CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

CHILDCARE IN AMERICA:

THREE CASE STUDIES

A thesis submitted in partial satisfaction of the requirements for the degree of Master of Arts in Education, Educational Psychology, Early Childhood

by

Susan Lynn Bernheimer

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The Thesis of Susan Lynn Bernheimer is approved:

Docia Zavitkovsky

Elizabeth C. Ringsmuth

Elizabeth H. Brady

California State University, Northridge
Dedication

To Docia Zavitkovsky, Betty Brady and Betsy Ringsmuth for their encouragement, inspiration, and being models for my life work.

To the courageous women who created these childcare centers, defying the odds and demonstrating that having a vision can create miracles.

To my children, David and Adina, for teaching me everyday what it means to learn and love and grow up in our world.

To Rich Painter and Suzanne DeBenedittis, two people who have consistently supported me in knowing what life can be.

To Frances Watkins, for her typing and reminding me what it means to serve another.
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEDICATION</td>
<td>iii</td>
</tr>
<tr>
<td>PROBLEM</td>
<td>1</td>
</tr>
<tr>
<td>REVIEW of the LITERATURE</td>
<td>2</td>
</tr>
<tr>
<td>METHODOLOGY</td>
<td>33</td>
</tr>
<tr>
<td>CASE HISTORIES</td>
<td>35</td>
</tr>
<tr>
<td>ANALYSIS</td>
<td>86</td>
</tr>
<tr>
<td>CONCLUSION</td>
<td>107</td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>115</td>
</tr>
<tr>
<td>APPENDIX</td>
<td>117</td>
</tr>
</tbody>
</table>
ABSTRACT

CHILDCARE IN AMERICA:
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This thesis presents a review of childcare needs in America, with three case studies of childcare centers. The situation of childcare is examined in historical terms, including an analysis of present-day realities and the projection of future trends. Through interviews with the creators of three childcare centers in the Los Angeles area, accounts are developed of the creation and organization of model centers. The centers are compared and contrasted for developmental and ideological differences. Each center presents an amalgam of social and demographic factors.
One center is located in an inner-city area, serving a Latino population with a high degree of poverty. Another is located in a multi-racial community, also serving a population with much poverty. The third center is a part of business community, serving a multi-ethnic population with a wide economic range. The funding sources for these centers extends from full government funding to a combination of private and government funding to entirely private funding.

This thesis also includes the most current data on childcare accessibility and its effects on women and children. The final section is designed to set the stage for a view of the immediate and urgent longterm needs for childcare in the United States.
The problem to be addressed in this thesis is the situation of childcare in the United States today. A review of the literature will provide a comprehensive look at the facts of childcare in this country. The process by which childcare centers are created and organized in communities and businesses in the United States are then examined. Three in-depth case histories of contrasting childcare centers are presented. These case histories are constructed through interviews with the people who played a key role in each center's creation.

There is a two-fold purpose in addressing the issue of childcare in the United States. First, is the intention to provide a clear and thorough picture of childcare and the effects of this situation on parents, children and society. The second purpose is to gain insight into the process by which childcare centers are developed and organized. In this way, I can share with others the elements that make a difference as to whether or not one succeeds in creating a quality center. Through this study, others in the field can be assisted in becoming more aware of the childcare situation in this country, and to have a greater ability to develop and organize effective centers. The need for quality childcare is critical in our society. My intent is to contribute to the knowledge of this field.
History:

Childcare in the United States has a long and unstable history. There have been two core attitudes underlying the history of childcare in this country. The first is a generally negative sentiment towards children being cared for outside the home. The "good mother" is one who stays at home, and raises her children. Group care outside the home has been associated with institutional living. It is also associated with negative attitudes toward minorities. For example, between 1880 and 1914, two million Eastern European immigrants, many Jewish, came into this country. They lived in terrible economic conditions with everyone possible in the family employed (Hymes, 1978). This was the kind of living associated with daycare. The attitude towards working mothers can be seen in an announcement of the establishment of the Baltimore Day Nursery in 1883. The Day Nursery was to be "for the children of poor industrious women who are kept out of their homes all day by employment" (Hymes, 1978, p. 10). Another example of the attitude towards working mothers is revealed in a statement by a church supervisor responding to complaints of the horrendous conditions of the church day nursery. "We cannot afford to do more and what would these working women do without us? They are grateful for this" (Hymes, 1978, p. 11).

The second basic attitude towards childcare has been that it is to be
dealt with in terms of adult needs, rather than in terms of the needs and the rights of the child. As will be seen in the historical picture of childcare in the United States, benefits for the care of children have been directly related to war needs and problems of employment. Prescott and Jones in looking at childcare in America, found that the establishment of daycare centers has always hinged on the state of the employment situation. Centers have served needy women attempting to support their families and patriotic women working in defense industries. Centers have been justified as sources for employment, and hinged on the absence of other alternatives, such as a relative (Prescott and Jones, 1972).

A basically negative attitude towards childcare, along with economic necessity from war and employment problems, gives an underlying picture to the pattern of childcare in this country. The first childcare centers began in the mid-1800's, and were known as day nurseries. They were built in response to the immigration that brought over five million families to the United States between 1815 and 1860. Industrialization took women who needed to work away from the home and into the factory. These families were without relatives or social connections to assist in arrangements for the care of their children. Many of these children were left to fend for themselves in locked apartments or on the streets. Philanthropic wealthy women, service institutions, settlement houses or private individuals organized day care centers for the children of working mothers (Kerr, 1973). The quality of these early nurseries depended on the desire and energy of the director. Most of the nurseries offered "custodial care." This type of care has been
described in the following manner, "Feeding one end and wiping the other. No program of play or fun. No trained staff. Little or no suitable equipment. A garage, a storage place for children" (Hymes, 1978, p. 12).

During the Civil War, in 1863, some day nurseries were set up to care for the children of women who had to work. Up to the 1920's, there were no major developments or changes in the area of childcare in this country. During World War I, the Women's Committee of the Council of National Defense discussed the possibility of establishing day nurseries in manufacturing areas, but there was no action taken. So, day care needs created by the war were met by local centers set up on a temporary basis (Kerr, 1973).

In the 1920's, the nursery school movement began to develop in this country. This new movement added strength to the childcare field. It began a new view of providing nourishing programs for children, rather than the usual "custodial care" that was a part of most childcare (Hymes, 1978).

The bond between the new nursery school movement and the day nurseries was strengthened in the 1930's and 1940's. It was at this time that care for children was first subsidized by the Federal government. During the Depression, the first large-scale public nursery schools were established under the Federal Emergency Relief Administration and later the Works Progress Administration. These W.P.A. nurseries served the purpose of providing employment as well as
relieving some of the conditions of the depression that had adversely
affected children (Kerr, 1973).

During the 1940's with World War II, it became clear that women
were needed to work in the war industries. Public Law 137, the Lanham
or Community Facilities Act was passed in June 1942. This law establish-
ed national support for childcare. But, once again, the ambivalence
felt towards childcare can be seen in its wording. It says, "the first
responsibility of women, in war as in peace, is to give suitable care in
their own homes to their children" and at the same time cautioned
employers to set up "no barriers to employment of women with children"
to provide flexible hours, shifts designed to coordinate with family
life and childcare services (Kerr, 1973). At the end of World War II,
national support for childcare ended. Only in California have these
programs continued to be supported. Once the war was over, mothers were
encouraged to return to the home and raise their children. Many women
though, remained employed. In 1959, a survey showed that five times as
many women were working as in 1940, with daycare facilities available
for only 2.4% of their children (Kerr, 1973).

In the mid-1960's with the War on Poverty, a new concern with civil
rights, and a focus on urban unrest, Federal funds again became avail-
able for childcare. The Social Security Act was amended in 1962 to
provide funds for daycare, through the state department of welfare. In
1967, it was amended again to provide 75% Federal funding for daycare of
children of past, present and potential welfare recipients, as defined
by States (Kerr, 1973). As part of the antipoverty program, Head Start
was created in 1964, under the Economic Opportunity Act (EOA) to provide compensatory education for disadvantaged children. It was an important development in that it created a "comprehensive" program for the young child's development—physical, emotional and intellectual. Both nursery schools and the daycare movement were helped by all the attention it focused on the importance of the early years (Hymes, 1979).

In 1965, Title VII of the Housing and Urban Development Act, provided financial and technical assistance to daycare centers. Most of the Federal programs, with the exception of Head Start, were designed to provide income maintenance for the poor, and all of the Federal programs were restricted to the poor. In this way, these programs tended to segregate poor children (Kerr, 1973).

In the late 1960's, as more and more women became employed, only a fraction of the five million children whose were at work had daycare facilities available. At this time, the women's movement began to challenge the assumption that childcare is only a welfare service for children whose mothers have to work. They stressed that childcare services should be available to all working mothers, regardless of their reasons for seeking employment or their economic status (Kerr, 1973).

In the early 1970's, seeing the great unmet need for childcare, there was a sudden growth in franchise childcare centers. These people attempted to create "big business" out of childcare. There were two varieties: 1) the franchise center, and 2) the childcare center...
company with its own branches. In 1971, fifty one companies were involved in franchise or branch childcare centers. Their goal was to have business management well taken care of, and have the company make a profit. What they did not realize is that childcare is inevitably the most expensive of all programs. Many of these franchise and branch centers have either closed down or deteriorated in quality (Hymes, 1978).

As an ending note to this historical perspective on childcare in the United States, is a statement of concern about our policies toward children. Dociia Zavitkovsky, the Director of the Santa Monica Children's Centers for 39 years, believes that it is of great importance that there should be a policy for "children because they are children, and that the policy should be grounded in their basic needs of health, safety and well-being" (Zavitkovsky, 1977, p. 14).

Present Demographics:

There are now approximately 61.7 million children living in the United States. Of these children 18.9 million are under six years of age. And, 31 million are between the ages of six and 14 (Children's Defense Fund, 1982A). These children, under the age of 14, are living in families and in a society that has been undergoing rapid changes. What kinds of families are these children a part of? How are they being cared for? What role is our society taking in assuring their healthful and productive development? These are some of the questions I will be
looking at in the following section.

**Institution of the Family.** The institution of the family, in which these children are living, has been undergoing dramatic changes in modern times. It has become smaller, more mobile, more isolated from the extended family and community, with a higher divorce rate and a great increase in mothers working (Isakson, 1979). The upward trend of divorce has been steadily continuing. In 1981, the number of divorced persons to each 1,000 married persons living with their spouses was 109; in 1970 it was 47, and in 1960 it was 35. (Rick, 1982) Although most children still live in two-parent families, there has been a steadily increasing number of children living in one-parent families. In 1970, 8.4 million children (1 in 8) lived in one-parent families. In 1980, 12.2 million (1 in 5) lived in one-parent families. These families are usually headed by the mother (Children's Defense Fund, 1982A).

Stevanne Auerback notes that the increasing incidence of divorce is a reflection of the pressures and stresses put on couples and families as great personal and societal changes take place. (Auerback, 1979). One of these changes has been the role of women in families and society. Within the traditional housewife role, women now have more time and greater needs for money and outside stimulation. Due to appliances, manufactured goods, and prepared foods, housework itself takes considerably less time than it did even a short time ago. There are not as many people in the home to care for. Women are having fewer children, and there are fewer extended families living together (Freize, 1978).
Attitudes about motherhood. Attitudes about motherhood have also been changing. Women no longer feel that they must stay home and give all their care and attention to their families in order to have healthy and happy children. In a research study done in 1943, 50% of college women surveyed said that they would prefer not to work after the birth of their first child. In 1981, only 18% of college women gave this response (Freize, 1978).

Employed mothers. Another factor changing the women's role in the family, has been the economic need to work. The high divorce rate and the condition of the economy has created circumstances in which many women need to work. Figures from the Department of Labor (1976) have shown that most women do not work out of choice, but from economic necessity. Eighty-four percent of women in the labor force either support themselves or are married to men whose income was under $15,000 in 1975. $15,000 is $1,236 below the amount needed by a family of four to achieve an "intermediate" living standard (Draper, 1977).

The number of mothers in the workforce has been one of the dramatic changes in the modern, American family. In 1940, only 8.6% of mothers with children under 18 years of age were working. (U.S. Dept. of Labor, 1981). Today, more than half (53%) of the children in the United States have mothers in the labor force, including 43% of children under the age of six years. Over half (52%) of all children in two-parent families have mothers who work. For children in one-parent families, over 62% have mothers who are employed (Children's Defense
Statistics taken in 1979, showed that the poorest families in America are those headed by women. Their median income was $9,933, compared to $21,521 for married-couple families, and $16,888 for male-headed families. Families headed by women are five times as likely as married couples to live in poverty (Children's Defense Fund, 1982A). In 1981, the National Advisory Council on Economic Opportunity made the following prediction.

All other things being equal, if the proportion of the poor in female household families were to continue to increase at the same rate as it did from 1967-1978, the poverty population would be composed solely of women and their children before the year 2,000 (Children's Defense Fund, 1982A, p. 4).

Childcare in relationship to the economic status of women.

Problems with childcare not only cause continuing problems for working women, but undermine the economic lives of women in numerous ways. Difficulties with childcare has been found to prevent women from taking paid jobs. A number of studies suggest that approximately one of every five unemployed women is unemployed because she is unable to make satisfactory childcare arrangements. A study based on census data from June 1977 came to the following conclusion, "many more mothers with children less than 5 years of age would be working more hours if suitable childcare were available...close to 1 out of 5 mothers with preschool age children who are not in the labor force say they would be looking for work (or employed) if suitable childcare were available"
Evidence has shown that the lack of childcare or inadequate childcare keeps women in part-time jobs, most often with low pay and little career mobility. Twenty-three percent of the adult women in the United States labor force either worked part-time or were looking for part-time work in 1977, compared with 7% of adult men. Studies indicate that women are held back from increasing their hours of employment by the unavailability of adequate childcare. For example, an intensive study of limited income families with preschool children found that in most cases, childcare was a major factor in determining women's job options (U.S. Commission on Civil Rights, 1981).

Problems with childcare keeps women in jobs for which they are overqualified and prevents them from looking for or taking job promotions or the training necessary for advancement. In a New York City study of 100 Black and 1,000 White full-time employed mothers with at least one child aged five or younger, found that women frequently take jobs for which they were overqualified because they couldn't make satisfactory childcare arrangements (U.S. Commission on Civil Rights, 1981).

The need for childcare restricts women's participation in Federal employment and training programs. Women have been under-represented in Federal programs. In 1978, women were only 74% of the participants in the welfare-oriented Work Incentives Program (WIN), even though they
represented 90% of adult recipients of Aid to Families with Dependent Children (AFDC). A supervisor of a WIN office said that the unmet need for childcare was probably the primary reason why women were less likely than men to be assigned to job training (U.S. Commission on Civil Rights, 1981).

Childcare difficulties prevents many women from participating in Federally supported education programs. Childcare is considered to be a crucial barrier to women being part of the programs in the Adult Education Act and the Vocational Education Act. Enrollment data for 1970, revealed that women were proportionally under-represented in postsecondary and adult programs (U.S. Commission on Civil Rights, 1981).

