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Child Care Quality and Workforce Characteristics in Four Midwestern States

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THE GALLUP ORGANIZATION

and

THE CENTER ON CHILDREN, FAMILIES, AND THE LAW, UNIVERSITY OF NEBRASKA-LINCOLN

AND

THE MIDWEST CHILD CARE RESEARCH CONSORTIUM

Child Care Quality and Workforce Characteristics in Four Midwestern States

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The Consortium is a partnership among research institutions and child care and early childhood divisions in four states that comprise U.S. Department of Health and Human Services, Region VII. It also includes representatives from child care resource and referral agencies and child care training organizations in the four states. The research involves collaborative efforts of many, including state government officials, research scientists, The Gallup Organization and university data collectors and support staff in the research institutions and state government agencies. The Consortium extends gratitude to the several thousand child care providers who responded willingly and openly to questions and to the several hundred who opened their classrooms and homes to observation. Such collaboration attests to the spirit of dedication for better understanding child care in the Midwest and the ultimate aim of the betterment of the field on behalf of the children and families served.

All conclusions and statements made in this report are the responsibility of the authors and the Midwest Child Care Research Consortium and do not reflect the views of the funding or research organizations.

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Introduction and Overview

Executive Summary

The purpose of the Year 1 Studies of the Midwest Child Care Research Consortium was to describe hypothesized and potential indicators of quality, to measure observed quality, and to conduct preliminary analyses to determine relationships between the hypothesized and potential indicators and observations of quality, using a representative, randomly selected sample of the provider population. The states studied—Iowa, Kansas, Missouri, and Nebraska—comprise U.S. Department of Health and Human Services Region VII. Following an examination of the child care policy context in the four states, a telephone survey of 2,022 child care providers, and observations of 365 providers, were completed during late spring and summer of 2001. Participants were selected at random from state lists of licensed and subsidy-receiving providers following a complex stratification plan that sampled for state, subsidy, and type of care (infant-toddler center-based, preschool center-based, licensed family child care, registered family child care, and license-exempt home providers and a few state-specific categories). Respondents were also classified according to whether they were Early Head Start/Head Start child care partners. Respondents were queried about hypothesized correlates of quality and other provider characteristics. The survey provided a comprehensive description of child care providers in the Midwest and a comprehensive description of potential indicators of child care quality. In some cases, there were differences in provider characteristics or observed quality by state, subsidy receipt, type of care, or Early Head Start/Head Start partnership. A number of provider characteristics that associate with quality were identified. Some were as hypothesized, but other provider characteristics were also important correlates of quality. In subsequent reports, predictors of quality will be identified.

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Research Questions

The study addressed the questions below. As states seek to know about each state against the backdrop of the entire four-state Midwestern region, questions are first addressed for the four states, and then by type of care, state, subsidy reciept, and whether the provider is an Early Head Start/Head Start partner or not. Questions of specific interest to states are further addressed in state-specific reports, available on the Internet at www.ccfl.unl.edu.

1. What do we know descriptively about the prevalence—across the four Midwestern states that comprise Region 7—of features that have been found to associate with quality or child outcomes in studies in the past? For example, what do we know about formal education of providers in the child care workforce in the four Midwestern states? Does formal education, or other features found to relate to quality in other studies, vary by state, type of care, subsidy reciept, and Early Head Start/Head Start partnerships?

2. What are other features of programs and of the child care work force across the Midwest? Do they vary by state, type of care, subsidy receipt, and Early Head Start/Head Start partnerships?

3. What is the observed quality of care of the child care work force across the Midwest? Does quality vary across state, type of care, subsidy receipt, and Early Head Start/Head Start partnerships?

4. To what extent do hypothesized indicators of quality and other features of programs or demographic characteristics of staff associate with observed quality? Do they vary by type of care?

Policy Context

The policy context for child care reveals many similarities and some differences across the four Midwestern states that comprise U.S. Department of Health and Human Services Region VII. All the states include urban centers but have significant rural populations. The largest state—Missouri—is about twice as large in population as the smallest—Nebraska. Racial makeup is primarily Caucasian, and minorities range from 15% (Missouri) to 6% (Iowa) of the total population. (Comprehensive charts detailing many demographic features of the states and the state child care policy context can be seen in Table 6, Appendix A.) Child care is more similar than different across the states, but there is some variability in types of care available. All four states require licenses for child care centers, however Missouri exempts some centers from licensing, e.g., churches. Monitoring visits are completed annually in 100% of centers in three of the states, and at least biannually for centers in Iowa. There is more variability in licensing requirements for home-based than center-based

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care across the four states. Missouri, Kansas, and Nebraska license home-based providers complete one and, in some cases, two visits to 100% of these providers each year. States have sub-provisions for family child care in group homes or larger groups. Iowa and Kansas also register family child care. These providers do not receive monitoring visits. Iowa requires registration of group homes, and encourages it in other homes. All states acknowledge license-exempt family care for providers who care for fewer than the number of children required for a registration or license (See Table 1, Appendix A). Kansas has the highest level of regulated care—license-exempt home care only applies to relative care. In sum, the states all supply licensed center-based care; three states supply licensed family child care; two states supply registered family child care, and all four states supply license-exempt family child care. These similarities and differences were carefully incorporated into the stratified sampling and analysis designs.

The policy context for quality enhancement varies across the states. In general, Iowa, Missouri, Kansas, and Nebraska utilize 4% or more of Child Care Development Fund (CCDF) quality funds for quality improvement. All states have a number of quality and professional development initiatives for child care. Missouri has used state funds to supplement federal funds for quality improvement; Kansas has supplemented quality funds using discretionary TANF funds. Iowa has fewer quality initiatives that apply across all components of child care, although Iowa has benefited from quality initiatives that have targeted preschool center-based care. Complex relationships between quality policies and quality outcomes will be further examined in papers that extend beyond the current descriptive paper.

Missouri, Kansas. and Nebraska have targeted federal or state funds to Early Head Start/Head Start partnership initiatives. In these states, Early Head Start or Head Start programs may receive additional funds for forming partnerships with community child care that commits the providers to following the Head Start performance standards. Providers are "regular" community child care providers—sometimes center-based, sometimes home-based—who make a special commitment and receive some additional resources to achieve the higher quality bar set by the performance standards. These initiatives are designed to benefit all the children a community provider cares for, not exclusively the Early Head Start/Head Start children; thus, the initiative is seen as a mechanism for improving quality among providers who serve low-income children. Some of the providers care for some children who receive child care subsidies and some do not.

In all four Midwestern states, parents eligible for state subsidies may select their child care provider and are not restricted to licensed care. Reimbursement policies and procedures for subsidies vary across the states. States vary in the currency of market surveys, in proactive procedures for equitability of reimbursement across sectors, and in efforts to adjust payment schedules to encourage provider activity in needed sectors. For example, two states (Missouri and Nebraska) have tiered reimbursement for national accreditation; Missouri also provides tiered reimbursement for disproportionate share of children receiving subsidies and for odd-hours care. States have differential rates for children with disabilities. The complex relationships between subsidy policies and subsidy utilization and provider features

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will be explored in subsequent papers that go beyond the reach of the current descriptive paper.

Methodology

A survey was developed based on indicators of quality and the workforce using the extant child care literature, enhanced by information needs of the four state child care administrators, and questions raised from the policy analyses. From lists of nearly 40,000 regulated providers and subsidy-receiving clients in Iowa, Kansas, Missouri, and Nebraska, names of approximately 10,000 providers were drawn as a pool for the study. Names were drawn following a complex stratification design for state, subsidy receipt, and type of care, and the selected providers were notified by letter that The Gallup Organization might call them to complete a 12- to 15-minute survey. Respondents were contacted between April and August 2001. Respondents who agreed to be contacted for follow-up (87%) provided a pool for observations. State university partners in the four states completed follow-up observations with a subset of 365 providers using the Infant Toddler Environment Rating Scale (ITERS; Harms, Cryer & Clifford, 1990), Early Childhood Environment Rating Scale-Revised (ECERS-R; Harms, Clifford & Cryer, 1998), Family Day Care Rating Scale (FDCRS; Harms, Clifford & Cryer, 1989), and the Caregiver Interaction Scale (Arnett, 1989). Two data collectors from each state achieved cross-state "gold standard" reliability with each other, and became "anchors" for reliability within states. Descriptive analyses were completed using weighted data. Data were weighted by the proportion of children served by each type of provider multiplied by the number of child care providers of each type in each state.

Key Findings

The study reports three types of findings—those that describe hypothesized and potential indicators of quality obtained from the survey, descriptive findings obtained from observations and correlations between the two sets of findings. Statistically significant findings are reported in this summary.

Summary

The study showed that the modal provider in the Midwest is female, married, and a parent. The provider has some training or education beyond high school but does not have a degree. Despite wide variation, most participate in more training than is required, and there is considerable activity in many training sectors. The average provider self-reports high levels of involvement in quality-related activities and has a First Aid certificate. This provider thinks of child care as her career or calling and wouldn't take another job if she could; she has been in child care over five years and intends to continue in the field for at least that long. The average provider has moderate to good observed quality. Using well-established observational measures of quality, center-based preschool care averaged 4.57 on the Early Childhood Environment Rating Scale (ECERS-R), infant-toddler care, 4.38 on the Infant

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Toddler Environment Rating Scale (ECERS-R), and family child care, 4.14[1] on the Family Day Care Rating Scale (FDCRS). There was a great deal of variability across all types of care and receipt of subsidy.

Subsidy-receiving providers did not differ significantly from nonsubsidy-receiving providers in center-based care, but in family child care providers receiving subsidies were different in training, attitudes, demographics, and observed quality. Subsidy-receiving providers provided lower quality care, although there was tremendous variation.

Providers in Early Head Start/Head Start partnerships offered higher quality care than that found in general and differed in many other ways that have been associated with higher quality care.

Quality in family child and infant-toddler center-based care was lower in Iowa, a state that has fewer regulatory requirements than the other states in the study.

Many associations between the hypothesized and potential indicators were found and are drawn together in this summary.

Hypothesized Indicators of Quality

Formal education. As noted, the average child care provider in the Midwest has some training or education beyond high school but does not have a degree from a two- or four-year institution. Overall, preschool center-based providers are the best educated, and license-exempt family providers have the least education. Subsidy-receiving providers are less educated than are those who do not receive subsidies, even when controlling for type of care. Examination of the correlation between level of formal education and observed quality showed that education was positively associated with overall quality, but the relationship was significant only in family child care. That formal education was not as strong a correlate of observed quality overall in this sample as has been found in other studies suggests that other factors may be stronger predictors of quality in the Midwest sample (e.g., CDA training, as will be seen later).

Training hours. The average provider responding to the survey received 33 hours of training during the previous year; 23% of providers received less than 12 hours of training. Preschool teachers received more training on average than did other groups, followed by licensed family child care providers. Early Head Start/Head Start partners received nearly twice as much training as did their counterparts. Missouri and Kansas providers received the most training (36 and 37 hours on average), followed by Nebraska (29) and Iowa (23). A notable subgroup finding is that Kansas infant-toddler center-based teachers received significantly more training than did infant-toddler center-based teachers in Iowa and Nebraska. Training hours correlated

[1] For both weighted, reported here, and unweighted means, see Appendix C.

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significantly with observed quality overall for family child and infant-toddler center-based providers, but not for preschool center-based providers.

Forms of training. The most common single form of training is provided in the provider's community (75% of providers contacted), but many providers receive considerable training through videotape and self study materials (59%), and many center-based providers are trained by their own supervisory staff. There were also unique forms of training specific to states. In Missouri, 46% of providers had been visited by a support person who came to their program. Iowa providers led in using interactive video/Distance Learning. Nebraska providers received the most training through conferences. Nebraska and Iowa providers received the most training through videotapes and study materials. Participating in training that had an "in person" component was associated with quality among family child care providers. While family child care providers demonstrated higher quality when they participated in "in person" forms of training, training using videotapes appeared to result in better quality than no training at all. Infant-toddler center-based quality was associated with attending regional, state, and national meetings. Preschool center-based quality was associated with participation in training provided by the center director.

Training in programs resulting in certification. There is considerable variation across states among the number of providers who have completed training programs and received certification. A number of specific programs are offered across all the states, e.g., West Ed, High Scope, Creative Curriculum, Parents as Teachers, and variations of Montessori certification. Some are specific to specific states, e.g., Project Construct (MO), Heads Up! Reading and First Connections (NE), Childnet (IA). Uptake of these initiatives is varied; Creative Curriculum is most common (35% of providers said they had completed this training), more so in Missouri and Kansas than the other two states. Uptake rates for other programs were typically less than 10% across the Midwest, although rates for an initiative could be higher in a sector, e.g., 22% of Missouri providers had completed Project Construct, and 19% of Iowa providers had completed Childnet. Due to small or inconsistent uptake across the states, it is difficult to draw connections with observed quality. However, West Ed, Creative Curriculum and Project Construct demonstrated positive and significant relations with overall observed quality. The sum of certificate programs the provider had completed (excluding First Aid, CPR, and CDA) provided a variable that showed a significant relationship with quality among family child care and preschool center-based providers.

CPR/First Aid. Slightly more than 80% of providers surveyed have completed CPR or First Aid training within the past two years. Early Head Start/Head Start partners had the most preparation in CPR and First Aid, and Nebraska led other states in this area of training. Fewer than half of family home license-exempt providers were current in CPR or First Aid. Training in CPR or First Aid mattered for quality; one or the other or both associated positively with overall, preschool center-based and family home quality.

CDA. Seventeen percent of all providers in the Midwest earned a Child Development Associate (CDA) credential. The CDA was a strong correlate of quality in this study.

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Having a CDA associated significantly with ITERS (r=.50), ECERS-R (r=.34), FDCRS (r=.45), and overall quality (r=.43). CDAs were more prevalent in Missouri (23%) and Kansas (17%), among Early Head Start/Head Start partners (42%) and among center-based providers (22-23%). The strong association between CDA certification and observed quality and large numbers of center-based providers with CDAs, explain the absence of the predicted relationship between quality and education among center-based providers, e.g., CDAs with one year of training showed higher quality than 2-year degree holders on average.

Wages/Earnings. The average provider in the study across all four states makes $14,130 a year. Across the four states, preschool center-based providers have the highest average salary at $16,330, followed by infant-toddler center-based providers at $14,470, and licensed home providers at $13,940 while license-exempt providers earn the least at $7,920. Preschool teachers were most likely to make over $20,000. Providers in Missouri and Nebraska earn more than do those in Kansas and Iowa. A notable subgroup finding is that while there were no overall differences in earnings between subsidy-receiving and nonsubisdy-receiving providers, subsidy-receiving licensed family home providers earn more than do nonsubsidy-receiving licensed home providers (but also serve more children on average). As has been found in other studies, earnings matter significantly for overall quality in infant-toddler center-based, family child care, and preschool center-based care settings, though only marginally in the latter case. As will be shown later in this summary, receipt of employee benefits (only examined in center-based settings) also associated with observed quality.

