The passage of the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) mandated time limits and employment for most mothers on welfare, even those with young children. This welfare reform bill has pushed a substantial new group of low-income families into the child care market. Welfare reform also brought with it increased attention to the central role that child care plays in supporting employment and self-sufficiency for parents as well as healthy development and school readiness for children. For parents, finding care that is accessible, dependable, and in agreement with their child-rearing values and goals can be an integral part of managing the competing demands of employment and parenthood. For children, child care that meets developmental needs for warmth, consistency, social relationships, and cognitive stimulation promotes school readiness and healthy cognitive and behavioral functioning. Research has shown high-quality and dependable child care to be a central issue for all families, perhaps especially for those with limited financial resources.

Yet low-income parents may face greater barriers than better-off families in finding acceptable child care settings for their children. Barriers include inadequate resources to pay for care, limited child care options during nonstandard work hours such as nights and weekends, transportation difficulties, and a higher likelihood of living in low-income communities with few licensed, high-quality child care settings. A greater understanding of the child care choices and preferences of low-income families may aid the targeting of financial and informational child care resources.

This policy brief aims to provide a detailed look at the child care experiences of low-income preschool-age children and their caregivers from Boston, Chicago, and San Antonio. We examine the types of child care that-low-income children are in, and how child care settings fulfill the preferences and needs of mothers on and off welfare and the developmental needs of their children. Our data show that formal child care centers best meet the developmental needs of children in our sample, according to standardized observational measures: most centers receive high quality scores on safety, language and cognitive stimulation, structure, warmth, and appropriate discipline. Informal child care settings, particularly unregulated home environments with care provided by relatives, are typically inadequate or minimally adequate in providing care that meets children’s developmental needs. In contrast, unregulated home child care receives much higher maternal ratings than centers and

**Summary**

Child care settings appear to be meeting only some of the diverse needs of low-income preschool children and families. Formal child care centers provide care of the highest developmental quality, whereas unregulated home settings provide care that is most accessible, flexible, and satisfying to mothers.
regulated homes on measures of maternal satisfaction with care, accessibility, flexibility, and mother-provider communication. These contrasts indicate that different types of child care fulfill different needs and preferences of low-income children and families, and that each could be improved through targeted policies and programs.

Table 1

<table>
<thead>
<tr>
<th>Child Care Characteristics</th>
<th>Centers</th>
<th>Regulated Homes</th>
<th>Unregulated Homes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ave. No. of Children</td>
<td>15</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Child:Provider Ratio</td>
<td>6:1</td>
<td>3:1</td>
<td>1:1</td>
</tr>
<tr>
<td>% Relatives</td>
<td>–</td>
<td>45%</td>
<td>85%</td>
</tr>
<tr>
<td>% &gt; High School</td>
<td>84%</td>
<td>10%</td>
<td>25%</td>
</tr>
<tr>
<td>Ave. Time in Setting</td>
<td>8 months</td>
<td>20 months</td>
<td>25 months</td>
</tr>
<tr>
<td>Ave. Cost to Mother</td>
<td>$20/week</td>
<td>$45/week</td>
<td>$24/week</td>
</tr>
</tbody>
</table>

The Three-City Study

Our data are drawn from a study of the impact of welfare reform on children, parents, and families in low-income neighborhoods in three cities: Boston, Chicago, and San Antonio (see back panel for a description of Welfare, Children and Families: A Three-City Study). We conducted a household-based, stratified random-sample survey of about 2,400 low-income children and their caregivers. In households with a child age 0 to 4 or age 10 to 14 and with incomes below 200 percent of the federal poverty line, interviewers randomly selected one child and conducted cognitive assessments (for all focal children) and in-person interviews (for focal children ages 10 to 14), as well as interviews with the child’s primary female caregiver. In over 90 percent of the cases, the caregiver was the mother, and we will refer to caregivers as “mothers” in this report. For families in which the selected child was age 2 to 4, we conducted additional interviews and observations as part of the Embedded Developmental Study (EDS). This policy brief focuses on EDS data for 181 families with a child age 2 to 4 who was in regular nonmaternal care, which we defined as care provided by someone other than the child’s mother for 10 hours or more per week. In these cases, we observed the primary child care setting, and we completed a face-to-face interview with the child care provider (typically the head classroom teacher in child care centers or the person primarily responsible for the child’s care in home care settings). We also asked the mother a set of questions about the child’s care.5