Childcare Centers:

**Availability of childcare.** As increasing numbers of children have working mothers and mothers in need of further training to become more self-sufficient, one must look at the supply of childcare in our country. The answer to this question has been described in almost every study as "woefully inadequate." Twenty-two million children age 13 and under are in one and two parent families in which all the parents are in the labor force. Subtracting the 8.8 million children whose mothers are employed part-time and may be able to care for their children, there are still 13 million children age 13 and under in need of care. 1.6 million of these 13 million children are cared for in their homes by
a relative or non-relative. These 11.4 million children of employed parents still need care (Children's Defense Fund, 1982A).

According to the most recent national study (1977), there are only 900,000 childcare center slots in the United States. According to a 1974 study (best available estimate), 5.2 million children are cared for in family daycare. Without considering the unknown quality and cost of the 1.6 million private care arrangements, and the 6.1 million childcare "slots", these estimates account for only 7.8 million of the 13 million children age 13 and under with mothers in the labor force full-time. This leaves only 54% of American children, whose parents work full-time, that have identifiable childcare arrangements. The conclusion one must come to, is that approximately 52 million young American children (46%) of parents employed full-time, are without adult care or supervision for significant parts of each day (Children's Defense Fund, 1982A). The question remains to be answered, "What is happening to these children while their parents work? As a nation, we do not know" (Children's Defense Fund, 1982A, p. 9).

In 1972, the National Council of Jewish Women conducted a study of childcare needs and services in 77 cities throughout the United States. Their findings were revealing of the need for childcare. They found that most mothers worked for compelling economic reasons. And, that the number of children of working mothers in need of care was rising considerably more rapid than the supply of services available. They found "In community after community the people most knowledgeable about
daycare needs and existing services told Council interviewers that an 8 or 10 fold or even greater expansion of quality daycare would not suffice" (Keyserling, 1972, p. 2). The growing shortage hit all income groups. It was obvious that the poor particularly suffered. Federal funds for childcare helped provide services for fewer than 5% of the children of economically disadvantaged families in greatest need. Most parents who quality care for their children were not eligible for childcare that was subsidized and could not find affordable, unsubsidized quality care. Private childcare that was of high quality was found to be expensive (Keyserling, 1972).

One of the conclusions of this study was that several groups of children were in need of childcare. The first group was the children whose parents work. Another group was the 2½ million children under the age of six whose families were in poverty and whose mothers were not employed. These children were found to be economically, educationally and physically seriously disadvantaged. Part-day care could give them the kind of beginning they greatly needed (Keyserling, 1972).

Two other groups which were found to be in urgent need of childcare were infants and handicapped children. Very little care was found to be available for either of these groups. Another group in need of childcare was children whose mothers were studying or in work training or who were providing needed volunteer services to the community (Keyserling, 1972).
Not only was a great inadequacy found in the provision of child-care, but the care available was lacking in quality. Of the centers visited by Council members, only about one-fourth provided developmental care, including educational, nutritional and health services—the essential components of quality care (Keyserling, 1972).

Since this study was done in 1972, the magnitude of the problems found, have greatly increased. For example, poverty in our country has grown considerably since that time. In 1969, there were 24.1 million people living in poverty. Since then, 6.4 million people have been added to the list of poverty stricken people living in the United States (Children's Defense Fund, 1982A). Maternal employment has also continued to rise. This is particularly true of mothers with young children. Between 1959 and 1980, the rate for women working who have children under age three increased from 17% to 42%; for women working with children between the ages of three and five, the rate doubled, from 24% to 55% (Children's Defense Fund, 1982B).

Affects of inadequate childcare on women's work. The effects of having such a great inadequacy in meeting the needs of parents and children ramifies throughout our society. Those most deeply affected are the women and children who must face this problem everyday. A national survey of working women, questioned 80,000 employed women about the issue of childcare. One-third with dependent children reported that childcare continued to be a problem for them. The need for childcare was reported as a problem by 36% of the professional, managerial and technical workers with dependent children, and by 29% of the clerical,
sales, service and blue collar workers with dependent children (Verzaro, 1982).

Problems with childcare have also been found to conflict with women's ability to perform their work. A Family Circle 1978 survey found that 70% of the women said that "adequate" childcare helps their job performance. And, another recent national survey showed that 23% of employed women with children found that their childcare causes them to be late for work or to miss work (U.S. Commission on Civil Rights, 1981).

Affects of inadequate childcare on children. Children, in general, are more likely to be poor than any other group in America. In 1980, 11.4 million, or almost one in five, lived in poverty. This was 1.7 million more than in 1979. Approximately half the additions to the poverty rolls in 1980 were children. Younger children are more likely to be poor than older children. The poverty of children is directly related to the poverty of women in this country. Families headed by women are five times as likely as married-couple families to live in poverty. One-third of all female-headed families are poor, compared to 6.2% of married-couple families (Children's Defense Fund, 1982A).

This poverty effects all aspects of childrens' lives. Nutrition is lacking for many children. About 10 million children receive Food Stamps and about 25 million children, 60% of all school children, participate in the school lunch program. There are approximately 9 million children in this country who have no known regular sources of

Latchkey children come home from school to an empty house, and have their own key to get in. The key is usually on a string around their neck to keep them from losing it. It is estimated that there are at least two million latchkey children in the United States, under age 14. This is not including the thousands of children who are not attending school (approximately 7% of American school-age children). A 1976 Bureau of Census reported that 13% of children aged 7-13 years, whose mothers worked, cared for themselves. It also showed that 4% of 3-6 year olds cared for themselves (Garbarino, 1980).

There are four types of risks associated with latchkey children. One risk is that they will feel a sense of rejection and alienation. A second risk is that of delinquency and vandalism. A third risk is that they will not develop well academically. A fourth risk is that they will be treated harmfully, in terms of accidents and sexual victimization (Garbarino, J., 1980).

Aside from the negative effects of the lack of childcare in our society, there are the costs of the missed benefits of quality childcare. Weber and Weikhart began a study in 1962 looking at the long-term effects of early childhood programs on children from low-economic families. He followed two randomly assigned groups of children from age 3 to 19 years. The experimental group was in a high-quality
program of center-based preschool education. The control group was in no early childhood program. The cost of operating the program (in 1979 dollars), was $2,992 per yer per child - a total of $5,984 for the two year program. The benefits were: $668 per child from mother's released time while the child attended preschool, $3,353 per child saved by the public schools because children with preschool required fewer years of special education, $10,798 per child in greater lifetime earnings projected from their educational status. A total of $14,819 per child. Taken against the cost of the program operation, the benefits amounted to a 248% return on the original investment (Weber and Weikhart, 1978).

The potential for cost benefits from full-time childcare programs could be much greater. A recently completed economic study in central Florida found that childcare support for low income mothers who were receiving welfare assistance, allowed 49% of them to leave the welfare rolls and join the labor force. Thus, government funding of childcare reduced the tax money used for welfare assistance and also increased the tax base by adding new workers to the labor force (Weber and Weikhart, 1978).

Provision of childcare. The need for childcare is both fundamental and important to communities in this country. "Childcare issues embody the essence of women's rights, civil rights, equal opportunity and affirmative action. Childcare is a human resource issue — a quality of life issue for parents and for children. As such the entire community has a responsibility for — and a stake in — providing solutions for childcare (Friedman, 1979, p. 12).
Types of childcare centers. Childcare centers in the United States operate under three major types of sponsorship: public, nonprofit (or voluntary), and proprietary (or commercial). Two-thirds of the nation's centers are proprietary. One-third are nonprofit or public centers. Most nonprofit or public centers limit their services to low-income families (Presscott, 1972).

The nonprofit childcare centers grew out of the charitable day nurseries. The charitable day nurseries provided institutionalized daycare since the turn of the century. They were nonprofit and under private auspices. They emphasized the needs the children and families they served had for security, stability and help. There are a few charitable nurseries (19) still in existence, and they usually are supported by local community chests (Prescott, 1972). The present-day nonprofit childcare center, like the charitable nursery, often operates in areas of poverty. Some of these centers provide high quality childcare services, rather than the custodial services of the charitable nurseries.

Public childcare centers are almost all created to serve the poor. During World War II, much government support was given to provide childcare. Except for California, who transferred funding to the State, this support ended after the war. Since the war, some scattered government programs give money for childcare, plus the Head Start preschool program which came out of the 1960's War on Poverty.

Prior to the war, private commercial (proprietary) nursery schools
and childcare centers were few in number. Some private centers began during the war. At that time, economic conditions and licensing regulations made it possible to establish a daycare center as a private business with a small cash outlay and no special training. Private centers increased after the war as the need for childcare began to increase. The majority of childcare facilities under private ownership are small establishments located at one site in the community. They tend to be independent, self-contained units varying greatly in physical setting, characteristics of the personnel, and the type of program (Prescott, 1972).

**Funding for childcare.** It is estimated that in the United States, $10 billion a year is spent on childcare. The Federal government spends 2.5 billion; families spend $6 billion; and state, county and local agencies spend the remainder (Friedman, 1979). Childcare receives funding in three main ways: foundation funding, government funding, and labor and industry funding (Friedman, 1979).

**Foundation funding.** There are approximately 20,000 foundations in the United States. Sixty-three of these have been identified as funding projects and organizations relating to children's services. Of these, 31 specifically fund childcare. Historically, the relationship between foundation and government funding was that they competed with each other for ways of defining social and political reforms. Foundations have typically viewed their role as that of catalyst, experimenting in areas untouched by the government (Friedman, 1979).
Government funding. The government has usually funded direct services and primarily assisted low-income families. Ninety percent of direct federal support is invested in six Federal programs. The remaining funds are applied indirectly, primarily through the childcare tax credit (Friedman, 1979). The following are descriptions of the six Federal programs that support childcare.

Title XX of the Social Security Act, implemented January 4, 1975. Title XX provides approximately $2.7 billion per year for the State Social Services that will enable low and moderate-income families to become or continue to be self-supporting, and to prevent, reduce or eliminate dependency (U.S. Commission on Civil Rights, 1981).

The AFDC Work Expense Allowance assists in two ways with the childcare expenses of parents who are in paid employment and are not receiving Title XX daycare services. The first way is that childcare is considered as work-related expense. The AFDC work expense allowance required states, in working out an applicant's income to determine eligibility, to deduct from the earned income the cost of childcare necessary to maintain employment. Second, after eligibility is determined, the AFDC "income disregard" formula allows AFDC recipients to deduct the first $30 of monthly earned income plus 1/3 of the remaining income, including the payments for childcare while the recipients are employed (U.S. Commission on Civil Rights, 1981).

The third Federal program for childcare funding is Head Start. This began in 1965 as part of the "War on Poverty". It is a compre-
hensive preschool program that includes medical, nutritional and social services. Ninety percent of the children it serves are from families with low-income. Ten percent of the Head Start slots are reserved for children with special needs (U.S. Commission on Civil Rights, 1981).

The fourth federal program is the Elementary and Secondary Education Act Title I. This was enacted in 1965, and amended in 1978. It provides financial assistance to school systems for the purpose of expending and improving their educational programs. It is intended to particularly meet the special educational needs of educationally deprived children. This program includes funding for preschool education (U.S. Commission on Civil Rights, 1981).

The Work Incentive Program (WIN) was established by Title II of the 1967 amendments to the Social Security Act. Its goal is to provide training and employment opportunities to adult recipients of Aid to Families with Dependent Children (AFDC), thereby removing families from dependency on public assistance. Work Incentive Program sponsors are authorized to pay for supportive services that are necessary to enable participants to accept employment. Approximately, 10% of WIN's 1977 budget was used to pay for childcare (U.S. Commission on Civil Rights, 1981).

The sixth Federal program that supports childcare is the Child Care Food Program. This program is operated by the Department of Agriculture. It is designed to help childcare institutions by providing services for nutritious meals to the children (Friedman, 1979).
Tax incentives. The Federal government indirectly supports childcare through tax incentives. Federal tax policy subsidizes the care of children primarily through the dependency exemption. This is an exemption available to taxpayers regardless of earnings or means of childcare. The tax benefits are designed to 1) encourage employers in providing for childcare, and 2) give credit for child and dependent care expenses, so as to offset a limited amount of childcare cost related to work or education (Friedman, 1979).

Relationship with business. The tax benefits to business fall into three categories; 1) Money spent for the childcare of employees' children may be deductible as an ordinary and necessary business expense, 2) When employers contribute to childcare for community children, the expense is deductible as a charitable contribution, 3) Capital expenditures for childcare can be depreciated at an accelerated rate over a five year period, instead of over the useful life of the facility (Friedman, 1979).

Labor and industry funding. Up to the present time, labor and industry have had limited involvement in childcare. There are a number of potential benefits, though, to business in assisting with childcare needs. Kathryn Senn Perry did a study of employer sponsored childcare in the United States. The following were benefits reported by 72 businesses with childcare centers. They are listed according to the number of businesses reporting each benefit: easier recruitment of new employees (53), lower absenteeism of employees (49), a more positive attitude toward work (40), a more positive attitude toward the sponsor-
ing organization (38), and a lower rate of job turnover (34) (Verzarro-
Lawrence, 1982).

There are also many advantages to employees and their children. It
could strengthen family ties in a number of ways. Close proximity and
closer contact with the developmental growth of their children could
break the pattern of isolation of working mothers from their children.
The reduced absenteeism and tardiness, as well as, the shortened commute
would save time and money that might otherwise be lost from work. It
could make the difference as to whether or not a parent could remain
employed or take a job (Friedman, 1979).

Employers and labor groups can assist with childcare needs in a
number of ways. Support can be provided for existing childcare pro-
grams. In a community where childcare slots are available, an employer
could donate services such as accounting, advertising, or legal as-
sistance. In this way, operating costs could be cut, and better
services could be provided to parents at a lower cost (U.S. Dept. of
Labor, 1980).

Employers and labor groups could provide information on child
development and childcare. Seminars could be given on parent-child
relations, community resources, and childcare. Booklets could also be
published on community childcare (U.S. Dept of Labor, 1980).

An information and referral system could be set up. This service
would try to match a parent's request for childcare with services available in the community. Either an information and referral service already existing could be supported, or one could be established (U.S. Dept of Labor, 1980).

A family daycare program could be provided by recruiting caregivers for family daycare, train them, and arrange for employees to use their services (U.S. Dept of Labor, 1980).

A sick-child care program could be established. Either family daycare homes for only sick children can be used, or a CETA training program could provide nurses' aids (U.S. Dept of Labor, 1980).

Another way childcare needs could be supported would be through the use of vouchers. In this way, an employer or union can subsidize the cost of care for children. An X amount of money could be provided through vouchers to be used at any licensed childcare center (U.S. Dept. of Labor, 1980).

If a limited number of employees need services, the employer can reserve slots in an existing childcare center. This can be done by paying for the slots and charge the employees what it chooses for the space (U.S. Dept of Labor, 1980).

A consortium for childcare could be created by having a group of employers work together to develop and support a childcare center or
other childcare programs to serve their employees (U.S. Dept. of Labor, 1980).

An on-site or off-site childcare center for the use of employees could be established by the employer, by the union, or by a group of employers. The advantage to having this type of service is that reliable childcare can be made available for all ages of children, at a convenient location, and at hours needed for work demands (U.S. Dept. of Labor, 1980).

In summary, there are three major sources of funding for childcare: foundation funding, government funding and labor and industry funding. The degree to which any of these funding sources support childcare in a community, is dependent upon attitudes toward this issue. The problem in the provision of childcare in communities in the United States is stated clearly in the following quote.

