....</b>	<b>\$ 860.00</b>

### EQUIPMENT

Educational Equipment .....	200.00
<b>TOTAL .....</b>	<b>\$ 200.00</b>

### OTHER COST

2 Telephones @ \$20 each (8 months) .....	320.00
General Auto Insurance .....	720.00
Accident Insurance .....	55.00
Lunches @ 55¢ per day .....	3,520.00
Morning and afternoon snacks 20¢ .....	1,280.00
<b>TOTAL .....</b>	<b>\$ 5,895.00</b>
<b>GRAND TOTAL .....</b>	<b>\$53,201.00</b>

### TRANSPORTATION AND DAY CARE FEE SCHEDULE

	H	I	J	K	L	M	N
Trans- portation Per Family	\$9.00	\$10.00	\$11.00	\$12.00	\$13.00	\$14.00	\$15.00
Child Care	\$50.00	\$60.00	\$70.00	\$80.00	\$90.00	\$100.00	\$110.00
2	\$7,700	\$8,400	\$9,100	\$9,800	\$10,500	\$11,200	\$11,900
3	\$8,400	\$9,100	\$9,800	\$10,500	\$11,200	\$11,900	\$12,600
4	\$9,100	\$9,800	\$10,500	\$11,200	\$11,900	\$12,600	\$13,300
5	\$9,800	\$10,500	\$11,200	\$11,900	\$12,600	\$13,300	\$14,000
6	\$10,500	\$11,200	\$11,900	\$12,600	\$13,300	\$14,000	\$14,700
7	\$11,200	\$11,900	\$12,600	\$13,300	\$14,000	\$14,700	\$15,400
8	\$11,900	\$12,600	\$13,300	\$14,000	\$14,700	\$15,400	\$16,100
9	\$12,600	\$13,300	\$14,000	\$14,700	\$15,400	\$16,100	\$16,800
10	\$13,300	\$14,000	\$14,700	\$15,400	\$16,100	\$16,800	\$17,500
11	\$14,000	\$14,700	\$15,400	\$16,100	\$16,800	\$17,500	\$18,200
12	\$14,700	\$15,400	\$16,100	\$16,800	\$17,400	\$18,200	\$18,900
13 or more	Add \$700 for each additional family member.						

	O	P	Q	R	S	T	U
Trans- portation Per Family	\$16.00	\$17.00	\$18.00	\$19.00	\$20.00	\$21.00	\$22.00
Child Care	\$120.00	\$130.00	\$140.00	\$150.00	\$160.00	\$170.00	\$180.00
2	\$12,600	\$13,300	\$14,000	\$14,700	\$15,400	\$16,100	\$16,800
3	\$13,300	\$14,000	\$14,700	\$15,400	\$16,100	\$16,000	\$17,500
4	\$14,000	\$14,700	\$15,400	\$16,100	\$16,800	\$17,500	\$18,200
5	\$14,700	\$15,400	\$16,100	\$16,800	\$17,500	\$18,200	\$18,900
6	\$15,400	\$16,100	\$16,800	\$17,500	\$18,200	\$18,900	\$19,600
7	\$16,100	\$16,800	\$17,500	\$18,200	\$18,900	\$19,600	\$20,300
8	\$16,800	\$17,500	\$18,200	\$18,900	\$19,600	\$20,300	\$21,000
9	\$17,500	\$18,200	\$18,900	\$19,600	\$20,300	\$21,000	\$21,700
10	\$18,200	\$18,900	\$19,600	\$20,300	\$21,000	\$21,700	\$22,400
11	\$18,900	\$19,600	\$20,300	\$21,000	\$21,700	\$22,400	\$23,100
12	\$19,600	\$20,300	\$21,000	\$21,700	\$22,400	\$23,100	\$23,800
13 or more	Add \$700 for each additional family member						

**PROJECT SUMMARY**  
**LAHAINA CHILD CARE AND TRANSPORTATION SERVICE CENTER**

1. Enrollment Capacity: **40 children**
  - A. Number of children enrolled: **93**
  - B. Number of children terminated enrollment: **56**
  - C. Number of children currently enrolled: **37**
  - D. Number of children permitted for future enrollment: **1**
  - E. Number of applications being processed: **5**
  - F. Transportation of children: **37**
2. Parent Applicants
  - A. Number of parent applicants for MDTA Training: **14**
  - B. Number of parents Lahaina Child Care Center employed: **20**
  - C. Number of parents currently participating in program: **28**
  - D. Number of parents currently working: **28**
3. Fees
  - A. Amount of fees collected: **\$3,868.25**
  - B. Average amount of fees collected per month: **\$322.00**

**APPENDIX F**  
**PROJECT PROPOSAL**

**STATE MANPOWER DEVELOPMENT AND TRAINING PROGRAM**

Date: November 6, 1970

1. Project No.: **H-71-03**
2. Project Title: **Kona Child Care and Manpower Project**
3. Enrollment Capacity: **35**
4. Length of Project: **52 weeks**                      Starting Date: **December 1, 1970**  
Ending Date: **November 30, 1971**
5.    A. Name of Operating Agency: **Hawaii County Economic Opportunity Council**  
      B. Address: **46 Keawe Street, Hilo, Hawaii 96720**  
      C. Project Location: **Kailua, Kona, Hawaii**  
      D. Name of Child Care Center: **Mokuaikaua Nursery School**
6. Estimated Project Cost ..... \$47,813  
   A. Administrative Cost ..... \$16,313  
   B. Child Care Services Fee ..... \$31,500

APPROVED:

\_\_\_\_\_  
ROBERT K. HASEGAWA  
Director, Department of Labor  
and Industrial Relations

## KONA CHILD CARE AND MANPOWER PROJECT (December 1, 1970-November 30, 1971)

### I. PROBLEMS

This project was funded as a pilot project in December of 1969. Its primary focus was that of removing a barrier to employment (need for Day Care Services), and providing support for local MDTA Training Classes, to prepare more local people for new hotel jobs created by an increase in rooms by the hotel industry.

The project has been implemented and is gaining momentum with our contracted for enrollment of 30 (end of August 29 enrolled). This project is playing a valuable role in the area of employment in Kona. Providing a place for working mothers to place their children and providing valuable Manpower follow-up services. Currently the Employment Service is sending a circuit rider to Kona once every two weeks. This service is inadequate. Except for the follow-up services provided by this OEO project there is some doubt that we are reaching the manpower potential in Kona. Kona is a priority area. There is a need for a full-time manpower staff to implement this project. The Employment Service is willing to work with this project as a demonstration of how manpower outreach aides may be used effectively in Rural Communities.

The need for this kind of help is more acutely needed in such sprawling rural communities where communication becomes a real problem. Newspaper want ads for example come out much later in Kona than they do in Hilo so by the time Kona people hear about these jobs they may have been already filled.

Therefore, the immediate concern is the need to increase the current level of manpower services in Kona as well as the continued assistance to working mothers in the form of day care center services. While it is not expected that MDTA should indefinitely give support to day care activities, their assistance during gap periods should be strongly considered. Currently, there is federal legislation being considered which may in the future be able to provide these gap services in communities that need it such as Kona. In the meantime, someone has to be responsible for pioneering these areas to assure that the best of our local manpower human resources are fully utilized.

While the continued growth of hotel rooms is expected to level off for 1971 the number of rooms is expected to double during the years following in 1972-1975. Meanwhile, there is a present need for other kinds of job training activities and the need to support the small businessman. Of those helped by the services of the day care center it was found

that 13 people obtained jobs outside of the hotel industry. Also two individual business firms were assisted in obtaining on-the-job training contracts in Kona. The foregoing shows both the need for continued day care assistance and some form of field outreach follow-up.

The OEO project including the Day Care Center have been closely linked to the present Kona Employment Service activities. These activities are responsive to local needs and should be continued. Evaluation of their worth is not based on whether they serve large numbers of people, but whether they provide services that would otherwise not be available in these communities.

### II. OBJECTIVES

The major objectives of this proposal will be to:

- A. Assist in the provision of day care center services for pre-school children (whether by contract with existing facilities or provision of additional facilities as the need may be) which the Department of Labor and Industrial Relations (DOL) may utilize to assist parents who are participating in their training program or who are actively seeking employment.
- B. Assist the DOL with manpower oriented efforts ... outreach, recruitment and follow-up services.