Intentionality. The majority of providers are purposeful about working in child care. Over half view child care as their career or profession (63%), and nearly as many regard child care work as a personal calling (61%). Others are in child care because it is a way to help out someone else (39%), as work to do while their children are young (36%), as a career stepping-stone (29%), or as a job with a paycheck (26%). Providers in more highly regulated forms of care tend to see the work as a career more often than do those in less regulated forms of care. A surprising subgroup finding was that an attitude of "child care as a profession" was more often found among Missouri and Nebraska license-exempt providers than in the comparable category in other states. A view that child care is the provider's career or profession was associated with quality overall (r= .22), ITERS quality (r=.22), and FDCRS quality (r=.25), but not ECERS-R quality. Results were similar for those viewing child care as a personal calling. ITERS quality and FDCRS quality were inversely related to a view of child care as a job with a paycheck. FDCRS quality was negatively related to a view of child care as work to do while children are young and as a way to help someone out. Although these reasons for becoming involved in family child care may be common, they may detract from quality in children's experiences.

Tenure. Nearly half of the providers (44%) have been with their programs for at least five years and among the providers, licensed and registered family home providers were the most likely to have this extended tenure in child care. Of potential concern, almost a third (30%) of infant-toddler center-based teachers had been at their jobs for

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less than a year. Many regard continuity of relationships within child care to be very important to infants. Tenure was marginally related to quality in family child care and marginally negatively related to quality in infant care. Unexpectedly, new providers in the infant-toddler field provided higher quality care than those with more tenure. A provider's statement that she would choose other work if she could was negatively associated with FDCRS quality but positively associated with ECERS-R quality.

Self-report quality practices. Most providers (around 80%) state they provide a number of quality practices in their programs. Most providers believe they have good spaces and materials for children, more so among home than center-based providers. Family providers of all types most often state that they conduct formal conferences with parents on at least an annual basis. Very few providers believe they are "left alone with too many children" at least twice a week. Despite the positive distribution of responses, self-report of quality practices significantly associated with observed quality, especially for family child care providers. Family child care providers' self-reports of having learning centers, indoor and outdoor spaces that are good for children, and an adequate supply of toys and materials were positively associated with observed quality, and perception that the provider was left alone with too many children was negatively associated with observed quality. Significant associations were less common between self-report and observed quality among center-based providers. Both preschool and infant-toddler center-based quality associated with the provider's report of having a formal conference with parents each year. Larger percentages of family providers personally greet children and parents daily, but larger percentages of center-based providers read to children daily and believe they have established learning centers to guide children's learning.

Professional organizations. Only a minority of providers belong to a professional organization. The National Association for the Education of Young Children (NAEYC) has the most members (19%) of all providers, with more among Early Head Start/Head Start partners, preschool providers, and nonsubsidy-receiving providers. There is a larger percentage of NAEYC members in Missouri and Kansas than in other states. Membership in other organizations is as follows: National Association for Family Child Care (NAFCC; 7%), Division of Early Childhood (6%), Council for Exceptional Children (2%), National School Age Child Care Alliance (2%), and MO Care (1% of Missouri providers). Membership in NAEYC or NAFCC was significantly and positively associated with ITERS and FDCRS quality. The relationship for NAEYC and ECERS-R quality was positive but not significant.

Potential Indicators of Quality

Number of children. The typical provider cares for nearly 10 children on average. There was no relationship between number of children cared for and quality in center-based settings. However, caring for more children was associated with higher quality in family child care homes, consistent with previous studies showing that family providers who care for more children may be more attentive to children by serving more children.

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USDA Food Program. Almost two-thirds (63%) of all providers participate in the USDA child care food program. Surprisingly, nonsubsidy-receiving providers participated significantly more than subsidy-receiving (65% vs. 62%). Participation in the Food Program was significantly associated with observed FDCRS (r=.40) and ECERS-R (r=.26) quality.

Children with disabilities. Over a third (37%) of providers care for a child with a verified disability. Half (52%) of the Early Head Start/Head Start partnership providers, 54% of the preschool providers, and 32% of the licensed family child care providers in the study cared for a child with a disability. Fewer providers in Kansas cared for children with disabilities than did providers in other states. Caring for a child with a disability was associated with higher quality in center child care but not in family care.

Gallup Q^{12}. Gallup's Q^{12} is a measure of employee attitudes used in a wide variety of organizations and companies. Only center-based providers answered the questions. A vast majority indicated they strongly agree that they know what is expected of them (93%). About three-quarters reported they have the opportunity to do what they do best every day, have had opportunities to learn and grow and that the mission of their company/program makes them feel their job is important. Fewer, about two-thirds, say they have the materials and equipment to do their jobs right, that someone at work encourages their development, that someone at work has talked to them about their progress, or that their opinions seem to count. Closer to half of the providers think their associates are committed to doing quality work, have a best friend at work, or say they have received recognition or praise recently. Center-based providers in Missouri consistently had the highest ratings of the four states on the Gallup items. Somewhat surprisingly, Early Head Start/Head Start partners had a tendency to be more critical of their work environments than did their counterparts, perhaps due to the high standards from increased training. Note too that center-based providers tended to rate their environments less positively than did family providers on questions reported earlier (self-report quality measures). Responses on the Gallup Q^{12} were positively related to preschool center-based quality for a few items (mostly those pertaining to personal growth and development), but not to infant-toddler center-based quality.

Continuity practice in infant-toddler care. Of infant-toddler center-based teachers, 59% said their program follows a plan for teachers and infants to stay together through the infant-toddler years, a practice most common among Early Head Start/Head Start providers, and more common in Nebraska than in other states. The reported practice of children continuing together did not associate with ITERS quality overall.

Caring for relatives. Over a third (37%) of all types of family providers care for children who are their relatives. Not unexpectedly, license-exempt providers show the highest rates of caring for relatives (71%), and overall rates are highest in Missouri and Kansas. Caring for a relative was unrelated to observed quality.

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Access to Internet. A majority of providers (57%) have access to the Internet, more so among licensed and registered home providers and Early Head Start/Head Start partners. However, a majority of license-exempt providers (52%) also have Internet access. Having an Internet connection was related to quality in family child care but not in center-based care.

Demographic Factors

Age. The average age for Midwestern child care providers is 38. Providers who receive subsidies are older than those who don't, and home providers are slightly older on average than center-based providers. License-exempt providers are the oldest providers on average. Nearly a quarter of infant-toddler center-based teachers are under 25. Age was unrelated to observed quality except in family child care; younger family child care providers had higher quality.

Race/Ethnicity. Providers in the four states are predominantly white (83%), but the sample also includes black/African American (10%), Hispanic (4%) and American Indian/other (3%) providers. These figures are comparable to the states' populations. The highest proportion of black/African American providers is found among license-exempt homes, while the highest concentrations of Hispanic providers are found working in centers.

Marital Status. The sample is predominantly married (72%). Single, never-married providers were more likely to be found in infant-toddler centers than elsewhere. Divorced or widowed providers were more often working in license-exempt homes, and larger percentages of divorced or widowed providers were in Kansas than in other states. Marital status was unrelated to observed quality.

Parental Status. Most providers are parents (83%). More providers who are not parents are found in centers than other child care settings. Nearly half of the providers (45%) care for or take their own children to the child care setting where they work. This practice is least common among license-exempt providers. Parental status was unrelated to observed quality.

Early Head Start/Head Start Partnerships

Differences between Early Head Start/Head Start partners and other providers indicate partners receive more training of nearly all types, have better benefits but not higher wages, and are guided by a view that their work is a profession and a calling. They are highly likely to belong to professional organizations. These partners do not necessarily rate their workplace as measured on the Gallup Q^{12} more highly than others do. Partner providers had significantly higher observed quality in infant-toddler center-based settings and family child care. Even in preschool center-based settings there was a tendency to observe higher quality care, affirming the special investments of three of the states in using partnerships as a mechanism for quality improvement.

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Type of Care

Preschool teachers are the most well-educated and best paid of all providers, and they have the greatest sense of their work being a profession, calling, or stepping-stone. However, preschool center-based care was observed to be of only slightly (and not significantly) higher quality than other forms of care. The dynamics of quality in preschool center-based settings seem to be less influenced by training and certification programs and more by other factors. For example, long-term professional development, workplace attitudes and employee benefits were more associated with quality for preschool providers than for others. Quality in preschools was also associated with participating in training that has a certificate associated with it (CDA specifically), participation in the food program, and having an annual conference with parents.

Infant-toddler providers are some of the newest and youngest providers. They generally rate their work environments positively but receive considerably less training than preschool teachers do. Quality in center-based infant-toddler settings was higher than expected and may reflect many quality initiatives in this sector in several of the states. Quality for infant-toddler providers was related to possession of a CDA, Early Head Start/Head Start partnerships, total training hours, membership in professional organizations, conference attendance, earnings, and receipt of paid professional days. It was somewhat related to a number of attitudes linked to professionalism and mission. Possibly infant-toddler center-based providers are in an earlier stage of professional development than are preschool center-based providers and are affected more by training opportunities. Infant center-based provider quality was also associated with having an annual conference with parents, setting up learning centers, and being able to greet parents and children on a daily basis.

Licensed family home providers appear to be a highly stable group, and many have a high sense that their work is their profession. Some receive higher earnings than average providers. The best paid are in Missouri, particularly those who accept children with subsidy-paid tuition. Registered homes fall between licensed and license-exempt in terms of their beliefs about child care being a career or calling, earnings, and training. Many have been providing child care for a long time, and registered providers include a relatively high proportion of widowed and divorced providers. License-exempt providers are the least likely to view child care as a profession. They are the least well-paid and least experienced group of providers. There were some surprises from this group. Nearly 40% regard the work as their profession or career and, while this group included the largest number who had received no training, there was also a subgroup among them who had received training. The average quality across all family child care was comparable to center-based care. Licensed family child care had the highest quality, followed by registered care and license-exempt care. Many factors were identified that associated with quality in family child care—a CDA, participation in the food program, Early Head Start/Head Start partnerships, training hours, in-person training, training involving specific certification of several types, First Aid and CPR training, attitudes related to seeing child care as a profession or calling, earnings, and self-reported practices such as setting up learning centers, having good indoor and outdoor spaces and good toys

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and materials for children, and not feeling there are too many children. Participating in professional organizations also affects quality. As mentioned earlier, taking care of several children and a child with a disability may help the provider focus positively on children, while taking care of a large number of children receiving subsidies associates with lower quality.

Subsidy vs. Nonsubsidy

Providers who receive subsidies look fairly much like other providers in many respects. Overall, subsidy-receiving providers are less likely to say that child care is their profession, more likely to say they'd do other work if they could, and are more likely to say they are left alone with too many children. Observations showed that quality for subsidy-receiving providers and nonsubsidy-receiving providers was comparable in center-based settings, although slightly lower among infant-toddler subsidy-receiving providers. However, the picture diverges for family child care. Family care providers who care for children receiving subsidies—regardless of the provider's regulation—have less training and lower observed quality than that seen among nonsubsidy-receiving providers. There was considerable variation. In at least one state, family child care quality and features were comparable between subsidy- and nonsubsidy-receiving providers.

Next Steps

The purpose of the current report was to provide a description of the labor force and to complete preliminary analyses of simple associations between the hypothesized indicators of quality and observed quality. To determine which of the indicators of quality should be studied over time in the Midwest, multivariate analyses will be completed in the Project Year 3 work. These analyses will control for common variance among the potential indicators, and will use predictive models to attempt to explain quality, whereas description and presentation of bivariate relationships are the purposes for the current report.

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Introduction and Overview

Introduction and Methodology

This study queried 2,022 child care providers in four Midwestern states. Respondents were contacted by telephone by The Gallup Organization for a 12- to 15-minute interview about factors related to provider characteristics and quality. Respondents were selected according to a complex stratification plan that distinguished providers by state, whether they cared for children whose tuition was paid by public child care subsidies, and type of care (infant-toddler or preschool center-based, licensed family child care, registered family child care, and license-exempt care). Follow-up observations were completed with 365 providers, maintaining the stratification plan.

Introduction

The University of Nebraska Center on Children, Families, and the Law and the Midwest Child Care Research Consortium[2] contracted with The Gallup Organization of Princeton, New Jersey, to conduct a survey study among child care providers in Iowa, Kansas, Missouri, and Nebraska.

The purpose of this research study was to determine the prevalence of quality indicators in child care programs in the Midwest by conducting a telephone survey based on a stratified, random sample of providers from Iowa, Kansas, Missouri, and Nebraska. The purposes of the study were also to determine if there were systematic differences in quality indicators by state, according to whether providers received subsidies or not, type of care provided, and partnership with an Early Head

[2] The Midwest Child Care Research Consortium consists of researchers from Iowa State University, the University of Kansas, the University of Missouri, the University of Nebraska, and representatives from state governments in child care and education, health and regulation divisions, and resource and referral organizations. This study is a part of a three-year partnership grant funded by the Department of Health and Human Services, Child Care Bureau, and the Ewing Marion Kauffman Foundation, Kansas City, Missouri.

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Start/Head Start child care program. States hoped that the quality of providers caring for children receiving subsidies would be comparable to that of other care in the states, and that good quality would be found across all types of care. Additionally, in three of the states, investments in Early Head Start/Head Start partnerships were viewed as a way to improve quality, and administrators wanted to learn whether there were differences between providers who did and didn't participate in these partnerships.

Policy Context

The policy context for child care reveals many similarities and some differences across the four Midwestern states that comprise U.S. Department of Health and Human Services Region VII. The states are similar to one another in the sense that all include urban centers but have significant rural populations. Population-wise, Missouri has the largest population, and Nebraska has the smallest. Comprehensive charts detailing many demographic features and the child care policy context of the states can be seen in Appendix A.

Generally speaking, policy characteristics of child care are more similar than different across the states. However, there is some variability in types of care available. All four states require licenses for child care centers; Missouri is the only state with some center-based license-exempt care (church-provided child care, for example). These centers receive no monitoring visits and are not required to meet state licensing regulations. Among licensed centers, monitoring visits are completed annually in 100% of centers in three of the states, and biannually in centers in Iowa. There is more variability in regulation for home-based than for center-based care across the four states. In Missouri, Kansas, and Nebraska licensed home-based providers receive one and, in some cases, two monitoring visits each year. States have sub-provisions for family child care in group homes or larger groups. Iowa and Kansas also register family child care, but these providers do not receive monitoring visits. In Iowa, group home registration is required, and registration is encouraged in others. All states authorize license-exempt family care and allow subsidy payments to be made to families who select this service option. Kansas has the most levels of regulated care; license-exempt home care only applies to relative care. In sum, the states all supply licensed center-based care; three states supply licensed family child care; two states supply registered family child care, and all four states supply license-exempt family child care. These similarities and differences were carefully incorporated into the stratified sampling and analysis designs.

The policy context for quality enhancement varies across the states. In general, Iowa, Missouri, Kansas, and Nebraska utilize 4% or more of Child Care Development Funds (CCDF) for quality improvement. All of these states have a number of quality and professional development initiatives for child care. Missouri has supplemented federal funds for quality improvement with state funds; Kansas has supplemented quality funds using discretionary TANF funds. Iowa has fewer quality initiatives that

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apply across all components of child care, but has benefited from quality initiatives that have targeted preschool center-based care. Complex relationships between quality policies and quality outcomes will be further examined in papers that extend beyond the current descriptive paper.