The establishment of daycare centers in a community appears to be closely linked to community attitudes concerning acceptable roles for married women. The prevailing attitude toward maternal employment in this country traditionally has been that the good mother is one who stays at home. Provision of group care for children, therefore, implies that mothers are working, and arguments for expansion always imply that more mothers could then work. Because of this reluctance by the community officially to facilitate maternal employment, its attitudes toward group care have been ambivalent (Presscott, 1972, p. 2).

This ambivalence is clearly seen in the policies of our Federal government. There is no cohesive or well-articulated Federal childcare policy. Rather, there is an assortment of Federally-supported programs,
established for a variety of reasons — social services needs of parents, labor force needs of the economy or educational needs of children. These programs are mainly targeted to low-income families. This system is greatly inadequate to meet the current or projected need for childcare (U.S. Commission on Civil Rights, 1981).

Two types of childcare centers. In the following section, examples of the development and organization of two childcare centers will be presented.

The Santa Monica Children's Centers were originally established through the Lankam Act during World War II. This Act created government supported children's centers throughout the United States as part of the war effort. This enabled the women to be employed in the war industries, which were in great need of a workforce. At the end of the war, in 1946, the Federal government withdrew its support of the childcare centers (Zavitkovsky, 1977).

In California, people in the communities came together to demand that the centers be continued under State funding. Parents, center teachers and administrators built a coalition with community leaders, agency representatives, the press and school people in order to gain support for the continuation of the childcare centers. They felt that through communication, an informed and knowledgeable public would support the centers. Parents invited their legislators and community leaders to the centers. Information about the centers was distributed through newsletters and published articles. The value and needed
services offered to children and families were communicated to the public (Zavitkovsky, 1977).

The California legislature voted in 1946, to provide financial support for the childcare centers. The centers were to be administered and operated by the governing boards of school districts until the end of that fiscal year. From 1946, the continuation of funding for the centers was provided on an annual or biannual basis. In 1956, the first legislation to continue the support of the childcare centers without a terminal date was passed (Zavitkovsky, 1977).

Santa Monica is a generally middle-class suburb of Los Angeles, with many retired residents. There are several poverty areas in the city. At the Children's Centers, about one-fourth of the children are members of minority groups. Almost all of the children come from families in which the parents are divorced or separated and the mother is supporting her family by working (U.S. Dept. of H.E.W., 1970).

There are four children's centers in Santa Monica, all located on or near public school grounds. They serve a total of 220 children. Two of the centers are nursery schools for children aged 3-5; the other two centers serve children of school age. The hours of the centers are from 4 a.m. to 5:30 p.m., five days-a-week, twelve months-a-year. The centers are closed for only six holidays during the year. (U.S. Dept. of H.E.W., 1970).

The centers provide children with a well-balanced nutritional
program of lunch and snacks. Rest periods and health care by a registered nurse are part of the program. The centers are also concerned with the intellectual and emotional development of the children. A variety of opportunities for learning through play experiences are provided. A special emphasis is placed on giving affection and understanding through adult guidance (U.S. Dept of H.E.W., 1970).

Each of the two nursery schools has an enrollment of 37 children. The nurseries are staffed by five teachers (one is the head teacher), a cook, a housekeeper, and a part-time nurse. The average teacher-child ratio is one-to-seven. The other two centers provide extended care for school-age children before and after school and during vacations. These centers are staffed by a head teacher and an additional three to five teachers. The average teacher-child ratio is one-to-fourteen. These centers are conveniently located near the elementary schools where the students spend most of the day (U.S. Dept. of H.E.W., 1970).

The Santa Monica Children's Centers are supported by State funds and parents' fees, sometimes supplemented by a local tax. The State contributes an average of 52¢ per hour per child, or three-fourths of the costs of the program; parent fees cover the remaining fourth of the costs. The fees for each child are determined by a sliding scale based on income and the number of children in the family (U.S. Dept. of H.E.W., 1970).

The Corning Glass Works Corporation is located in Corning, New York—a small town located in upstate New York. Employees and job appli-
cants began expressing an interest in an employer-sponsored daycare center. The corporation, having a long history of commitment to improving social conditions, began to explore the possibility of setting up a center (Corning Children's Center, 1981).

In November 1979, a Corning Glass Works Foundation grant funded a four-member task force to study the childcare needs and requirements of the Corning, New York community. The task force polled 8,000 people about the number of children they had; the type, quality and cost of childcare they were presently using; and their interest in a new childcare center. The results of the survey showed that 20% (over 400) of the families had a strong interest in a new facility. A substantial number expressed frustration with their existing childcare arrangements, and there were waiting lists at two existing community childcare centers (Corning Children's Center, 1981).

The Corning task force, then conducted a study to discover the factors leading to success or failure in industry-sponsored childcare. They studied the childcare centers at more than 15 industries and consulted with 30 educational institutions. The following were six factors they discovered were part of successful childcare centers: commitment from a major corporation or other sponsor, including long-range financial support; qualified, trained, adequately paid staff members; parent and community involvement; realistic expectations about profit-making potential and effects on employers; realistic expectations about enrollment (5 to 10% who originally indicated interest); a comprehensive program (including education and attention to health) (Corning Child-
The Corning Children's Center grew out of the effort of a concerned corporation, its foundation and the local community working together for the benefit of children and their parents. In turn, there were a number of benefits for the Corning Glass Works Corporation. It gave them recruiting advantages, and a unique advantage in community relations. Because the center created was available for the community, it helped strengthen the link and rapport between the corporation and the community (Corning Children's Center, 1981).

The center is run by two co-directors, both with advanced degrees in education. Two teachers were chosen by the co-directors. The teachers were then involved in the selection of four assistant teachers. There are 24 children, ages 3-5 years, in the center. The center is located in town, so parents can drop off and pick up their children to and from work (Corning Children's Center, 1981).

There are four major goals for the center: providing a safe, healthy, caring and stimulating learning environment for children; supporting working parents; providing a community service for families; establishing a model program for employer-sponsored childcare. For the future, the Board of Directors is looking into the feasibility of infant care. The center may eventually include more children of all ages in the program (Corning Children's Center, 1981).

Studying childcare centers. Based on these two studies of the
development of childcare centers, several researchable questions have evolved. What are the similarities and differences in one's vision of a childcare center? What are the similarities and differences in the process of creating a center? What are the similarities and differences in organizing a center? And, what knowledge have people gained in going through the experience of developing and organizing a childcare center? These are the basic questions to be addressed in the following in-depth case histories of three childcare centers.
METHODOLOGY

This study uses the case study method of research. The purpose in using this method is to gather information as to the development and organization of three contrasting childcare centers. The three centers were chosen after much thought and examination. Each center, although unique in its development and organization, demonstrates an outstanding ability to provide childcare of high quality. The centers were also successful in bringing into reality a place true to its original vision.

The form used to collect data is that of in-depth individual interviews. The interview is semi-structured. It includes some structured questions, but is primarily aimed at a semi-structured level using open ended questions. Open-ended questions are more adaptable, permitting probes to secure fuller responses. In this way, I am more able to gather the kind of information needed, and gain greater clarity. An extensive questionnaire is used, regarding the creation and organization of the centers.

Procedures:

The interviews were conducted privately by appointment. Both ample time and privacy were part of the conditions of the interviews. The person being interviewed was informed of the purpose of the interview. The respondents were assured that all statements in the course of the interview would be used for research purposes only.
The information was gathered through the use of a tape-recorder as well as note-taking. This enabled me to obtain the most accurate record possible. In taking notes, I used the respondent's own words whenever possible. Paraphrasing and summarizing were avoided in order to prevent distortion. During the course of the interview, my attention was focused on the respondent, rather than the note-taking or questionnaire. The use of a tape-recorder facilitated my ability to have my attention on the respondent.
Preface to Case Studies

At this time, in our society, I feel that the creation of a quality childcare center that is true to one's vision, is both critically needed and exceedingly difficult. Quality childcare costs money and takes time, care and knowledge to develop. Such a center could not be self-supporting without exceedingly high fees, unless it is subsidized. In a society in which children's interests have been shown to be of a low priority, it takes courage to even be willing to attempt the creation of a center to care for children. The three centers which I will be studying have been able to fully realize their visions of quality childcare. Evidence of this quality showed in the high recommendations given by people in the field of childcare, their ability to gain continued funding, and their impact in the community. These centers were able to attain the financial, political, legal and community support to bring a dream into existence. A sharing of the work that these people did in accomplishing this task has much to contribute to others interested in this field. I believe that if people are truly going to be able to make a difference in the lives of children, it will come from their ability to create a vision into reality, while at the same time remain true to their original intention. In tracing the case histories of these three centers, I begin with their generating principle (initial vision) through their operating principle (process of creating the vision), to their organizing principle (final structure). I look to see the degree to which these people were able to create what they said they wanted. I pay particular attention to their operating
principle as the link between the generating principle (vision) and the organizing principle (organization). I feel this is of particular importance, since this is the phase in which many people detour their work as obstacles arise. As will be seen in the case studies, all three of these centers began with a clear and strong vision, and were able to fully bring this into existence.
Para los Ninos

Person Interviewed: Tanya Tull

Tanya Tull:

Present position. Executive Director of Para Los Ninos

Length of time in position. Three years

Background relating to work on center. Social worker in Skid Row area of Los Angeles ten years ago. Awareness of conditions in Skid Row. Awareness of problems of children throughout the world. Being a parent.

Role in creating and organizing center. Creator and organizer of center. Person responsible for future expansion.

Para los Ninos:

Number of children. Eighty-five

Hours. Monday through Friday, 6:30 a.m. to 6:00 p.m.

Staff size. Twenty people
The Community

Skid Row in Los Angeles, California, is an area primarily populated by adults living on the fringes of society — the transients, alcoholics, mentally disturbed, drug-dealers, ex-inmates and street people. They live in hotels built in the early 1900's to the 1930's. These hotels are made up of single-occupancy rooms, built for one person to sleep overnight.

During the mid-1970's, Latino families began moving into this area. Their inability to pay rent in other areas, as well as Skid Row's location near the garment industry and food processing plants, brought in more and more families. They live in the transient hotels. Families range in size from a single mother with a few children to both parents with seven or eight children. They live in one room about 8' x 10' with a refrigerator, hot plate, one bed and old crates. The shower and toilet are often down the hall. The plumbing is poor and the hotels are vermine infested with rats and cockroaches. The dark hallways, inside, are dirty corridors in which transients urinate. Outside, is the Skid Row street, a semi-industrial area, peopled by transients and deviants of every kind.

It is in this setting that Latino families struggle to make a home, raise their children and find work. Eighty percent of the Skid Row hotels now house Latino families. Because many older children were left
in Mexico with relatives by the immigrating families, this group has a particularly large percentage of children under five years. Out of a population of 1,500 children, 50% are under five.

The families are not usually on welfare, because many are undocumented aliens. Both parents look for work wherever they can find it—the garment industry, food processing plants, hotel housekeeping, etc. Whether it is a single-parent mother or both parents, when work comes, it has to be taken. Because of the lack of childcare available, older children (5 or 6) are left to care for infants, or school age children are kept home to care for 3 or 4 year olds. In other situations, children are padlocked in rooms all day. In some cases, one mother stays in a small room with 6 or 7 infants of other mothers. Sometimes, mothers practically starve, not wanting to leave their baby alone. There are a large number of child neglect cases, and the children left alone on the streets face abuse from transients and the mentally disturbed.

When Tanya first came into the area, there was little sense of community. Having no central area in which to meet, the movement of families from one hotel to another, most people stayed behind closed doors. There were two indications of some sense of community. One indication was the presence of a food cooperative, another was that there was usually somebody who played a leadership role within each group of families in hotels. There was no participation in community politics.
Creation of the Center

Tanya Tull, a housewife and mother living in the Los Angeles area, read an article in the newspaper about children living in the hotels of Skid Row. This was in 1979. Ten years earlier, Tanya had been a social worker in Skid Row. She knew what the hotels were like, although there were no children in them at that time. Reading this article, became for her a children's tragedy that she couldn't turn away from. She was fed up with all the terrible things she knew were happening to children here and all over the world. She decided to take action and do something about the situation in Skid Row.

Tanya's original vision in becoming involved in Skid Row was to set up a small facility to care for 50 to 60 children at most. She began her work by doing an in-depth study of the neighborhood, and found that there were at least three times as many children there as she originally thought. She also looked into licensing requirements, and quickly became an expert in Skid Row real estate. She wanted to find a location within walking distance of the hotels, and a building that would meet all the licensing requirements, she ended up renting a large warehouse in January 1980, two months after she made the decision to create a childcare center. These events of the first few months in Skid Row, revised Tanya's vision of the center she wanted to create. Her new vision was to have a large childcare center that would provide a quality developmental program for children. She wanted a place where children would have a healthy, clean, stimulating daily life, educational and enriching. Having a mother who is a nationally known person in the
field of early childhood, Tanya was aware of the benefits of a quality program. The children would also have medical help. Individual programs would be developed for each child. Parents would be able to work and know their children were well taken care of. School age children could go back to school. And, some women could get training in childcare at the center and be paid a good wage.

Tanya began making her vision a reality by working on four major aspects of developing the center. First, she studied the population and the neighborhood of Skid Row. Second, she attended a meeting of the licensing agency to see what would be required. Third, she began to work on funding. Forth, she began looking for a facility for the center. She felt that an important aspect of being considered legitimate was to have visual proof of the center, a building.

During this beginning stage, Tanya also began looking for people who would support her in creating this center. She first talked to friends, and they were not interested. Then, an article appeared in the newspaper about what she was doing. When people called in response to the article, she never turned anybody down. Word-of-mouth and speaking engagements brought in some more people. There was little support at first, because nobody believed that a single person could really build a center. There were only a few people who worked with Tanya all the way through. Many people came in and out of the project, playing a part in its creation.

In gathering information and putting the project into action, Tanya
"asked a lot of people a lot of questions." She talked with childcare experts, consulted with people working with the population of Skid Row, and many, many others. "Anybody who gave me a name, I called and asked questions." During the next year, she had people developing program ideas, analyzing staffing requirements, architects, people in fund-raising and people in politics. At one point she hired a political fund-raiser to learn how to operate in this system. She was out to do a job to help the children in Skid Row, and whatever she had to do, she was going to do it.

During the first stages of creating the center, Tanya found that it was more effective to work as an individual, with a few people at various levels of support. These were people who shared here ideals, aims and gave her support. She found that it was important to have the individual freedom to step out and take risks that were necessary. For example, incorporating as Para los Ninos and leasing a building threw the project into the need to immediately start raising money.

A group was formed to work with the project, including a Board of Directors. The make-up of the group changed quite-a-bit throughout the development of the center. Tanya kept a notebook from the beginning, keeping records on everything. She made all the final decisions, and remained identified as the leader of the project.

The time when it became truly helpful to work as a group was near the opening of the center. Once the problems had been solved of obtaining a physical building and raising money to meet the required codes,
program, policy and staffing became important. At this point, and during the actual setting up of the building, the project became a real group effort.

During the year that Para los Ninos was being created, Tanya felt that working with a Board of Directors and other assistants was helpful in providing feedback for problems and questions. But, she found that many of these people did not truly support her work. She discovered that a number of people became part of the project to satisfy personal needs, rather than to make sure the center would become realized and successful. Tanya also learned that it was important to use discretion as to whom she would have work with her on the project, as well as what to share with others and what not to share. Another lesson she learned was the importance of knowing when it was best to work alone, and when she needed the support of a group.

