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# Policy Brief #1: Child Care Assets: What are 14 Key Assets of Child Care Providers that Support Quality?

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**CHILD CARE ASSETS: WHAT ARE 14 KEY ASSETS OF CHILD CARE PROVIDERS THAT SUPPORT QUALITY?**

*Findings from the Midwest Child Care Research Consortium show that providers who have 8 or more Child Care Assets are far more likely to provide good quality child care than those with fewer Assets, across four Midwestern states. States are encouraged to increase Assets within the child care labor force to improve quality.*

**Number 1**

**Background**

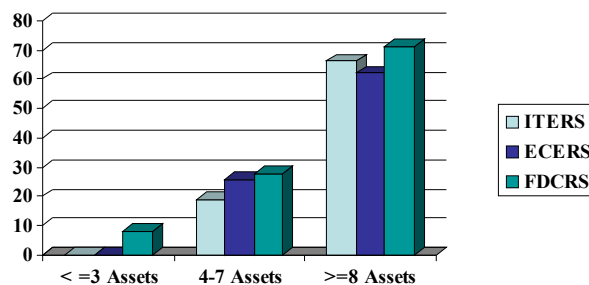
In 2000, university researchers at the University of Nebraska-Lincoln, Iowa State University, University of Kansas and the University of Missouri and state child care and early education program partners in four states (Missouri, Iowa, Kansas, and Nebraska) initiated the Midwest Child Care Research Consortium (MCCRC). The focus of the Consortium’s work is to conduct a multi-year study on a range of issues associated with child care quality and conditions. 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, and subsidized care license exempt family and (in one state) license exempt center care. Providers responded to questions about background and practices often associated with quality. Of the providers responding to the phone survey, 365 were randomly selected for in-depth observations to assess quality, using conventional measures of child care quality (see back of this brief). This report shows the relation between observed quality and many provider characteristics and professional improvement efforts.

**Brief Findings**

14 of the characteristics were identified as important to quality across all forms of child care. These characteristics were summed to create the Asset Index for Child Care Providers. Among providers who had 8 or more Assets, 62-71% (depending on type of care) were observed to have good quality care; among those who had 4-7 Assets 19-28% had good quality care and among those who had 3 or fewer Assets, 0 to 8% were observed to have good quality care. An earlier report found that 33% of Midwest child caregivers provide good quality child care, as measured in the current study.

policy brief

**Percent Good Quality at 3 Levels of Assets**



## **What Are the 14 Assets?**

The 14 Assets and the frequency of providers who reported each Asset (in parentheses) in the overall Midwest sample were as follows:

- Completing a 1-year degree or more (42%)
- Completing a Child Development Associate (CDA) certificate (17%)
- Completing 24 hours of child care-related training or more (39%)
- Completing CPR and First Aid within the past 2 years (78%)
- Completing a form of intense training (a multi-meeting program of training guided by a curriculum, e.g., High/Scope, Heads Up! Reading, Creative Curriculum training) (43%)
- Attending a child care or early education regional, state or national conference (46%)
- Completing a formal conference once/year with every parent (80%)
- Using a curriculum (55%)
- Participating in the USDA/Child and Adult Care Food Program (63%)
- Contracting to follow the Head Start Performance Standards in partnership with an Early Head Start or Head Start program (9%)
- Being in a recognized accredited program (e.g., National Association for the Education of Young Children, National Association for Family Child Care) (3%)
- Having someone who talked with the provider about her progress such as a center director (in centers-66%) or an Educare Consultant (family child care-15%)
- Receiving health insurance from center-based child care employer (56%)
- Receiving earnings higher than \$12,500 a year (55%)
- Licensure among family home providers (33%)

### **Policy Recommendations**

When formulating policy regarding the well-being of children, policies should function to enhance both the care and education of children. Therefore we recommend that child care policy makers should:

- *Require all providers who receive federal child care subsidies* to acquire 4 or more assets, including First Aid and CPR Certification.
- *Move quality statewide from the minimal to good range.* Provide supports so providers can obtain 8 or more assets. As a state it will be necessary to invest in many types of assets to reach this goal.

## **How Were Quality and Assets for Child Care Measured and How Will They Be Measured in the Future?**

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 is the Infant/Toddler Environment Rating Scale (ITERS), and the measure for children 3-5 is the Early Childhood Environment Rating Scale-Revised (ECERS-R). For child care provided in homes, the measure is 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). The Assets were identified by analyzing the significant relationships between many characteristics of providers and quality. To qualify as an Asset, there needed to be significant relationships with quality in two of three types of care, overall care and, at least, a positive relationship with quality in the third type of care. As follow up, states are completing a pilot study to collect data to track Assets over time and to see if Assets increase when states offer new training and professional development initiatives.

The Principal Investigators of the Midwest Child Care Research Consortium are: Kathy Thornburg (Missouri), Helen Raikes, Brian Wilcox, Carolyn Edwards, and Julia Torquati (Nebraska), Susan Hegland and Carla Peterson (Iowa), and Jean Ann Summers and Jane Atwater (Kansas). Funded by U.S. DHHS Child Care Bureau and the Ewing Marion Kauffman Foundation.