Missouri, Kansas, and Nebraska have targeted federal or state funds to Early Head Start/Head Start partnership initiatives. In these states, Early Head Start or Head Start programs may receive additional funds for forming partnerships with community child care that commits the providers to following the Head Start performance standards. Providers are "regular" community child care providers—sometimes center-based, sometimes home-based—who make a special commitment and receive some additional resources to achieve the higher bar set by the performance standards. These initiatives are designed to benefit all the children a community provider cares for, not exclusively the Early Head Start/Head Start children. Thus, the initiative is seen as a mechanism for improving quality among providers who serve low-income children. Some of the providers care for some children who receive child care subsidies and some do not.

In all four Midwestern states, parents eligible for state subsidies may select their child care provider and are not restricted to licensed care. Reimbursement policies vary across the states but are generally higher than the median of the child care market. States vary in the currency of market surveys, in proactive procedures for equitability of reimbursement across sectors, and in efforts to adjust payment schedules to encourage provider activity in needed sectors. For example, two states (Missouri and Nebraska) have tiered reimbursement for national accreditation; Missouri also provides tiered reimbursement for a disproportionate share of children receiving subsidies, and for odd-hours care. The states also have differential rates for children with disabilities. The complex relationships between subsidy policies and subsidy utilization and provider features will be explored in subsequent papers that go beyond the reach of the current descriptive paper.

Assumptions of the Study

The Midwest Child Care Research Consortium builds on 30 years of child care research. The extant literature identifies the importance of quality in child care for the development of young children (Lamb, 1998; Phillips and Howes, 1987; Cost, Quality and Child Outcomes Study Team, 1995). Children in higher quality environments—across all sectors of income—fare better in terms of language (Howes and Smith, 1995), cognitive (Burchinal, Roberts, Nabors, and Bryant, 1996; NICHD Network, 1996), and social-emotional development (Howes, 1990; Howes, Smith and Galinsky, 1995). There is some evidence that quality is even more important for low-income children than for other children (Cost, Study and Child Outcomes Study Team, 1995). A number of features have also been linked to observed quality and child outcomes. These features are often referred to as indicators of quality. Indicators do not guarantee quality, but often point to it. The current study sought to

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identify features that associate with observed quality in the Midwest child care research sample. The study begins by hypothesizing that features of quality identified in previous studies will associate with quality in the Midwest. The study adds additional features that were not as strongly associated with quality from previous studies, but that were of interest in the Midwest study. First, indicators of quality were measured through a survey of 2,022 providers; then, well-known measures of quality were used to assess observed quality. Next, the relation between hypothesized and other indicators and observed quality was examined. Finally, the ultimate aim of the study, to identify a short list of indicators of quality that states can track over time, will continue in subsequent years.

Methodology

To accomplish the objectives of this study, The Gallup Organization and researchers from the Midwest Child Care Research Consortium prepared a survey consisting of items that predict quality from the extant literature and obtained files of providers from state child care divisions in the four states as a population from which to select the random sample.

The survey was comprised of 28 general questions, eight demographic questions, and one open-ended question. Items were selected according to several criteria: 1) if they had been used in previous studies and had been found to predict observed quality; 2) if they had been used in previous studies and had been found to predict child outcomes; 3) if similar or related items had been used in previous studies and had been found to predict observed quality or child outcomes; 4) if items tapped into a feature of the labor force found to be predictive of trends or changes in other areas of the country; 5) if state administrators in the Midwestern states had invested in a procedure (e.g., a type of training) or had initiated a policy in order to improve quality, and the prevalence of the procedure or response to the policy could be addressed by the survey. As much as possible, questions were written to be consistent with those asked in previous studies so that results from the present study could be compared with earlier findings.

An effort was made to generalize questions to all states and all types of providers. However, the study was customized in three ways. First, there were some items that pertained only to certain types of providers, e.g., center-based providers, that were judged important to assess. Second, several states wanted to measure response to a program that was only offered in their state, so there were several state-specific questions asked only of the respondents from that state. Third, some questions were altered slightly to be meaningful to the type of provider queried, e.g., family child care provider.

Prior to selecting the sample, it was necessary to define the population. State-level child care division files were used for this purpose. These files included all providers who were licensed or registered, and all providers who received public child care

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subsidies from each of the four states in the most recent month for which transactions were complete. In three of the states the files included names of all providers for October 2000, and in one of the states the file contained names current as of November 2000. Altogether these files yielded names of 39,473 providers subdivided according to the study stratification categories.

SAMPLING POPULATION OF PROVIDERS BY STRATA AND STATE

State	Infant Centers[3]	Preschool Centers[3]	Licensed Family Homes	Registered Family Homes or Other Category	License-Exempt Homes	Early Head Start/Head Start Child Care Partner[3]	State Totals
Iowa						32	
Sub	152	204	NA	2339	569	3	3264
Non-Sub	163	247	NA	3535	NA	29	3945
Kansas						86	
Sub	215	307	1365	337	3598	43	5476
Non-Sub	142	325	2874	2420	NA	43	6939
Missouri						78	
Sub	502	999	942	License-Exempt Center: Infant/Sub: 112	7125	60	12695
Non-Sub	790	790	1547	License-Exempt Center: Preschool/Sub: 201	NA	18	3127
Nebraska						40	
Sub	269	292	904	Family Care II: 237	1484	27	2949
Non-Sub	182	210	2080	Family Care II: 297	NA	13	2472

Table 1

The list of providers was sent to a telephone look-up service to maximize the number of providers who could be contacted by telephone, and state universities and Resource and Referral agencies also contributed missing telephone numbers. State

[3]Totals add to greater than total number of providers as some providers entered more than one category for purposes of our study (e.g., center-based programs that serve both preschoolers and infants and toddlers and may be Early Head Start/Head Start child care partners). State totals do not include Early Head Start/Head Start partners, as these providers were identified from other provider types.

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files were created with names of providers with telephone numbers. All providers with telephone numbers were coded according to the stratifying variables to be used in the study.

Additionally, Head Start and Early Head Start programs were contacted to obtain the names of their child care partners. Partnerships were verified with the child care programs by telephone. In two states, the lists of Head Start and Early Head Start child care partnerships were obtained by Head Start State Collaboration Coordinators; in one state the list was obtained from the state child care division, and, in the fourth, the list was obtained from Head Start directors. Verification calling yielded a number of "partners" who were not serving Early Head Start or Head Start children yet so these programs were not included in the list of programs to be called for sampling Early Head Start/Head Start partnerships.

A sampling plan was designed. Stratifying variables were state; subsidy receipt; and type of care. From the total sample size of 2022, a minimum sample cell size of 40 was set to accommodate the total number of stratifying variables. The cell size of 40 exceeds the normal curve assumption for significance testing. Even though sample sizes for the cells were small, they allowed us to see if certain categories of child care providers showed uniquely different profiles. In that way, they provided considerable power to the study. Cells that were expected to include within-cell variation (e.g., high and low levels of subsidy receipt) were targeted for a cell size of 70. The initial design called for sampling eight categories in each state, and for equal sample sizes across the four states. Careful exploration of types of care and terminology made it apparent that there were important differences in types of care across the states; thus, it was necessary to increase the number of cells to include more of the possibilities. It was determined that each state could then fill up to 10 cells. The following categories were identified:

Licensed Infant-Toddler Center-Based Care (Subsidy and Nonsubsidy): 4 States

Licensed Preschool Center-Based Care (Subsidy and Nonsubsidy): 4 States

Licensed Family Child Care Homes[4] (Subsidy and Nonsubsidy): 3 States—Kansas, Missouri, and Nebraska

Registered Family Child Care Homes (Subsidy and Nonsubsidy): 2 States—Iowa and Kansas

[4] A program was classified as a licensed family home if the state conducts inspection visits to the home for purposes of ensuring that regulations are met. A home was classified as a registered home if the state had initiated some quality requirements and required registration but not inspection.

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License-exempt Family Child Care Homes (Subsidy Only)[5]: 4 States.

Early Head Start/Head Start child care partners: 4 States[6]

A revised sampling design yielded 38 cells, 10 per state for three states and eight for Iowa, a state that has fewer types of care than other states do. The design for each state follows below. Numbers in parentheses refer to the number of cells within each category, e.g., if 2, one cell included subsidy receiving and one nonsubsidy receiving.

Iowa: Infant-toddler center based (2); preschool center-based (2); registered homes (2); license-exempt homes (1), and Early Head Start/Head Start partners (1) = 8

Kansas: Infant-toddler center based (2); preschool center-based (2); licensed homes (2); registered homes (2); license-exempt/relative care homes (1); and Early Head Start/Head Start partners (1) = 10

Missouri: Infant-toddler center based (2); preschool center-based (2); infant-toddler license-exempt[7] center-based (1-subsidy only); preschool license-exempt center-based (1-subsidy only); licensed homes (2); license-exempt/registered homes (1); Early Head Start/Head Start partnerships (1) = 10.

Nebraska: Infant-toddler center-based (2); preschool center-based (2); licensed homes-I (2); licensed homes—II[8] (2); license-exempt/approved homes (1); Early Head Start/Head Start partnerships (1) = 10.

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[5] License-exempt care varied somewhat across the states. In Iowa this form of care was referred to as "license-exempt care"; in Kansas this category is referred to as "relative care"; in Missouri, the least regulated providers are referred to as "registered providers" and in Nebraska this form of care is called "approved care." Category inclusion by state varies somewhat, e.g., Kansas relative care providers primarily care for relatives. For purposes of definition, for this study the license-exempt category refers to the least regulated form of care, generally referred to as informal care, but categories are not perfectly comparable. However, by definition, each is the least regulated form of care in the state, is regarded as informal care, and these providers receive subsidies and have no nonsubsidy-receiving counterparts (on a list).

[6] The number of Early Head Start/Head Start partnerships in each state is small. Therefore, a decision was made to contact the entire population of these providers and this category was regarded as one category. These providers are child care providers and therefore were classified for subgroup analyses according to the type of care category and subsidy status groups they enter, but for whole group analysis each was only counted once.

[7] For purposes of analyses for this report, all center-based providers of like type in Missouri are analyzed together as center-based providers. In future reports, these categories will be differentiated.

[8] For purposes of analyses for this report, both categories of family care in Nebraska are analyzed together as licensed family home providers. In future reports, these categories will be differentiated.

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Providers received advance information about the study from newsletters published by state child care and education divisions, professional organizations, and resource and referral agencies. Two state child care divisions sent providers notices that they could be called by Gallup and this letter encouraged providers to participate in the survey. Field staff in child care divisions and resource and referral agencies were informed about the study so they could encourage providers to participate if contacted. From the large state provider files, Gallup drew a sampling list of five times the number of providers required to fill each stratification cell and these providers received a letter from Gallup explaining the study and telling them they might be called in the near future.

Gallup selected providers at random from the sample files, following the stratification design. Calls were completed from April through August 2001.

When contacted by Gallup, the person who answered the telephone was informed about the study and was asked to identify a teacher at random or to respond to the survey if the only provider at the number. The respondent was given the option of responding to the survey at the time contacted or to reschedule. A number of questions were asked in order to verify the eligibility of the program (offering full-day child care) and of the respondent (e.g., full-time teacher or provider) and to verify the classification of the respondent (e.g., infant-toddler or preschool teacher).

Once a provider had been drawn to participate in the study, a seven-call callback design was followed to ensure the integrity of the random design. About half of the documented nonparticipants were not eligible for the study because the phone was disconnected, the caller reached a fax machine or no one at the call number passed the screener to meet the criteria for the study. Of 476 eligible nonparticipants, over 80% had working telephone barriers (e.g., 158 had an answering machine or answering service; 278 did not answer the telephone, the line was busy or were not available the time of the specifically timed callback throughout the 7-call call-back design.) The response rate for eligible respondents was 81%; 99% of nonrespondents were either registered or license exempt home providers. See Appendix B for detail in regards to response rates.

Providers were asked at the end of their interview if they would be willing to be contacted again for more in-depth study; 87% of the respondents said they would be willing to be recontacted, ranging from a high of 95% of center-based providers to 70% of license-exempt family child care providers.

Theoretically, preschool and infant-toddler center-based providers were two separate populations. However, state files did not consistently differentiate whether a program provided one of both types of care. Therefore, a decision rule to draw each center-based program only once (for either an infant-toddler or preschool provider) was adopted. Consistent with the original assumption that infant-toddler and preschool center-based populations were separate populations, a modification in the decision rule was made late in the study when -- in two states -- the sample became exhausted and so 65 centers were called back to ask for a provider of the opposite category. These programs were selected at random from the respondent pool. That is, if a

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preschool teacher had been contacted, the center was re-contacted to interview an infant-toddler teacher. Finally, verification of eligibility for the study was completed within a subsample of about 15% of the providers. That is, the respondent was recontacted and her/his status as a full-time teacher was verified.

Collection of Observational Data

State universities followed up with in-depth observations with 365 providers. Trained observers conducted all observations on-site. Careful attention was paid to inter-rater reliability to ensure congruence of data between sites and across time. A trainer-of-trainer model was implemented with two individuals from each participating state serving as "gold standard" observers. These individuals were trained to use all observation instruments (ECERS-R, ITERS, FDCRS, and the Arnett[9]) reliably, took responsibility for achieving cross-state inter-rater reliability, and coordinated observer training and monitoring of inter-rater reliability within their respective states.

Two gold standard observers from each state were trained on all observation instruments and achieved inter-rater reliability with each other in their home states. The eight individuals then met at a specified site (Kansas City) to establish inter-rater reliability across sites. Observers were certified as meeting the established standard for inter-rater reliability when they reached agreement within 1 point per item for at least 85% of the items on each scale.

Following this interstate effort, the gold standard observers trained observers and provided ongoing technical assistance to ensure that they achieved the established standard of inter-rater reliability before collecting data, and that they maintained inter-rater reliability throughout the data collection period. Observer training at each site included classroom sessions designed to familiarize observers with the ECERS-R, ITERS, FDCRS, and the Arnett. Next, on-site observation sessions in child care homes and/or centers were completed with trainers and trainees observing in the same setting and rating the instrument independently. Each individual observer's scores were checked against those of a gold standard observer or another individual whose level of inter-rater reliability had been certified by a gold standard observer. Each observer was required to reach agreement within one point per item for at least 85% of the items on each scale for which he/she was certified to use for data collection. Thus, an individual observer was required to meet the inter-rater reliability standard separately for the ECERS-R, ITERS, and so forth.

[9] Data were also collected on an instrument designed by researchers at the University of Missouri to assess quality in informal settings. These data are not reported in the current report but are being analyzed separately in validation of the new instrument.

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Inter-rater reliability checks were made to maintain high standards of inter-reliability within each state throughout the data collection period. For this purpose, observers were paired to facilitate inter-rater reliability checks within every six observations were made with a particular instrument (e.g., ECERS-R, ITERS, FDCRS) or at least every six months if six observations did not occur within that time period. Inter-rater agreement rates were monitored by the gold standard observers within each state who were prepared to give further training or technical assistance whenever needed if an individual observer's performance dropped below the established standard.

Observations of child care providers were made within each participating state. Providers to be observed were selected randomly from the list of subjects who had participated in the Provider Survey conducted by The Gallup Organization. Childcare providers were contacted and asked about their willingness to be observed. When a provider agreed, an observer was assigned to collect data. The observer spent two to three hours in the child care center or home, completing the appropriate instrument (e.g., ECERS-R, ITERS, or FDCRS) and the Arnett, as well as a short interview with the center director or the home child care provider.