The intentions, purposes and goals of the project were arrived at by assessing the need and the best solution — not short term, but an effective solution. The initial goals and intentions came out of an in-depth study done by Tanya. Then, questions were brought up to the group, research was done and there were group discussion. Committees were set up to look into various areas.

In looking at the sources of conflict among the founding group, Tanya felt that having a monthly meeting to make effective decisions did not work well. Many of the people in the group were ignorant of the dynamics of the Skid Row neighborhood. When undermining conflicts
occurred, Tanya no longer had these people work on the project. She felt that it was absolutely necessary to have support. By this, she did not mean having "yes" people around her, but people who supported the workability of the project above their own opinions. She feels that during this initial phase of developing the center, that she was too open, shared too much and was too naive. In looking back, if she could do things differently, she would have analyzed more carefully who she invited to be part of the project. She would have been more discriminating about what she shared and more confident. In general, she would have worked with fewer people and from a stronger sense of self.

The people for whom Tanya was creating the center, were primarily a Latino, immigrant, family population, largely undocumented. To begin getting to know this community, Tanya went on a tour of the Skid Row area with a Catholic worker. She also made contact with volunteer lay workers in this community. Little-by-little, she built up contact on a small scale. She found that in working with the people there, being kind and equal rather than superior or bureaucratic was very important.

Connecting with the community through social workers and volunteers was also important, as well as getting to know individuals well who lived there. The most significant factor in successfully working with the people, was to know that it was a privilege to be in the community. Tanya kept most people working on the project away from Skid Row, so that she didn't lose control of the image that she had there. She wanted to be sure that work in the community was handled with respect and sensitivity.
In the beginning, the people that were Tanya's most valuable support in the community were the lay workers there. They already had the trust of the people there. A social worker and a Catholic worker were particularly valuable. Another important factor was hiring people from the community to work in the center. Through these people, Tanya was able to learn much about what was happening in the community as well as about individuals living there. A "key" person in the community was not used in reaching the families.

Near the time of the opening of the center, a deeper involvement with the community began to develop. Some children and teenagers were invited in to help get things ready. Clothing and toys were given out to the people in the area. The custodian and assistant teachers were hired from the area. The center became known as a good, safe place. The center's location in the middle of the community was also important, as well as its existence there for a period of time before the opening.

Opposition to the childcare center came from several areas in the community. Non-vocal, but very real opposition came from groups already functioning in Skid Row with other special needs. For example, the Catholic Workers Community was somewhat antagonistic towards the visibility that Para los Ninos was receiving. They felt that Skid Row was their neighborhood and they did the work to help these people. The people of Para los Ninos were considered outsiders who didn't really know the area. Another point of opposition was the Oriental businessmen. They organized to oppose the presence of Para los Ninos in the zoning hearings. They did not want the childcare center located in Skid
Row. They wanted the kids out of the area, and did not want anyone putting in a building to help them.

Another group simply ignored Tanya's efforts to reach them. The Skid Row Development Corporation, which administers Federal funds to organizations working in the area, were not interested in talking with Tanya, and refused to return phone calls. Since Tanya was neither a political figure nor from an agency, she was considered of no interest. Tanya soon realized that none of the special interest groups in Skid Row worked together. In fact, these groups often acted in opposition to each other.

In working with the Skid Row community, Tanya does not feel that she made many mistakes. If she had not worked well with the community, she does not believe that she would have gotten as far as she did. She was able to communicate well and with sensitivity in dealing with people in the community.

When opposition came up, Tanya simply continued moving on with her project in the direction of her support. For example, the media was very supportive of the center. Once the center became successful, her opposition had to realize her viability. At that point, it looked good for everyone to be associated with the center. Tanya was then invited to be on the Board of Directors of several organizations which had previously opposed her. She accepted these positions. Thus neutralizing her opposition and enabling her to be informed as to what they were doing.
Children were recruited from the community in a number of ways. One key way was through word-of-mouth. Another method used was passing out flyers telling that the center was open for registration. In some cases, they identified certain children whom they wanted to enroll, like the neglected children found in the alleys. In order to enroll these children, they went through a social worker. The social worker in the area also had a group of children to recommend to the center. When the center opened, it started with some of the most needy children.

Funding for the center began from sheer desperation and determination of having the center become a reality. Tanya began immediately owing monthly payments on the warehouse. In order to cover this, Tanya began writing companies for private funding. She received one grant from Arco for $5,000. As word got around about the center, individual contributions also began coming in. The center had to go through becoming a tax-exempt organization. Several months into the project, Tanya hired a professional fundraiser in order to learn how to operate within the system. The fundraiser's main skill was political work. The center ended up getting major politicians on its advisory board. This helped the center gain viability. Tanya feels that once you have a building and some political support, you can go out and try to raise money. They were mainly after foundation funding.

While this was happening, the center made a proposal to the State for childcare money. This money was available through the Office of Child Development, of the State of California. Out of 77 applicants in their region alone, 3 were chosen. They were number 4. They found
people to get to Governor Brown, and let him know that they could not open without this money. The project could not get more foundation money until they showed that they were operative. They presented to the governor an already built childcare center that only needed operating funds. They fought for the money and won.

Political support was an important factor in the development of the center. From the beginning, Tanya made contact with politicians. Early on, she got a letter from Mayor Bradley, giving the center legitimacy. Tanya worked to make Para los Ninos a political force, so that it became politically profitable to be associated with it. The political opposition came from the Little Tokyo business community and some other organizations in Skid Row. In dealing with this opposition, Tanya simply kept going ahead where she had support. For example, there was much support from the media, and she made good use of it. After awhile, groups could no longer actively oppose the center.

Tanya feels that she was able to make use of the political and legal forces to support the center. In the beginning, these forces were not particularly supportive. Childcare was not a popular project to become involved with. The licensing requirements also added difficulty to creating the center. Tanya found that she needed to learn how to work with these forces, and have something to offer in return.

In working with the regulatory agencies, Tanya found the health and fire department representatives very friendly and helpful. In dealing with the larger agencies, such as the State Department of Social
Services for licensing, there was antagonism. Tanya feels that they were not supportive, and always had complaints when they came out. In her work with Social Services, Tanya thought that it handicapped the project in terms of additional frustrations and difficulties. Interestingly, the effect of the licensing requirements made the scope of the program and size of the center larger. When a little building did not work to meet the requirements, Tanya got a big building. The big building was between two other big buildings. These two adjoining buildings have now been purchased by the childcare center, and will be opened as part of a greatly expanded program.

Neither the licensing requirements, nor the funding needs changed the basic program that had been envisioned. Although the size of the center was limited at first because of the budget, it quickly expanded to full capacity. The budget rose with the center's expansion.

In asking Tanya if her original vision of the center changed in the process of its creation, she replied that it had changed dramatically. The vision became "bigger, better, more impactful and able to reach more children."

The Organization of the Center

Once the center became a viable entity, an organization was needed in order to manifest its intentions in the community. At this point, new people were called in to create the program for the center. Tanya hired a program director four months before the opening of the center.
She wanted somebody who was open and flexible, and who could work well with herself and the childcare consultant she had brought in. Together, Tanya and the program director hired the rest of the staff — the head teachers and assistant teachers.

The center is organized with a Board of Directors setting the policies and helping the executive director do her work. The Board is made up of a variety of people, including a parent representative. The person is strictly concerned with the classroom program and the teachers. An assistant director handles the administrative duties, such as health records, working with parents in enrollment, keeping records, etc. The teachers all speak Spanish, and are responsible for the functioning of each classroom. The assistant teachers are from the community, and work directly with the teachers.

One of the things which Tanya feels works well in the organization is that everybody is considered of equal importance, even though there is an organizational chain of command. Also, the community sees different people working towards a common goal. As part of the center, there are community projects, a parent's club, and a community outreach program.

The childcare center attempts to reflect the needs of the community as much as possible. Bath tubs, food and clothing are provided. A liaison has been established between the center and the public schools, in order to support school age children in the community. They often have difficulties because of language and cultural barriers. Medical
and dental needs of the children are taken care of. The children are provided with quality care, education and food. A policy of the center is to admit identified abused children from a social worker. The administrative assistant is Spanish speaking. Parent meetings are held regularly.

The parents become involved in the center to varying degrees — some very little, others a lot. Some parents do volunteer work. The services offered for families are many: care for the children, medical and dental assistance, care for a child's special needs, assistance to parents in solving problems, parents of neglected and abused children assisted, program for sexual abuse, liaison with public schools, emergency cases assistance, and a mother's club for support of pregnant women. The center has a number of programs so that the family can easily feel included. Parents are encouraged to do volunteer work. There is a parent club, and parent meetings have a good turnout. The staff reflects the community ethnic group and is bilingual.

Tanya feels that the organization of the center works well and is effective. She also believes that the impact that the center has had on the community is immeasurable. There is now a sense of hope and pride. The center has cared for the children, and saved many from terrible medical and dental problems. It has relieved stress and prevented abuse and neglect toward children. It has brought health and good nutrition to families. Tanya believes that as a result of Para los Ninos, there has been a complete transformation in the lives of the women in the community.
Tanya's future vision of the center is one of expansion and development. The daycare center itself is going to double in size with a large, new kitchen added. There will be care for school age children in the new space being added. There will also be a gymnasium, an arts and crafts room and a study hall. Offices for mental health and social workers will be provided in exchange for their services.

The main problem that still remains is funding for the center. The new programs will be formed entirely from private funds. Much money is needed to be raised every year for the daycare center to continue operations. Every year $400,000 needs to be raised privately.

In looking back over the development of Para los Ninos, Tanya feels that the advise she would give her "earlier self", would be to "take it easy and have less doubt. To be more clear and discriminating in working with people. And, to not be so trusting and friendly with everyone."

The on-going process that has evolved that contributes to the project working is having a good consistent knowledge and overall control of the center. She feels that it is important that she has a good vision of the project, and that Para los Ninos is an alive entity. In this sense, it is really a beginning. It has laid a foundation of awareness, understanding, support and sharing in the community.
Hospital of the Good Samaritan Childcare Center

Persons Interviewed: Judy Borenzweig and Pamela Lee

Judy Borenzweig:

Present position. Director of the Hospital of the Good Samaritan Childcare Center.

Length of time in position. Three years.

Background relating to work on childcare center. Previous professional experience in work with children. Self-examination, and developing a strong commitment to the democratic process.

Role in creation and organization of the center. Creator and organizer of the childcare center.

Pamela Lee:

Present position. Director of Administrative Services for the Hospital of the Good Samaritan.

Length of time in position. Two years

Previous position for hospital. Director of Planning.

Background relating to work on center. Experience as a child of being in a childcare center. Awareness of changing needs of women.

Role in creating and organizing center. As Director of Planning for the hospital the person who investigated the possibility of a center, gathered information, established a site for the center and hired the director of the Hospital of the Good Samaritan Childcare Center.

Number of children. Forty

Hours. Monday through Friday, 6:30 a.m. to 5:30 p.m.

Staff size. Twelve
The Hospital of the Good Samaritan is a large, long-established hospital located in downtown Los Angeles. The hospital has been in operation since 1895. It has 1,200 employees, 70% of whom are women. Economically, the positions there range from unskilled working class through professional upper-middle class. The employees commute to the hospital from various locations in the Los Angeles area.

At the time of the center's creation, there was little sense of community, cooperation or support among employees at the hospital. Communication between an employee and administration is done on an individual basis. Each worker can file either requests or complaints to the administration through an intermediary staff. Concerning hospital policy, employees are not involved in the decision-making process. There is also no participation politically for determining the power structure. Before 1981, there was no childcare facility or assistance for hospital employees.

Prior to May 1981, Pamela Lee was a member of the Community Relations Task Force. The purpose of this task force was to investigate matters pertaining to employee relations and community relations. During the mid-1970s, they began investigating the idea of employer-sponsored childcare. The main impetus of their interest in this idea came from the difficulty the hospital was having in employing and retaining nurses. The task force felt that having a childcare center would improve the hospital's ability to have the nursing staff that it
needed. The idea was discussed and looked into for two years. During this time, they had the Department of Education at the hospital design an employee interest questionaire. This questionaire was designed to establish an assessment regarding the need for childcare. The results showed a great need for childcare among the employees. This need had never been communicated to the administration by an employee.

Pamela Lee, aside from being a member of the task force, was the Director of Planning for the hospital. She was given the job of gathering data and doing a feasibility study of a childcare center at the hospital. Together with an administrative resident, she completed a feasibility study. The study involved talking to other hospitals with childcare programs, doing a community survey of childcare resources, and looking for possible facilities for a center. Another aspect of the study was related to the cost-financial feasibility for the hospital. In checking with other community childcare centers, they determined the potential cost for the hospital, and what they could reasonably charge a parent that would be affordable. Pamala also attended a meeting put on by the Department of Social Services in order to get information about the licensing requirements. Another part of the investigation was to contact an agency that sets up childcare centers for businesses.

As a result of the feasibility study, the Administration decided to go ahead and build a childcare center. At this point, a second needs assessment for childcare was done among the employees. This assessment went into the specific needs of the employee, such as ages of children and hours needed for childcare.
Pamela Lee was highly supportive of the childcare center at the hospital. She wanted a convenient and secure environment for the children of working parents. She felt that there would be a great need for childcare, since 70% of the workforce was female, plus new pressures in economic need and the large number of single parents in our society. She also felt it would be good to have an educationally-oriented center, since many of the staff are highly educated. The Good Samaritan is also a teaching hospital which trains physicians, nurses and para-professionals.

The hospital's original purpose in creating a childcare center was for economic benefits. It was not developed particularly out of concern for the children or for the purposes of developing a sense of community among the hospital employees. The Administration viewed the center as a place where kids could be dropped off for custodial care.

The Creation of the Center

Once the project of creating a childcare center for the hospital was approved, Pamela Lee began taking concrete steps towards this end. Together with the Director of Maintenance and Plant Operations and the Director of General Services, they looked for a facility for the center. The Director of General Services was responsible for the space allocation throughout the hospital facility. The Director of Maintenance and Plant Operations was responsible for the code requirements for different types of buildings for the hospital. Each having their function, the three people found a site for the center. Two others, then joined the
project, an architect and the Director of Education. The childcare center was placed within the Department of Education. All these people worked well together. Each person was clear about his function in the project.

Shortly after the facility was found, a director for the childcare center was hired. This was done by Pamela Lee as Director of Planning. She wanted to hire somebody with experience in directing a daycare center as well as creating a center. Judy Borenzweig was hired as Director of the center. From this point on, she was to play the key role in the development of the childcare center.

Judy had a definite vision of what she wanted for a childcare center. When offered the position as Director of the center, she said that she would only accept it, if she could create a "quality center." By this, she meant that she would be supported in creating the kind of program she wanted, the budget would be sufficient for good materials and equipment, the staff would be paid decent salaries, there would be in-service training, and there would be a high teacher-child ratio. Judy saw the center as a potential model for corporate childcare.

Judy's vision of the center was to have an environment that is conducive to the child's optimal learning and growth. The children would feel comfortable and worthy as people. It would be a place where they are cared for, have an opportunity to learn through a cognitively oriented curriculum, but not pushed to learn. A place where they would be respected and loved. It would provide a service for parents in
which they would feel comfortable leaving their children, knowing they are being well taken care of. The staff would work in an environment in which they supported each other. And as much as possible, to develop a non-hierarchial or non-authoritarian structure. In this sense, each staff person would have a say in the process of the center, and given responsibility. The parents would be respected as the parents, given support, encouragement and ancillary services. Another vision of the center, was that it would be a learning process for the Administration of the hospital, in that they would learn about what goes into the creation of a quality childcare center.