The Kona staff of the applicant agency, the Hawaii County Economic Opportunity Council (HCEOC), has been able to provide some services in this area; but due to funding limitations would require some additional manpower to provide the kind of outreach activity required in Kona. Isolation and social changes have made the manpower follow-up activity an important requirement for both successful job training classes and job placements.

- C. To assist as many people as possible to become successfully and satisfactorily employed by the following activities:
  - 1. Referral to appropriate job training programs such as: On-the-job-training, MDTA Special Training Classes, Operation Mainstream, and Public Service Careers.
  - 2. Referral to existing agencies for special assistance: Vocational Rehabilitation, Employment Service, OEO, Department of Social Services.
  - 3. Informing the community of available job assistance provided by community groups, such as unions and apprenticeship training



activities.

4. Provide follow-up assistance for those seeking employment by arranging for day care services, transportation, appointments with the Employment Service and prospective employers. (Since the Employment Service currently is only able to service Kona one day every two weeks much follow-up is needed.)

NOTE: All present activities listed are currently closely coordinated with the Employment Service.

### III. PROGRAM DESIGN

This program is designed to coordinate existing manpower activities as well as reduce barriers to employment in the Kona area such as Day Care.

#### A. Outreach

The HCEOC Kona Staff, together with staff provided by this project will provide outreach, information and recruitment services in coordination with the State Department of Labor and Industrial Relations. Specific efforts will be directed toward the recruitment of eligible families and to encourage their participation in planned manpower training programs. To encourage them to seek assistance from community groups and agencies in helping them to obtain training and employment. This includes ongoing activities conducted by the Employment Service, unions with apprenticeship training activities, on-the-job-training contracts, new county-public service careers programs, and HCEOC Operation Mainstream Program.

#### B. Day Care

Day Care Center services will be provided through arrangements with a local day care facility. By agreement the day care facility has remained flexible in providing services during hours needed by workers. Present schedule is 7:00 a.m. to 5:30 p.m.

It is the plan of HCEOC to provide for the Day Care every possible benefit of our experience of working with the Head Start Program Areas, such as training and technical assistance for staff people will be given special emphasis. Since the Head Start program has a regular training schedule coordinated by the University of Hawaii, it can easily be coordinated to include the day care center personnel. This will assure that the day care program will have the kind of quality that has satisfied many parents of the Head Start Program. It is expected that 30-35 youngsters will be served by this program. The ages will be 2 to 5 years.

#### C. Follow-up of Parent-Trainees

Manpower outreach staff provided by this program together with HCEOC staff will provide follow-up services for parents requiring manpower services. Since Kona is a large area with many people residing in isolated areas, outreach and follow-up will be a major activity of this program. As gradually more and more manpower activities become available to the Kona area it is essential that people in Kona become acquainted and informed of these opportunities. As has been already stated these follow-up activities will be able to fill the gap between the occasional visits of the Employment Service Staff.

Specific outreach and follow-up activities will be: making referrals to and setting up appointments with the Employment Service, recruiting for various job training programs such as, MDTA Hotel Job Training, Apprenticeship Training Programs, Public Service Career Program, on-the-job-training program, Operation Mainstream Program. Staff can also provide an important link between local employers and potential employees.

Since many of the job seekers are often those changing from agricultural activities to other commercial, and tourist related activities much encouragement and help will be needed by those seeking these new jobs on a day to day basis. Seeing that those seeking jobs are satisfied with their new employment will be a major concern.

#### D. Fee Schedule

Parents who utilize the day care center will be expected to share in this responsibility. A two month adjustment period will be allowed with no fee charged. After the two month adjustment period a fee will be charged on a sliding fee schedule based on family size and annual income. The fee will range from \$0-75 per month. (See Attachment A).

#### E. Enrollment

Enrollment eligibility will continue the same with the overriding factor being parents, who desire to seek employment or to participate in a job training program. Preference will be given to families who fall within the definition of low-income as detailed in Attachment B.

#### F. Budget

The budget is attached.

Request of funds will be made by HCEOC.

Payments will be made to the Day Care Center for services rendered on a fee for service basis at \$75 per month per child. Presently, the contract calls for 30 spaces; however we anticipate an increase to 35 will be needed within the next six months. A special budget

is included for equipment which if approved as part of this contract will be provided and paid for over and above the \$75 fee.

#### IV. POLICY GUIDELINES

Program policies will be established by the Board of Directors of the Hawaii County Economic Opportunity Council. However, should there be a conflict between the HCEOC board's policies and the policies as set forth by the DOL in their interpretation of the purpose, scope and definition of Act 251, State Manpower Development and Training program, these conflicts shall be discussed and settled between the DOL and the HCEOC.

#### VI. BUDGET

The budgets included in this proposal will be the basis for request of funds for use with this project. It is further agreed that all partial fees collected from parents for child care services will be forwarded to the fiscal officer of the Department of Labor and Industrial Relations on a regular basis.

##### GUIDELINE DETERMINING LOW INCOME

Family Size	Annual Income
2	\$2,760
3	3,450
4	4,140
5	4,830
6	5,520
7	6,210
8	6,900
9	7,590
10	8,280
11	8,970
12	9,660

13 or more, add \$600 for each additional family member

NOTE: "Low income family" means a family (1) which receives cash welfare payment, or (2) whose net income (before regular deductions) during the past 12 months, in relation to family size, does not exceed the sums shown above.

*Family Income* is the sum of all NET money (before regular deductions) earned by a family, from all sources except for the following:

- a. Capital gains and losses
- b. One time unearned income receipts, such as insurance payments and gifts
- c. Non-cash income, such as wages received in the form of food or housing.

### FEE SCHEDULE FOR DAY CARE

Family Size	Income No Fee	Income \$15 Fee	Income \$25 Fee	Income \$35 Fee	Income \$45 Fee	Income \$55 Fee	Income \$65 Fee	Income \$75 Fee
2	\$2,760	\$3,360	\$4,200	\$4,920	\$5,400	\$6,000	\$6,720	\$7,320
3	3,450	4,290	5,010	5,490	6,090	6,810	7,410	8,010
4	4,140	4,860	5,340	5,940	6,660	7,260	7,860	8,460
5	4,830	5,310	5,910	6,630	7,230	7,830	8,430	9,030
6	5,520	6,120	6,840	7,440	8,040	8,640	9,240	9,840
7	6,210	6,930	7,530	8,130	8,730	9,330	9,930	10,530
8	6,900	7,500	8,100	8,700	9,300	9,900	10,500	11,100
9	7,590	8,190	8,790	9,390	9,990	10,590	11,190	11,790
10	8,280	8,880	9,480	10,080	10,680	11,280	11,880	12,480
11	8,970	9,570	10,170	11,770	12,370	12,970	13,570	14,170
12	9,660	10,260	10,860	11,460	12,060	12,660	13,260	13,860
13 or more Add \$600 for each additional family member.								

Note:

1. Income refers to entire family income—income of spouse and/or adult children living in the home.
2. Income represents net income (before regular deductions) during the past 12 months.
3. \$10 shall be deducted for each additional child (from the same family) enrolled in the center.

### KONA CHILD CARE AND MANPOWER PROJECT BUDGET

#### Personnel

1—Manpower and Child Care Services		
Coordinator .....	504	6,048
1—Manpower Outreach Aide .....	414	4,968
		<u>\$11,016</u>
Fringe Benefits 17%		<u>1,872</u>
		\$12,888

#### Travel

2—Personnel @ 500 miles per mo. ....	1,200
	<u>\$ 1,200</u>

#### Consumable Supplies

Desk top supplies, Postage, etc. ....	225
	<u>\$ 225</u>

#### Other Costs

Contingency Fund .....	2,000
	<u>\$ 2,000</u>

#### Child Care Services Cost

Child Care Fees .....	31,500
	<u>\$31,500</u>

Total Project Cost ..... \$47,813

## APPENDIX G

### DEPARTMENT OF HEALTH, EDUCATION AND WELFARE THE COMMUNITY COORDINATED CHILD CARE (4-C) PROGRAM FACT SHEET

#### 1. What is the 4-C Program?

A system under which local public and private agencies interested in day care and pre-school programs develop a method of cooperating with one another on programs, services, staff development and administrative activities.

#### 2. What is the background of the 4-C program?

The 4-C Program is being developed on the federal level by the Federal Panel on Early Childhood in response to a Congressional directive (Section 522-d of the Economic Opportunity Act of 1967) to the Secretary of HEW and the Director of OEO to develop mechanisms for coordination of day care programs at the Federal, State and local levels.