Observational data were sent to the participating university in each state to be reviewed for quality and completeness. When additional data needed to be collected and/or information needed to be clarified, the university researchers and field observers worked collaboratively to make any needed corrections. All data were sent to the Center on Children, Families, and the Law at the University of Nebraska-Lincoln, for data entry and preliminary analyses.

Analyses and Reporting

To accomplish the objectives of this study, the Midwest Child Care Research Consortium members completed analyses of the policies in the four Midwestern states. The results of these analyses are in charts in Appendix A.

The quantitative analyses, reported here, involve simple descriptions and simple comparisons of means and proportions between groups by stratifying variables. Data were weighted according to number of children in each type of care multiplied by the number of providers in each type of care in each state.

In reporting findings, a number of decision rules were applied. In tables, data are reported overall, by type of care, by subsidy vs. not subsidy, by Early Head Start/Head Start partnerships vs. other care, and by state. Each table in Appendix C includes all the data reported in every category. Each text presentation proceeds by presenting overall data across the Midwest and identifies when there are type, subsidy, EHS/HS, or state differences. We use this procedure consistently to examine quality indicators. The relationships between quality and provider indicators also draw upon the entire Midwestern sample. The approach used here is justified as characteristics of providers determined from the survey and observed quality were

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more alike than different across the states, and because state partners want to use the Midwest findings as a backdrop for state findings. Additionally, we use this approach because our ultimate aim will be to examine predictors of quality across four states, and we will utilize the entire Midwest data set to do that. State reports may be obtained that report the descriptive data and relationships within each state. State reports demonstrate the layered approach to analysis that was the design of the current study. Selected state reports also carefully examine rural-urban differences within states. Subsequent reports will examine complex relationships between policy variables and outcomes across the Midwest and will examine the rural-urban question.

Overall findings are reported as sample averages or proportions. Comparisons between providers who receive subsidies and those who don't across all four states are reported when differences are significant or descriptively meaningful. Comparisons among types of care are reported when differences are significant or descriptively meaningful. In a few cases, there were interesting findings in differences among providers within a subcategory, e.g., comparisons of subsidy-receiving infant-toddler center-based providers across the four states or comparisons of license-exempt providers across all four states. In such cases these differences are reported as an important *subgroup* finding. All differences are reported at the 0.05 or 0.01 level of probability. However, some are reported at the 0.10 level and are indicated as trends or marginally significant findings.

Finally, the research questions have been categorized according to whether the item assessed has become known as an "Indicator of Quality" in the literature because it predicts either process quality or child outcomes or is similar to a predictor of one or the other. Section I of the Findings are Indicators of Quality. Section II is called Features of Programs and includes other aspects of programs that were assessed that may later become Indicators of Quality after determining which of the survey questions predict process quality. These include number of children the provider is responsible for, whether the program participates in a state food program, whether the provider cares for a child with a verified disability, and whether the provider has access to the Internet. In addition, several questions are potential indicators of Quality for a subgroup of providers. These questions were not asked of all providers, and some include questions asked of center-based providers only, for example, the Gallup $Q^{12™}$ items. They also include a question asked only of infant-toddler center-based providers (e.g., whether the provider works in a program where infants and toddlers tend to stay with their teacher throughout the infant-toddler years), and a question asked only of family home providers (e.g., whether the provider cares for relatives). Finally, in Section III there are questions about other Provider Characteristics and questions about demographic qualities, including age, race, marital status and parental status.

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Methodological Considerations

The study was more successful than most in randomly sampling from all forms of child care across four states. The high cooperation and completion rates of providers contacted by telephone gives confidence in the sample as representative of the population. The survey sample is marred slightly because providers lacking phones were not contacted. However, the study exceeds response rates identified by the General Accounting Office (GAO) as minimally acceptable, and the GAO excluded most child care studies from its list of acceptable surveys (GAO, September 2002). The response rates obtained by telephone far exceed those obtained by paper surveys. Nonetheless, telephone issues are a barrier to stratospheric response rates for a child care survey. Some providers did not have phones and the very few providers who were drawn but not contacted were mostly not contacted because of phone barriers, e.g., phones had been disconnected, had screeners, or were on fax mode. The study succeeded in contacting many providers in registered and license-exempt sectors who have not been included in many studies previously. Weighting data to the population of providers and by the number of children providers care for, further heightens the representativeness of the sample.

A more reliable criticism is that asking the provider if she or he will allow a follow up visit affects representativeness. While most licensed providers consented, registered and license-exempt family providers were more likely to refuse, biasing the sampling frame for observations. A second contact—one that asked the provider for the visit—again allowed the provider to remove her/himself from the study. While the representativeness of the survey sample would be affected, it is possible that a more representative observation sample could be obtained by enlisting cooperation for both the survey and the observation before the survey is begun. Increased cooperation rates for observation in the registered home and license-exempt categories may be obtainable by larger respondent payments and greater urging by states.

The current study does not claim a priori that any of the hypothesized indicators or other potential indicators relate to quality. Rather, many possible correlates of quality were included in the survey in order to determine which ones are reliable correlates of quality within the Midwest. Thus, an important task was to sample well to establish a good baseline. Survey sampling is regarded to be highly representative. Observational sampling may skew to higher quality care, consistent with other studies of observed child care quality. Altogether, the study produced, first, reliable baseline representative survey data with good variability within most items; and second, good variability within the observational sample. Together, the data should meet the ultimate goals of the project: to determine which of potential indicators of quality relate to observed quality, and to suggest which indicators would be important to track over time.

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Introduction and Overview

Sample Characteristics

The final sample consisted of 2,022 providers stratified according to state, subsidy use, and type of care.

The final sample included 2,022 providers. Of these, 408 were from Iowa, 589 were from Kansas, 517 were from Missouri, and 508 were from Nebraska. As noted, due to fewer categories of care, Iowa had a smaller sample than did the other states. Table 1 shows the breakdown by strata. Observational sample sizes are in parentheses.

SAMPLE BY STRATA

State	Infant Center n=470 (114)	Pre-school Centers n=494 (116)	Licensed Family Homes n=502 (88)	Registered Family Homes n=292 (33)	License-Exempt Homes n=264 (14)	Total N=2022 (N=365)	Early Head Start/Head Start Child Care Partner[10] n=130 (43)
Total							
Sub	325 (78)	347(78)	275 (38)	166 (19)	264 (14)	2022	50 (26)
Non-Sub	145 (36)	147(38)	227 (50)	126 (14)	NA	(365)	80 (17)
Iowa							
Sub	66 (19)	69(21)	NA	99 (14)	75 (2)	408	10 (6)
Non-Sub	19[11] (6)	20 (3)	NA	60 (10)	NA	(75)	2 (1)
Kansas							
Sub	67 (14)	72 (14)	86 (15)	67 (5)	61 (1)	589	26 (4)
Non-Sub	53 (10)	44 (13)	73 (19)	66 (4)	NA	(95)	24 (9)

Table 2

[10] As previously noted, Early Head Start/Head Start child care partners were also classified according to the type of program and whether they were subsidy-receiving. Early Head Start/Head Start child care partners could be infant-toddler center-based providers, preschool center-based providers, licensed family homes, registered family homes, or license-exempt homes, and could be either receiving or not receiving tuition paid by subsidies. In fact, this array was found. We did not sample license-exempt family child care not receiving subsidy payments.

[11] Over 40 nonsubsidy-receiving providers in each cell were interviewed. After the study was completed, an error in classification of subsidy categorization in the original Iowa population file was detected. Surveyed providers were reclassified resulting in disproportionate cell sizes among Iowa center-based providers.

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SAMPLE BY STRATA (continued)

State	Infant Center n=470 (114)	Pre-school Centers n=494 (116)	Licensed Family Homes n=502 (88)	Registered Family Homes n=292 (33)	License-Exempt Homes n=264 (14)	Totals N=2022 (N=365)	Early Head Start/Head Start Child Care Partner[10] n=130 (43)
Missouri							
Sub	113 (26)	131(31)	74 (13)	NA	64 (3)	517	10 (9)
Non-Sub	33(7)	41 (13)	61 (17)	NA	NA	(110)	33 (5)
Nebraska							
Sub	79 (19)	75 (12)	115 (10)	NA	64 (8)	508	19 (7)
Non-Sub	40 (13)	42 (9)	93(14)	NA	NA	(85)	6 (2)

Table 2 (continued)

The sample includes 99% females. Other demographic characteristics are reported in Section 3 of the report.

[10] As previously noted, Early Head Start/Head Start child care partners were also classified according to the type of program and whether they were subsidy-receiving. Early Head Start/Head Start child care partners could be infant-toddler center-based providers; preschool center-based providers; licensed family homes; registered family homes or license-exempt homes and could be either receiving or not receiving tuition paid by subsidies. In fact, this array was found. We did not sample license-exempt family child care providers who did not receive subsidy payments.

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Detailed Findings 1

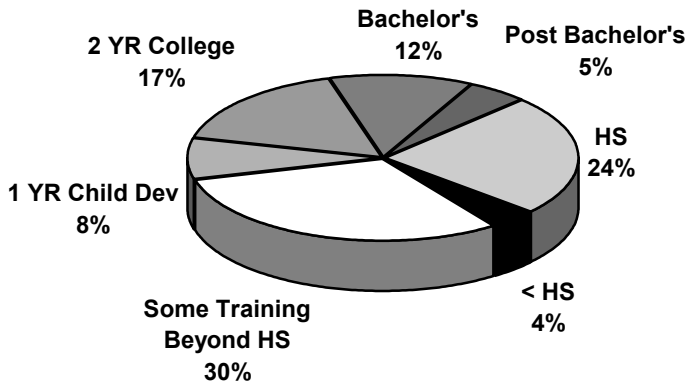
Hypothesized Indicators of Quality

The primary purpose of the survey was to learn how factors previously associated with either observed quality or child outcomes were associated with observed quality in this sample. These factors may be thought of as hypothesized indicators of quality. They include education, hours of training, wages, intentionality, tenure, and membership in professional associations. We also examine self-reports about quality practices that have not been referenced as indicators of quality, but which are consistent with indicators of quality found in previous studies.

1. EDUCATION

Respondents were asked: "What is your highest level of education?"

Figure 1. EDUCATION LEVEL OF MIDWEST CHILD CARE PROVIDERS (n=1998)



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Education has typically been one of the most consistent predictors of observed quality (Phillips, Mekos, Scarr, McCartney, and Abbott-Shim, 2000).

- In the four-state Midwestern sample, the typical child care provider has some training or education beyond high school but does not have a certificate or degree from a two- or four-year institution.

- The highest level of education is a high school diploma or less for about a third of all providers, and 17% have at least a bachelor's degree.

- **Type of care.** Providers in different care settings differ in their formal education. A portion of license-exempt home providers lack a high school diploma (18%). (See Appendix C for subgroup findings that follow.) Only 1% of infant-toddler center-providers, less than 1% of preschool center-based providers, 3% of licensed home-based providers, and 3% of registered home providers do not have a high school diploma.

- High school is the highest level of education for many license-exempt home providers (31%), licensed home providers (29%), registered home providers (29%), and infant-toddler center-based teachers (23%).

- Licensed home providers (35%), registered home providers (34%), and infant-toddler center-based teachers (33%) are more likely than those in other types of care to have some training or education beyond high school, but less than a 1-year or 2-year program.

- Preschool center-based teachers are the most highly educated, with 29% having completed a bachelor's degree or higher, and only 18% going no further than high school. Additionally, of center-based preschool teachers with a degree, 82% have a degree in education or child development, compared to 69% of infant-toddler teachers and 57% of licensed home providers.

- **State.** While the four states in the study are more alike than different when it comes to formal education of providers, there are some differences. Kansas and Missouri have the highest proportion of providers lacking a high school diploma, but these states also have the most providers with post-bachelor's degrees.

- Iowa has the highest proportion of providers with bachelor's degrees.

- Nebraska leads in the proportion of teachers with a two-year degree.

- **Subsidy-receiving vs. nonsubsidy-receiving.** Providers who receive tuition payments through subsidies are significantly less well educated compared to those who do not receive subsidies. Subsidy-receiving providers are significantly *more* likely not to have completed high school (6% vs. 1%) or to have only a high school degree (26% vs. 22%), and significantly *less* likely to have a two-year degree (15% vs. 19%).

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- When like-type subsidy and nonsubsidy users are compared, differences between providers in centers are not significant—but the differences between licensed and registered home providers are significant. Licensed home providers who accept tuition through subsidies more often lack a high school diploma (6% vs. 2%) and are less likely to have a two-year college degree (14% vs. 21%) than are their counterparts. Similarly, more subsidy-receiving providers within registered homes lack a high school diploma than do nonsubsidy-receiving providers (5% vs. 3% for nonsubsidy-receiving providers in registered homes).

- **Early Head Start/Head Start partnerships.** Consistent with the sample at large, the typical Early Head Start/Head Start child care collaboration partner's highest education level is "some training or education beyond high school." However, differences were found at the lower and upper ends of the education scale. Early Head Start/Head Start child care partners were significantly *more* likely to have completed a one-year child development program (15% vs. 7%) or a two-year degree (25% vs. 16%), and were significantly *less* likely to name a high school diploma as highest level completed (12% vs. 25%) or to have less than a high school diploma (1% vs. 4%) than were other providers in the sample.

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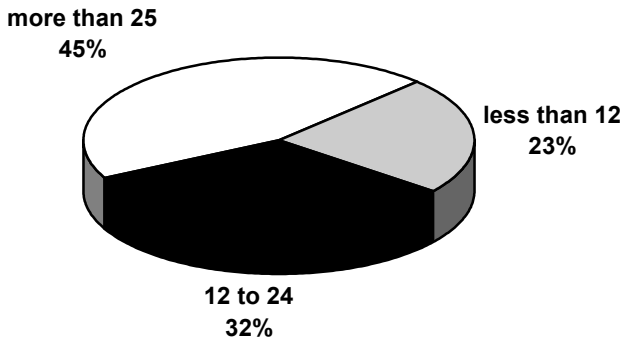
2. HOURS OF TRAINING COMPLETED IN THE PREVIOUS YEAR

Training has also often been associated with quality. All of the states in the current study require licensed providers to complete a minimal number of training hours (10-12). Respondents were asked: "From January through December of 2000, how many total hours of child care-related training would you say you received?" Providers could include training that they considered relevant, regardless of whether it met state licensing requirements for approved training.

Figure 2. HOURS OF TRAINING DURING PREVIOUS YEAR (n=1936)



Associations between recent teacher training and observed quality have been reported in previous studies (Phillips, Mekos, Scarr, McCartney and Abbott-Shim, 2000). Training is required based on the believe that providers who continually upgrade with new information and commit to continuous improvement would be able to attend to the many features required for a quality environment.

- In the Midwest sample, the typical provider received 33 hours of training in the previous year.
- **Type of care.** Over half of license-exempt providers (63%) and nearly half of registered family providers (44%) said they received fewer than 12 hours of child care-related training during the previous year, significantly less than the other groups. Nebraska providers (9%) were significantly less likely to report they had received 12 hours or less than were providers in other states.