In looking into her own life, Judy felt that her previous experience in the field of early childhood had led to her present goals of this childcare center. In addition, time spent in looking into herself personally and how she functions best, led to her commitment to a democratic process. Only in this way, does she believe that people are allowed to be who they really are in life.

Judy spent much of her time during the first year enrolling people within the hospital community to support the center. Because the childcare center is under the wing of the education department, Judy's first and strongest support was from the Director of Education. Another key area of support was the Administration. Judy never dealt directly with the Administration in getting their support. Her direct communication was with the Director of Education, who in turn, passed on the communication to the Administration. They would respond to the Director of Education, who gave Judy the answer.
Beyond the education department and the administration, Judy worked to gain the support of many people within the hospital. It was necessary to enroll the many department heads of the hospital, since the center depended on their support. For example, they worked directly with the food department, housecleaning department and maintenance department. Judy felt, that in some way, the childcare center had some connection with almost every department in the hospital. She worked to enroll these people on an informal basis through saying "hello" and meeting them for lunch in the cafeteria. She also worked with the departments on a formal basis, for the functioning of the center.

Another group that Judy worked with for support, were parents interested in using the center. With this group, she held "on-going" parent meetings every month during the year of the center's development. In these meetings, Judy informed them of the progress of the center and about the type of program and philosophy that would be part of the center. Judy also used the in-house newsletter to advertise the center.

In learning to work together with hospital personnel and gain their support, Judy had to educate herself as to how the hospital system functioned. She found that the hospital is like a small community, in that everybody knows everyone else's business. She had to learn to be very careful about the kinds of things she was communicating. Communications would easily get distorted, so she had to be very clear in her messages to people. There was resistance and fear among the department heads about the center. They were afraid that the center would be disruptive to the employee's work, and that parents would be
running over to the center all the time. In approaching these people, Judy found that she needed to avoid scaring or overwhelming them. She had to deal with them slowly and with clarity. She was also inclusive with these people, letting them know that "she couldn't do this without them."

The intentions, purposes and goals were arrived at through Judy, the director of the center. She did this by seeing what was wanted, and working to get it done. The major area of conflict that Judy ran into concerned the budget. The administration did not expect the center to cost such a large amount. The conflict got resolved through education. Judy needed to educate the administrators as to what was needed in order to have a center of any worth. This was done through the Director of Education.

In looking back at mistakes made during this initial time of developing the center, both Pamela and Judy felt there were corrections to be made. Pamela feels that it would have worked better to hire the center's director earlier. For example, the director was hired after the facility had been chosen. The facility turned out to be too limited in size. Pamela feels that with the director, they would have planned on a more long-range basis and chosen a facility that could be expanded. They were also overly cautious, and underestimated the need for child-care. When the center opened, there was immediately a long waiting list.

Judy also felt that she acted with too much caution. She did not
know what expectations to have, and erred on the conservative side concerning the budget and staff. If she could do it again, she would ask for more, faster. She would be much more assertive in asking for what was needed.

The community being served by the childcare center includes the 1,200 employees of the Hospital of the Good Samaritan, except the physicians, interns and residents. Information about the center was passed on to this community through word-of-mouth, verbal communication, the in-house publication, parent meetings, and setting up an informal network of support. What worked in reaching the community was a lot of communication. Judy also feels that her honesty in communication was very important. If she became stuck on something, she simply admitted it and asked for assistance. In doing this, she became inclusive in the creation of the center, and allowed others to contribute.

People began to get involved in the center out of Judy letting them know that the center was there, and that it needed their support. As the center developed, she shared information on its progress. Judy found that everyone's support was important - the director of education, the parents, the administration, and the department heads. Even the Women's Auxiliary (a group of volunteers) supported the center by raising money for some outdoor equipment.

There were three key issues relating to the center that created opposition. One was that some employees felt it was not an equitable service, because some people could not partake in it. A second issue,
The third issue, was that department heads felt that it would disrupt the work of the employees.

In looking back at mistakes made in working with the community, Pamela feels that underestimating the time needed to complete the center, left employees feeling anxious and uncertain as to when it would open. In retrospect, Judy feels that she would have used a different technique in working with resistant people. She would have allowed them more room to feel their resistance, been more understanding and less judgemental. She would have worked to connect with these people in a more positive way, and been more patient.

The childcare center was funded entirely by the hospital for its initial starting-up costs and staffing. As part of the feasibility study, the hospital tried to assess the cost of the project. It then decided that it would fund the costs of the renovation, purchases needed, and additional employees. Once in operation, the hospital would subsidize approximately 65% of the costs. A budget is made out yearly, and goes to the hospital budget committee. This committee either approves, disapproves or modifies the budget. There was no change in the program because of funding needs. The funding changed to fit the program.

In initiating the childcare project, Pamela (as Director of Planning) gained political support by working along the lines of the structure of the hospital. Concerning her relationship with the
employees, she prevented conflicts from arising by allocating childcare space according to the percentage of those employed between the nursing and non-nursing staff. For example, the nursing staff made up 40% of the workforce and were allotted 40% of the childcare space.

Judy, as Director of the Childcare Center, did much work to gain political support. During the year that the center was being developed, she felt it was critical to establish this support. She worked carefully and purposefully in accomplishing this. Her primary theme was to state over and over again that the center would reflect the excellence of the hospital, and that it would be a model program of quality employer-sponsored daycare. She enrolled the people by convincing them that it would be to their advantage to have a good program.

The political opposition came from some department heads, and some employees who did not feel the childcare center would benefit them. Judy dealt with this opposition by saying that everyone is negatively affected if a person in the department is harassed and worried about his child.

On the whole, both Judy and Pamela both felt that the political and legal forces within the hospital fully supported the creation of the childcare center. They both agreed that the licensing and regulatory agencies slowed the process of developing the center. This was particularly true of the licensing agency, which did not support them in meeting the specifications required by having someone come out during the process of renovation. Rather, they waited until it was almost
finished, and rejected and criticized the work done. Both Pamela and Judy found it frustrating to deal with these agencies, because there was such a wide interpretation of the regulations.

The original vision of the center changed in the process of its creation, only in that it enlarged. Although Judy had a specific program in mind for the center, she did not know if she could enroll personnel to support it. Through her work, she realized she could realize this vision. Now the center will be expanded to almost double its original size. A new building will be designed specifically for the center.

Organization of the Center

After seven months of working on the development of the childcare center, Judy hired an assistant director. She wanted someone trained in the same methodology as herself. The new Assistant Director had been a teacher in the same preschool in which Judy previously worked. When the Assistant Director was hired, it was close to the center's opening. She assisted Judy with the intake of parents, developing an orientation schedule and creating the program.

The center is organized to reflect an educational philosophy of cognitive development and individual freedom through its daily routines, materials, physical setting and the way teachers function as part of the center. The staff is organized in a democratic manner. Team-teaching is used in the classroom. The teachers are given
responsibility for a group of children. There are many types of meetings, the center-staff meetings, team-teaching meetings, and inservice meetings. The teachers also have open channels of communication with the director.

The center is very supportive of parents. They are available at all times to the parents. There are parent meetings and parent conferences. Memos are used to keep parents informed as to what is happening with their children. They are involved in holiday projects. On the whole, the parents know what is happening at the center and with their children.

The center reflects the particular needs of the community and families in a number of ways. The center is open long hours (11 hours) and geared to match the day-shifts of the hospital. The center is located adjacent to the hospital for close proximity to the parent's work. The parents are welcome to visit the center at any time. The center takes in infants, toddlers and preschool age children. This is in line with the needs shown on the employee survey.

A number of ways are used to communicate with parents - parent meetings, individual conferences, memos and the in-house newspaper. For the center's one year anniversary, a multi-media presentation of the center was given for one week in the hospital cafeteria. In this way, employees could see what was happening at the center.
The parents do not get very involved in the center. Judy feels that this is one of the weaknesses of the center. The parents work in different shifts, and commute to the hospital. It is very difficult to get them together. The only way that Judy has been able to do this is for a half hour lunch.

The most important service that is offered to the families is high quality childcare with a well-thought out cognitive oriented curriculum. Along with this are pre and post-evaluations of the children and a variety of special programs for them, such as fieldtrips and movement sessions. A referral system is also offered to the families as well as a consulting pediatrician. The hospital pays 80% of the cost for therapy.

Families feel very comfortable at the center. There is a welcoming attitude towards them by the staff of the center. There are no physical facilities to encourage parent participation but this will be included as part of the new center now in construction. The community's ethnic groups are represented on staff and in the program.

The hierarchy in the organization is the following: director, assistant director, teachers, assistant teachers. This hierarchy works well for the functioning of the center. Judy has found that the staff people have to feel comfortable with how the organization functions, in order to have their jobs work for them. For example, there are a number of specific things demanded of the staff. Teachers need to keep specific types of records, plus daily reports on children, team meetings
and other peripheral things to do. The only negative aspect of the hierarchy, Judy feels, is that she can sometimes get caught up in the role of administrator. When this happens, the open communication between her and the staff diminishes. On the positive side, she feels that the staff works very well together now. It took a long time to put together a staff which feels comfortable working together.

The mistake Judy feels that she made in organizing the center, was not knowing clearly what she wanted in a staff member. She was also unaware of kinds of crises that could arise when the center opened. For instance, the staff getting sick and not having enough people to cover for them. As a result, Judy was working a 13 hour day, and everyone was falling apart (unable to cope with the situation.)

In looking at the impact that the childcare center has had on the hospital community, Judy believes that it has made them more aware of the needs of children, and that children need to be respected for who they are. She also feels that the center has had a civilizing or humanitarian influence on the community. The childcare center is the only "healthy" part of the hospital. It is dealing with growth and development, rather than disease and death. The center brings in a positive element to the community. It has enlarged the scope of the hospital's function.

Judy's future vision of the center is already becoming a reality. The center will be expanding within the next few months. A building for the new center is being constructed from scratch. It will be an environ-
ment particularly designed for children. The new center will serve 70 children, and will begin taking in children at 3 months of age rather than 6 months.

There are two key problems that still need to be resolved. They are related to the staff and parents. Staff burnout and inadequate salaries are major problems to be solved. The other problem is parent involvement. The question that remains to be answered for Judy is how to have enough time for the staff to do everything needed and still not feel pressured. She believes that ideally the staff should have a day of release once-a-week, and a flex schedule.

If Judy could talk to her earlier self, at the beginning of this project, she would give herself the following advise. It is important to have a lot of fortitude, and to stick to what you really want to happen. She would recommend knowing what you want and how you want to get it. Act with clarity and let go of self doubt. She would also recommend being organized and aware of details that need to be handled. In hiring a staff, she thinks that it is important to be aware of the kind of person you need. She also found out how important it is to be very professional. In a business community, it is important to act as a business person. For example, knowing the cost effectiveness of what you are doing.

The most important on-going process that has evolved in the center is the workability of the staff. The whole system of team-meetings, much communication, and other types of meetings has provided reinforce-
ment and support for the staff. In this way, the center is able to function at an optimal level.
Mar Vista Family Center

Persons Interviewed: Betty Factor and June Payne

Betty Factor:

Present position. Executive Director of Mar Vista Family Center.

Length of time in position. Five years.


Role in creation and organization of the center. Creator and organizer of the childcare center.

June Payne:

Present position. Project Director of the Mar Vista Family Center.

Length of time in position. One-and-a-half years.


Role in creating and organizing center. Expert in parent education.

Center:

Number of children. Twenty-four

Hours. Monday through Friday, 8:45 a.m. to 3:15 p.m.

Staff size. Seven
The Mar Vista Family Center is located in a low-income area of Mar Vista, a section of West Los Angeles. The living conditions are overcrowded with much poverty. Many families share living quarters as well as single men living together. Much of the population is made up of undocumented, Latino immigrants. The people do not have regular employment. They more typically have marginal jobs, working off-hours and part-time. A survey done in the community showed a great need for childcare. One hundred eighty people said they would use a childcare center if it were available.

The street on which the center is located had the highest crime rate of any street on the west side of Los Angeles. Before the center was established, this deadend street was considered a "no man's land" in terms of law enforcement. The police considered it a key high-risk area, and avoided going in as much as possible. The particular lot on which the center stands, was the hangout of dope dealers and gangs. The general environment of this community was one of lawlessness and neglect (streets were dirty, lights broken, etc.) The families lived in fear and kept their children inside. The next street over has the only Federal Housing Project in West Los Angeles. This housing project also has a high crime rate.

There was very little evidence of a sense of community, cooperation
or support among the people in this area. The people did not know one another, and were actually afraid of each other. A sense of fear and distance was part of the atmosphere. Cars were stripped and people were intimidated on the street. The only evidence of any cooperation was a small community organization at the Mar Vista Gardens (the Federal Housing Project) with about 20 people attending meetings.

Nobody was active in the political process on the street where the center is located. Adjacent to this street are some small homes. These homeowners participated in the local political process.

Creation of the Center

The idea of the childcare center originated with a woman, Betty Factor, who is a resident of the Los Angeles area. She had always been interested in the social needs of the country and the political process. With her own children, she participated in a cooperative nursery school, and found it an important part of her life. Prior to working on the development of the center, she was the supervisor of a state childcare center. She felt frustrated working in this situation, because she could see no sustainable value from the system. There was no real involvement with the parents, and children would return from the weekend with much of the center's progress undone. During this time, she took a course called the est training on personal transformation. Out of this experience, a new vision of children and families developed. Out of this vision, Betty created her original idea of the childcare center to be created in Mar Vista. She wanted a center that would provide
quality childcare as well as a truly effective learning situation for parents. It would be a place where the whole family would participate, and the parents would be highly involved. They would be assisted in learning what they need to know in order to become responsible for supporting their children's lives on a continuing basis. The intended results of participating in the center would be that the parents learn to support their own lives, the children would learn to support their lives and they would support each other's lives. Families would upgrade the quality of their lives, be able to have good employment, nourish each other, and become functioning members of the community.

June Payne, who came into the center as the expert in parent education, also played a key role in bringing forth the vision of the Mar Vista Center. June's past experience which led her into this work was being a parent, a director of a parent cooperative, political participation and being a graduate of the est training. She has been with the center for 1½ years. Her vision of the center was to bring the parent-cooperative movement into a low-income area. Parents would begin working together in a supportive way, and develop a sense of community. The center would teach parents the importance of being open to learning, and ways of supporting their children's growth through positive reinforcement. It would be a place where parents could be appreciated and acknowledged for their role as a parent. It would give parents the experience and self-confidence to enable them to go on to participate in public schools. For children, the center would be a safe place to play (no cars, cruel people, etc.) They would have nice things to play with and be in an environment with a true sense of community.
Betty's first step in making her vision a reality was to write down the vision and purpose of the center she wanted to create. She then sent this to Pat Russell, the city council woman for the district in which the center is now located. Betty had heard that Pat Russel had some funds available, and wrote for the purpose of getting funded. Within a week, Betty received a phone call that Pat Russell was interested in the city's funding the center.