#### 3. What is the purpose of the 4-C Program?

To assist communities in organizing presently diverse and fragmental services into comprehensive programs of support for families and children.

#### 4. What are the objectives of the 4-C Program?

- a. To provide comprehensive and coordinated quality child care, child development and supportive family services to the maximum number of families.
- b. To develop the most efficient, effective and economical methods for coordinating both existing and new child care programs.
- c. To insure an effective voice in policy and program direction for parents of children enrolled.
- d. To mobilize the resources of the community so as to assure maximum agency commitment to provide expanded quality child care and to insure efficient and effective use of such resources.
- e. To simplify administrative relationships between local programs and State and Federal governments.

#### 5. What are the benefits of the program to a local community?

- a. Expansion and continuity of services. Often as the situation or needs of a family changes, child

care arrangements must be terminated or disrupted. The 4-C Program can provide greater flexibility in placement.

- b. Better use of human resources, i.e. specialists. The 4-C Program aims for a wider use of specialists for all programs—big and small—to lead to comparable costs and uniform standards for any given service (medical, dental, social services, etc.) from program to program.
- c. Common purchasing unit. Food, medicine, toys, equipment, etc. . . can be purchased at a greater reduction in cost when bought in bulk orders.
- d. Improved transportation. Pooled resources will result in better transport of children and parents.
- e. Joint program activities. Many activities which can only be possible where a large number of families are involved can be established.
- f. Staff Development. Personnel referral systems to permit the transfer of staff from one program to another and training programs for all personnel can be established.

#### 6. Who participates in the planning and coordination process?

*Federal Level: Central:* Federal Panel on Early Childhood (Representatives of the Departments of HEW, Labor, HUD, Agriculture, and Defense, the Bureau of Indian Affairs, the Economic Development Agency and the Bureau of the Budget.)

*Regional:* Federal Regional 4-C Committee (Representatives of HEW, DOL, HUD, OEO, AGR.)

*State:* State 4-C Committees (Representatives of State Departments of HEW, Employment, Economic Opportunity, and other interested public and private agencies.)

#### 7. Where to Obtain Further Information

Communities interested in establishing Community Coordinated Child Care (4-C) Programs should notify their appropriate HEW Representative or the Federal Agency they normally deal with on child care matters.

## APPENDIX H

### PROGRAM ADMINISTRATION AND PERSONNEL DEVELOPMENT

State	Administrative Agency		Form of Coordination Among Administrative Agencies	State Programs for Personnel Development		
	Kindergarten	Prekindergarten		No. of colleges with degree programs in early childhood education	No. of junior or community colleges with associate degree programs	No. of colleges with some work in early childhood education
Alabama	State Department of Education. Private organizations	Department of Pen- sions and Securities	Informal. No person des- ignated as coordinator.	5	0	5 (in addition to those with degree programs)
Alaska	State Department of Education.	State Department of Health and Wel- fare. Head Starts are separate agencies with separate funding.	Formal. Meetings called to plan total preschool program with BIA. De- partment of Health and Welfare, Head Start, De- partment of Education and universities.	1	1	2
American Samoa	Program for 3, 4, and 5 year olds is admin- istered by the combined state and local, as one unit.		Not applicable	0	0	0
Arizona	Local school dis- tricts administer their programs.	Health and Welfare	An early childhood asso- ciation meets regularly. Current chairman is medi- cal doctor from State Health Department.	0	0	3
Arkansas	State Department of Education and a few local school districts	There are only pri- vate and parochial prekindergarten pro- grams.	Informal. State Welfare Department supervises and licenses day care cen- ters. State Health Depart- ment prepares and refines maintenance of health and sanitation standards.	3	1	9
California	Administered by local school dis- tricts. Department of Education pro- vides administrative support.	State Department of Education Division of Compensatory Education.	4-C program, Joint fund- ing with 39 community action groups. Purchase of service contracts between Welfare and Education.	6	54	61
Colorado	Local district	Department of Social Services and local district.	Informal through 4-C. State Department of Social Services supervises and licenses day care centers and homes; Health Depart- ment oversees maintenance of health standards. Early childhood consultant from Education Department is on Governor's Licensing Board.	2	2	7
Connecticut	Local boards of edu- cation; many inde- pendent schools	Local boards of edu- cation; over 700 in- dependent schools	Informal between pro- grams administered by local boards of education and other local agencies and between state Board of Education and other state agencies. State Depart- ment of Health licenses all independent pre-K programs. State Depart- ment of Education carries the educational compo- nent of the licensing program.	7	1 (3 others pending)	11 (in addition to those offering de- grees. Includes community col- leges.)

# PROGRAM ADMINISTRATION AND PERSONNEL DEVELOPMENT (Continued)

State	Administrative Agency		Form of Coordination Among Administrative Agencies	State Programs for Personnel Development		
	Kindergarten	Prekindergarten		No. of colleges with degree programs in early childhood education	No. of junior or community colleges with associate degree programs	No. of colleges with some work in early childhood education
Delaware	State Department of Education		Formal, informal and ad- visory through 4-C; al- most daily contact with Office of Child Develop- ment. Early Childhood Education Supervisor is on Day Care Advisory Council.	2	0	3
Florida	State Department of Education	None	...	4	6	8
Georgia	State Department of Family and Children Services	State Department of Family and Children Services	Advisory	9	2	17
Guam	State Department of Education	State Department of Education	Not applicable	1	0	1
Hawaii	State Department of Education	Department of Social Services	Formal. Department of Social Services, after con- sultation with the Depart- ment of Health, Education, and fire marshal, prescribes and publishes rules, regula- tions and minimum stand- ards for preschools. Ad- ministered by Department of Social Services.	1	0	3
Idaho	Proposed legislation would place kinder- gartens under local boards with general supervision of State Department of Education.			No answer	No answer	No answer
Illinois	State Department of Education	None		3	1	20
Indiana	State Department of Education	No state agency administration with exception of day care which is ad- ministered and licensed by state Department of Welfare.	Parent-Cooperative coun- cils, Methodist Church Councils, Indiana Associa- tion for the Education of Young Children (Ad- visory and Coordination) and 4-C.	4	0	18
Iowa	State Department of Education	Department of Social Welfare	Informal	3	4	12
Kansas	State Department of Education	State Department of Health. Private day care centers and nursery schools.	Not applicable	not available	not available	not available
Kentucky	State Department of Education	State Department of Education	None	0	0	7
Louisiana	State Department of Education	State Department of Education. State Department of Public Welfare.	Formal. State Department of Education or Public Welfare.	7	0	19

# **PROGRAM ADMINISTRATION AND PERSONNEL DEVELOPMENT (Continued)**

State	Kindergarten	Administrative Agency Prekindergarten	Form of Coordination Among Administrative Agencies	State Programs for Personnel Development		
				No. of colleges with degree programs in early childhood education	No. of junior or community colleges with associate degree programs	No. of colleges with some work in early childhood education
Maine	State Department of Education	Department of Health and Welfare for Day Care centers.	Department of Health and Welfare advisory for Day Care Centers.	1	0	5
Maryland	State Department of Education	State Department of Education. Department of Em- ployment and Social Services for Day Care.	Informal, advisory coordi- nating committee for child care.	3	3	9
Massachusetts	State Department of Education	State Department of Education and Public Health Department.	...	Over 100	Less than 100	Over 250
Michigan	Local boards	Local boards	Not applicable	4	0	26
Minnesota	State Department of Education	Department of Public Welfare	Informal and advisory.	8	2	10
Mississippi	...	...	...	3	0	10
Missouri	State Department of Education	Local public schools	Not applicable	2	2	11
Montana	State Department of Education	State Department of Education	...	1	0	3
Nebraska	State Department of Education	Welfare Department	...	3	0	6
Nevada	State Department	Department of Health, Welfare and Rehabilitation ad- minister nursery school and day care programs.	...	0	0	2
New Hampshire	State Department of Education	State Division of Welfare	...	2	0	7
New Jersey	State Department of Education	State Department of Education and Private; Department of Community Af- fairs; Bureau of Children's Services	Consultant service and compulsory approval.	5 State colleges	2 beginning paraprofessional programs.	All State colleges do.
New York	State Department of Education	State Department of Education, CAP, Private groups, Department of Social Services, Head Start, Churches.	Informal and advisory. More coordination is planned.	Approx. 24	10	All State Univer- sity Colleges. Nursery—6th grade.
North Carolina	State Department of Education over- sees pilot programs- operated by local administrative units.	Social Service handles day care	...	0	0	35-40
North Dakota	Local districts	Local districts	None. State requirements and laws must be met by local districts.	No response	No response	No response
Ohio	State Department of Education	State Department of Public Welfare	None	3	?	29