Within this group of 181 families, children average 3 years of age, and there is a nearly even split between boys and girls. The families are primarily African American and Hispanic, and two-thirds are below the federal poverty line (FPL). Twenty percent of the mothers are married, and most of them (85 percent) have relatively low education, a high school diploma or less. Two-thirds of the mothers are employed. Regarding welfare experience, 35 percent of the mothers reported receiving welfare at the time of the interview, 18 percent had received welfare in the two years prior to the study, 20 percent had received welfare at some point prior to that, and 27 percent reported never having received welfare.6

Characteristics of low-income children’s child care

Table 1 describes the child care settings that children attended. Forty-four percent of the children were in formal child care centers, including non-profit and for-profit centers and Head Start programs.4 Within these child care centers, the average group size was 15 children, with a child-provider ratio of 6 to 1. Both the group size and provider-child ratio averages fall within the suggested ranges for children of this age, according to the National Association for the Education of Young Children (NAEYC) standards.7 Eighty-four percent of the interviewed providers in centers had more than a high school education. Children had been cared for by the provider an average of eight months, and mothers reported that they paid an average of $20 per week for their child’s care. However, this average cost masks significant variability. Within the families using center care, 45 percent of mothers reported receiving free care, primarily due to the use of Head Start. Twenty-nine percent of mothers paid $30 or less per week, and the remaining 26 percent paid more than $30 per week.

The second and third columns in Table 1 show the characteristics of regulated and unregulated home settings. We define regulated and unregulated according to whether or not the provider reported being licensed to provide child care. Over half of the children in our sample were cared for in private home day care and 46 percent in unregulated home settings. Both types of care had a smaller average group size than centers, and a smaller ratio of children to care providers. Nearly half of the providers in regulated home settings were related to the child, as were nearly all the unregulated home providers. Very few of the home providers had more than a high school degree—a much lower educational level than child care center providers. Care was more stable in home settings than in centers, with providers reporting they had cared for the child for an average of 20 months for regulated homes and 25 months for unregulated homes, although it is possible that care had stopped and restarted within this time period. The child care fee that families paid also differed, with mothers of children in regulated homes reporting that they paid about twice as much as mothers of children in centers or unregulated homes. Nearly half (48 percent) of the children in unregulated home care received free child care, as compared to 34 percent of children in regulated homes.8 On average, mothers in our sample paid 19 percent of their total household income on child care for the focal child.

Our data show that formal child care centers and informal, unregulated home arrangements with relatives were the most popular child care choices for low-income parents. While the length of time in care was the lowest in centers, centers had the highest provider education, reasonable cost for the family, and acceptable group size and provider-child ratios. Unregulated homes, in contrast, had small groups and low ratios, reasonable cost, high stability, and care typically provided by relatives, but also had care providers with little education beyond high school. Regulated home environments were typically in the middle between centers and unregulated home environments in all these arenas, except for their comparatively high cost for the family and low provider education.

Different types of families do not use different types of child care

Although the three types of care settings had different characteristics, families in our sample did not differ in a consistent fashion according to the type of child care they
used. When we compared children in centers, regulated homes, and unregulated homes on a number of child and family characteristics such as child gender and age, mother education, employment status and shift, welfare status, marital status, and race/ethnicity, we found no statistically significant group differences. Children in regulated home care (the most expensive type in our sample) had slightly higher family incomes than children in center or unregulated home care.