The general belief at that time was that a childcare center absolutely could not be set up in this part of Mar Vista. When Betty talked with people who knew this area, everyone agreed that a childcare center could never be set up there. The parents would not participate, the neighborhood was too dangerous, and nobody would be willing to work in that area.

Betty went ahead with her work to create the center. She talked with many people, including other professionals in childcare and child development. She then began visiting schools throughout the Los Angeles area, looking for people in order to put together a staff. At the same time, Betty sent in a budget proposal to Pat Russell. She also began looking for a specific location for the childcare center. In doing this, Betty found out that the city had bought some land where the center now stands. The problem was that the funds were available for immediate use, and this land did not yet have a building constructed there. A temporary site had to be found. Meanwhile, Betty was also getting a staff together. A temporary site was found. By the month of June, it was confirmed that the center could have the use of a bungalow
in a school as of September. In discussing these events, Betty felt that it was critical that she move ahead *without hesitation*. The opportunity was there, and had to be taken and created immediately.

In developing a support system for the childcare center, Betty first enrolled the backing of Councilwoman Pat Russell. Pat gave the center an immediate financial viability. Betty then set out to enroll her staff. She did this by talking with others in her field, approaching certain people she already knew professionally, and visiting schools. She knew what she wanted in the staff members. She wanted to hire people with basically the same point of view towards childcare, and to have a group of people who would truly support her in creating her vision. Although Betty was clear about what she wanted as a center, she did not yet know how to accomplish it. Her desire was to be surrounded by a group of people aligned in her vision, and work together to discover how to create this vision into reality. The following were the people she enrolled: June Payne, expertise in parent education; two women she knew from Venice, expertise in school curriculum; a family counselor; a consultant; and a Spanish-speaking teacher from East Los Angeles. Everyone in the staff was a graduate of the est training. June and Betty both feel that this provided a basis of clear communication, and an openness between the persons working together.

In describing what worked in their functioning as a group, Betty said it was the group's willingness to keep getting together for meetings which lasted as long as necessary to get the job done. This sometimes meant spending long hours together. As a group, they set up
immediate and long-range goals. Jointly, they planned the entire school together. Within this, they separated different aspects of the center that they would work on. Some of these areas were the school, scheduling, and parent participation. Each person had her own area of expertise, but they all functioned within the joint planning and were responsible for the entire center working.

Certain key elements in their work together were important to their ability to produce results and accomplish the goals set. Each time the group met, everyone shared personally about what was happening in their lives. In this way, there was a personal connection in the sense of feeling supported in their lives outside the project. Another important element was having a discussion at the end of each meeting to look at what worked and what didn't work in their interaction. This developed a sense of "safety" to tell the truth about what was going on with them. The intentions, purposes and goals were arrived at through joint discussion. Clarity of the purpose of each meeting was important. June remembers asking at the beginning of every meeting, "What's the purpose of this meeting?" As in most groups working together, conflicts arose within this group as well. Immediately, differences occurred out of their varying professional and cultural backgrounds. The conflicts were resolved by testing various solutions to see what worked. In using this trial-and-error process, it was important always to be flexible enough to try something else. Out of this process, neither Betty or June could see any long-range mistakes made, because they continually tested things out.
The community being served through this program is a low-income population of a specific tract in Mar Vista. It encompasses the only Federal housing project on the west side of Los Angeles and its surrounding neighborhood. The people working in the center initially got to this community through Councilwoman Pat Russell. She wanted to do something about the highest risk neighborhood of her district. A number of ways were used to make direct contact with the people. They attended meetings at the Mar Vista Gardens, went around ringing doorbells, talked with people wherever they went (laundromats, markets). What worked well in bringing people into the center was enrolling five people and out of their experience, they would enroll five more people. They opened the center with five children, then five more came in a few weeks later. This enrollment continued to grow through word-of-mouth. The community became involved in the center through their offer of free childcare in exchange for parent participation one full day-a-week.

The most valuable political support for the Mar Vista Family Center was Councilwoman Pat Russell and the Department of Recreation and Parks Commission. Much personal contact was used by the center to keep in communication with this support.

Opposition to the center came from several areas. Some of this opposition was directed toward Pat Russell and some was directed toward the center itself. There was much antagonism to putting in a public park and childcare center on the vacant lot that had been bought by the city. This was a gang hangout. The small property owners in the neighborhood surrounding the Federal Housing Project felt that a
childcare center would attract more bad children into the neighborhood. They wanted the land used for higher-grade housing. This group protested to the Department of Recreation and Parks trying to stop permission for the center. After several hearings, the Commission decided to go ahead with the park and childcare center. In dealing with this opposition, Betty spent much time making personal contact with people on the Commission who supported the center. Also, Pat Russell appeared at the hearings in support of the center as well as holding public meetings to talk with the people. She moved ahead with the center slowly so that the people in opposition would calm down.

Opposition to the center also came from some of the people in management positions within the Department of Recreation and Parks. They did not like the idea of doing anything in that neighborhood. As with other opposition, those working for the center, communicated with these people and did not stop moving ahead with the project.

The last area of opposition were the gangs that gathered on the land where the center was being constructed. The gang members harassed the builders during construction, then vandalized the building when it was completed. Three weeks after the childcare center opened, the gang members set it on fire. It took six months to reopen the building. While the building was being repaired, the center continued to function in a church. After the center was set on fire, they had to decide whether or not it would work to continue in that location. They decided to stay there, and to use this time as an opportunity to truly
become part of the community. The district supervisors, congressman, assemblymen, police department and agencies were invited to assist in the reopening of the center. The people in the neighborhood were also included in the reopening.

In their work with the community, both Betty and June feel that it was a mistake not to be more inclusive of the people in the neighborhood before the original opening of the center. They began working only with the individual parents involved in the center, before moving into the building. The people in the community did not know what they were about. Some thought the center was a new McDonalds, Betty and June believe there are a number of things that could have been done to establish themselves in the neighborhood. Flyers, an open house party, a door-to-door newsletter to tell about the center are some of the means that could have been used to reach people.

Children were recruited from the community by door-to-door canvassing of the neighborhood, and by word-of-mouth. People were also called from the original survey of childcare needs. Brochures about the center and invitations were given out at the supermarkets and laundromats.

Funding for the center came through the support of Councilwoman Pat Russell. The money came to her from the Community Development Department of the City of Los Angeles. The program did not change in line with the funding needs. The funding left it open for the center to be created in the way they wanted. The guidelines that were provided as
part of the funding were very loose - unlike those for State daycare centers. For example, they could include children of marginally employed parents, which is not permitted in State daycare programs.

Betty and June felt that the political and legal forces both supported and hindered the creation of the childcare center. They believed the balance was in support of the center, or they would not be there now. Pat Russell's office and the Commission supported the building to be constructed. Betty also purposely worked to build a network of support. She enrolled certain policemen, property owners, public school officials, people in referral agencies and supervisors to support the center. What worked in getting these people's support was sharing a vision of the center as well as the problems they faced in making this happen. It worked to "let them be the experts and contribute to making our vision a reality." In looking at the regulatory agencies, their interactions with them depended on the individuals involved. Overall, the interactions delayed the center's development, but did not change the direction of the program.

Throughout the process of developing the center, the original vision remained intact. The only change was that the center expanded beyond their original goal. Betty feels that now the reality is "way beyond what she would have imagined in the beginning."

Organization of the Center

There were no new people brought in to organize the program or
structure the center. The same group developed the center all the way through. Their backgrounds were all in the field of early childhood.

Both the physical environment and the daily plan were designed to accomplish the goals of the center. First, the spatial environment was set up to have the center function according to its intentions. One example, was designing the kitchen so that parents doing the work there would not be cut off from the general functioning environment.

A key intention of the program is parent participation. It is mandatory that parents participate one day a week - either the mother or father. An orientation meeting is held for new parents who want to come in to the center. At this time, the purposes of the center are discussed as well as the ground rules and agreements of the center. The ground rules and agreements for parents also apply to the staff. They were designed to support the intentions and goals of the center. For example, if either a parent or staff member was to be absent, the person would need to provide a substitute.

The center was set up to reflect the needs of both the community and families participating. An environment was created to facilitate parents to express their needs (both as a group and as an individual), so that these needs could be incorporated into the program. Individual needs are met through a family counselor, such as medical care, money problems, and parent-child relationships.

As a group, the parents meet together twice-a-day. The first
meeting is in the morning, and is called a clearing meeting. The purpose is for the people to express anything that might keep them from having their full attention at school. A second meeting is held in the afternoon and is a parent rap. This is used as an opportunity for parents to look at what is or is not working in their day at school. It is also a time for them to learn and experience some facet of parent education, such as communication skills and expectations in the parent-child relationship. Every week a new subject is brought in for the parent rap. The staff develops the subject matter around the current needs of the parents. Another intention in work with the parents is to support them in meeting middle-class standards, so that the people can move into the mainstream of life. For example, people are supported in learning to be on time.

The center has created a number of ways to include the community. The center organized a community club which meets once-a-month on Saturdays for parents and other members of the community. Through this club, people in the neighborhood can come to work on community projects. There is also an after-school club for older siblings. On holidays, presents are given out and parties are held. The center takes part in the United States government cheese distribution program. They print a bulletin newsletter once a month. A summer school program for neighborhood children is run free of charge. Spanish class is taught at the center. And, the advisory council of the center is made up of all local people.

Parents and families not only get highly involved in the center,
but it becomes a focal point in their lives. To further develop this, many additional activities are created as opportunities for participation. For example, there are garage sales, fund raisers, delivering the bulletin door-to-door, writing articles for it, etc.

Childcare is the main service offered to children. This includes a quality environment and developmental program. Other needs are met by providing an extensive referral service as well as assistance in getting health services.

A goal of the center is to provide a safe environment for the parents so that they will easily feel part of it. The atmosphere is one of warmth and comfort. Parents are only allowed to join after they have visited the center. At this time, a staff member sits down with them personally and explains what the center is about. There is also a special parent meeting room with a one-way mirror for observation. The kitchen is incorporated into the flow of the center, and cribs are there for infants of the parents participating.

The community ethnic group is represented on staff which is 55% minority. There are both black and Mexican people on the staff. Two of the staff members are parents. The hierarchy of the organization is the following: executive director, project director, head teacher, consultant, janitor, and an accountant. This hierarchy works well for the center. It also functions so that as a group, they can substitute for each other. The only exception to this is the legal requirement that
there must be a credentialed teacher present. Neither Betty or June feel that they made any major mistakes during the time of organizing the center.

In looking at the impact that the Mar Vista Family Center has had on the community, they feel that the center has become the focal point of the community. It has created a community, community projects, and a sense of pride of community. The streets are now kept clean, there is adequate police patrol, and people talk to one another on the street. It is now a neighborly and friendly community. When the center gave a Halloween party, over 300 people attended. The community has been transformed.

In looking at a future vision of the center, there are several possible ideas. Preparations have been made to give courses for credit, so that they can train professional school teachers. Also, parents will be able to study child development and the family. These courses will be presented in a language that lower-income people can understand. The center would also like to include activities in the building at night, and an expanded afterschool program.

A problem that has not yet been resolved is that there are still some gang people around who create trouble periodically. There is also still crime in the neighborhood.

A major question that still needs to be answered is that the center
could be used as a model for other communities. They do not yet know how this could fully be shared with others. Another unanswered question is that the funding is only on a temporary basis.

In looking back with what they now know, Betty feels that in advising her earlier self, she should know that it would take five years to get to the place where they are now. Also, that even though she had a vision, the way it became a reality was always a surprise.

Two on-going processes that have evolved and contributed to the project working should be mentioned. The first is the process of the clearing of relationships. This is accomplished when people fully communicate with each other so that misunderstandings are either prevented or worked out. The staff constantly goes through clearing themselves so that they can stay on purpose, keep their goals clear and work out personal conflicts. The second process is functioning within a context of "not knowing." This means operating in an experimental process to learn what works.
ANALYSIS

The process of development of the three centers will be examined. Three factors will be considered: similarities, differences, and insights gained through their experience. Each of the centers faced a different set of circumstances and conditions with which they needed to deal. The creators of each of the centers chose to work with these conditions in a unique way. Yet, strong commonalities between them and how they operated, show up in every phase of development. I feel that there will be important insights revealed in both the common factors as well as the differences between them. Also, of vital interest, will be the lessons learned by these people in looking back at their work.

The Communities

Both Para los Ninos and the Mar Vista Family Center were created in communities in which the people lived. Both communities suffered from poverty and difficult living conditions. In addition, these areas were highly populated with people facing the compounded stress of being undocumented workers and immigrants. The Hospital of the Good Samaritan Childcare Center was created in a community of employment. This community was not one of poverty, but had an economic range from working class through upper middle class. It had a mixed ethnic make-up, and the workers commuted from various parts of the Los Angeles area.

All three of these communities had a number of factors in common. The people who made up the communities did not operate with any sense of
cooperation or support for each other. They functioned to protect their individual survival as much as possible. Another factor these three communities had in common was an unexpressed need for childcare services. In all three cases, a great need for childcare showed itself to be present when the people were questioned and the potential for the service was offered. A third factor in common, was the lack of political participation among these people in playing a determining role in their community.

In summary, these were three communities differing in economic and ethnic make-up, but similar in their patterns of response to the conditions of their environment. The people all operated within their present situations, individually and apolitically—attempting to deal with their own problems as effectively as possible. A great need for childcare existed, which in many cases, critically affected the lives of these people. This need was entirely unexpressed to the political or legal persons in the community.

Vision

Similarities:

Providing quality care for children. The persons who envisioned the centers had a clear picture of what they wanted to accomplish. At the core of each vision, was a center which would provide quality care for children. For each of them, this meant having a planned environment, good materials, and a program for learning and development. Judy,
in describing her goals for the Good Samaritan Center, gives a good example of her vision of quality care. She says she wanted "a place where children are given space to grow and have a specific curriculum with much individual room." Tanya states, in her wishes for Para los Ninos that "The children would have a healthy, clean, stimulating daily life style. It would be educational, enriching, and nourishing. The children would have medical help and be diagnosed. Individual programs for each child's needs would also be part of the center."

Ancillary services. Included in their desire for quality care, was the provision of ancillary services, such as either direct or indirect assistance for children medically, dentally and emotionally. What they envisioned included support for the parents. Each concept of a center included the parents. They all wanted to support the parents in their parental role, as well as inform them, communicate with them, and assist them in attaining outside services. Betty in her vision of the Mar Vista Family Center, felt it was essential to work with entire families in order to create an environment that would make learning possible. In addition, June wanted the center to be a place where parents would be supported, acknowledged for what they are doing, and given the opportunity to learn new skills and grow in their awareness of their parental role.

Ideas about the staff and organization of the center. Each wanted a staff that would be aligned with their particular point of view of a quality center. They all expressed a desire to have the staff respected, paid well, and work together harmoniously. As Judy states about the
Hospital of the Good Samaritan Childcare Center, "Each staff person would feel worthy, each member would have a say in the process of the center's functioning, and each would be given responsibility."

Having an impact on the community. They all had a vision of having an impact on the community. An example of this, can be seen in Betty's statements of what she wanted for the Mar Vista community. "Families would upgrade the quality of their lives. They would become functioning members of the community. They could have good employment and satisfaction in their lives." For Tanya, with Para los Ninos, her vision included all members of the family being able to function well again—women working, school age children returning to school and families gaining a better life style. Judy, for the Good Samaritan center, felt it would be a positive life force in the hospital community, and wanted the center to be a model of excellence for hospital childcare centers.

