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# Children Score Higher on Tests When Child Care Meets Professional Standards

By *Sharon Keeler*  
*UNH News Bureau*

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## **Editors, News Directors:**

**This news release is meant to accompany one you may be receiving from the National Institute of Child Health and Human Development (NICHD). You can reach University of New Hampshire Professor Kathleen McCartney at 603-862-3168. For copies of the study, please contact Sharon Keeler at 603-862-1566.**

DURHAM, N.H. -- Children attending child care centers that meet professional standards for quality score higher on school readiness and language tests, and have fewer behavioral problems, than their peers in centers not meeting such standards, according to a study appearing in the July issue of the "American Journal of Public Health."

The study, the largest, most comprehensive of its kind to date, was conducted by researchers affiliated with the National Institute of Child Health and Human Development (NICHD) Study on Early Child Care. The study, initiated by NICHD and conducted by investigators at the institute and at 14 universities, has involved more than 1,300 families and their children from 10 locations throughout the United States.

Each state has authored its own set of child care regulations. Because these vary considerably from state to state, the authors, including University of New Hampshire Professor of Psychology and Family Studies Kathleen McCartney, looked to professional guidelines established in 1992 by the American Public Health Association and the American Academy of Pediatrics. Specifically, the guidelines recommend child/staff ratios (3:1 for infants, 4:1 for two-year olds, 7:1 for three-year olds), group sizes ( 6 infants, 8 two-year olds, 14 three-year olds), and teacher training specifications (some post-secondary training in child development and early childhood education or a related field).

Results from the NICHD study show that the average school readiness percentile scores for children in classes meeting none of the recommendations was 36

(14 percentiles below the norm of 50), versus 52 for children in classes meeting all the guidelines.

For language comprehension, McCartney notes that children who attended child care facilities not meeting any recommended standards achieved lower-than-average scores (96, when the norm is 100). Meeting all of the guidelines was associated with above-average scores (105).

Mothers whose children attended the facilities that did not meet the guidelines rated their children as having more behavioral problems than did mothers whose children attended facilities that met all the guidelines.

The researchers also looked at each guideline individually to determine its effect on children's development. The study found that children fared better when child-staff ratios were lower, and also when teachers had more training and education. For example, children in centers where caregivers met the standards for education scored in the 51st percentile (above average) on school readiness, while children in centers where caregivers did not meet these standards scored in the 39th percentile.

"The failure of many states to impose stringent standards, and the failure of many centers to meet such standards, may be undermining children's development," says McCartney.

Most of the child care settings studied, she says, did not meet all the standards. Compliance ranged from 10 percent for infant classrooms, to 34 percent for 3-year olds. Of the 50 sets of state child care regulations, only four were found to meet the recommended child/staff ratio for infants -- California, Kansas, Maryland and Massachusetts. In addition, only nine met the teacher training standards for infants.

"Our data show that the standards established by the American Public Health Association and the American Academy of Pediatrics matter -- children do better when they attend centers that meet these standards," says McCartney. "In my opinion, all states should be encouraged to adopt these standards."

McCartney adds that the study provides new and important data for those concerned with providing quality child care.

"In our previous work, we've drawn associations between standards (staff/child ratios and teacher education, for example) and observed quality. We also drew associations between observed quality and

developmental outcomes of children," says McCartney. "What this current study provides is a connecting piece for policy makers, because it links things that can be regulated with developmental outcomes for children."

Few prior studies have examined the effects of child care standards on children's development. The NICHD study examined a greater number of centers and observed a greater number of children than did these previous studies.

The researchers studied 250 children in center care who were enrolled in the study when they were 1 month of age and observed through 36 months of age. These children are part of a larger group of 1,216 children who have been studied by the NICHD research team since 1991. The children in the study are currently in second grade and investigators plan to follow them as they grow older.

*July 1, 1999*

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