Child care centers best meet the developmental needs of low-income children

Basic characteristics such as group size, ratios, and provider education are often used as markers of the quality of child care. Yet substantial research also indicates the importance of considering dimensions of human interaction such as cognitive and language stimulation, learning activities, care provider warmth, and peer and child-adult social relationships. These types of characteristics cannot be determined from survey questions but can be measured reliably through extensive observational assessments.

We completed two such assessments in each child care setting through a two-hour period of observation and an interview with the provider. Our observers were trained to use child care quality assessments that have been widely employed in the child development and early education literature. In child care centers, we used the Early Childhood Environment Rating Scale-Revised (ECERS) and the Arnett Scale of Provider Sensitivity, and in home settings we used the Family Day Care Rating Scale (FDCRS) and the Arnett Scale. The ECERS and FDCRS measures cover a wide range of characteristics of the child care environment, including opportunities to develop language and reasoning skills, learning activities, social interactions, space and furnishings, care routines, and program structure. In each of these measures, all the items were combined into a global quality score ranging from 1 to 7, with 1 = care that is inadequate to meet health and developmental needs of children, 3 = minimally adequate care, 5 = good care, and 7 = excellent care. The Arnett Scale of Provider Sensitivity focuses more specifically on the emotional and behavioral relationships between the care providers and the children, with high scores (on a range of 1 to 4) indicating care providers who are warm, engaged, and use consistent and appropriate disciplinary strategies, and low scores indicating providers who are harsh, detached, and use inconsistent or inappropriately strong forms of discipline.

Table 2, which presents data from ECERS and FDCRS measures of developmental quality, shows that for the sample as a whole, nearly one-quarter of the child care settings were rated as being inadequate in meeting the basic developmental needs of children; nearly one-third were rated as minimally adequate; and 45 percent were rated as good at meeting the developmental needs of children. These findings are generally comparable to those of other studies with both nationally representative and low-income samples, which also show that a large proportion of young children are in child care of poor developmental quality. However, different patterns emerge according to the type of care. The majority of child care centers in our sample received scores in the “good” range of the ECERS. In contrast, only one-third of regulated homes were in the “good” range, with more than half rated as “minimal.” In the unregulated home category, only a small percent were rated as “good,” while substantial proportions fell into the “inadequate” or “minimal” ranges.

Figure 1 (on page 4) shows these results graphically. The first chart shows that average quality ratings were highest in child care centers, lower in regulated homes, and lowest in unregulated homes. The second chart shows results from the Arnett measure which focuses on the level of warmth, control, harshness, and detachment in the caregiver-child relationship. Center and regulated home settings had very similar scores, with unregulated home settings scoring lower. In sum, according to the observational assessments, child care centers appear to best meet the developmental needs of children. Centers rated highest, and unregulated home settings lowest, in the quality of space, routines and activities, cognitive and language stimulation, social interactions, and care provider–child relationships.

Unregulated home environments best meet the needs of mothers

It is also important to consider how well child care settings fulfill the preferences and needs of mothers. Are mothers satisfied with the care their children receive and does it support their goals and desires for their children? Do care settings accommodate mothers’ schedules and transportation needs, and provide reliable, dependable care? During interviews with mothers, we collected information on their views and feelings about their children’s care settings. Four central dimensions of child care were measured: satisfaction, mother-provider communication, accessibility, and flexibility. Satisfaction concerns mothers’ views of whether the care setting is a safe, warm, and healthy environment with a caring, involved, and informed care provider. Mother-Provider Communication assesses the level of communication and emotional support that occurs between the mother and the care provider. These measures are both scored on a 5-point scale, with higher scores representing greater satisfaction and more communication. Accessibility reflects whether the mother felt she had choices and options that met her standards, whether she had transportation problems, and whether

<table>
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<th>Table 2</th>
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<tr>
<td>Developmental Quality Observations</td>
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<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td>Inadequate</td>
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<tr>
<td>All Child Care</td>
</tr>
<tr>
<td>Centers</td>
</tr>
<tr>
<td>Regulated Homes</td>
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<td>Unregulated Homes</td>
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she felt she had access to reliable and dependable child care and a care provider who shares her values. The fourth dimension, flexibility, focuses on how flexible the care provider is regarding hours of care and the mother’s work schedule. Scores on these two dimensions range from 1 to 4, with higher scores indicating higher accessibility and flexibility.