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- Preschool center-based teachers received the most training, 41 hours on average, significantly more than any other group.

- Licensed family home providers received the second most training hours, with 38 hours on average, followed by infant-toddler center-based providers with 30 hours. Both received significantly more training hours than registered home providers (19 hours), and license-exempt home providers (16 hours).

- **Subsidy-receiving vs. nonsubsidy-receiving.** Overall, providers who receive no subsidies topped subsidy-receiving providers by an average of one training hour.

- **State.** Overall, Missouri and Kansas providers received the most training (36 and 37 hours on average); both significantly more than Nebraska (29 hours), and all significantly more than Iowa (23 hours).

- Nebraska had significantly more providers who received more than 12 but fewer than 24 hours than other states. Missouri and Kansas had significantly more providers than other states reporting over 24 hours of training.

- Infant center-based providers in Kansas received 35 hours of training on average, significantly more than infant-toddler center-based providers in Iowa who received 26 hours, and Nebraska providers who received 25 hours. Missouri infant-toddler providers averaged 31 hours, significantly more than Iowa providers.

- **Early Head Start/Head Start partnerships.** Early Head Start/Head Start child care partners received over twice as much training (66 hours on average) as did non-partner child care providers (30 hours). Early Head Start/Head Start partners received the most training of any subgroup in the sample.

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3. FORMS OF TRAINING COMPLETED IN THE PREVIOUS YEAR

While there is less literature on the relation of specific forms of training to quality, state child care division personnel were interested in knowing about differential effectiveness by types of training. The study asked: "Were any of the hours of training you received in 2000 from…?"

FORMS OF TRAINING

FORMS OF TRAINING:	% Receiving
Support Group, Training in Community	75
Own Program/Staff Provided Training	39
Videotapes/Study Materials	59
Regional, State, National Conferences	46
College or CEU Credit	47
Support Person Who Comes to Program	24
Internet	18
Teleconference/ICN Distance Learning	9

Table 3

- **Most common forms of training.** The most common forms of training come from support groups, workshops or other training, with 75% of providers reporting they received training in this way.

- **Videotapes and self study.** Other common categories of training were viewing videotapes and using study materials in one's program or home, and training conducted by program staff in one's own facility Taken together, these two categories suggest that much training is conducted in the provider's own facility. All groups relied on videotapes and study materials; Iowa and Nebraska providers relied on videotape training significantly more than did those in the other two states.

- **Training in the community.** All other types of providers were more likely to attend support groups, workshops, and other training in their communities than were license-exempt home providers, as would be expected as no states require license-exempt providers to complete training. However, 29% of license-exempt providers attended such training. Early Head Start/Head Start partners (95%) were

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significantly more likely to engage in this community-based training than were their counterparts (73%).

- **Support person who visits the provider on site.** Infant-toddler center-based providers (28%), preschool center-based providers (30%), and licensed family home providers (23%) more frequently received training by a support person who comes to the program than did other groups. This form of training was exclusive to Missouri and Kansas. In Missouri, 42% of 467 persons answering the question had received such a training visit to their facility, and in Kansas, 21% of 523 respondents had received training from a support person who came to their facility.

- **Regional, state, and national conferences.** Early Head Start/Head Start partners (72%), preschool center-based teachers (58%), infant-toddler center-based teachers (49%), and licensed home providers (49%) attended regional, state, and national conferences more than registered home providers (24%) and license-exempt providers (15%). Providers in Nebraska (53%) received significantly more of their training hours from conferences than providers in Iowa (39%), with Kansas and Missouri between the extremes.

- **Training for college or CEU credit.** Early Head Start/Head Start partners (74%) were the most likely to complete hours of training or course work for which they received college credit, Continuing Education Units(CEU) credit, or a certificate. The next most common groups to receive credit for training were preschool center-based teachers (58%), infant toddler center-based teachers (52%), and licensed home providers (47%). Providers in Kansas (50%), were significantly more likely than those in Nebraska (42%) to obtain training with credit attached, with other states in between.

- **Internet.** Registered home providers (18%), licensed home providers (19%), and preschool center-based providers (19%) were all more likely than infant-toddler center-based providers (16%) to receive training by Internet. Missouri and Nebraska (19% each) received training from the Internet more than Iowa providers (14%).

- **Teleconferencing or distance learning.** Registered home providers (18%) and preschool center-based providers (12%) were most likely to receive training by teleconferencing or ICN Distance Learning. Iowa providers (27%) received significantly more training hours through teleconferencing/ICN Distance Learning than Nebraska providers (11%), who in turn used this training mode more than Missouri and Kansas providers (6% and 4% respectively).

- **Subsidy vs. nonsubsidy-receiving providers**. There were significant differences across the states by subsidy receipt in types of training providers received. Workshops in the community and training for credit were less common among subsidy-receiving staff than among nonsubsidy-receivers, while subsidy-receiving staff were more likely to have training from a center director or from a person who came to the provider's facility.

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4. CERTIFICATES AND TRAINING PROGRAMS COMPLETED

Continuing the fine-grained study of training, state personnel were also interested in learning about the "uptake" rates for various training initiatives that were in the field. The study asked: "Do you currently hold any of the following certificates? How about . . . "Have you completed a training program for any of the following? How about . . . "

CERTIFICATES AND TRAINING PROGRAMS COMPLETED

CERTIFICATES AND TRAINING PROGRAMS COMPLETED:	(n=410-2014)
First Aid Within Two Years	84%
CPR Within Two Years	82
Creative Curriculum	35
Project Construct (n= 517, Missouri only)	22
Childnet (n=410, Iowa only)	19
CDA	17
Teaching Certificate From Your State	13
First Connections (n=508, Nebraska only)	11
High Scope	-8
Heads Up! Reading (n= 508, Nebraska only)	7
Parents as Teachers	-7
Montessori[12]	4
West Ed	2

Table 4

- **First Aid/CPR.** Not surprisingly, the most common form of certification is First Aid (84%) and CPR (82%). However, about 20% of providers across the states are not current in First Aid or CPR training.

- Early Head Start/Head Start child care partners (97%) and licensed home providers are most often current in First Aid training (91%). On the other hand, 51% of license-exempt providers, 17% of registered home providers, and 14% of center-

[12] Providers were asked whether they had completed Montessori training (4%) and Montessori certification (2%). Responses for both are reported in tables in Appendix C.

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based providers have not completed a First Aid training course in the past two years. Subsidy-receiving providers (80%) were less likely than nonsubsidy-receiving (88%) to be current in First Aid. The difference appears to be driven by the large number of license-exempt subsidy-receiving providers in the sample who do not have First Aid training. Nebraska providers lead in First Aid training (92%), followed by Kansas (88%), Iowa (88%) and Missouri (77%) providers.

- Similarly, Early Head Start/Head Start child care partners (96%) and licensed family home providers (88%) are most often current in CPR. On the other hand, 54% of license-exempt providers, 19% of registered home providers, 13% of preschool center-based providers, and 14% of infant-toddler center-based providers do not have current CPR certification. Overall, subsidy-receiving providers are less likely to be current (21%) than are nonsubsidy-receiving providers (14%), a trend that is probably driven by large numbers of license-exempt providers but that is also true in nearly every type of care. Nebraska providers are most current with CPR (93%), and Missouri providers are least likely to have completed a training program within the past two years (75%).

- **Creative Curriculum.** Creative Curriculum is the training course next most commonly completed across the states (35%). Early Head Start/Head Start partners (48%), preschool center-based (42%), and infant-toddler center-based providers (40%) were most likely to have completed training in Creative Curriculum. Missouri leads in Creative Curriculum training, with 39% of staff trained vs. 37% in Kansas, 30% in Iowa, and 24% in Nebraska.

- **CDA.** The CDA credential has been obtained by 17% of providers across the states (more than the number of providers reporting one year child development credential as their highest level, likely because a portion of CDA-credentialed staff have continued their education). CDAs are most commonly found among Early Head Start/Head Start partners (42%), preschool center-based programs (23%), and infant-toddler center-based programs (22%). Missouri has the most providers with a CDA credential (23%), followed by Kansas (17%), Iowa (8%), and Nebraska (7%).

- **State teaching certificates.** Thirteen percent of providers have teaching certificates from their states. These certificates are most common among preschool teachers (21%), followed by Early Head Start/Head Start partners (16%), and infant-toddler center-based providers (13%). Overall, Nebraska (8%) is least likely to have state-certified teachers among its child care providers. Iowa (15%), Kansas (14%), and Missouri (13%) are more likely to have teachers with state certificates.

- **Montessori certification.** Montessori certification has been completed by 2% of the Midwest providers. Preschool center-based providers (4%) were most likely to have completed Montessori certification, although 2% of registered home providers also had completed Montessori certification. Montessori certification is more common in Missouri and Kansas (3%) than in the other two states.

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- **High Scope, Parents as Teachers, and West Ed.** Eight percent of the sample have completed High Scope, 7% have completed Parents as Teachers, and 2% have completed West Ed.

- High Scope training is most common among Early Head Start/Head Start partners (18%) and center-based teachers (11%). Nebraska leads other states in High Scope training (13% vs. 6% or 7% for the others).

- Parents as Teachers certification is most common among Early Head Start/Head Start partners (14%), preschool center-based teachers (9%), and infant center-based providers (8%). Parents as Teachers originated in Missouri, so it is not surprising that Missouri leads with this form of training (12% of providers); followed by Kansas with 7%, and Nebraska and Iowa with 3% each.

- West Ed training is specialized infant-toddler provider training. Early Head Start/Head Start partners (12%) and infant-toddler center-based providers (3%) most often receive this training. It is most common in Kansas (4%).

- **State-specific programs.** Several states have developed state-specific programs. For example, Childnet is a training program in Iowa that 19% of Iowa providers have completed. In Iowa, it is most commonly utilized by Early Head Start/Head Start partners (78%), preschool providers (26%), registered home providers (17%), and infant-toddler center-based providers (16%). No license-exempt providers completed this program.

- First Connections is a Nebraska Internet-based training program for providers who care for infants and toddlers. Of 508 Nebraska providers, 11% reported they had completed First Connections training. This training was most commonly completed by licensed home providers (14%), preschool center-based providers (9%), and infant-toddler center-based providers (8%). The program had also achieved some success with license-exempt providers (6%). This form of training was used less by Early Head Start/Head Start partners than non-partners (6% vs. 12%). Subsidy-receiving providers were slightly more likely than nonsubsidy-receiving providers across all types of care to complete this training.

- Heads Up! Reading is a project in pilot phases in Nebraska. Its purpose is to encourage reading. Of the Nebraska providers, 7% have completed Heads Up! Reading. This training was most common among Early Head Start/Head Start partners (35%) and preschool center-based providers (13%).

- Project Construct is a Missouri project. Of 517 Missouri providers, 22% have completed this training program. The program is most common among Early Head Start/Head Start partners (30%) and preschool center-based providers (27%). It is slightly less common among licensed family child care (17%) and infant-toddler center-based providers (22%).

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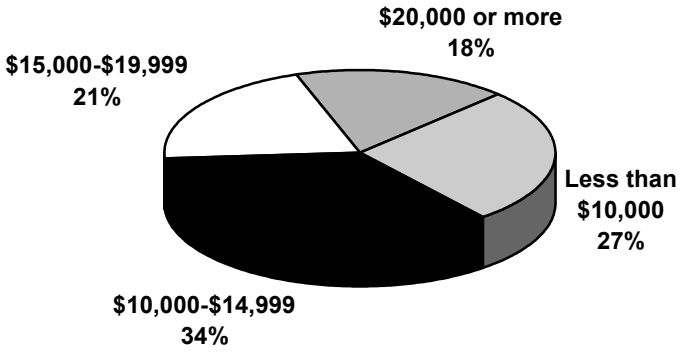
5. WAGES/EARNINGS

"What are your annual earnings from child care, before taxes? Are they over or under $15,000?"

Family Child Care Homes: "What are your annual earnings from child care, before taxes, but after you subtract expenses for your child care business, such as purchased equipment and other business expenses. These are your net personal earnings. Are they over or under $15,000?"

Figure 3. WAGES (n=1893)



A number of studies have reported associations between child care provider annual earnings and observed quality (Phillips, Howes and Whitebook, 1992). In some studies, wages have been among the strongest correlates of classroom quality (Phillipsen, Burchinal, Howes and Cryer, 1997).

- In the Midwestern study, the average provider across all four states makes from $10,000 to $15,000 a year in wages. Average income was $14,130. Only 18% of the total sample earned more than $20,000 a year.

- **Type of care.** Across the four states, preschool center-based providers had the highest average salary at $16,330, followed by Early Head Start/Head Start partners at $14,660, infant center-based providers at $14,470, licensed home

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providers at $13,940, registered home providers at $11,540, and license-exempt home providers at $7,920. Nearly all differences were significant. Preschool center-based teachers (26%) were significantly more likely to be making over $20,000 a year.

- **Subsidy vs. nonsubsidy-receiving.** Providers who received no subsidies had only slightly higher wages than subsidy-receivers overall, with average wages of $14,280 for nonsubsidy and $14,000 for subsidy. However, this pattern was influenced by license-exempt providers and, notably, for some subgroups the pattern was reversed. For example, licensed family providers ($15,680 subsidy vs. $13,130 nonsubsidy) made significantly more if they accepted children whose tuition was paid through subsidies, although later we report that they also care for more children.

- **Early Head Start/Head Start partnerships.** Early Head Start partners did not have significantly higher salaries than did child care providers not engaged in partnerships.

- **States.** Wages in Missouri and Nebraska (averaging $14,480 and $14,730, respectively) were significantly higher than those in Kansas ($13,280) and Iowa ($13,400).

- Wages of preschool center-based providers among the four states were fairly comparable. However, wages of infant-toddler center-based providers varied significantly. Nebraska infant-toddler teachers fared the best, with average wages of $15,100, followed by Missouri and Kansas at $14,850 and $13,700, respectively, and Iowa at $12,900. Infant centers that took children on subsidy did not offer higher wages for infant-toddler providers in three states, e.g., Iowa ($12,100), Kansas ($13,130), or Missouri ($14,350). Rather all were lower than the state averages for infant-toddler center-based providers.

- While wages in registered homes (in the two states that register homes) are fairly comparable, there is wide disparity in wages of licensed family child care providers across the states. Home providers with a license averaged $15,800 annually in Missouri, $14,330 in Nebraska and $12,840 in Kansas. As already noted, those receiving subsidies had higher net wages on average than those who did not. In Missouri, the subsidy-receiving licensed home provider made $18,120, in Nebraska, $15,310, and $14,480 in Kansas.

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6. INTENTIONALITY

"Now, I have some questions that deal with reasons why people choose to work in child care and education."

REASONS FOR CHOOSING CHILD CARE (n=1996-2019)

REASONS:	Definitely Represents
My career or profession	63%
A personal calling	61
A way of helping a family member, neighbor, friend, or other adult out	39
Work to do while your children are young	36
A stepping stone to a related career	29
A job with a paycheck	26

Table 5

Ellen Galinsky and her colleagues (1994) first reported relationships between the provider's intentionality or her beliefs about child care and child care quality. Questions for the current study in this area were derived from that earlier work.