# PROGRAM ADMINISTRATION AND PERSONNEL DEVELOPMENT (Continued)

State	Kindergarten	Administrative Agency Prekindergarten	Form of Coordination Among Administrative Agencies	State Programs for Personnel Development		
				No. of colleges with degree programs in early childhood education	No. of junior or community colleges with associate degree programs	No. of colleges with some work in early childhood education
Oklahoma	State Department of Education	Tuition and federal title programs— State Department of Education Head Start—State OEO Office.	Agreement may be made between public school and local OEO agency for Head Start.	1	0	19
Oregon	State Department of Education	State Department of Education	Informal and advisory.	0	3	6
Pennsylvania	State Department of Education	Departments of Welfare, Com- merce, Education.	A Governor's committee for child development and day care has been estab- lished as an interagency approach to meeting the needs of various federal, state and local programs.	6	8	27
Puerto Rico	The Office of Eco- nomic Opportunity and Private Institutions.	Urban Renewal Program. Social Services Department.	Informal and advisory on request from Department of Education.	0	0	3
Rhode Island	State Department of Education	State Department of Education	...	4	0	4
South Carolina	State Department of Education	OEO and Head Start	None	4	1	12
South Dakota	State Department of Education	State Department of Education and Department of Public Welfare for Day Care programs.	Informal on day care and nursery.	0	0	10
Tennessee	State Department of Education	Department of Public Welfare and State Office of Economic Opportunity	Formal and advisory State Department of Education has representa- tive of State Day Care Advisory Comm. to State Department of Public Welfare and representa- tives on Governor's Interdepartmental Com- mittee on Child Develop- ment.	15	0	Information not available.
Texas	State Department of Education	State Department of Education for Special Education. State Department of Public Welfare for Day Care Centers.	Governor's Council on Early Childhood Develop- ment.	13	Not available	13
Utah	State Department of Education	State Department of Education works with districts having Head Start programs. Consultant service pro- vided on request. State Welfare Department supervises Day Care Centers.	Informal, advisory	5	0	5



**PROGRAM ADMINISTRATION AND PERSONNEL DEVELOPMENT (Continued)**

State	Kindergarten	Administrative Agency Prekindergarten	Form of Coordination Among Administrative Agencies	State Programs for Personnel Development		
				No. of colleges with degree programs in early childhood education	No. of junior or community colleges with associate degree programs	No. of colleges with some work in early childhood education
Vermont	State Department of Education	Day Care Licensing Unit, State OEO	Day Care licensing which includes any program ac- cepting preschoolers has formal relationships in regulations and program- ming with state depart- ments of education, public safety, environmental con- trol, health and social welfare.	1	0	8
Virginia	State Department of Education	Department of Wel- fare and Institutions, Department of Health.	Informal Division of State Planning and Community Affairs.	16	16	32
Washington	State Department of Education	State Department of Education. De- partment of Public Assistance	Informal	4	2	15
West Virginia	State Department of Education	State Department of Education		10	0	1
Wisconsin	Local school districts and some nonpublic schools	Local school districts and some nonpublic schools	Nonpublic programs co- ordinated by nonpublic schools.	7	0	0
Wyoming	State Department of Education	State Welfare Department licenses day care centers.	...	0	0	1 (University of Wyoming)

## APPENDIX I

### CHILD CARE LEGISLATION PROPOSED DURING THE SIXTH STATE LEGISLATURE (1971 and 1972)

#### Senate Bills

*Senate Bill 23-1971: MAKING AND APPROPRIATION FOR STATE-SUBSIDIZED PRE-SCHOOL PROGRAMS.* The bill provides for an unnamed amount of money to be appropriated for a state-subsidized pre-school program in culturally and economically deprived areas. The expending agency designated is the Department of Education. The bill did not pass.

*Senate Bill 1754-1972: RELATING TO A DEMONSTRATION PROJECT FOR CHILD CARE SYSTEMS.* The bill provides for an appropriation of \$200,000 to establish a demonstration project for child care systems to provide day care centers for children in Model Cities areas in the State. The sum appropriated is to be matched with federal funds authorized under Title IV-A of the Social Security Act. The expending agency designated is the Department of Social Services and Housing. The bill did not pass.

*Senate Bill 1755-1972: RELATING TO A DEMONSTRATION PROJECT TO DEVELOP ALTERNATE SYSTEMS OF DAY CARE FOR CHILDREN.* The bill provides for an appropriation of \$100,000 to develop alternate systems of day care for children to provide models that can be utilized on a statewide basis. The funds are to be matched with federal funds on a state-federal ratio of 1 to 3. The expending agency designated is the Department of Social Services and Housing. The bill went through one draft but did not pass.

*Senate Bill 1930-1972: MAKING AN APPROPRIATION FOR LAHAINA DAY CARE CENTER.* The bill provides for an appropriation of \$15,000 for the continuation of the Lahaina Day Care Center. The money appropriated is to be expended by the Department of Labor and Industrial Relations. The bill became an item in the Supplemental Appropriations For the Fiscal Biennium July 1, 1971 to June 30, 1973, presently known as Act 202, Session Laws of Hawaii 1972. The sum of \$15,000 was appropriated to the Lahaina Day Care Center.

*Senate Bill 202-1972: RELATING TO CHILD CARE.* The bill provides for an unnamed appropriation for the establishment of a Child

Day Care program. The expending agency designated is the Department of Social Services and Housing. The bill did not pass.

*Senate Bill 2070-1972: RELATING TO DAY CARE SERVICES.* The bill provides for a \$235,000 appropriation to provide day care services to children of low income in model neighborhood areas. A stipulation for application of matching funds from the federal government is attached. The expending agency designated is the Department of Social Services and Housing which is allowed to contract with a non-profit organization for the accomplishment of the purposes of the bill. The bill did not pass.

#### House Bills

*House Bill 801-1971: MAKING AN APPROPRIATION FOR A STATEWIDE COMPREHENSIVE PRE-SCHOOL PROGRAM.* The bill provides for a \$2 million appropriation for the establishment of a statewide comprehensive pre-school program. The expending agency designated is the Department of Social Services and Housing which is required to apply for federal funds under Title IV of the Social Security Act as amended. The bill did not pass.

*House Bill 1439-1971: RELATING TO DAY CARE CENTERS.* The bill creates a new chapter in the Hawaii Revised Statutes and establishes a state supported day care program. It would establish a non-profit day care center which would be made available to children between the ages of three and six who are culturally and economically deprived. The center would be run by a board of trustees made up of persons from the various departmental agencies involved in some type of day care services and parents from the community whose children are enrolled in the center. The bill further provides for the personnel make-up of the center and provides for flexibility in the curriculum of the center. There is an unnamed appropriation clause attached to the bill. The bill did not pass.

*House Bill 1589-1971: MAKING AN APPROPRIATION FOR PRE-SCHOOL PROGRAMS AT LINAPUNI AND PALOLO PRE-SCHOOLS, OAHU.* The bill provides for an appropriation of

\$150,000 for the operation and carrying out of pre-school programs at Linapuni and Palolo Preschools, Oahu. While the bill itself did not pass, it may have been included as an item in the budget bill passed in 1971.

*House Bill 2123-1972:* RELATING TO A DEMONSTRATION PROJECT TO DEVELOP ALTERNATE SYSTEMS OF DAY CARE FOR CHILDREN. The bill provides for an appropriation of \$100,000 for the development of alternate systems of day care for children to provide models that can be utilized on a statewide basis. The money appropriated is to be matched with federal funds from Title IV-A. The bill did not pass.

*House Bill 2124-1972:* RELATING TO A DEMONSTRATION PROJECT FOR CHILD CARE SYSTEMS. The bill provides for an appropriation of \$200,000 to establish a demonstration project for child care systems to provide day care centers for children in Model Cities areas in the State. The monies appropriated are to be matched with federal funds available under Title IV-A. Expending Agency: Department of Social Services and Housing. The bill did not pass.

