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Policy Brief - Infant Care in Nebraska: Characteristics of Providers, Quality of Care, and Parent Perceptions

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INFANT CARE IN NEBRASKA: Characteristics of Providers, Quality of Care, and Parent Perceptions

Findings from the Midwest Child Care Research Consortium show that Nebraska infant/toddler center-based observed quality was comparable to that of other states. However, infant/toddler center-based providers are younger and newer to the fields than other providers, and have less training and education than preschool center-based providers. Overall Early Head Start partners had higher observed quality of care than other infant-toddler center-based providers in Nebraska.

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Background

In 2001, university researchers and state program partners in Missouri, Iowa, Kansas, and Nebraska initiated the Midwest Child Care Research Consortium. A random sample of 2,022 child care providers from all four states participated in the study representing licensed infant, toddler, and preschool centers and including Head Start and Early Head Start programs, license-exempt centers, and licensed and unlicensed family child care homes. In Nebraska, 508 providers participated in telephone interviews and 85 of those programs were randomly selected for an observational quality assessment. This report summarizes the survey responses of 236 Nebraska professionals providing care for infants and toddlers, observations of care in infant-toddler center based programs and family child care homes, and 478 surveys of parents of infants (393 in center-based care, and 167 in family child care homes).

Major Findings Regarding Infant Care in Nebraska:

- ♥ **Infant/toddler center-based observed quality was comparable to that of other states**, with a score of 4.5 on the Infant Toddler Environment Rating Scale (ITERS), in the minimal quality range. Nebraska leads other states in infant/toddler teacher continuity practices (when teachers in centers care for the same infant over extended periods of time).
- ♥ **Infant/toddler center-based providers are younger, newer to their jobs and earn less than other providers.** Thirty percent of the infant/toddler center-based providers had been in their jobs less than a year and 25% were younger than 24. Infant/toddler center-based providers have lower incomes than preschool center-based providers
- ♥ **Infant/toddler center-based providers have less training and education than preschool center-based providers in the state.** Fewer have two-year degrees, four-year degrees, or a Child Development Associate (CDA) credential. Infant/toddler providers also received less professional training during the previous year than their preschool counterparts.
- ♥ **Half (50%) of infant/toddler center-based providers were rated as deficient in making books and reading available to children, while only 38% were rated at the good level.** Language and reasoning activities were the strongest area, meaning that children were encouraged to talk and teachers had meaningful conversations with children. However, both the use of books and pictures and the use of literacy materials that promote cultural awareness were infrequent.

- ♥ **Early Head Start partners had higher observed quality of care than other providers in Nebraska.** Some Early Head Start programs former partnerships with child care providers to follow the Head Start Performance Standards. These Early Head Start partners in Nebraska averaged 5.4 (in the good quality range) on the Infant Toddler Environment Rating Scale while all other providers averaged 4.2 (minimal quality). Nebraska directs approximately 25% of its federal infant/toddler quality enhancement funds to Early Head Start partnerships. Early Head Start partners were more likely to view their work as a profession than other providers and participated in training more than other providers, especially training that was attached to college credit, Heads Up! Reading, CDA, High Scope, and Creative Curriculum. However, providers who were Early Head Start partners were only slightly more likely to receive higher salaries than other infant-toddler providers, averaging \$15,200 vs. \$14,700, and were no more likely than other providers to receive paid time to attend training.

Parent Perceptions of Infant Care

Findings from the parent survey illustrated how the parents of infants and toddlers perceive child care (center-based and family child care).

- ♥ Nebraska parents reported that their infants or toddlers spent an average of 34 hours per week in care. On average, Nebraska infants begin child care at 3.6 months of age.
- ♥ Parents who were more affluent and more educated were more likely to choose center-based care for their infants.
- ♥ In 2001, Nebraska parents reported paying an average of \$80 per week for infant/toddler care, but parents whose children were enrolled in centers paid more on average (\$91) than those whose children were in family child care homes (\$60).
- ♥ Nebraska parents rated their infant's caregiver high on warmth (4.5 on a 5 point scale) and low on negative practices (1.5 on a 5 point scale). There were no differences between centers and homes on warmth or negative practices. However, parents of children in family child care homes reported a closer relationship with their caregiver.
- ♥ Nebraska parents of infants moderately agree (3.6 on a 5 point scale) that there are good choices for child care where they live; however, parents whose children are in centers rate this item higher.

Policy Recommendations

Policies should function to support early childhood professionals so that they can provide high quality care and education for young children. Therefore we recommend that child care policymakers:

- Support infant care program policies and practices that help to retain high quality teachers in the field to provide continuity of care that is so critical to infant and toddler development and to build capacity of good quality care for infants and toddlers. Recognize the unique needs of infant/toddler center-based providers.
- Invest in the education and training infant/toddler providers to reduce the disparity between these providers and preschool center-based providers in education, training and experience. Encourage attainment of a two-year degree or more education or a Child Development Associate (CDA) credential.
- Encourage Nebraska providers to increase language and pre-literacy experiences for infants and toddlers.
- Provide more resources and support to expand Early Head Start Partnerships. This mechanism seems to be increasing the quantity of good quality care for infants and toddlers in Nebraska. Compensate providers in these partnerships for higher quality provided and provide paid professional time for training.

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