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2004

Nebraska Child Care Workforce and Quality: Summary Policy Brief #7

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Thornburg, Kathy; Raikes, Helen; Wilcox, Brian; Edwards, Carolyn P.; Torquati, Julia; Hegland, Susan; Peterson, Carla; Summers, Jean Ann; and Atwater, Jane, "Nebraska Child Care Workforce and Quality: Summary Policy Brief #7" (2004). *Publications of the Center on Children, Families, and the Law (and related organizations)*. 10.
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Summary Brief

The Midwest Child Care Research Consortium completed a phone survey with 508 randomly-selected providers and quality observations in 85 center and family home child care settings. This brief provides a description of the Nebraska child care workforce and quality from data collected in this study.

Number 7

policy brief

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 these, 365 providers were randomly selected for in-depth observations. In Nebraska, 508 providers responded to the phone survey and 85 were observed.

Summary of Key Findings

The study showed the average child care provider in Nebraska 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.

The average provider was observed to provide minimal quality child care. In Nebraska, using well-established observational measures of quality, center-based preschool care averaged 4.16 on the Early Childhood Environment Rating Scale (ECERS-R); 4.49 on the Infant Toddler Environment Rating Scale (ITERS); and family child care averaged 4.46 on the Family Day Care Rating Scale (FDCRS). A "5" is considered "good" quality. There was great variability across all types of care.

- Family child care quality was higher in Nebraska and Missouri than in Iowa and Kansas.
- 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. Nebraska like two other states 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 quality in our study. 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, slightly more than a third (34%) of the child care in Nebraska was good quality while about half (48%) was in the minimal range and about a fifth (18%) was rated as poor quality.

A Closer Look at Selected Provider Characteristics

Education: 54% of all Nebraska 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 in family child care.*

Child Development Associate (CDA): Nebraska lags behind other states in CDA certification. 17% of all providers in the Midwest states studied had earned a CDA credential but only 7% were CDA certified in Nebraska. *The CDA was the strongest correlate with quality found in the study across the Midwest. Most states embed CDA training in community college curricula.*

Training Hours: States require 10 or 12 hours (depending on the state) for licensed providers; across the Midwest 23% of the providers reported receiving fewer than 12 hours of training but this figure was better for Nebraska at 9%. *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 Nebraska providers in 2001 was $14,700; 51% of center-based providers received health insurance from their child care employer, slightly under the 56% for the four-state region. *Higher wages and health insurance were associated with higher observed quality.*

First Aid/CPR Certification: 92% of Nebraska providers had completed CPR certification and 93% had completed First Aid certification within the past two years. Non-certified providers were most likely to be license exempt family child care providers. Nebraska led in the four states for rates of First Aid/CPR certification. *Overall, providers who were current in these certifications provided higher quality child care.*

Assets: Altogether the study found that 14 features (referred to as Assets) taken together were highly predictive of good quality care. Sixty-eight to seventy-three percent of providers who had 8 or more of the following characteristics provided good quality center or family child care: a 1 year college degree or more; CDA; at least 24 hours of child care training; CPR/First aid certification; a form of intense training (a program of training that has a certificate of completion, e.g., Heads Up! Reading); a child care or early education regional, state or national conference; a conference once/year with every parent; using a curriculum; participating in the USDA Child and Adult Care Food Program; contracting to follow the Head Start Performance Standards with an Early Head Start or Head Start program; being in a National Association for the Education of Young Children, National Association Family Child Care, or other recognized accredited program; having someone who talked with the provider about her progress such as a center director (in centers) or an Educare Consultant (family child care); receiving health insurance from the child care employer in a center; receiving earnings higher than $12,500 a year, and licensure among family home providers. See Children, Families and the Law, http://ccfl.unl.edu, Brief #1.

Recommendations for child care in Nebraska:

1. Target quality improvement for family home providers who receive public child care subsidies. Encourage providers to obtain combinations of Assets (e.g., the Child and Adult Care Food Program, CDA, Early Head Start partnerships and others).
2. Work to raise the percent of child care in Nebraska in the good range and to reduce the percent in the poor range.
3. Raise low annual earnings among providers and facilitate benefit packages in child care settings.
4. Continue to support Early Head Start/Head Start partnerships.
5. Increase resources in Nebraska's community college system for early childhood education. Incorporate CDA into the two-year program and articulate with 4-year university early childhood programs.
6. Pursue a tiered quality rating system and a more differentiated tiered reimbursement system for subsidy-receiving providers.

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