The first graph in Figure 2 shows that mothers with children in unregulated home care settings report higher satisfaction with their children’s care than do mothers of children in child care centers—the opposite pattern from that seen in the observational assessments of quality in Figure 1. Similarly, mothers of children in unregulated home settings report higher communication with their child’s care provider, greater accessibility, and more flexibility than mothers with children in child care centers or in regulated home care settings.15, 16

Mothers whose children are cared for in more informal arrangements, often with relatives, have less difficulty with transportation or with finding care during their work hours, have care providers who show more understanding of their situation and with whom they share information about their child more regularly, and report that their child care is more reliable and dependable than other mothers in our sample. These mothers also report being more satisfied overall with the care their children receive. In short, unregulated home care appears to be the child care setting in which mothers feel most comfortable and that best meets family needs.17

Although we did not ask mothers about their decision-making processes in choosing child care, we did ask them to report the type of child care they would choose if they had complete freedom. In response to this question, mothers using center-based care and mothers using unregulated home care were equally likely to say that they would prefer the same type of care as they were currently using. In both groups, just over one-half of mothers stated that they would choose the same type of care that their child was currently in, about 15 percent said they would prefer to care for their child full-time, and 30 percent stated that they would prefer a different type of care. In contrast, mothers using regulated home care were twice as likely to state that they would prefer a different type of care setting than the kind they were currently using.

Different child care settings have different strengths and weaknesses

The findings shown in Figures 1 and 2 present a clear contrast. Within our diverse sample of low-income families, the observational assessments created by social scientists and used by our trained observers suggest that child care centers provide the most developmentally supportive settings for children, the highest levels of safety, greatest cognitive stimulation, most appropriate supervision and control, and greatest warmth and caring. However, more informal, unregulated home arrangements, in which care is typically provided by a relative, best fulfill mothers’ needs and goals, and provide the most support for their families. Mothers who used unregulated home care reported the highest levels of accessible, flexible, and dependable care and better communication with their care providers, and were more globally satisfied with the care that their children were receiving. However, mothers were equally likely to say that, given complete freedom to choose, they would prefer center and informal home-based care, indicating that dimensions like accessibility and flexibility are not the only considerations low-income mothers employ when making child care choices for their preschool age children.

We suggest that these distinct types of care
arrangements have different strengths and weaknesses, which have various implications for children and families. Many research studies have shown the importance of high-quality child care, including appropriate cognitive stimulation, warmth, limit setting, and consistent attention to children’s health and safety, in supporting children’s healthy cognitive and socio-emotional development, particularly for low-income children. One cannot dismiss these quality assessments, even though they conflict with mothers’ opinions. However, in order to juggle the competing demands of parenthood, family responsibilities, and employment, parents need child care that is accommodating to their work schedules and that is reliable, dependable, and viewed as providing a safe and supportive setting for their children. Except for safety and supportiveness, the observational assessments do not capture these important criteria. It also appears that mothers view the supportiveness and safety of child care settings differently than do the observational assessments. These discrepancies may be due to mothers’ level of comfort with relatives or neighbors versus professional child care providers, and to differences in mothers’ expectations and preferences regarding their children’s social and cognitive enrichment.

How mothers’ welfare participation relates to child care choices and characteristics

Women traversing welfare reform, who may be faced with both work requirements and enhanced supports, might have different child care experiences than their low-income peers who are not a part of the welfare system. Alternately, both the strengths and weaknesses of the child care system might be globally shared by all low-income women and children.