- **Career or profession.** A majority of providers in the sample choose to work in child care because they regard it as their career (63%). A majority of preschool center-based providers (73%), Early Head Start/Head Start partners (72%), licensed home providers (61%), infant-toddler center-based teachers (63%), and registered home providers (56%) felt the statement definitely represented a reason for being in child care. And 40% of license-exempt providers view child care as a career or profession as well. The differences were not apparent in center-based care or licensed family care, but showed up in Missouri and Nebraska in license-exempt homes (43% and 45%, respectively vs. 36% in Iowa and 27% in Kansas). Additionally, Iowa registered home providers (62%) adopted this attitude about professionalism significantly more often than did those in Kansas (45%).

- **Personal calling.** Many providers regard child care as a personal calling (61%). This belief is most common among preschool center-based teachers (70%), followed by infant-toddler center-based providers (63%), and Early Head Start/Head Start partners (64%). This attitude was significantly most common in Missouri (67%) as compared to all other states, and significantly most common

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among preschool center-based teachers in Missouri and Kansas (75% and 70%, respectively), Missouri licensed family child care (59%), and among Kansas license-exempt home providers (68%), as compared to their same type of care counterparts in other states.

- **Helping someone out.** Many providers (39%) provide child care because they are trying to help someone out—a neighbor, friend, or relative. Across the sample, providers who receive subsidies (46%) were more often motivated to provide child care to help someone than nonsubsidy receivers (31%), a difference that was also significant between subsidy and nonsubsidy-receiving licensed home providers (42% vs. 29%). Not surprisingly, a full 84% of license-exempt home providers were trying to help someone they knew, significantly more than for registered home providers (38%), infant-toddler center-based providers (36%), licensed family home providers (33%), and preschool center-based providers (33%). Early Head Start/Head Start partners were least likely to be in child care because they were trying to help someone they knew (28%), significantly less than for their counterparts. The prevalence of this attitude was similar across the states.

- **Work to do while children are young.** The next most common reason for choosing to work in child care is that it is "work to do while your children are young." Registered and licensed home providers were most likely to select this option (49% and 46%, respectively). License-exempt providers (36%) also definitely agree this is a reason they chose child care. Kansas providers were more likely than Missouri providers to choose child care as "work to do while children are young."

- **Job with a paycheck.** Some providers (26%) see child care as a job with a paycheck, particularly subsidy receivers (28%), license-exempt homes (32%), registered homes (33%), infant-toddler center-based providers (28%), and licensed family homes (29%). Preschool providers (19%) and Early Head Start/Head Start collaborators (17%) were least likely to say they are in child care for the salary.

- **Stepping stone to a related career or profession.** Finally, 29% of providers see child care as a stepping stone to a related career or profession. This attitude was significantly more prevalent among infant-toddler center-based providers (38%) and preschool center-based providers (34%) than among licensed home providers (17%), registered home providers (19%), and license-exempt providers (26%). This attitude tended to prevail among Early Head Start/Head Start child care partners as well (35%). Providers in Missouri (35%), followed by those in Nebraska (28%), were significantly more likely to see a future in a related career or profession.

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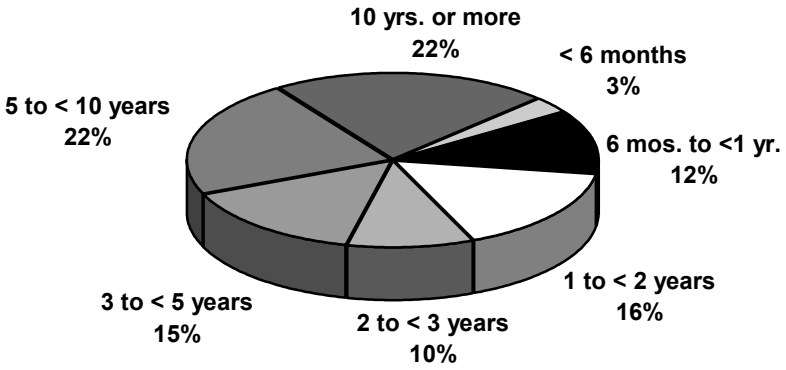
7. TENURE

"How long have you been caring for children in your home/at this center? If you have stopped and started caring for them again in your home/at this center, please answer from the time you started again to now."

Figure 4. TENURE (n=2016)



Turnover or stability has been an important correlate of child care quality and has been associated with child care outcomes. Because the unit of inquiry in the current study was the provider, the approach to stability was to ask about experience.

- **Long-term providers.** Nearly half of all providers have been with their programs for some time—44% for over five years. These long-term providers were *more* often in licensed family homes and registered family homes, followed by preschool centers. Infant-toddler centers were least likely to benefit from long-term teacher experience in the same setting. In Nebraska, 53% of providers had been in their positions for at least five years, compared with 47% in Kansas, 42% in Iowa, and 36% in Missouri.

- **Two to five years**. A large portion of providers have been with their programs from two to five years (25%), and these providers are *more* often with subsidy-receiving programs than not. Providers with three to five years of experience were most likely to be registered family home and license-exempt providers than other providers. Those with two to three years experience in the same facility were least likely to be licensed family home providers, as compared to every

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other form of care. Iowa has more providers in the two- to five-year category than Kansas (29% vs. 20%), with other states in between.

- **One to two years.** A number of teachers and providers (16%) have been in the same child care program for from one year to two years. These more short-term providers are most likely to be center-based providers or providing license-exempt care.

- **Less than a year.** Finally, 15% of all teachers and providers have been in their positions for less than a year. These new-to-position teachers are most likely to be in centers and are more commonly infant-toddler teachers than preschool teachers. A full 30% of all infant-toddler center-based teachers have been in their positions for a year or less. The one-year figures are 11% for programs partnering with Early Head Start/Head Start programs, and 18% for license-exempt homes. New providers in Nebraska comprised 14% of the labor force, 16% and 17% of the labor force in Iowa and Kansas, respectively, and 22% in Missouri. In Nebraska, Iowa, and Missouri, 30% of infant-toddler center-based teachers had been in their positions for less than a year, compared to 25% for Kansas.

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8. QUALITY PRACTICES

"Now, I would like to know how much you agree with different statements that relate to child care. Answer using a 1-to-5 scale, with '5' meaning you strongly agree with the statement, and '1' meaning you strongly disagree with the statement. You can use any number between 1 and 5. How about . . . ?"

QUALITY PRACTICES (N = 2016-2022)

Quality Practices	Strongly Agree
Children have daily access to a good supply of toys and materials in your child care setting.	88%
In the child care setting you work in, there are areas that are set up to encourage different forms of learning and play.	85
Your child care facility/the center where you work has good indoor spaces for caring for children.	83
Your child care facility/the center where you work has good outdoor spaces for children.	82
Every day, every child in your care is read to or receives picture book experiences.	81
At least once a year, you are able to talk formally with each parent about their child's development.	80
Every day, you are able to greet each parent and child you care for when they arrive.	76
At least twice a week, you are left alone with too many children.	3

Table 6

Work that asks providers to report on their own quality practices is newer in the study of quality. Several researchers have had some success in associating reported to observed quality and, by inference, to child outcomes (Holloway, Kagan, Fuller, Tsou and Carroll, 2001). If self-report questions that relate highly to observed quality can be identified, the procedure would be valuable.

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- Most providers are quite positive about the prevalence of quality practices in their child care setting. For every positive practice queried, around 80% strongly agreed. Although self-report skews high, as will be seen in later in this report, many of the self-reported items do correlate with observed quality.

- **Greeting parents.** Family providers (93% to 97%) of all kinds are significantly more often able to greet parents and children than are center-based providers. Infant-toddler center-based providers greeted parents and children every day (66%), more often than preschool center-based providers (56%).

- **Reading to children.** Preschool center-based (89%) and Early Head Start/Head Start partners (89%) read to children more often than their counterparts. Infant-toddler center-based (78%) and licensed family home providers (78%) were more likely to read daily than registered home (71%) and license-exempt providers (69%). A large majority of *all* providers report they read daily to every child in their care. Those in Missouri and Kansas reported a higher percentage of daily reading than providers in the other two states.

- **Formal conference with parents.** Most providers also reported they have a formal conference with each parent at least once a year about the child's development. Home providers of all types significantly reported having this type of conference more than center-based providers. A significantly higher percentage of Kansas and Missouri providers than of providers in the other two states reported having conferences annually. It is possible that different types of providers have different interpretation of the meaning of a "formal conference."

- **Learning centers.** Most report they strongly agree that they have designated learning centers, topped by Early Head Start/Head Start partners (93%), preschool (91%), infant-toddler (88%), and family home providers (80%), over registered home providers and license-exempt providers—each at 74%.

- **Indoor and outdoor environments.** When it comes to indoor and outdoor environments, most providers believe they have good spaces. License-exempt home providers (89%) and licensed and registered family home providers (86%) lead the ratings for indoor spaces. Infant-toddler center-based providers (80%) had the poorest ratings, with a similar pattern for outdoor spaces. Significantly poorest indoor and outdoor spaces were reported in Iowa.

- **Good supply of toys and materials.** Most (88%) believe they have a good supply of toys and materials for children. Family home providers strongly agreed in 93% or more of the cases. Among preschool and infant-toddler providers in centers, strong agreement rates were 81% and 83%, respectively, and for Early Head Start/Head Start partnerships the strong agreement rate was 90%.

- **Left alone with too many children.** Very few teachers (3%) strongly agree that they are left alone with too many children at least twice a week. This situation was more often reported by registered home providers and subsidy-receiving providers than nonsubsidy-receiving providers.

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9. MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

"I am now going to read a list of child care and education associations. As I do, please tell me if you are currently a member of this association or not. How about . . . ?"

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS (n= 2002-2012)

Membership	Who Are Members
National Association for the Education of Young Children (NAEYC)	19%
National Association for Family Child Care (NAFCC)	7
Division of Early Childhood (DEC)	6
National School Age Child Care Alliance (NSACCA)	2
Council for Exceptional Children (CEC)	2
MO Care (Missouri only) (n = 512)	1

Table 7

It is intuitive that association with others in an organization dedicated to common principles could enhance a provider's sense of professionalism.

- A minority of providers belong to a professional organization. The National Association for the Education of Young Children (NAEYC) leads, but only 19% of providers belong. Early Head Start/Head Start partners (38%), preschool center-based providers (29%), nonsubsidy-receiving providers (20%), and infant-toddler center-based providers (23%) are significantly more likely than their counterparts to be members of this organization. Missouri and Kansas lead in NAEYC membership (23% and 18%, respectively).

- Seven percent of providers belong to the National Association for Family Child Care (NAFCC). Licensed family child care providers (12%) and registered home providers (7%) were significantly most likely to be members, as were Early Head Start/Head Start partners (17%) and nonsubsidy-receiving providers (8%).

- Overall, 6% of providers are members of Division of Early Childhood (DEC) and Early Head Start/Head Start partners (12%), family child care home providers

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(7%) and preschool center-based providers (6%) were significantly most likely to be members. Missouri leads in membership with 7%.

- Membership in other organizations is negligible, with 2% belonging to the Council for Exceptional Children (CEC) and 2% belonging to the National School Age Child Care Alliance (NSACCA). One percent of Missouri providers are members of MO Care, a professional organization specific to the state of Missouri.

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Detailed Findings 2

Other Potential Indicators of Quality

Other characteristics have not been associated with quality as clearly in previous studies, e.g., number of children, food program. Other features are potentially important in one type of care but not all. However, the items are important to measure as potential indicators of quality. Thus, their relationship to observed quality will be explored in the current study.

1. NUMBER OF CHILDREN CAREGIVER IS RESPONSIBLE FOR

"Currently, at peak time for you on a typical day, how many children are under your care?"

NUMBER OF CHILDREN UNDER CARE OF PROVIDER (n=2022)

Type of Care	Average Number of Children Provider Cares for
Infant Center	8.7
Preschool Center	14.9
Licensed Family Home	8.0
Registered Family Home	6.0
License-Exempt Home	3.9
Early Head Start/Head Start Partners	9.9

Table 8

- The average provider cares for 9.9 children. Subsidy-receiving providers care for significantly more children (10.2) than nonsubsidy-receiving (9.7); for example, providers in licensed family homes who received subsidies care for significantly more children than did those not receiving subsidies (9.0 vs. 7.5, on average).
- Providers care for more children on average in Missouri than providers in other states.

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2. FOOD PROGRAM

"Do you/does your center participate in your state's Child Care Food Program?"

PARTICIPATION IN STATE'S CHILD CARE FOOD PROGRAM (n=1935)

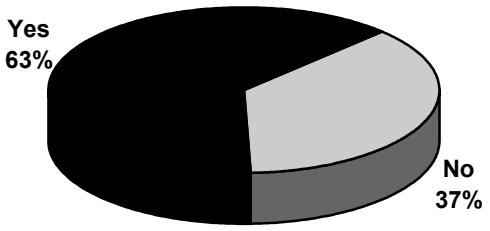

Figure 5

- The average child care provider participates in the state's child care Food Program. Across all the states nonsubsidy-receiving providers are somewhat more likely to participate than those receiving subsidies (65% vs. 62%), despite the likely eligibility of subsidy-receiving providers. Food Program participants were more often Early Head Start/Head Start partners (93%), licensed family home providers (87%), and infant-toddler center-based providers (64%) over registered homes (45%) and license-exempt providers (14%).

- Highest overall participation rates are in Kansas and Nebraska, and these two states also had the highest participation rates in centers. Missouri had the highest participation rate in licensed family homes (90%). Kansas had the highest participation rate among centers serving children on subsidies (88% for infant centers and 83% for preschool centers) and also the highest participation in registered family homes (58%). Nebraska providers claimed the highest participation rate for license-exempt family homes (50%).

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3. CHILDREN WITH DISABILITIES

"Currently, on a typical day, how many children with verified disabilities or developmental delays, who are under five years of age, are in your care?"

PROVIDERS WHO CARE FOR NONE, ONE, AND TWO OR MORE CHILDREN WITH DISABILITIES (n=2014)

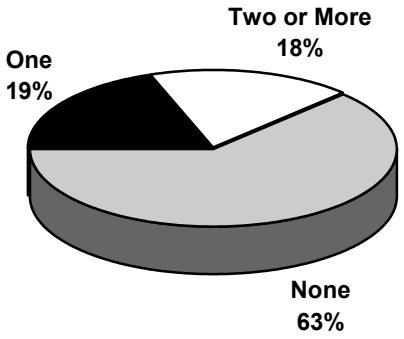

Figure 6

- The average child care provider does not care for a child with a disability.
- Children with disabilities may more often be enrolled in Early Head Start/Head Start partnerships and in center-based care. A majority (52%) of Early Head Start/Head Start partnerships cared for one or more children with disabilities, as did 54% of center-based preschool providers, 32% of infant-toddler center-based providers, and 32% of licensed family child care providers.
- Kansas has significantly fewer providers who cared for a child with a disability (32%) than other states (42% for Iowa, 39% for Nebraska, and 37% for Missouri). Iowa and Nebraska license-exempt providers care for significantly more children with disabilities than do their counterparts in other states.

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4. BENEFITS

"Do you receive any benefits from your child care work, such as insurance or vacation days? Do you receive . . . ?"