Differences:

Degree of emphasis on parent participation and parent education. The differences among the visions of the three centers, focused mainly around the amount of emphasis given to certain aspects of the center. The intentions of the Mar Vista Family Center differed in its degree of emphasis on parent participation and parent education. Betty envisioned having the "whole family participate and having the parents involved." She wanted the childcare center to be a vehicle for community transformation through work with the family. June adds to this, that they wanted to create an environment of parents working together, and es-
tablishing a community between each other. Another major difference of the Mar Vista Center is that it did not revolve around full-time childcare. Its emphasis was to have a cooperative childcare center with family participation.

**Services for the community.** The vision of Para los Ninos differed from the other centers in the degree to which Tanya wanted to provide services for the community. She wanted the center to provide food, bathing facilities, clothes, medical care, dental care, outreach programs for the community, parental support, assistance for school age children, education for the young children and long hours of childcare beginning with early infancy.

**Curriculum and environment provided for the children.** Judy's vision for the Good Samaritan center, emphasized the curriculum and environment provided for the children. She discussed wanting a specific cognitive curriculum with much love and respect for the individual child. As part of her emphasis on the program, she stressed the importance of having the kind of staff and good communication necessary for a high quality program.

**Creation of the Center**

**Similarities:**

*Clarifying and writing their visions down.* Each of the center's creators began by clarifying and writing her visions down. Tanya, for
Para los Ninos, began her writing from the beginning, and kept a diary throughout the development of the center. Judy, for the Good Samaritan Hospital center, began her work by writing the vision, objectives and timeline for the center. Betty, for the Mar Vista Family Center, wrote her vision and purpose of the center, soon adding both short-term and long-term goals.

**Gathering information.** The next step that each of the creators engaged in was gathering information. This gathering of information involved finding out about the population to be served, the need for childcare, the funding situation, licensing requirements, the political and legal system within which they were operating, a facility, and the informal network of people with whom they were dealing. As this gathering of information went on, the general conditions, obstacles and support which were present, emerged for the creators.

**Taking a stand that held risk for both themselves and the project.** Once the general conditions facing the creators were known, each of them were faced with major decisions involving whether or not to continue, on what basis, and should they compromise their intentions. Each of these people chose to move ahead with their initial vision. In order to do this, they had to take a stand that held risk for both themselves and the project. For Tanya, it was to immediately lease a large warehouse in Skid Row and incorporate as Para los Ninos. For Betty, it was acting "without hesitation" to move ahead under high-risk conditions, when funds became immediately available for the Mar Vista Family Center. For Judy, it was to state from the beginning that she would not take on
the directorship and development of the Hospital of the Good Samaritan Childcare Center, unless it would be one of high quality. And her insistence on this as the budget went much beyond the original amount designated.

Developing a support system. After information was gathered and initial risks taken, the creators began to develop a support system. In doing this, all three of them showed both high intention and persistence. For Para los Ninos, Tanya attempted to enroll friends, and found that this did not work. But, through a newspaper article and speaking engagements, people came forth. As she puts it, "I never turned anyone down." When difficulties developed with many of these people, she continued bringing in new support. She also got to know the people in the community, and the volunteer workers there. She talked with people in the field of childcare as well as hiring a political fund raiser. For the Mar Vista Family Center, Betty immediately wrote out her vision and sent it to Councilwoman Pat Russell. She talked to many people, particularly other professionals in child development. She visited schools throughout Los Angeles looking for a staff. And she spent much time communicating with political people. For the Hospital of the Good Samaritan Childcare Center, Judy was "constantly meeting with people in the hospital, both formally and informally." She established a supportive relationship with the Department of Education, and spent time educating the hospital's administration about quality childcare. She also held ongoing parent meetings throughout the development of the center. In all three cases, the center's creators went beyond the usual limits to make sure they established the kind of support that they felt
Did not stop their progress on the center in order to deal with opposition. Along with gathering support, another factor in common was that nobody stopped their progress on the center in order to deal with opposition. As they came up against opposition, it was always recognized. But, the creators continued to put their energy in the direction of their support, and build upon what furthered their work. An example of this, can be seen with Para los Ninos. When Tanya was faced with opposition from organizations and businesses within the community, she moved ahead through the media, which was highly supportive of the center. As the center gained viability, the opposing organizations stopped fighting against her. Eventually, she was invited to be a Board member on two of these organizations.

Putting time and energy into their communication with others. During the process of developing the centers, all three creators put much time and energy into their communications with others. They all recognized how vital ongoing communication was to the establishment of political and legal support in their communities. Tanya, in order to gain political support and funding, hired a political fund raiser for Para los Ninos. In this way, she learned about the political and funding structures, and how to communicate with these people. Tanya, Judy and Betty all discussed the large amount of time spent writing, meeting and talking with people.

Ability to succeed in enrolling others to support their vision.
The creators of the centers not only spent time communicating, they were also able to succeed in enrolling others to support their vision. For the Mar Vista Center, it was necessary to obtain the approval of the Department of Recreation and Parks Commission to build the center in the park. A childcare center had never been built in a park, particularly one located on the highest risk street of the Mar Vista district. In order to get this approval, Betty says that "It took a lot of talking to Commissioners." And while the center was being built the communication continued. Betty spent much time sharing her vision of the center with the workers and supervisors, including them by asking their assistance as problems arose. Judy worked carefully and purposely in building her support. Her primary theme was to state over and over again that the center would reflect the excellence of the hospital, and would be a model program for employer-sponsored childcare. She convinced people that it would be to their advantage to support the center.

Surrounded themselves with a core of support. Another factor the creators had in common in building the centers was that they surrounded themselves with a core of support. For Tanya, it was a few close people who worked with her all the way through the project. For Judy, it was the Department of Education of the hospital. And for Betty, it was her initial staff. From this core, they created the necessary support of professional groups, the community, politically, legally and financially. As the center progressed, they used the backing of their support and allowed nothing to stop them — whether it was having the center vandalized and set on fire, political opposition or financial hardship.
Ability to remain on purpose with their intention. The key thread of commonality running through the operational principle of each center's creation, is the ability to remain on purpose with their intention. None of the three centers deviated from the path of their goal. Nobody made decisions that would compromise the outcome of this goal. An example of this is seen with Para los Ninos. In order to keep her vision intact, Tanya made the choice to greatly enlarge the scope of the project. She chose to lease a giant warehouse, when she saw that only in this way could she meet the licensing requirements. She did this at a time when no money or support had yet been acquired. She made a high-risk decision in order to remain true to what she wanted. Another example can be seen with the Mar Vista Family Center. Betty and the staff chose to go ahead with the project on a high-risk street. Facing much opposition, they continued to move ahead with the center. Even when the center was vandalized and set on fire shortly after opening, they decided to rebuild it, become more inclusive with the community and move ahead with the center. A third example was with Judy at the Good Samaritan center. When it became clear that the expenses for a quality center would be much greater than the administration previously calculated, she remained true to what she wanted. In order to accomplish this, she had to educate and enroll the support of the hospital administrator.

Differences:

Time and work required to gain funding. Although the development of the three centers had strong similarities, there were also differen-
ces between them. Some of these differences were due to the particular set of circumstances facing each center's development. Some differences were due to the unique way each individual had in responding to these circumstances. Para los Ninos, as opposed to the other two centers, spent much of its initial time and work acquiring the funding needed to proceed with the center. In gathering these funds, legitimacy was mainly established through the media and political support. Tanya found it most effective to function as an individual during this time. She felt that she needed to make risky decisions that groups do not usually agree upon. Yet, she still needed the work and expertise of other people. This created a situation in which she was surrounded by an often changing group of people, while she made the major decisions. For the Hospital of the Good Samaritan Childcare Center, Judy did not have the problem of basic funding. The emphasis of her work was to create the kind of center she wanted, and have this accepted by the hospital community. She made decisions and worked on an individual basis throughout the year of the center's development, gathering support from the hospital's Department of Education. Betty, for the Mar Vista Family Center, wrote out her vision and request for funding, as an individual. Once funding was granted, she immediately hired a staff. As a group, they worked on political and legal problems together, as well as the construction of the center. They also created the final intentions, purposes and goals of the center as a group. Much time and energy was put into their learning to work well together.

Work done in the community while developing the center. Another difference between the centers, was work done in the community while
developing the center. Tanya immediately became familiar with the community and people living in Skid Row through volunteer lay workers there. Little by little she built contacts with the people. By the time the center opened, she was a familiar figure in the neighborhood, and the people were aware of the coming childcare center. In Mar Vista, the creators of the center became familiar with the neighborhood in general, but did not get to know the people there before the center opened. Only individual parents that would be part of the center were worked with. The people in the neighborhood did not know what the center was until it began operation. For the Good Samaritan center, Judy held ongoing parent meetings, during the development of the center. Regarding the hospital community, in general, she used the hospital newsletter to inform people of the progress of the center.

In summary, the founders of the centers differed during the time of the center's creation in several ways. They differed in their needs regarding funding, and the impact that had on their operation during the center's development. They differed regarding the degree to which they worked and made decisions as an individual versus as group. And finally, they differed in the work done in the community prior to the opening of the center.

Insights Gained:

The need to be stronger, more confident and more assertive. In the course of creating the centers, the people involved learned much about what works and what does not work. There is much to be learned
from these people's mistakes. This is particularly true when the people played a pioneering role in a difficult and high-risk project. For both Tanya (Para los Ninos) and Judy (Good Samaritan), the issue of caution arose. They both wished that they had been stronger, more confident, more assertive in going after what they wanted. Judy, in facing many unknown factors and uncertainty as to what was expected of her, felt that she acted too conservatively. She did not ask for all of what she wanted in staffing and budget. Similarly, Tanya, in facing much uncertainty, invited many people to be part of the project without clearly analyzing what and who she really needed. This created many difficulties for her during the center's development. As Tanya states, she would now be "more discriminating and stronger in the sense of how I thought about myself and what I was doing." For Betty (Mar Vista), this did not arise as a problem. She was clear about whom she wanted to work with in creating the center. She and her staff looked upon each step of the way as an experimental process, constantly reevaluating what they were doing.

The importance of establishing themselves in the neighborhood prior to opening the center. A mistake that the Mar Vista Family Center made was in not establishing themselves in the neighborhood prior to opening the center. Before its opening, they only interacted with the individual parents involved in the center. Betty feels that they should have done a broad promotional public relations in the neighborhood, using flyers, a door-to-door newsletter and an open house party for the community.
Patience with those who opposed the center. In regards to working with the people in the community, Judy feels that she made mistakes in being too impatient and resistant with those who opposed the center. She believes that it would have worked better to be more understanding and finding a more positive way to connect with these people.

Organization of the Center

Similarities:

Organizational structure to support goals. Each center created an organizational structure to realize its intention to provide quality childcare. For Para los Ninos, Tanya hired a program director with a background in child development four months before the center's opening. Together, they hired the staff of teachers and assistant teachers. Working jointly, Tanya, the program director and an outside child development consultant created an environment and program which they felt would provide quality care for the children.

The Mar Vista Family Center continued to work together as a group in organizing the center. They first set up a physical environment to support what they wanted to do. They next developed a daily plan so that the time elements of the day would be set up to accomplish their goals. They also developed ground rules and agreements for the parents. For example, full time attendance for the children was required as well as parent participation.
At the Hospital of the Good Samaritan Childcare Center, Judy hired an assistant director before the center opened. She hired a person who was trained in the same methodology as herself, and with whom she had previously worked. Together, they created a program, did the intake of parents and developed an orientation schedule. The center is organized to reflect a particular educational philosophy through daily routines, materials and the use of team-teaching.

_Same general structure._ Each childcare center created an organizational hierarchy for the operation of the center. The hierarchies of the three centers used the same general structure: executive director, program director, teachers and assistant teachers. The basic pattern of functioning is the following: the executive director handles the administrative tasks; the program director is responsible for the programs for the children; the teachers and assistant teachers work directly with the children in implementing the program.

The initial creator of each center became the executive director in the center's organization. They each hired a staff that was in agreement with their philosophy of quality childcare and supported their vision of the center. They all stated that, although there is a chain-of-command used for the functioning of the center, they considered each staff member of equal importance. An example of this can be seen with the Hospital of the Good Samaritan Childcare Center. The staff is organized in a democratic process. Team-teaching is used and the teachers are all responsible for a group of children. Much opportunity for participation and communication is created by having several types
of staff meetings. There are regular staff meetings, team-teaching meetings and in-service meetings. The Mar Vista Family Center is set up so that the staff can substitute for each other, with the exception of a credentialed teacher needing to be on the premises.

Ways to include and support the parents. All three of the centers organized ways to include and support the parents. A particularly strong emphasis on this aspect of the center, can be seen in the Mar Vista Center. Parent participation is a requirement of having your child at the center. Parents agree to assist one day-per-week. An orientation meeting is held for parents before they enroll their child. In this way, parents are able to choose what they want after being informed. The center is organized for the parents to express their needs and be supported. Meetings are held for the parents twice a day. The morning meeting is used as a "clearing meeting." The purpose of this is to express anything that might keep them from having their full attention at school. A second meeting is held in the afternoon. It is a time for parents to discuss what worked or did not work in their day at school. It is also used as a time for parents to be able to experience some facet of parent education, such as communication skills.

Both Para los Ninos and the Good Samaritan center included ways to have parental involvement and support for parents. In both these centers, parent meetings, conferences, holiday projects and volunteerism were used to include the parents. All three centers discussed having a warm, open and welcoming attitude towards the parents.
Meeting community needs. Each childcare center organized itself to meet the particular needs of the community. At Para los Ninos, they offered a broad range of services for both the children and their families. Childcare is provided five days a week from 6:30 a.m. to 6:00 p.m. Children are taken in from early infancy through preschool age. They are provided with an individualized developmental curriculum. They are also provided with medical and dental care, bathtubs, food and clothing. Abused children are taken in first. Also offered are a parent's club, community projects, an outreach program and a liaison with the public schools to support school age children.

The Hospital of the Good Samaritan Childcare Center organized itself to meet the particular needs of the hospital employees. The center is located adjacent to the hospital. The hours of service and the age range of the children were established from the results of a survey taken of employee needs regarding childcare. The center includes care for infants, toddlers and preschool age children. It is open eleven hours a day, and meets the time of the working dayshift of the hospital employees. An individualized and cognitive curriculum is provided for the children. Ancillary services are also provided, such as assistance to parents for attaining other services, holiday projects, and special workshops and fieldtrips for the children.

The Mar Vista Family Center is organized to particularly meet the needs of parents and family of the children, aside from providing childcare. The participation and meetings at school support the parents. There is also a community club which meets once a month and
works on community projects. For holidays, the center gives out presents and has parties. There is a bulletin newsletter distributed door to door in the neighborhood, and a free summer school for neighborhood children.

**Future visions of expansion and development.** The three centers all have future visions of expansion and development. Each center has already taken steps in this direction. The Hospital of the Good Samaritan Childcare Center will soon be moving into a new building. This new center is being constructed to provide an environment especially designed to meet the needs of children. It will also provide space for almost double the number of children now being served. When it is completed, the center will serve 70 children, and will begin taking infants at three months of age, rather than six months. It will include a teacher's room with an area for materials and teacher preparation.