There is not a significant relationship between a family’s welfare status (currently on welfare, left welfare within the past two years, left welfare more than two years ago, or never on welfare) and their child’s type of child care. We next consider whether child care experiences than their low-income peers who are not a part of the welfare system. Alternately, both the strengths and weaknesses of the child care system might be globally shared by all low-income women and children.

Unregulated home care appears to be the child care setting in which mothers feel most comfortable and that best meets family needs. These findings support the contention that many of the characteristics and challenges of child care are shared by all low-income women and children, regardless of welfare status and experience. Differences are seen, however, in the Arnett and accessibility measures. Figure 3 indicates that child care settings used by women who have recently left welfare receive lower observational scores on the Arnett measure of care provider warmth and appropriate control, and also lower maternal ratings of child care accessibility. These differences provide some evidence that mothers who have recently left the welfare rolls, compared to current recipients, have child care that is both less developmentally supportive of children and less supportive of mothers themselves. These findings suggest that recent welfare leavers might have a particularly difficult time obtaining acceptable child care.

Conclusions and Policy Options

This report, using direct observations of child care settings and interviews with mothers and child care providers from the Embedded Developmental Study component of the Three-City Study, indicates that child care settings appear to be meeting only some of the diverse needs of low-income preschool children and families as they encounter welfare reform. The children in our study who were in formal day care centers, preschools, or Head Start programs appeared generally to be receiving care that was developmentally supportive in a variety of cognitive, socio-emotional, and physical realms; had educated staff; had reasonable group size and child-staff ratios; and was relatively affordable. Regulated home environments, often referred to as family day care homes, provided greater stability for children than center care and higher developmental quality than unregulated home settings. Regulated home settings, however, also had lower quality scores than centers, were more expensive, and had lower provider education than other types of care.

Despite the generally higher ratings of center and regulated home care by trained observers, both types of care were rated by mothers to be less accessible, flexible, and satisfying, and to provide less communication, than unregulated home care. Yet according to the observational assessments, unregulated home settings, in which children were typically cared for by relatives, provided care of the lowest developmental quality of the three types. Indeed, unregulated care was typically rated as having “inadequate” to “minimal” quality in the observational assessments.

The strengths and weaknesses found in these three types of child care are instructive and support a variety of policy and programmatic options. First, the findings presented in this brief suggest the need to improve the flexibility, accessibility, and relationships with parents provided by centers and regulated family day care homes. Many low-income mothers are employed evenings, nights, weekends, or on rotating shifts, and do not have access to

![Figure 3](image-url)
Different types of child care fulfill different needs and preferences of low-income children and families, and each could be improved through targeted policy and programmatic initiatives.

reliable and affordable transportation. Flexible and accessible child care is a central support for low-income working families, and centers and regulated care settings are sometimes deficient in these arenas. Increasing the accessibility and flexibility of child care could be sought through multiple steps, including an expansion of full-time, full-year Head Start programs; increases in child care centers located in low-income neighborhoods and at low-income workers’ places of employment; and improvements in the availability of sick-child and off-hours child care centers. State and federal policy could also provide incentives to increase the engagement and comfort of parents and child care providers through locally-based programmatic efforts.

Second, the observational findings indicate that the quality of care provided by informal child care arrangements, particularly unregulated, care, is uneven and often alarmingly low. Basic safety precautions are often missing, cognitively enriching activities such as reading, number and word games, and pretend play are sometimes sparse, and some providers do not use appropriate disciplinary strategies nor provide warm, attentive care. These are qualities of child care that have been shown to increase children’s school readiness, social skills, and health and well-being. These findings suggest the need for increased training opportunities and resources for home care providers, geared particularly toward improving the safety, developmental appropriateness, and cognitive as well as social enrichment of the care they provide. Further efforts should be developed to extend these resources to unregulated and unlicensed as well as regulated child care providers.