*House Bill 2518-1972:* RELATING TO DAY CARE SERVICES. The bill provides for the appropriation of \$235,000 to provide day care services to children of low income in model neighborhood areas with the monies being matched with federal funds. The designated expending agency is

the Department of Social Services and Housing. The bill did not pass.

#### **Legislation Passed During the 1972 Legislative Sessions**

*ACT 202:* A budget item requesting the Legislative Reference Bureau to conduct a study to survey existing services and needs of the community and to develop alternate systems of day care for children. The report is due to be published for the 1973 legislative session.

A budget item in the Department of Labor and Industrial Relations budget, providing that \$50,000 in a year be used to develop and operate joint nursery schools. (Funds frozen administratively because of State deficit.)

An item in the Department of Social Services and Housing budget as follows: "Provided, that the sum of \$235,000 be expended by the department of social services and housing on a statewide basis for day care services including, Kalihi-Palama day care, Waianae day care and the Infant Satellite Nursery. The above sums shall be matched by federal funds and any indirect overhead funds derived from these projects by the University of Hawaii shall be expended for the purpose of continuing the University child center." (Model Cities child care projects are being funded as provided; the remainder is under very tight budget controls because of the State freeze, and awaiting completion of State guidelines for purchase of child care with Title IV-A funds.)

## APPENDIX J

### GENERAL EXCISE TAX REQUIREMENTS FOR CHILD CARE CENTERS AND FAMILY DAY CARE HOMES

**Section 237-7 "Service business or calling", defined.** "Service business or calling" includes all nonprofessional activities engaged in for other persons for a consideration which involve the rendering of a service as distinguished from the sale of tangible property or the production and sale of tangible property. "Service business or calling" does not include the services rendered by an employee to his employer. [L 1935, c 141, pt of §1; RL 1945, §5449; am L 1951, c 165, §1; RL 1955, §117-81.

**Section 237-13 Imposition of tax.** (6) Tax on service business. Upon every person engaging or continuing within the State in any service business or calling not otherwise specifically taxed under this chapter, there is likewise hereby levied and shall be assessed and collected a tax equal to four per cent of the gross income of any such business; provided, however, where any person engaging or continuing within the State in any service business or calling renders such services upon the order of or at the request of another taxpayer who is engaged in the service business and who, in fact, acts as or acts in the nature of an intermediary between the person rendering such services and the ultimate recipient of the benefits of such services, so much of the gross income as is received by the person rendering the services shall be subjected to the tax at the rate of one-half of one per cent and all of the gross income received by the intermediary from the principal shall be subjected to a tax at the rate of four per cent.

## APPENDIX K

### SUMMARY OF SOME IMPORTANT FAMILY AND CHILD PROGRAM LEGISLATION

Here is a summary of some important family and child program legislation on which action was taken in at least one Chamber during the 92nd Congress:

- Commission on Multiple Sclerosis, establishment. (S 3659, HR 15475) PL-92-563.
- Communicable Disease Control Program, extension of grant program and establishment of control and vaccination program. (HR 14455, S 3442) PL-92-449.
- Community Mental Health Centers Act, to amend and extend existing programs (HR 16676). House and Senate passed differing versions, no compromise reached. Current law authorizes programs through June 30, 1973.
- Comprehensive Child Development Act (HR 6748) to establish comprehensive services for children and their families. Reported by House Education and Labor Committee Oct. 11 (Rept. 92-1570). No further action.
- Dental programs for children, authorizes funds. Passed Senate Dec. 8, 1971 (S 1874); no House action.
- Economic Opportunity Act Amendments, 1972. Extends existing programs but passed without child development or legal services corporation provisions as in the original, vetoed bill. PL 92-424.
- Federal Advisory Committee Act, limits their creation. PL-92-463.
- Head Start, Child Development and Family Services Act of 1972 (S 3617). Would provide comprehensive child development services for children and families. Passed Senate, June 20, 1972; no House action.
- Helath Facilities, Manpower and Community Mental Health Services Bill (HR 15859). To provide financial assistance for these programs. Passed House; no Senate action.
- Health Professions Manpower Act. To increase assistance in variety of health fields. (HR 8429) PL-92-157.
- Health services for domestic agriculture migrant workers. Extends services to migrants. Passed Senate, Aug. 17, 1972 (S 3762); no House action.
- Higher Education Act Amendments of 1972. Extends aid to higher education and establishes new programs, such as the National Institute of Education. PL-92-318.
- Housing and Urban Development Act of 1972. Amends and extends programs. Passed single one-year extension instead of more comprehensive bill. (HR 16704, S 3248) PL-92-503.
- Institute for Continuing Studies of Juvenile Justice. Passed House, April 18, 1972 (HR 45); no Senate action.
- Juvenile Delinquency Control Act. Amends and extends grant program and clarifies functions of departments of HEW and Justice. PL-92-381.
- Manpower Development and Training Act. Extends Title II programs for one year. (HR 11570, S 3054) PL-92-277.
- Minimum Wage. Increases minimum wage and extends benefits. (HR 7130, S 1861). House and Senate failed to reach agreement on differing versions.
- National School Lunch Act and Child Nutrition Act. Extends programs and amends existing law to provide broad authorization for day care feeding programs. PL-92-414.
- National Sickle Cell Anemia Prevention Act. (HR 13592, S 2676) PL-92-294.
- Public Broadcasting Corp. Authorizes funds for PBC, including funds for Sesame Street (HR 13918). Vetoed, June 30, 1972. Subsequently approved simple extension of program.
- Public Health Personnel Traineeship Program, extended. Passed Senate Aug. 16, 1972 (S 3441). No House action.
- Social Security Act. Extends Social Security benefits and makes changes in Medicare and Medicaid law (HR-1). PL-92-603.
- Social Security Act. Extends authorization for one year of special maternal and child health project grants. PL-92-345.
- Social Security Act. Extends grant authorization for undergraduate and graduate programs for social workers (HR 16812). Reported from Ways and Means Sept. 27, 1972; (Rept. 92-1454). No further action.
- State and Local Fiscal Assistance Act. Extends fiscal relief to states and localities for wide range of purposes. PL-92-512.
- Sudden Infant Death Syndrome. Authorizes funds for research. Passed Senate, June 7, 1972 (S.J. Res. 206); no House action.
- Restrictions on tax deductions for charitable organizations and private foundations (HR 1197, HR 1247). These and other similar tax bills attached to the debt ceiling limitation in the last week of Congress; defeated or withdrawn.

## APPENDIX L

### COMPARATIVE ANALYSIS OF PROPOSED RULE CHANGES BY THE DEPARTMENT OF HEALTH, EDUCATION AND WELFARE— RELATING TO CHILD CARE PROVISIONS

The following analysis compares key provisions of the proposed HEW regulations with existing regulations: Chapter II of Title 45 of the Code of Federal Regulations. It focuses on Service Programs for Families and Children: Title IV, Parts A and B of the Social Security Act, Part 220.

When possible, the comparison is summarized. In other instances, regulations or definitions are presented verbatim.

#### Section 220

Service Programs for Families and Children:  
Title IV, Parts A and B of the Social Security Act

#### Subpart A

Mandatory Provisions Applicable to Title IV,  
Parts A and B

##### 220.1 General

Proposed: To delete requirement that state plans commit the state to extending and improving services.

##### 220.2 Single organizational unit

Proposed: That there must be a single organizational unit in an agency at the state level responsible for providing services.

##### 220.3 Adequacy and use of staff

Proposed: To combine existing 220.3, full-time staff for services, and 220.5, use of professional staff. 220.6 and 220.7, regulations for use and training of volunteers and subprofessionals would be contained in part 225. Adds provision that bilingual staff be provided when there are "substantial members" of non-English speaking applicants and recipients.

##### 220.4 Advisory Committee

Proposed: Would make state reporting requirements less specific and would strike out requirements that advisory committee for AFDC and CWS programs and day care be established within a specific time.

##### 220.6 Information and referral

Proposed: to establish an information and referral service for community resources for those who request help. Outreach would not be required.

##### 220.10 Staff development

Proposed: To delete provision for staff development and substitute a provision that state agencies conform to regulations elsewhere in codes (Section 205.202 of chapter 45).

##### 220.11 Appeals, fair hearings and grievances

Proposed: To delete provision that state plans must describe the system for appeals and grievances and the methods of informing recipients of their right of appeal.

##### 220.13 Policy and program development and implementation

Proposed: To require state service staff to monitor and evaluate programs.