BENEFITS (n=962 Center-Based Only)

BENEFITS:	Receiving
Paid vacation days	91%
Paid sick days	77
Paid days to attend professional meetings	74
Reduced or no tuition for your own children to receive child care	63
Health insurance for yourself, free or reduced	56
Health insurance for your family	43
Retirement benefits	39

Table 9

- Early Head Start/Head Start partners are significantly more likely than other providers to receive any kind of benefits (87% vs. 75%), health insurance for themselves (65% vs. 55%), health insurance for their families (54% vs. 42%), paid professional days (86% vs. 73%), and retirement benefits (48% vs. 38%).

- Preschool center-based providers are significantly more likely than infant-toddler providers to receive any benefits (79% vs. 72%).

- Teachers who don't receive subsidies are significantly more likely than teachers caring for children whose tuition is paid by subsidies to receive health insurance for themselves and their families.

- Overall, there are few differences among states. Kansas (57%), Missouri (59%), and Nebraska (51%) center-based teachers are significantly more likely to receive health insurance for themselves than those in Iowa (42%). Kansas teachers (78%) are significantly more likely than those in Nebraska (69%) to receive paid professional days.

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5. GALLUP Q^{12}

"Please respond to the following statements about your present work situation. Please use a 5-point scale, where '5' means that you strongly agree with the statement, and '1' means you strongly disagree with the statement. You may use any number between 1 and 5. First . . . "

GALLUP Q^{12} (n=956-963 Center-Based Only)

Question	Strongly Agree
I know what is expected of me at work.	93%
I have the materials and equipment I need to do my work right.	62
At work, I have the opportunity to do what I do best every day.	79
In the last seven days, I have received recognition or praise for doing good work.	51
My supervisor, or someone at work, seems to care about me as a person.	75
There is someone at work who encourages my development.	66
At work, my opinions seem to count.	67
The mission or purpose of my company makes me feel my job is important.	74
My associates or fellow employees are committed to doing quality work.	59
I have a best friend at work.	51
In the last six months, someone at work has talked to me about my progress.	62
This last year, I have had opportunities at work to learn and grow.	79

Table 10

- The Gallup Q^{12} is a measure of workplace engagement used with a wide variety of organizations. The first three items are considered basic and need to be in place for employees to stay engaged with their work. Ratings show that expectations are clear to staff. The materials they need to work effectively are not as sufficient, with only 62% of staff strongly agreeing that they have them. Seventy-nine percent of respondents reported being able to do what they do best every day at work. Infant-toddler center-based and Nebraska, Kansas and Missouri center-based respondents were more likely to believe they had materials and could do what they do best

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every day compared to their counterparts and Early Head Start/Head Start partners. Those in Iowa (49%) more often believed they were under-equipped than their counterparts.

The next set of items assess whether the individual feels a part of the program and receives support for contributing to a larger effort.

- Overall, 51% of providers stated they had received praise in the last seven days. Providers in Missouri reported receiving praise more often (54%) than did providers in Kansas (49%) or Nebraska (44%). Compared to respondents in well-functioning workplaces as defined in previous uses of the Gallup Q^{12}, child care providers run fairly low on praise and recognition.

- Two-thirds of center-based respondents strongly agreed that there was someone at work who encourages their development.

- Two-thirds of respondents also strongly agreed that their opinions seem to count. More providers in subsidy-receiving centers (68%) than in nonsubsidy-receiving centers (64%) agreed to this statement.

- Three-quarters of center-based respondents said the mission of their company enhances the importance of their work; this was less true among nonsubsidy-receiving centers (70%) than among those receiving public subsidies (78%).

- Fewer (59%) respondents thought their fellow employees are committed to doing quality work. Differences emerged between states: 51% of center-based teachers in Iowa were inspired by their associates vs. 61% of center-based respondents in Missouri and 62% in Kansas. Nebraska is in between Iowa and the other two states.

- Only half (51%) of center-based teachers and providers strongly agreed they had a best friend at work, another good test of the respondents' sense of belonging. There were more in Kansas (55%) and Missouri (51%) and fewer in Iowa (43%).

The last two items examine whether the provider is growing in her/his work.

- About two-thirds of center-based providers (62%) strongly agreed that someone had discussed progress with her/him. This was more often the case in Kansas and Missouri (63%), and less often in Iowa (54%). Finally, most (79%) of the center-based teachers and providers strongly agreed they had opportunities to learn and grow in the previous year, especially Early Head Start/Head Start partners (94%).

- In general, more subsidy-receiving center-based providers rated workplace items highly than did nonsubsidy-receiving providers. Five of the 12 items were rated significantly higher by subsidy-receiving teachers.

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- In general, Early Head Start partners rated items lower than their counterparts—five significantly lower. Exceptions were items pertaining to staff development; Early Head Start partners rated these items more highly than other providers did.

6. INFANTS STAY WITH THEIR TEACHERS

"In your center, is it typical for one main teacher to stay with a child throughout the infant and toddler years?"

INFANTS AND TODDLERS STAY WITH TEACHERS (n=469 Infant-Toddler Center-Based Providers Only)

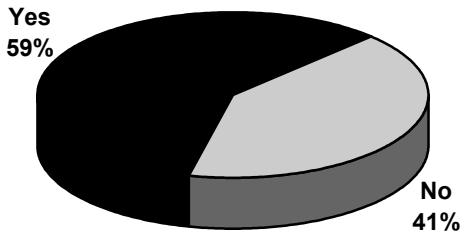

Figure 7

- Slightly fewer than two-thirds (59%) of infant-toddler center-based teachers and providers say their program follows a plan for teachers and children to stay together through the infant and toddler years.

- The practice of keeping infants and teachers together through the infant-toddler years was most common among Early Head Start/Head Start center-based partners (68%), and among infant-toddler center-based teachers and providers in Nebraska (70%) vs. all other states (Kansas 59%; Missouri 57%; Iowa 57%).

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7. CARING FOR RELATIVES

"Not including your own children, are any of the children you care for related to you?"

CARING FOR RELATIVES (n=1057 Family Child Care Only)

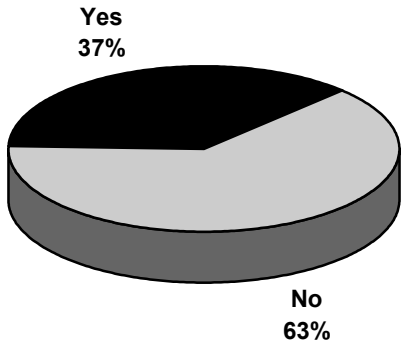

Figure 8

- More than a third (37%) of family home providers (licensed family, registered family and license-exempt) take care of relatives, excluding their own children.
- The highest rates of caring for relatives are in license-exempt care (71%). Lower rates exist among Early Head Start/Head Start family child care partners (30%), licensed family homes (31%), and registered homes (23%).
- More providers who receive subsidies care for relatives than do their counterparts (51% vs. 27%); this difference is not completely due to license-exempt providers. Licensed family child care providers who receive subsidies significantly more often care for relatives (36% vs. 29% for nonsubsidy).
- Overall rates of caring for relatives were highest in Missouri and Kansas. Care for relatives varied considerably. For example, in Missouri rates of care for relatives were 47% for licensed family home and 70% for license-exempt providers, while in Kansas rates were 28% for licensed home, 22% for registered home, and 97% for license-exempt providers.

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8. ACCESS TO INTERNET

"Do you have access to an Internet connection?" (If "no") "Are you planning to get an Internet connection within the next year?"

ACCESS TO INTERNET (n=2006)

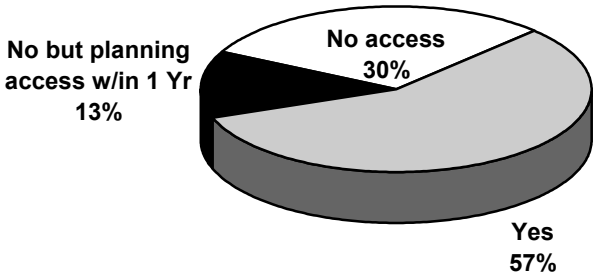

Figure 9

- Licensed home providers (67%), registered home providers (68%), and Early Head Start/Head Start partners (69%) had greatest access to the Internet. A majority of license-exempt, preschool center-based, and infant-toddler center-based providers (52%) have Internet access. Several of these states have initiated Internet-based training particularly aimed at providers in rural areas of the states.

- In Iowa, Kansas, Missouri, and Nebraska, 58%, 56%, 57%, and 58% of providers, respectively, have a connection, led by 77% of licensed family home providers in Missouri, 72% of registered home providers in Kansas, 65% of licensed family home providers in Kansas, and 62% of preschool providers in Nebraska. Less than half of Iowa, Kansas, and Nebraska infant-toddler centers, Iowa and Kansas preschool centers, and Kansas license-exempt homes have Internet access. About a third of those lacking an Internet connection plan to get one in the next year.

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Detailed Findings 3

Characteristics of Providers

An additional purpose of the study was to describe the demographic characteristics of Midwestern providers. Demographic characteristics would also be examined as indicators of quality.

1. AGE

"What is your age?"

AGE (n=2006)

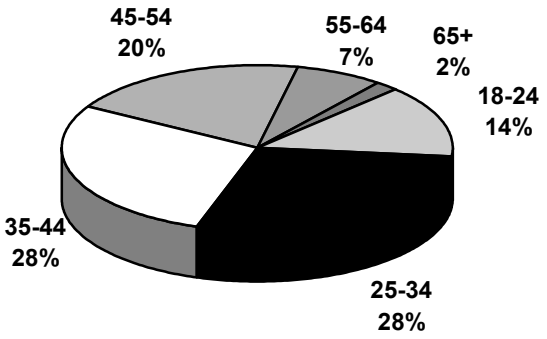

Figure 10

- The average age for Midwestern child care providers is 38.0 years. Subsidy-receiving providers are significantly older than nonsubsidy-receivers (38.4 vs. 37.5).

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- Early Head Start/Head Start partners are older than their counterparts (38.1 vs. 36.8); 42% of the Early Head Start/Head Start partners are in the 35-44 age range.

- Home providers of all types are older than center-based providers on average (averaging 40.0 years for licensed and registered home, and 46.0 for license-exempt providers, vs. 34.6 and 36.0 for infant-toddler and preschool center-based providers). Nearly a quarter (23%) of infant-toddler center-based teachers are under 25.

- Providers sampled in Kansas and Nebraska were slightly older than those in other states, averaging 38.7 vs. 36.7 for Iowa and 37.8 for Missouri. Average ages ranged from 51.8 (Kansas license-exempt), 45.2 (Missouri license-exempt), 44.2 (Iowa license-exempt), 41.6 (Kansas registered), and 42.2 (Nebraska licensed family child), to 32.8 (Iowa infant-toddler center-based).

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2. RACE/ETHNICITY

"Which of the following classifications best describes your ethnicity or race?"

RACE/ETHNICITY (n=2011)

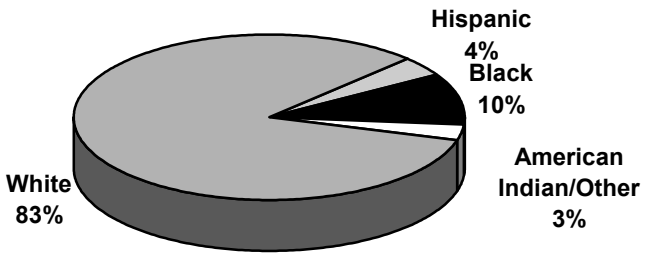

Figure 11

- As is true for the populations in the four states, the sample is predominantly white (83%). Among providers overall, 10% are black/African American (14% in Missouri, 10% in Kansas, 6% in Nebraska, and 4% in Iowa); 4% are Hispanic (6% in Nebraska, 4% in Kansas and Missouri, and 3% in Iowa); and 3% are Native American or from other ethnic groups (4% in Kansas).

- Providers who receive subsidies are more often black/African American than are nonsubsidy-receiving providers (16% vs. 4%); 36% of license-exempt home providers are black/African American. Most black/African American providers are in license-exempt homes in Missouri (43%), Kansas (27%), and Nebraska (18%).

- Hispanic providers are more likely to be working in centers (4% of infant-toddler and 6% of preschool providers are Hispanic). The highest percentages of Hispanic providers are in Kansas and Missouri preschool centers (7% each), Nebraska license-exempt homes (7%), and Kansas and Nebraska licensed family child care (7% and 5%).

- The largest percentages of Native American providers were found in preschool centers in Kansas, Missouri, and Nebraska (2% each), infant-toddler centers in Kansas (3%), and Kansas license-exempt homes (5%).

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3. MARITAL STATUS

"Is your marital status…?"

MARITAL STATUS (n=2014)

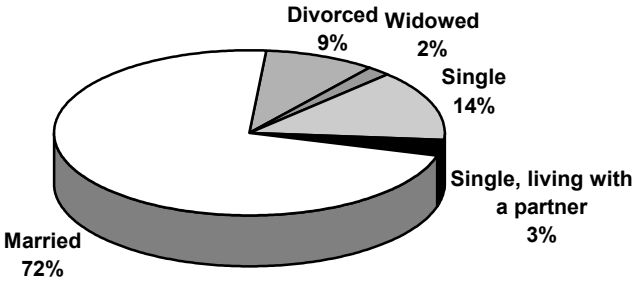

Figure 12

- The sample is predominantly married (72%).
- Single, never-married providers comprise 14% of the sample overall, but this group comprises 25% of the sample of infant-toddler center-based providers and 19% of the preschool center-based providers. Slightly higher concentrations of these providers were found in Missouri (18%) than in Nebraska (13%), Iowa (12%), and Kansas (10%).
- Divorced and widowed providers (11% of the sample) are most likely working in license-exempt homes (17% of these providers are divorced or widowed), registered homes (10%), preschool center settings (13%), and licensed homes (9%). Slightly higher concentrations of divorced and widowed providers are in Kansas than are in the other states.

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4. PARENTAL STATUS

"Are you a parent?" (If "yes") "Are any of your own children cared for along with the other children you care for in your home/at the center where you work?"

PARENTAL STATUS (n=2022)

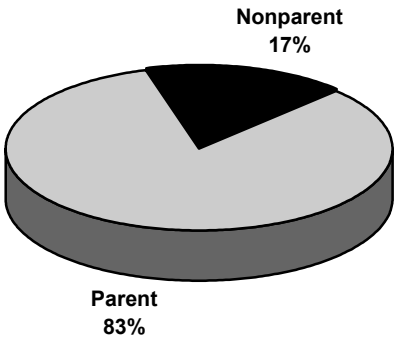

Figure 13

- Most providers are parents (83%).
- Nonparents were more frequently found in centers (infant-toddler, 28%, and preschool, 26%) than family homes of all types (5% of licensed family homes, 5% of registered homes, and 4% of license-exempt providers). Less educated providers (89% of those with only a high school diploma or less) were more likely to be parents than those with a bachelor's degree (74%).
- Children of nearly half (45%) of the providers are cared for in their mother's child care setting. This practice is most common among Early Head Start/Head Start partners (50%), infant center-based providers (50%), registered homes (53%), and licensed homes (50%). It is least common among preschool center-based providers (41%) and license-exempt providers (27%), who tended to be older than other groups of providers. States traded the lead by type of care. Iowa led in this practice among registered homes (58%), Kansas among licensed family homes (63%), and Nebraska among license-exempt homes (48%) and preschool centers (57%).