Third, our findings indicate that over half of low-income preschool children in our sample were in child care that was rated as inadequate or minimally adequate at meeting their developmental needs, and many of the mothers reported having at least some difficulty with the level of flexibility and accessibility their child care provided. These results underscore the challenges that low-income working parents face in accessing child care that meets all of their needs and preferences. Subsidized slots and quality child care programs often have waiting lists. Even when affordable, high-quality slots are available, low-income parents are not always informed about them. With increased availability as well as information about quality care and child development, parents could become better consumers in the child care market.

Finally, we saw some evidence that parents who have recently left welfare have less supportive and accessible child care than those still receiving welfare, suggesting the need for further supports to families as they make the transition from welfare to employment. This might be accomplished through increasing the income limits and time limits of government subsidies for child care, and by providing more resource and referral services linked to welfare offices and other social service agencies to aid families in locating child care.

As the United States moves toward an era in which the vast majority of mothers with young children are employed outside the home, the need grows for an adequate supply of affordable, accessible, reliable, and high-quality child care in a variety of settings. Different families have distinct needs and preferences, and one particular type of child care is not right for all children and families. Policy and programmatic choices that address these diverse needs and preferences can support family functioning and healthy child development, especially for those in the most vulnerable families.

Changes to Child Care Policies

With the Passage of PRWORA

When drafting PRWORA, legislators anticipated the increased need for child care and made dramatic changes to child care policy by increasing funding, providing earmarked funds for quality improvement, and introducing complete state flexibility for subsidy eligibility determination.

The most significant congressional efforts to change the provision of child care were the consolidation of funding streams into the Child Care Development Fund (CCDF) block grant and the increase of federal spending from $2.2 billion in 1996 to $4.5 billion in 1999. Additional funding streams include the state option to transfer as much as 30 percent of the TANF block grant to the CCDF and state prerogative to use Social Services Block Grant monies for families at or below 200 percent PPL, including child care. Even with increased funding, demand still greatly exceeds supply. Recent studies have found that only 12 to 20 percent of federally eligible children are being served by child care subsidies. (See DHHS website, http://www.dhhs.gov and Abt Associates, National Study of Child Care for Low-Income Families.)

Federal policies also targeted specific quality enhancement policies. In an effort to address the importance of quality child care, the federal government requires states to spend at least 4 percent of their CCDF funds on measures to improve child care quality. In 2000 Congress took steps to encourage attention to the quality of care by earmarking the following federal discretionary funds: $19.1 million for child care resource and referral and school-aged child care activities, of which $1 million will be for the Child Care Aware toll-free hotline; $172.6 million for quality improvement activities; $50 million (increased to $100 million in FY 2001) to improve the quality of infant and toddler care.

The third central change of child care policies following welfare reform was devolution. PRWORA devolved nearly all child care policy decisions to the state level, and in some cases the states devolved the decision making even further to local jurisdictions. According to Congress, states were in a better position to determine such factors as income eligibility levels, how to prioritize the waiting lists for subsidies, copayment rates, payments for child care providers, and health and safety standards. In general, states have made substantial efforts to maximize available child care, allowing for self-arranged child care and for parents to designate family and friends to receive payment for taking care of their children.

These post-PRWORA changes appear to have exacerbated already existing state differences in child care standards and supply. Policies and practices in the three states of the Three-City Study exemplify some such differences. For instance, only 40 percent of the subsidized child care in Illinois is licensed or regulated, compared to 81 percent in Massachusetts and 84 percent in Texas.

In Texas, education and training provider qualifications are minimal. Requirements include a minimum age of 18 and a high school degree or GED. At the other end of the spectrum are Illinois and Massachusetts, which require Child Development Associate credentials or one of several higher education or education and experience options. It is not yet known whether state policies and practices are leading to discernable differences in the quality of child care across states.
In unregulated homes, 20 percent of mothers worked and received welfare, 32 percent worked only, and 13 percent neither worked nor received welfare.

