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Child Care Workforce and Quality -- Policy Brief: Summary Brief #5

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Summary Brief

The Midwest Child Care Research Consortium completed a phone survey with 2,022 providers and quality observations of 365, in center and family home child care settings. This brief provides a description of the child care workforce and quality from this study.

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Background

In 2000, university researchers at the University of Nebraska-Lincoln, Iowa State University, University of Kansas, and the University of Missouri, and state child care and early education program partners in four states (Missouri, Iowa, Kansas, and Nebraska) initiated the Midwest Child Care Research Consortium (MCCRC). The focus of the Consortium's work was to conduct a multi-year study on a range of issues associated with child care quality and the workforce. Across the four states, a stratified random selection of 2,022 child care providers participated in a telephone survey conducted by the Gallup Organization, representing licensed child care centers, licensed family child care homes, registered child care homes (in Iowa and Kansas), and subsidized care license exempt family homes and (in one Missouri) license exempt center care. The survey response rate of eligible providers was 81% and most nonresponse was due to telephone barriers among registered and license exempt providers. Providers responded to questions about background and practices often associated with quality. Of the providers responding to the phone survey, 87% were willing to be contacted for in-depth follow up, ranging from 95% of center-based providers to 70% of license-exempt and registered home providers. Of these, 365 were randomly selected for in-depth observations.

Summary of Key Findings

The study showed the average provider in the Midwest is female, married and a parent. This provider had some training or education beyond high school but not an advanced degree, was active in child care training, had a first aid/CPR certificate, considered child care her profession or calling, had been in the child care field for over 5 years and planned to remain a provider for at least 5 years.

The average provider was observed to provide minimal quality child care. Using well-established observational measures of quality, center-based preschool care averaged 4.57 on the Early Childhood Environment Rating Scale (ECERS-R); 4.38 on the Infant Toddler Environment Rating Scale (ITERS); and family child care averaged 4.14 on the Family Day Care Rating Scale (FDCRS). A "5" is considered "good" quality. There was great variability across all types of care.

- Quality in infant-toddler and family child care was lower in Iowa, a state that has fewer regulatory requirements than the other three states.
- In center-based care, there were no differences between providers who cared for children receiving government child care subsidies and those who did not but in family child care there were differences. Quality, training, education and professionally-oriented attitudes were lower among subsidy-receiving family child care providers than for non-subsidy receiving counterparts.
- Providers in Early Head Start/Head Start partnerships offered higher quality care and received more training than other child care providers. Three of the four states had invested training funds to enable Early Head Start/Head Start programs to partner with programs to follow the Head Start Performance Standards and these partnerships did appear to result in higher quality than average.

A Closer Look at Quality

We used nationally recognized and validated measures of child care quality in our study. For child care centers, the measure for classrooms serving infants and toddlers was the Infant/Toddler Environment Rating Scale (ITERS), and the measure for children 3-5 was the Early Childhood Environment Rating Scale (ECERS). For child care provided in homes, the measure was the Family Day Care Rating Scale (FDCRS). Previous studies have supported the validity of these scales as measuring program features that are linked to positive outcomes for children. Possible ratings range from 1 to 7, with ratings from 1 to 2.9 indicating poor care (do not meet basic custodial care needs), 3 to 4.9 being minimal (meet basic care and safety needs), and 5 to 7 indicating good-to-excellent care (provides developmentally appropriate, personalized care, and has good materials for children's use). Using these cut-offs, about a third of the child care in the Midwestern states studied is good quality while about half (48.8%) was in the minimal range and about a fifth (17.6%) was rated as poor quality.

A Closer Look at Provider Characteristics

Education: 54% of all providers identified a high school diploma as their highest degree; 17% of Midwest child care providers had a bachelor's degree or more. Preschool center providers had the most education and license-exempt family providers the least. Subsidy-receiving providers had lower levels of education than non-subsidy receiving, even after controlling for type of care. *Education was significantly associated with observed quality only for family child care.*

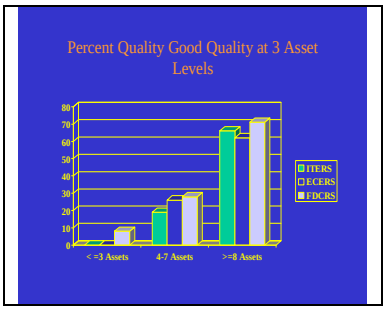
Child Development Associate (CDA): 17% of all providers in the Midwest states studied had earned a CDA credential, including 22% of infant center-based, 23% of preschool center-based, 14% of licensed family home, and 5% of registered and license exempt family child care providers. *The CDA was the strongest correlate with quality found in the study.*

Training Hours: States require 10 or 12 hours (depending on the state) for licensed providers; 23% of the providers reported receiving fewer than 12 hours of training. *Overall training hours correlated significantly for family child care and infant-toddler center care but not for preschool center-care.*

Earnings and Benefits: The average earnings from child care work for full-time providers in 2001 was $14,130; 56% of center-based providers received health insurance from their child care employer. *Higher wages and health insurance were associated with higher observed quality.*

First Aid/CPR Certification: 82% of providers had completed CPR certification and 84% had completed First Aid certification within the past two years. Non-certified providers were most likely to be license exempt and registered family child care providers. *Overall, providers who were current in these certifications provided higher quality child care.*

How Do Assets Relate to Quality?



The study identified 14 provider characteristics, referred to as Assets, that, in combination with each other, vastly increased the likelihood of good quality among the 114 infant-toddler, 115 preschool center-based and 134 family child care providers observed in the four Midwestern states. The pattern was similar across all types of care. Of the infant-toddler center-based providers who had 8 or more assets, 66% were observed to provide good quality care compared to those with 4-7 assets. Only 19% provided good quality care. No providers with fewer than 4 assets provided good quality care. Among preschool center-based providers, 62% with 8 or more assets had good quality care compared to 26% good quality with 4-7 assets and none among those with fewer than 4 assets. Among family child care providers, 71% with 8 or more assets had good quality care compared to 28% good quality with 4-7 assets and 8% good quality with fewer than 4 assets. The 14 Assets were identified by analyzing the significant relationships between many characteristics of providers and quality. The 14 assets are education greater than 13 years; wages over $12,500; CDA; at least 24 hours of training the previous year; current certification in First Aid/CPR; attending a state or regional conference in the past year; using a curriculum; participating in the Child and Adult Food Program; being in an Early Head Start/Head Start partnership; NAEYC or NAFCC accreditation; attending training resulting in certification; and completing a conference with parents. In family child care, being licensed and participating in a consultation training program; in center-based child care, receiving health care benefits and having a director who talked with the provider about her professional progress were also identified Assets. (See also CCFL Brief 1, *Child Care Assets.*)

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