#### Subpart B

Mandatory Provisions Applicable to Services Under  
Title IV, Part A only:

##### 220.20-23 General

Proposed: To establish a goal-oriented social services system to replace the current provision of services designed to strengthen family life and foster individual development.

##### 220.23 Individual service plans

Proposed: Provide for review of service plans but would delete provision in current regulations that families and individuals have the right to accept or reject service plans. A new provision (220.12) provides they may accept or reject services without penalty.

##### 220.25 Provision of services

Proposed: Require that services be available with "reasonable promptness" and that state plans specify how services are to be provided.

##### 220.26 Definition of mandatory services

Current: (a) Child care services, including in-home and out-of-home services, must be available or provided to all persons referred to and enrolled in the Work Incentive (WIN) program and to other persons for whom the agency has required training or employment. Such care must be suitable for the individual child and the parents must be involved and agree to the type of care to be provided. Such services must be maintained until the person is reasonably able to make other satisfactory child care arrangements. (b) Progress must be made in developing varied child care resources with the aim of affording parents a choice in the care of their children. (c) All child care services must meet the following standards: (1) In-home Care. (i) Home-maker services under agency auspices must meet the standards established by the state agency which must be reasonably in accord with the recommended standards of related national standard setting organizations

like the Child Care Welfare League of America and the National Council for Homemaker Services.

(ii) Child care provided, by relatives, friends or neighbors must meet standards established by the state agency that, as a minimum, cover age, physical and emotional health, capacity and time of the caretaker to provide adequate hours of care; maximum number of children to be cared for; feeding and health care of the children.

(2) Out-of-home care. Day care facilities, used for the care of children, must be licensed by the state or approved as meeting the standards for such licensing and day care facilities and services must comply with the standards of the Federal Interagency Day Care Requirements and the requirements of section 422(a)(1) of the Social Security Act.

Proposed: Child care service means care of a child for a portion of the day, but less than 24 hours, in his own home by a responsible person, or outside his home in a family day care home, group day care home or day care center. Such care must be suitable for the individual child; and the caretaker relatives must be involved in the selection of the child care source to be used if there is more than one source available. However, when there is only one source available, the caretaker relatives must accept it unless they can show that it is unsuitable for their child. The child care services must be maintained until the caretaker relatives are reasonably able to make other satisfactory child care arrangements. The state agency may establish reasonable durational time limits for such services. In-home care must meet state agency standards that, as a minimum, include requirements with respect to: the responsible person's age, physical and emotional health, and capacity and available time to care properly for children; minimum and maximum hours to be allowed per 24-hour day for such care; maximum number of children that may be cared for in the home at any one time; and proper feeding and health care of the children. Day care facilities used for the care of children must be licensed by the state or approved as meeting standards for such licensing. Day care facilities and ser-

vices must comply with the standards of the Federal Interagency Day Care Requirements (see part 71 of this title) and the requirements of section 422(a)(1) of the Act (See section 220.56 of this part).

Foster Care: The proposed definition would require foster care homes to be licensed by the state. It would require "periodic review" of the placing of children to determine appropriateness. Current regulations require review at least annually.

### **Subpart C**

Work Incentive Program (WIN)  
Regulations were issued earlier this year.

### **Subpart D**

Mandatory Provisions Applicable to Services Under  
Title IV, Part B Only:  
No substantial changes relating directly to programs.

### **Subpart E**

Optional Provisions

#### **220.50-52 Services in AFDC**

Proposed: To make changes covered in story, page 1.

#### **220.55 Child Welfare Services—range of optional services and groups to be served.**

Proposed: No changes except that day care services would be required to meet the standards under mandatory child care services. These remove the requirement that in-home services be along the lines of those proposed by the Child Welfare League and National Homemaker Services.

### **Subpart F**

Federal Financial Participation

#### **220.64 Limitation on total amount of Federal Funds payable to states for services.**

Proposed: Would make adjustments to meet requirements of the Federal spending ceiling.

Source: *Day Care and Child Development Reports*, November 27, 1972.

## APPENDIX M

### PROJECT STAFF DESCRIPTIONS

#### Project Staff

##### DIRECTOR

###### 1. Duties

Plans, organizes and administers the Family Day Care Project  
Supervises the activities of the FDC Assistants  
Works closely with the Assistant Director in the day-to-day functioning of the project  
Establishes advisory committee  
Recruits and hires paid staff on a selective basis  
Plans and conducts staff meeting  
Observes and participates in program activities  
Supervises fiscal, purchasing and other related activities  
Is responsible for maintaining records and preparing reports  
Recruits volunteers and provides training for them

###### 2. Education and Experience

Master's degree in social work or early childhood education, with experience in working in low-income areas  
Knowledge of an experience in community organization (Experience may be substituted for educational background)

##### ASSISTANT DIRECTOR

###### 1. Duties

Assists Director in the day-to-day functioning of the project  
Assists in recruitment of consultant, family day care mothers and volunteers

Assists in maintaining records, anecdotal records and the preparation of reports and handbooks  
Attends staff meetings  
Participates in program activities  
Assumes Director's position when Director is absent  
Is responsible for implementation of Voucher Plan

###### 2. Education and Experience

Education, life experience, the ability to articulate and report plus a knowledge of and experience with low-income children and their families (particularly in the target area) are all prerequisites that will be weighed and balanced  
A flexible stance will be maintained in determining the correct amount of each in order to choose an effective Assistant Director for the project

##### FDC ASSISTANTS

###### 1. Duties

Assists Director and Assistant Director in the day-to-day functioning of the project  
Participates in recruitment of users and givers of services in the FDCP  
Works in homes of FDCMs  
Assists in maintaining statistical and anecdotal records  
Attends staff meetings  
Participates in program activities

###### 2. Education and Experience

A flexible assessment of life experience and the willingness to participate in the FDCP will be the basis for choice of the FDCAs.



**APPENDIX N**  
**SUGGESTIONS FOR UNION ACTION TO**  
**PROMOTE QUALITY CHILD CARE SERVICES**

Prepared by the *Day Care Crisis Council of the Chicago Area*, 201 N. Wells St., Room 2112, Chicago, Ill. 60606.

- I. Every local union should consider setting up a child care committee to:
  - A. Cooperate with local community groups or city-wide agencies interested in setting up day care centers.
  - B. Contribute space and/or personnel to help set up a child care facility.
  - C. Help educate the membership to understand what quality child care means and why and when it is needed.
  - D. Help members locate child care services for their children, maintain a list of approved centers, including location of special services for handicapped children.
  - E. Counsel members on tax deductions and other possible sources of financial assistance for child care.
  - F. Develop materials for the union bargaining committee in support of contract proposals for child care.
  - G. Support programs for decent working conditions for staff in day care centers. This is necessary not only as a matter of good trade union principle, but also to assure high quality care for children.
- II. Unions should consider collective bargaining proposals for management payments into jointly administered day care funds to meet the child care needs of their members.

The joint committee administering such funds would decide on the best use of the fund. The following might be among the alternatives:

  - A. Establish a child care center in or near the plant.
  - B. Assist in the establishment of child care centers in communities where substantial numbers of members live.
  - C. Assist individual members in locating child care facilities suited to their needs. Possibly maintain an approved list of facilities, including those providing special services.
  - D. Pay part or all of fees of members using such child care facilities.
  - E. Help promote public understanding of the need for quality child care.
- III. Unions and industry can join in pressing for legislation which would provide for government contributions to encourage and provide an incentive for the establishment of jointly administered labor/management day care funds. Such contributions could be made on a matching basis on a variety of possible formulas.
  - A. Equal three-way participation can meet the costs of day care:
    - 1/3 from jointly administered labor/management fund
    - 1/3 from fees paid by users
    - 1/3 from government (this might require new legislation).
  - B. Funds from Title IV A of the Social Security Act might be made directly available to jointly administered labor/management day care operations which service eligible families. Title IV A permits Federal matching on a three-to-one basis. The Illinois State Plan for Administering Title IV A funds could be amended through executive action to allow such usage.
  - C. Matching contributions from jointly administered labor/management funds and government could finance day care where the service is primarily for low income families. Title V B of the Economic Opportunity Act specifically says that financial assistance may be provided to unions or joint employer/union organizations for day care projects. It allows up to 90% of the costs of planning, conducting, administering and evaluating day care facilities for families who need day care to become or remain self-sufficient. The legislation has existed since 1964 but no appropriations have ever been made.