Head Start and Early Head Start are federally subsidized and Head Start, creating full-day care. At least five other states, has used TANF funds to increase collaboration between child care providers and Head Start, and regulated homes p<.0001, with effect sizes of .62 SDs and .60 SDs, respectively; for accessibility, unregulated homes are higher than centers p<.01, effect size .02 SDs and higher than regulated homes p<.10, effect size .52 SDs; and for flexibility, unregulated homes are higher than centers p<.001, effect size .34 SDs and higher than regulated homes p<.05, effect size .61 SDs. Effect sizes are large even though the absolute differences appear moderate in part because of the skew of the scores.

The figures report bivariate results, but these findings appear quite robust. When multivariate analyses were run controlling for child age and gender, mother marital status, race, employment, welfare, education, and income, all the differences by child care type except one remained statistically significant. The exception is the difference between centers and unregulated homes for the Arnett.

Care setting and identity of the care provider may have biased mothers’ reports. For example, mothers might have been more hesitant to admit dissatisfaction with a grandmother’s care than with a preschool teacher’s care.


21. The data reported here were collected only from families who were using regular child care. It is likely that some mothers had even greater difficulty accessing child care—so much difficulty that their children were not in child care at the time of the study and thus were not included in the sample.

22. Families of different income levels and family structures were sampled at different rates, but we have survey weights which allow us to generalize our sample to the population of low-income single-mother and two-parent families living in low-income neighborhoods in the city as a whole. We employ these survey weights in all the tabulations reported here. For details on weights and sampling see Pamela Winston et al., Welfare, Children, and Families: A Three-City Study, Overview and Design Report.
Welfare, Children, and Families: A Three-City Study is an ongoing research project in Boston, Chicago, and San Antonio to monitor the consequences of welfare reform for the well-being of children and families. The study comprises three interrelated components: (1) a longitudinal in-person survey of approximately 2,400 families with children 0 to 4 years of age or 10 to 14 years of age in low-income neighborhoods, about 40 percent of whom were receiving cash welfare payments when they were first interviewed in 1999. Seventy-seven percent of the families have incomes below the poverty line. Seventy-three percent are headed by single mothers, and 23 percent are headed by two parents. (The balance are non-parental caregivers.) They should be thought of as a random sample in each city of poor and near-poor families with children 0 to 4 years of age and 10 to 14 years of age who live in low-income neighborhoods.22 In Boston and Chicago we sampled approximately equal numbers of African-American, Hispanic, and non-Hispanic white children in poor neighborhoods. Since San Antonio does not contain poor neighborhoods that are predominantly non-Hispanic white, we did not sample this group in that city. Our San Antonio sample, therefore, consists entirely of African-Americans and Hispanics. As part of the survey, extensive baseline information was obtained on one child per household and his or her caregiver (usually the mother). The caregivers and children will be reinterviewed periodically. (2) an embedded developmental study of a subset of about 630 children 2 to 4 years of age in 1999 and their caregivers, consisting of videotaped assessments of children’s behaviors and caregiver-child interactions, observations of child-care settings, and interviews with fathers. (3) an ethnographic study of about 215 families residing in the same neighborhoods as the survey families who will be followed for 12 to 18 months, and periodically thereafter, using in-depth interviewing and participant observation. Unlike the survey, the San Antonio ethnography included non-Hispanic white families. About 45 of the families in the ethnography include a child with a physical or mental disability. A detailed description of the research design can be found in Welfare, Children, and Families: A Three-City Study, Overview and Design Report, available at www.jhu.edu/~welfare or in hard copy upon request.

The principal investigators are Ronald Angel, University of Texas; Linda Burton, Pennsylvania State University; P. Lindsay Chase-Lansdale, Northwestern University; Andrew Cherlin, Johns Hopkins University; Robert Moffitt, Johns Hopkins University; and William Julius Wilson, Harvard University.