The Mar Vista Family Center intends to have the people who live in the community be the ones who work there. They now have some parents they have trained on staff. They intend to have the center increasingly reflect the needs of the community. For example, it would also serve Spanish speaking only people. It would have an expanded after school program, and activities in the building at night. The center will also be giving courses for college credit so that they can train professional school teachers. They will give courses, as well, for parents who want to study child development and the family.

Para los Ninos is in the process of greatly expanding the space and
services of its center. They have acquired the two buildings adjacent
to the center. The childcare center will double in size with a big new
kitchen. The new space will also include services for school age
children. There will be a youth center with a gymnasium, arts and
crafts room, and a study hall. There will be offices for mental health
workers and social workers in exchange for their services.

Differences:

**Varying degree of emphasis on aspects of the center.** Once again,
the key differences in the organization of the three centers stem from
the varying degree of emphasis on aspects of the center. For example,
the Mar Vista Family Center places a strong importance on parent
participation and community involvement. In order to enhance parent
participation, much of the structure is created to support the parents.
Orientation meetings and visitation days inform them about the center
before they choose to enroll their child. Once part of the center,
parents are supported through assisting, two parent meetings a day, and
a counselor for personal problems. The center has formed a number of
community projects and a newsletter in order to increase involvement
with the community.

The most important goal of the Hospital of the Good Samaritan
Childcare Center is to provide support for employees of the hospital.
This has been done in several ways. The location, hours, and ages of
the children enrolled in the center match the needs of the employees.
Another aspect of supporting these people is to provide high quality
care for the children attending the center. As part of this, Judy has put much emphasis on staff development and communication.

Para los Ninos puts a great emphasis on providing needed services for the children and their families. This is done by providing an individualized development program for the children, as well as many ancillary services. These services include bathtubs, clothing, food, medical and dental care. The parents and siblings are offered a number of services, and the center includes a community outreach program.

Insights Gained:

For Para los Ninos, Tanya feels that it would have been worthwhile to have a social worker on staff from the beginning of the center's opening.

With the Hospital of the Good Samaritan Childcare Center, Judy feels that a mistake she made was not knowing clearly what she wanted in a staff member. She was also unaware of the crises that would develop, like the staff getting sick and not having enough people to cover for them. She feels that she should have been more aware of these possibilities, and planned ahead for them.

In concluding, one must mention the extent to which the qualities of the creators of these centers came shining through repeatedly. The high degree to which these people cared about the children and parents being served, shows in their commitment to provide the best that they
could offer. They also demonstrated great energy, tenacity and perseverance in their work to make a dream a reality.
CONCLUSION

In completing this study, one must move beyond the factual data pertaining to the development of the three childcare centers. The impact on the community of these centers, demonstrates the depth and the potential that quality childcare can have in our society.

Both Betty Factor and June Payne believe that the Mar Vista Family Center has created a new community in the process of transforming the old one. The neighborhood now has community projects and a sense of pride. The streets are kept clean; there is adequate police patrol; there is no more grafitti. The people are now neighborly and friendly to each other.

Tanya Tull believes that the impact of Para los Ninos on the Skid Row community has been immeasurable. A sense of hope and pride now exists among its people. The center has saved the children from terrible physical and emotional problems. It has cared for the children, and provided health and nutritional assistance. It has relieved stress in the Skid Row families, and has reduced abuse and neglect. The lives of the women in this community have been completely transformed.

To Judy Borenzweig, the Hospital of the Good Samaritan Childcare Center has had a definite impact on the community. The center has given the children of the employees a nourishing and stimulating environment; has made the hospital community more aware of the needs of children, and their right to be respected; and has had a civilizing and humanitarian
influence on the people employed by the hospital. The center emphasizes a "healthy" aspect of the hospital, because it deals with growth and development rather than sickness and death.

I believe that these three centers have had an even greater impact on the communities than was expressed in the interviews. When people of a community see and are part of a center that is committed to the quality of people's lives, it extends into every level of functioning in the area. It provides a positive and nourishing force that filters into the lives and businesses of everyone in and around the community.

Each of the persons creating these childcare centers, has provided a model of what can be done. Such models are invaluable for others with visions of creating their own form of serving children and families. They provide the inspiration and knowledge that are essential in making one's visions real. As can be seen in these case histories, a commitment to create a project for children and families, that takes time and money, is not always understood or supported in our society. Having models that have succeeded in overcoming all obstacles as well as attaining the necessary support, has much to offer others in the field.

**Future situation of childcare in the United States.** With an awareness of the present conditions of childcare, it is critical to look at the future trends and needs of our country. This can be done by looking at statistical indicators of the projected needs in care for children. The generation born in the baby boom era (1946-1964) are now in their mid-twenties and early thirties, and beginning to have children of their
own. By the mid-1980's and continuing into the 1990's, there will be about four million babies born per year — almost as many annual births as during the height of the baby boom years (Children's Defense Fund, 1982B).

Along with this expected rise in the number of babies born, there is a continuing increase in the trend of mother's employment. In fact, in recent years labor force participation rates have been rising faster among mothers of children under six than any other group of women. It rose from 20% in 1965 to 41% in 1977. By the 1990's, approximately 45% of the American labor force will consist of parents of children under 18. It is estimated that in 1990, there will be 10.4 million children under six with mothers in the labor force. This would be a 63% increase in the number of preschool children of working mothers (Hofferth, 1979).

How will these children be cared for? In looking at factors determining choice of childcare arrangements, the cost of care has been found to be one of the most important determinants. The least amount of cost is found with group care. Family structure and fertility are the two main demographic factors affecting the demand for daycare: female-headed families and small families are more likely to use licensed centers and homes than two-parent and large families. There has been a consistent increase in the number of families headed by one-parent, as well as a trend toward smaller families. Census Bureau projections give an average of 2.1 children for young women. These trends indicate that there will be an increase in the desire for childcare as well as a
Family Circle magazine conducted a survey on childcare needs and preferences in 1978. This was done with predominately middle-class women. They found that 92.7% of the surveyed mothers with children under six, used daycare mothers, sitters, family homes, preschools or daycare centers for childcare. Only 1 mother in 5 had any kind of relative — including husbands — to care for the children when she was unable to. Relatives to care for older children were even more scarce. The survey questioned mothers as to what kind of care they would prefer if they had a choice. Only 17.5%, less than half the group using such care, would chose daycare mothers or family homes if they could pick the care they want for their children under six. By contrast, 44% would select daycare centers with well-trained staff and a stimulating program with activities and rest. They would choose a system that makes care available to all on a sliding scale. One conclusion this study came to was that while parents were willing to pay for group care, cost and availability remain key issues in the final selection of the type of caregiving. The second conclusion was that there will be an increased need for childcare and a greater desire for group care (Verzaro-Lawrence, 1982).

If the projections for an increased need in group care for children are accurate, it is important to consider what are the available means by which this could be expanded. One possible area would be through industry related sponsorship of childcare. This may be undergoing important changes as increasing numbers of women enter the labor force.
By 1990, 47% of the workforce will be female, and 60% of American women will be employed (Children's Defense Fund, 1982B). Priorities and needs of employees may be going through changes as America moves into a post-industrial society, and future economic enterprises focus upon their socializing functions (quality of life) as well as their economic functions (profit making). These changes will require creative responses from business and unions. One of these could be the sponsorship of childcare. Onsite care at the workplace would provide childcare as well as assisting families to thrive by bridging the current separation between one's place of work and family life (Verzaro-Lawrence, 1982).

Presently, there have been only a small percentage of businesses that have responded to the need for childcare. In 1978, a survey identifying employer-sponsored and union-sponsored childcare centers listed 305 centers. Two hundred of these centers were sponsored by military installations. Between 1978 and 1981, six new industry-funded centers began operation (U.S. Dept. of Labor, 1981).

Another area of potential means for expanding the availability of group care for children would be through public funded programs. Up to this time, the United States government has had no cohesive childcare policy. Childcare has been provided to deal with national emergencies, some poverty programs, or for varying reasons such as labor force needs of the economy. Comprehensive national childcare legislation would be a solution to the expanding need for childcare services. Quality childcare could be provided for everyone in need on a sliding scale. It would also make it possible to have standards of regulations for the
centers. A bill to provide a comprehensive national program of childcare was vetoed in 1971 by President Nixon even though it was passed in both houses. Since that time, the ratio of childcare supply to childcare need has worsened, with no sign of improvement (Children's Defense Fund, 1982A).

The present Administration under Ronald Reagan has consistently reduced funding for children's programs. Approximately 150,000 families will no longer be eligible for Federally aided daycare because of cuts already made, and another 100,000 will be cut from the program next year if Reagan's new budget is approved (Denton, 1982).

In order for the government to create the kind of programs necessary to meet the childcare needs, it would have to come from a policy for children because they are children. As stated by Docia Zavitkovsky, it must come from "knowing that children are human beings - not components who fit into pragmatic categories of development, or commodities that can wait while Congress convenes or committees decide, or products to be shelved until we are ready to use them again. As human beings, their basic needs are health, nourishment, shelter, safety, love, warmth, a feeling of belonging, or being, or becoming" (Zavitkovsky, 1977, p. 14).

Years ago, when only a few people needed childcare, it was seen as a service for "unfortunate" families. For these poor families who could not care for their children, the large community felt it necessary to offer support, only after a crisis had developed. The relatively small
number of families needing help was not only because the mother was
home, but because families had the services of relatives, maids or
others living with them to care for the children whenever necessary.
The times have changed, and so have the needs of the family. Childcare
is no longer used only when something has gone wrong. It is now used so
widely and for so many different reasons that almost all families have
experienced the need for childcare (Commission to Formulate a State Plan
for Child Care and Development Services, Calif., 1978).

Stevanne Auerback, in her book the *The Childcare Crisis* discusses
how it is not simply the care of children that has been at issue. She
believes that the controversy surrounding childcare services relates to
our current trends in political, economic and personal attitudes
toward children. Since childcare affects all families, "it involves
everyone who is concerned about national employment, stability, family
support and the well-being of children. In the end, everyone, including
the employer, the political system and society as a whole, is affected
by the availability or absence of childcare. Without it, mothers cannot
sustain themselves and children are damaged" (Auerback, 1979, p. 6).

The children of today, will be the future adult citizens of
tomorrow. It is important to look at the present conditions in which
children are living, and the responsibilities facing them in the future.
In the next century, the number of dependents will begin to increase.
In 2010, the first of the "baby boom" generation will be ready to
retire. Each worker will become increasingly important as the number of
elderly citizens grows (Children's Defense Fund, 1982A). What are the
conditions of these potential workers, who are the young children of today and the next decade?

One in 5 of these children will be poor.

One in 4 will depend on AFDC at some point in childhood.

More than 1 in 2 will grow up in a family in which all parents in the home work.

One in 3 has never seen a dentist.

One in 7 has no known source of regular health care.

One in 4 will drop out of school before high school graduation. One in 2 black youths will become a dropout.

One in 2 will spend at least part of childhood in a one-parent family. One in 3 of these families will be poor.

Every year, 550,000 babies will be born to teenage mothers, many of whom go without prenatal care, thereby greatly increasing the likelihood of giving birth to low-birth weight babies or babies with birth defects.

500,000 children in any given year are homeless, in costly foster care or institutional care, denied the nurturance and family stability every child deserves (Children's Defense Fund, 1982A, p. 7).

In looking at the future of children in this country, one must conclude with an unanswered question. Will we, as a nation, choose to support the well-being of our children and families?
Bibliography


Corning Children's Center. The Corning story: Solving the puzzle of industry-sponsored day care. Corning, New York: Corning Children's Center, Inc. 1981.


APPENDIX

QUESTIONNAIRE

Personal and Organizational Information

1. What is your name?

2. What is your present position?

3. How long have you held this position?

4. Regarding this childcare center, how many families does it serve, how many children?
   a) What are the days and hours?
   b) Staff size?
   c) Volunteers?
   d) Has the size or hours changed from the time of its opening?

5. What has been your role in the creation and/or organization of this childcare center?
The Community

1. What were the general living conditions for families in this area at the time of the creation of the childcare center? Other childcare centers?

2. What were the economic conditions in this community at the time that the childcare center was being created?
   a) Have there been any changes since that time?

3. What was the need for childcare in this community prior to the establishment of the center?

4. What evidence was there of a sense of community, cooperation and support among the people in this area at the time of the creation of the center?

5. In what ways were members of the community active in the political process there at the time of the creation of the center.
Creation of the Center

1. What vision did you, or others participating, have at the onset in regards to creating a childcare center?
   a) If this worked, what would it accomplish?
   b) What would it be like?
   c) What would it do?
   d) What would the participants have as a result of their participation?

2. Looking into your own life, what do you feel has been your personal experience which contributed to your seeing the need for this program? (By this, I mean not only the institutional or professional experience, but the personal as well.)

3. What were the first steps taken to begin making that vision a reality?

4. Who else was enrolled as support?
   a) What was their unique contribution, ability, expertise?
   b) How did you find them?

5. At what point did it become truly helpful to work with a group?
   a) What worked in your learning to work together?
6. How were the intentions, purposes and goals arrived at?

7. What kinds of things have led to conflicts of opinion among the founding group?
   a) What was the process by which these conflicts among the creators were resolved?

8. What do you now see as mistakes during this time of creating the center?
   a) How would you do things differently now?

9. What community do you serve through this program?
   a) How did you initially get to this community?
   b) What worked with the community?

10. How did you begin to get community involvement?

11. What did you find to be the most valuable support in the community?
    a) Did you use a key person or powerful contact in the community?

12. What, if any, opposition did you find in the community?

13. What do you now see as mistakes made in working with the community?
    a) How would you do things differently?
14. How did you recruit the children from the community?
   a) Are there any especially interesting examples?

15. How did funding evolve?

16. Did the program change in line with the funding needs?

17. How did you use community politics?
   a) Were you able to gain political support?
   b) Was there political opposition?
   c) How did you deal with this opposition?

18. Do you feel that the political and legal forces supported or hindered the creation of the childcare center?
   a) In what ways?

19. What kind of interaction did you have with the regulatory agencies?
   a) Did this handicap, enhance, or restrict your work?
   b) Did this change the direction of the program?

20. Did the original vision of the center change through the process of its creation?
   a) In what ways?
Organization of the Center

1. Were new people called in to organize the program for the center?
   a) What is their background?

2. How is the center organized in order to reflect its intentions in the community?

3. To what extent does the center reflect particular needs of the community and family?
   a) What methods of communication exist with the family?
      With the community?

4. To what degree do parents and family get involved in the center?

5. What services are offered for families?

6. Are there special services offered for the children?
   a) What are they?

7. How does the center approach the family? For example, is the atmosphere such that the family easily feels part of the center?
   a) Are there physical facilities to encourage parent participation?
8. Does the community ethnic group get represented in staff and program?

9. What is the hierarchy in the organization of the center?
   a) Does this work to support its intentions?
   b) What are the positive and negative aspects of this particular structure?

10. What do you now see as mistakes during the time of organizing the center?
    a) How would you do things differently now?

11. What impact do you feel the center has had on the community?

12. What is your future vision of this center?

13. Are there problems that as yet need to be resolved?

14. Are there questions that still need to be answered?

15. Looking back with what you now know, if you could talk with that earlier you when you were just starting this project (or came into this project), what advice would you give?
   a) What pitfalls could you eliminate?

16. What on-going processes have you evolved that contribute to this project working?