# **APPENDIX O** **STATE FUNDING EFFORT:**

State	Kindergarten Mandatory (M) or Permissive (P)	Additional Information on Kindergarten	Kindergarten Entrance Age	State Expenditure Kindergarten		Prekindergarten		Additional Information on Prekindergartens	Other State-Supported Services to Pre-First Graders (Medical, Dental, etc.)				
				Total 1968-1969	Per Pupil 1969-1970	Total 1968-1969	Per Pupil 1969-1970						
Alabama	P (in cities)	No state aid	5		None		None	No state effort to promote.	Some medical services and day care for ADC children.				
Alaska	P	State aid provided to kindergarten as part of state foundation at one-half amount for elementary school pupils.	5 By Nov. 2		Not available		None	Many agencies have been working in past two years to ask that legal school age be lowered to three. Preschool would be optional.	Partially—through public health and welfare services.				
Arizona	P	Local school district tax supports public kindergarten programs. Department of Education has produced kindergarten guide and lends advisory support where needed.	5 by Dec. 31		None		None		Through Health and Welfare Departments, some programs offer additional services.				
Arkansas	P	There is no state aid granted local school districts for kindergarten programs. There are four projects involving eight institutions and 16 kindergarten classrooms. Annual appropriations for research and teacher training—FY 1969, \$160,000; FY 1970, \$200,000.	5 by Oct. 1		None		None	None	Through Health and Welfare.				
California	M	State aid as part of foundation program—ADA.	4 years 9 months	\$78.3 million	\$245 million	Not available	\$16 million	\$16 million	\$1,000-\$1,400	\$1,000-\$1,400	Promotion of prekindergarten programs in cooperation with federal Head Start, children's centers, etc. State Preschool and Migrant Day Care Programs.	Medical, Social Services, Nutrition	
Colorado	P	Required for accreditation but not required by statute. State and as part of foundation program.	Schools must accept at 6 years		Not available	Varies district to district with foundation program		None			Promotion of prekindergarten but no funding.	Day care	
Connecticut	M	Aid provided as part of foundation program.	5 by Jan. 1	\$11.3 million	\$11.5 million	\$200	\$200	\$488,400	\$619,000	\$200	\$200	State provides consultants, evaluation, workshops, etc. State aid provided if operated by local board of education and meeting certain legal requirements (certified teachers, not less than 180 days, not less than 2½ hours daily)	Nutritional services provided through federal school lunch programs. Other services available through Welfare Department.
Delaware	P	State aid provided to kindergarten as part of foundation project.	5 by Jan. 1	\$935,908	\$1.6 million	\$182	\$203			None		Governor and State Board of Education support public pre-kindergarten education. Legislation for pilot prekindergarten program may be introduced this year.	Through Head Start and Day Care programs. State Board of Health provides medical and dental assistance.
Florida	P	Aid based upon approved instruction units for kindergarten on or before Jan. 1. No state effort to promote pre-kindergarten programs.	5 before Jan. 1	\$6,265,981	\$9,500,000	\$339	\$335			None			None
Georgia		No state support for kindergartens. But Atlanta and Columbus have public kindergartens for all five-year-olds. Atlanta also has public pre-K and day care programs. 43 school systems have public kindergartens supported by ESEA Title I funds. Total expenditures for kindergartens in 1969-1970 was \$73.8 million (\$625 per pupil) and for pre-K was \$672,527 (\$625 per pupil).				None				None		Proposal for money before Legislature.	None

**APPENDIX O  
STATE FUNDING EFFORT (Continued)**

State	Kindergarten Mandatory (M) or Permissive (P)	Additional Information on Kindergarten	Kindergarten Entrance Age	State Expenditure Kindergarten				Prekindergarten				Additional Information on Prekindergartens	Other State-Supported Services to Pre-First Graders (Medical, Dental, etc.)
				Total 1968-1969	Total 1969-1970	Per Pupil 1968-1969	Per Pupil 1969-1970	Total 1968-1969	Total 1969-1970	Per Pupil 1968-1969	Per Pupil 1969-1970		
Guam	M	Federally supported through Title I, Head Start, 1,000 kindergarten students in 1959, 550 in 1970.	5	\$391,247	\$244,597	\$391	\$445			None		No promotion	Free medical and dental examination.
Hawaii	P	98.2 per cent of five-year-old population of 16,817 are enrolled in kindergartens, both public and private. Only 2,615 of them attend private programs.	5 by Dec. 31	\$4.8 million	\$5.6 million	\$339	\$401			None		400 economically disadvantaged or physically handicapped 3- and 4-year-olds are enrolled in special programs. Also, 700 3- and 4-year-olds are in Head Start programs for which Department of Education is delegate agency for Comprehensive plans are in process for education—birth to age 4.	None
Idaho		A kindergarten bill has been introduced which, if passed, would provide 100 per cent state supported permissive kindergarten programs. Governor and State Superintendent of Public Instruction support it. At present there are 35 kindergarten programs operating with local and federal funds.				None				None		Department of Education is designing a prekindergarten program. Within next year program proposed will be available.	
Illinois	M	State and as part of the regular school reimbursement program Maximum per pupil dollar based on equalization formula.	5 on or before Dec. 1	Not available		\$330	\$400			None		State promotion of workshops administrators and teachers. Department of Curriculum Development involved.	Yes, through Department of Public Welfare and local school districts.
Indiana	P	Kindergartens are provided state funds through State Department of Public Instruction within public school grant on half-day per capita basis.	5	\$6.1 million	\$9.8 million	\$76	\$118		Only local and federal funds.				Pre-first grade medical, dental, nutritional, etc. services for children whose families are at or nearing poverty level.
Iowa	P	State and provided through foundation program. State Department of program. State Department of Public Instruction provides leadership in upgrading kindergarten programs through consultative services and inservice workshops.	5	\$12.5 million	\$12.9 million	\$229	\$236	\$405,000 (appropriation to Department of Social Welfare to use as matching funds for federal day care program)	\$405,000	\$780	\$780	None	State and for handicapped pre-kindergarten children through Department of Public Instruction—\$83 per pupil.
Kansas	P	State aid provided as part of foundation program, counted as one-half regular student.	5 on or before Sept. 1	Information not available on students basis, only on teacher basis.						None		A program of early childhood education is being promoted.	None
Kentucky		There are no public kindergartens.	5 by Dec. 31			None				None		No state effort to promote prekindergartens.	None
Louisiana	P	State aid on same basis as for grades 1-12. Teachers supplied on a 28-1 ratio.	4.8		Not available					None		State promotion of workshops for administrators and teachers. Department of Curriculum Development involved.	Yes, through Department of Public Welfare and local school districts.
Maine	M	Aid as part of state foundation program.	5 by Oct. 15		Not available		\$166			None		Attempt to pass early childhood education legislation.	
Maryland	M by Sept. of 1973	State aid at one-half pupil unit based on equalization formula.	5	\$3.3 million	\$3.7 million	\$185	\$185			None		State Board of Education Research Task Force charged with lunch). ongoing development.	Day care and nutritional (school
Massachusetts	M by 1973	State aid provided as part of foundation program.	4.8	\$18.8 million	\$22.0 million	\$298	\$354 These figures include funds for pre-kindergarten programs					Prekindergarten and included in the entire kindergarten program.	

**APPENDIX O  
STATE FUNDING EFFORT (Continued)**

STATE FUNDING EFFORT (Continued)												
State		Kindergarten Mandatory (M) or Permissive (P)	Additional Information on Kindergarten	Kindergarten Entrance Age	State Expenditure Kindergarten		Prekindergarten		Additional Information on Prekindergartens	Other State-Supported Services to Pre-First Graders (Medical, Dental, etc.)		
					Total 1968-1969	Per Pupil 1969-1970	Total 1968-1969	Per Pupil 1969-1970				
Michigan	P	State aid provided as part of foundation program.	5 by Dec. 1	\$46.3 million	\$49.3 million	\$251	\$272	None	State Board of Education, for fifth consecutive year, has endorsed legislation which would provide \$1.5 million in state funds to be matched by \$1.5 million in local funds for pre-kindergarten programs.	State funds for kindergarten can be used for auxiliary services such as health, nursing, examination, speech, correction, school diagnostician, etc.		
Minnesota	P	State aid as part of foundation program.	5 by Sept. 1	\$6,752,763	\$6,897,780	\$108	\$112	None	Department of Education proposed permissive legislation for four-year-olds.	None		
Mississippi		Legislation has been introduced in current legislative session which would provide public school kindergartens to be administered through State Department of Education. Governor's Committee on Children and Youth has supported legislation and stressed need for licensing day care centers.	5 by Dec. 1			None		None	None	None		
Missouri	P	Foundation program aid for kindergarten is based upon one-half of the total days attended by kindergarten children.	5	\$4 million	\$4.4 million	\$118	\$129	None	State Department of Education encourages local school districts to provide prekindergarten programs when local funds can be made available.	Children of families qualifying for state welfare may receive some additional services.		
Montana	P	No state aid provided Legislation for public kindergarten was rejected by 42nd Legislative Assembly.	5			None		None	None	None		
Nebraska	P	State aid as part of foundation program, based on ADM.	5 before Oct. 15	\$494,048	\$464,547	\$17	\$17	None	Individuals promoting	Only those through private or federal funding.		
Nevada	P	State aid provided through foundation program.	5 by Dec. 31	6 of elementary per pupil in guaranteed basic support.				None	The State Department of Education has developed in their master plan for education a program for early childhood education, ages 3 to 5.	None		
New Hampshire	P	State aid as part of foundation program to those districts which qualify.	Local option	\$230,595	\$284,908	\$312	\$375	None	No state effort to promote prekindergarten.	None.		
New Jersey	P	State aid as part of foundation program for 4- and 5-year-olds.	5 before Oct. 1		Not Available			Not Available - \$100,000 supplemental funds for year-round Head Start from State of New Jersey.	Money inducement - reimburse-ment for ages 4- and 5-year-olds enrolled in kindergarten.	Same as for all other public school children.		
New Mexico	None	Existing kindergarten programs in NM are federally funded for Indian or disadvantaged children or military dependents. The State Department of Education has used some supplemental funds for pre-first programs in ready areas. House Bill 34 passed House Education Committee in February would allow school districts to set up preprimary programs with state funds.				None		None	None	None		
New York	P	1969-1970, \$604 per child per year for full day; \$302 per child per year for one-half day as part of foundation program.	4.9 by Sept. 1	\$93 million	\$604	\$604		None	State supervision of federally-funded programs for disadvantaged.	Funds for diagnosis		

**APPENDIX O  
STATE FUNDING EFFORT (Continued)**

State	Kindergarten Mandatory (M) or Permissive (P)	Additional Information on Kindergarten	Kindergarten Entrance Age	State Expenditure Kindergarten				Prekindergarten				Additional Information on Prekindergartens	Other State-Supported Services to Pre-First Graders (Medical, Dental, etc.)
				Total 1968-1969	Total 1969-1970	Per Pupil 1968-1969	Per Pupil 1969-1970	Total 1968-1969	Total 1969-1970	Per Pupil 1968-1969	Per Pupil 1969-1970		
North Carolina	P	State funds now provided for 18 model development programs on two-year basis. State hopes to be at 25 per cent of need level by Sept. 1971. Aid will be provided as part of regular state support program when fully funded.	5 by Oct. 16	\$500,000	\$500,000	\$900	\$900			None		Discussion now taking place on 3's and 4's, but there are no immediate plans.	Only through regular state health and social services.
North Dakota	None	A bill providing for state aid for kindergarten failed in both the 1969 and 1971 legislative sessions.	5			None				None		None	None
Ohio	P	State aid for kindergarten is provided through state foundation program. Legislation is being introduced in current session of General Assembly to lower compulsory school age to five.	5 by Sept. 30 or through early entrance testing if child is 5 before Jan. 1			Not available				None		None	None
Oklahoma	P	State aid provided as part of foundation program; amount based on ADA.	5 by Nov. 1	None	\$2.2 million	None	\$66			None		No state effort to promote pre-kindergarten programs.	Nutritional School Lunch Division of State Department of Education. Medical, dental-public health clinics, university hospitals.
Oregon	P		6 by Nov. 15 of year entering grade 1			None				None		State supervision of federally funded programs for disadvantaged.	Lunch services; limited medical services.
Pennsylvania	P	School districts receive reimbursement for instruction from the Department of Education at same rate for kindergarten as for any other grade level.	4	\$24.8 million	\$26.9 million	\$300	\$332			None		A division of early childhood education was established in 1966 to service local districts through consultant visits, publication of guides and newsletters and to coordinate all educational preschool programs.	These services are available through various Department of Health and Welfare programs in addition to Department of Education offerings to enrolled pupils.
Puerto Rico	P	State funding. 397 kindergartens now exist.	5	\$6 million	\$6.8 million	\$300	\$342			None			Lunch services. Limited medical services. Day care services.
Rhode Island	M	State aid as part of foundation program.	5 before Dec. 31	Breakdown by individual grades not available								Aid for prekindergarten on same basis as K-12.	Whatever is spent by local school committees for such services is reimbursable under state and formula.
South Carolina	P	Not part of foundation program. Annual grants to State Department for pilot program, \$500,000 in both 1969-1970 and 1970-1971.	5 on or before Nov. 1	\$500,000	\$500,000	\$145	\$140			None		No state promotion	No state funds
South Dakota	P	State aid under same minimum foundation grant as grades 1-12.	5 by Nov. 1			Information not available				None		Guidelines for nursery schools adopted. Early childhood office disseminates information.	Receives same services as grades 1-12.
Tennessee	P	Funds do not permit fully supported state program. Funds are used to finance limited program in each school district state.	5 by Oct. 31	\$395,000	\$395,000	\$280	\$290			None		No state prekindergarten program.	Limited to those programs initiated and supported in part or in full with federal funds.
Texas		State aid provided in Sept 1970 first to educationally handicapped	5.5 by beginning of school year Sept. 1			None				None		State promotion bilingual education and special education only.	Only those provided by federal funds

**APPENDIX O  
STATE FUNDING EFFORT (Continued)**

STATE FUNDING EFFORT (Continued)

State	Kindergarten Mandatory (M) or Permissive (P)	Additional Information on Kindergarten	Kindergarten Entrance Age	State Expenditure Kindergarten		Prekindergarten		Additional Information on Prekindergartens	Other State-Supported Services to Pre-First Graders (Medical, Dental, etc.)				
				Total 1968-1969	Per Pupil 1969-1970	Total 1968-1969	Per Pupil 1969-1970						
Utah	P	State and as part of foundation program. Utah now has kindergarten program in all but two small rural districts.		Not available Aid not tabulated according to grade		None			None				
Vermont	P	State and funds provided as part of overall state aid given school districts.	4½ or 5	No specific amounts. Kindergarten programs are added into student population figures for general state aid.		None	\$125.00	None	Not available	State aid for prekindergarten is 12½ per cent, local 12½ per cent to match. Federal Title IV-C. Social Security Act in 4-C Program.	Some pilot demonstration projects; well-baby and immunization programs.		
Virginia	P	State and as part of foundation program.	5	Information not available, included with other grades.		\$97,422	\$657,906	Not available		State Department of Education, Health, Welfare, all promote prekindergarten. Local, state and federal funds available.	Medical care through local health departments. Dental treatment, nutrition consultation.		
Washington	P	State aid as part of foundation program.	5	\$10.3 million	\$9.7 million	\$184	\$185	\$25,000	\$150,000	\$250	\$250	Special state funding for central city areas of which there are 12.	Special funding for the disadvantaged.
West Virginia	M by 1973	Public kindergarten initiated in 1971. State expenditures for 1971-72 expected to be \$3.5 million State funds to be matched by federal funds insofar as possible.	5	None		None				Two Early Childhood Education Demonstration Centers opened in 1971. The state plan calls for 7 regional centers to serve children from 3 to 9. An important component of the Centers is the coordination of the efforts of all agencies delivering services to young children.	25 per cent state support for day care with limited medical and dental services. Nutritional services for day care.		
Wisconsin	P	State funds as part of foundation program at rate of one-half membership per enrollee.	5	No answer		None						These costs are a part of general state and formulae. Services are encouraged and paid as are aids for other school services.	
Wyoming	P	State aid as part of foundation program. 50 half-day student in ADM entitled to one "classroom unit" of \$11,800 (1971-1972).	5 Sept. 15	\$325,977	\$564,032	\$62	\$109	None		No state promotion	Well-clinic and crippled children's clinics through public		