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Detailed Findings 4

Observed Quality

A key purpose of the study was to measure observed quality across the Midwest. Using well-established measures of observed quality, the Midwest Child Care Research Consortium asked: "What is the level of observed quality across the Midwest?"

ECERS-R, ITERS, FDCRS SCORES BY STATE AND OVERALL (n=365)

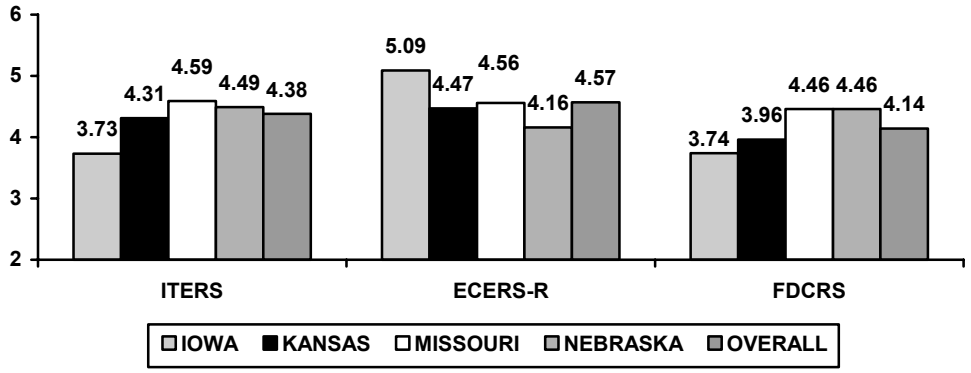

Figure 14

Trained observers completed observations of 365 providers in their child care settings. These providers were selected at random from the total interviewed sample, which was also a random selection as noted earlier. Across all the measures and weighted to the population, a third of care was rated as good quality (33.3%), nearly half (48.8%) was mediocre, and about a fifth (17.6%) was rated as poor quality[13].

[13] A "quality of care" variable was created by equating scores of 5 or higher on the measures to a "good" score, scores of 3-5 as "mediocre," and scores of 1-3 as "poor." This variable enabled an examination across the measures and, when weighted to the population, an estimate of the percentage of the levels of quality within the population.

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Infant-toddler center-based care. Scores averaged 4.38 on the Infant Toddler Environment Rating Scale (ITERS) for observed infant center-based settings . Twenty-nine percent were rated as good quality with a score of "5" or above, 63% were rated as having mediocre quality, and 8%, poor quality. These figures show more good quality infant/toddler care than has been found in previous studies. The Cost, Quality and Child Outcomes in Child Care Centers team found good quality infant care in 8% of infant care centers (Cost, Quality and Child Outcomes Study Team, 1995), and a recent study from Wisconsin reported good quality care in 13% of infant center-based settings (Wisconsin Child Care Research Partnership, WCCRP, 2002). The Midwest sample findings may be higher due to a strong policy emphasis on infant-toddler programs, including Early Head Start child care partnerships in three of the states, and a relatively stable labor force (this report). Regional differences in child care characteristics have been found in other studies (Kisker, Hofferth, Phillips and Farquhar, 1991).

Preschool center-based care. Overall scores measured on the Early Childhood Environment Rating Scale (ECERS-R) were slightly higher on average, 4.57. Compared to infant center-based care, there was more good quality care (39%), less mediocre care (51%), and comparable poor care (10%), among the preschool center-based providers in the Midwest. The findings compare favorably to those of another study (Cost, Quality and Child Outcomes Study Team, 1995) reporting good quality care among about 25% of preschool centers, and to those found more recently in Wisconsin, reporting good quality care in about 15% of settings (WCCRP, 2002).

Family child care. Finally, Family Day Care Environment Rating Scale (FDCRS) scores averaged 4.14, lowest of the three scales. Thirty percent of the family child care observed was good quality; 43% was mediocre, but 27% was poor quality. There was more poor quality care in family child care than in any other category. The study highlights the value of stronger forms of regulation. Family child care (in three states) that required licensing and annual (at least) inspections was significantly higher in quality scores than registered care (in two states) that didn't require inspections, or license-exempt family care (in all four states) (4.63 vs. 3.62 vs. 3.57). Licensed family child care was twice as likely to fall in the good category as care that was registered or exempt (40.2% vs. 20.0% and 21.2%). Thus, the study shows that a large increase in quality associates with licensing that includes inspection. No comparable recent quality prevalence figures are available for family child care; however, a low proportion of family child care was found to be good quality in one of the few comprehensive studies of family child care completed (Galinsky, Howes, Kontos, and Shinn, 1994).

State. The study examined differences in quality among states. Iowa had significantly poorer infant-toddler center-based care and significantly poorer family child care on average than did other the states. Family child care in Kansas was comparable to that in Iowa. However, the distribution of quality is obscured by averages. Kansas had more mediocre care but less high quality care than other states, while Iowa's

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distribution was more bi-modal. Across all forms of care, Iowa had good quality care in correspondence with other states, but more poor quality care[14].

Subsidy vs. nonsubsidy-receiving. A key purpose of the study was to determine if the child care used by children receiving public subsidies was of comparable quality to all care within the states. While children receiving subsidies received lower quality care, on average, the difference reached significance only when summing across all forms of care and for family child care. Children whose tuition was paid by subsidy received lower quality care in infant-toddler center-based care and preschool center-based care —but not significantly lower than that offered by other providers (4.31 vs. 4.56 for the ITERS and 4.48 vs. 4.67 for the ECERS-R). Subsidy-receiving family child care providers averaged 3.85 compared to 4.41 for nonsubsidy-receiving family child care providers. Subsidy-receiving providers were nearly twice as likely to be in the poor category for the ITERS and the FDCRS, but not for the ECERS-R. In general, subsidy-receiving providers were more often rated as providing poor quality care and less likely to be rated as providing mediocre care. While most of the differences were on the low-quality end of the spectrum, one state provided an exception. Iowa had significantly more *high* quality care among nonsubsidy-receiving providers than among subsidy-receiving providers[15].

Early Head Start/Head Start partnerships. Another key purpose for the study was to determine if state investments in Early Head Start/Head Start child care partnerships would manifest in higher quality care. Overall, ITERS (5.36 vs. 4.35) and FDCRS (5.02 vs. 3.94) analyses showed significant differences, favoring the Early Head Start/Head Start partner providers. Among partnership providers, ECERS-R quality (5.23 vs. 4.49) was higher but not significantly so. These partnerships were the only child care subgroup that consistently averaged over 5, in the good range, across all forms of care. Across all forms of care, partnerships were between two and three times more likely to be rated as good quality; in fact, 63% of the partnerships were rated in the good category. Partnerships were four times less likely to be providing poor quality care.

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[14] A scholarly paper is being prepared that quantifies the quality initiatives and other supports for quality within the states in the form of an index. This paper subsequently explores the relationship of state policy initiatives to observed quality.

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Detailed Findings 5

Correlates of Observed Quality

A key purpose of the study was to determine which of the many features of child care providers significantly related to quality in the Midwest. This section examines the pairwise association between variables from three categories described earlier in this report (hypothesized indicators of quality, potential indicators of quality, and provider characteristics) and observed quality in the Midwest overall by type of observed care (infant-toddler center-based, preschool center-based, and family child care) to address the question: "What are the correlates of observed quality across the Midwest?" The purpose of this report is to present these findings at the level of bivariate relationships. Subsequent reports will examine multivariate relationships.

In order to determine which of the many hypothesized and potential indicators of quality were related to observed quality in the Midwest sample, the first stage of analysis was to explore bivariate relations between hypothesized and potential quality indicators and observed quality. Subsequent work in Year 3 of the project will analyze these relationships more comprehensively in order to establish a brief set of potential indicators to track over time, using multivariate techniques. Here, bivariate relationships are presented, following the general sequence of descriptive presentation earlier in this report. In order to create a measure of "overall" or omnibus quality, each quality score was converted to a 7-point overall quality index. Bivariate relationships were calculated between each of the observed quality scale scores (ITERS, ECERS-R, and FDCRS), the omnibus variable, and the variable in question. Reporting of the omnibus result is somewhat complicated and involves a judgment that omnibus findings add to the story. It is only reported when associations in all areas seem to contribute to the association, and it is not reported when the overall association seems to be due to high relations in one specific type of care. See Table 5.

Hypothesized Indicators of Quality

As noted earlier in this report, a number of features were identified as "best bets" to become indicators of quality for the Midwest tracking plan. These hypothesized predictors of quality had been selected based on the child care literature related to quality. A number of these factors did associate positively with observed quality in preliminary bivariate analyses (Pearson correlations are reported in parentheses).

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Formal Education. Providers' formal education was significantly correlated with observed quality among family child care providers (r=.36). The relationship to formal education was weaker in the Midwest sample than has sometimes been found in other studies and, as will be discussed, was affected by exceptionally high relationships between one-year degree holders (with CDAs) and quality. Second, all providers who had a one-year college degree or more were asked whether that degree was in child development or an area related to child care. Having a child development degree was modestly correlated with overall observed quality (r=.14).

Training Hours. There was a significant relationship between the number of training hours a provider reported and overall quality (r=.33), ITERS quality (r=.31), and FDCRS quality (r=.43)—but not for ECERS-R quality (r=.12) in all, somewhat justifying the emphasis on training hours in state licensing requirements.

Types of Training. Providers were asked which types of training they had participated in during the previous year. Types of training that significantly associated with FDCRS quality included: use of videotape/study materials, having a support person who comes to the provider's program, participating in a support group or local training, participating in regional, state, or national conferences, and receiving college or CEU credits for training. ECERS-R quality was associated significantly and positively with training provided by a program director. ITERS quality associated with participation in regional, state, and national meetings. After summing across the forms of training that would be considered "in person" training or "not in person" training, a positive and significant relationship was found between FDCRS quality and "in person" training—but not for "*not* in person training." This suggests that family providers may benefit particularly from forms of training that involve personal participation at events. Such training contrasts with self-study approaches often promoted for family child care providers that offers some, but a smaller, value.

First Aid/CPR. First Aid training within the previous two years was positively and significantly associated with FDCRS quality; CPR training during the previous two years was correlated with FDCRS and ECERS-R quality, verifying that basic health and safety certifications are an important component of quality.

CDA Certification. CDA certification was strongly associated with quality across every measure with associations ranging from r=.34 (ECERS-R), to r=.43 (overall), .45 (FDCRS), and r= .50 (ITERS). CDA was the strongest correlate of quality found across the Midwest sample and was a better correlate across all forms of care than formal education, in contrast to an earlier study that found greater association between quality and formal education than CDA training (Howes, Galinsky and Smith, 1995).

Other Certificate Programs. Various other specific programs associated weakly with quality, mostly because of small sample sizes for any one program. Therefore, the findings pertaining to overall quality best represent the direction of relationships in this area. Overall quality associated most strongly with West Ed training (r=.23), Creative Curriculum training (r=.18), Missouri's Project Construct (r=.19), and state

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teaching certificates (r=.13). No specific initiative was associated with ITERS quality; only state teaching certificates and West Ed training associated with ECERS-R quality. Project Construct, state teaching certificates, and West Ed training associated with FDCRS quality. Summing across the various initiatives (excluding First Aid, CPR, and CDA), having more certificates of all types associated with higher overall, ECERS-R, and FDCRS quality.

Earnings. Earnings significantly associated with observed overall and ITERS, ECERS-R (marginally), and FDCRS quality. This finding is consistent with findings from other studies (Phillips et. al, 2000).

Intentionality. A provider's belief that child care is a profession associated with observed ITERS (r=.22) and FDCRS (r=.25) quality, but not ECERS-R quality (r=.02). The same was true for believing child care was a personal calling and, to a lesser extent, seeing child care as a stepping stone to another career. Overall, ITERS and FDCRS observed quality were significantly and negatively associated with a belief that child care is a job with a paycheck. FDCRS quality was negatively associated with the view that child care is a way to help others out. Thus, while family child care is often lauded as a way for mothers to care for their own children while helping out their neighbors and relatives, quality for children is more likely built upon the provider's view that the work is profession or a calling.

Tenure. How long the provider had been caring for children in the same setting was associated with observed quality for FDCRS quality, and was negatively associated with quality for ITERS quality. How long the provider had been in the field was weakly associated with ECERS-R quality, but how long the provider planned to stay in the field was positively associated with ECERS-R quality. The findings are somewhat confusing. The study showed there are many new providers to infant-toddler care settings, and the negative association between tenure and ITERS quality shows this is not necessarily a bad influence on quality. Multivariate analyses will demonstrate what other features need to be in place to ensure quality when providers are new to the field.

Do Other Work. An attitude that is related to both intentionality and tenure is whether the provider would do other work if she/he could. Whether the provider would do other work was significantly and negatively associated with overall (r=-.22) and FDCRS (r=-.23) quality, but was positively associated with ECERS-R quality (r=.22). This suggests that the better educated preschool teachers may be able to provide higher quality if they are equipped to work in other settings (e.g., elementary schools), even if they would rather not be providing it in preschools. However, among family child care providers, not wanting to be providing child care was associated with poor quality. Considerations in the subsidy world for parent choice for child care may need to also take into account provider choice.

Self-Reported Quality Factors. Providers were asked to self-report on a several quality factors. Several of these self reports were modestly associated with observed quality. FDCRS quality associated with the provider reporting she/he sets up learning centers, has good indoor spaces for children, has good outdoor spaces for children,

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and good access to toys and materials. FDCRS quality was negatively associated with being left alone with too many children at least twice a week. ITERS quality associated with greeting parents daily, formal conferences with each parent annually, and daily reading. ECERS-R quality associated with formal annual conferences with parents. Across all forms of child care, having a formal annual conference, setting up learning centers, providing access to toys and materials, and being left alone with too many children were significantly associated with quality. Thus, although providers typically rated themselves highly in self-reported practices, their self-reports did associate with quality.

Membership in Professional Organizations. Participation in two professional organizations associated with observed quality. Membership in the National Association for the Education of Young Children associated with ITERS (r=.29) and FDCRS (r=.39) quality. Similarly, membership in the National Association for Family Child Care associated with ITERS (r=.31) and FDCRS (r=.39) quality.

Potential Indicators of Quality

A number of other variables were explored as potential indicators of quality. These items were in a "potential" category either because they had not been associated with observed quality in previous studies, or because the questions were only asked of a subset of our sample. Thus, while the items may not have been considered "prime" contenders for our eventual short list of potential indicators, they were important to consider. Indeed, we found that many of these items were also significantly related to observed quality.

Number of Children Provider is Responsible For. Caring for larger (but legal) numbers of children positively associated with FDCRS quality (r=.45). This finding is consistent with the Family Child Care Study finding (Galinsky, Howes, Kontos and Shim, 1994), in which higher quality was observed when family child care providers cared for more children. The relationship was attributed to a more professional and attentive attitude about caring for children, as well as more regulation.

USDA Food Program. Participation in the state food program was positively associated with quality across all sectors, and was significantly related to quality overall (r=.29) to ECERS-R quality (r=.26) and FDCRS quality (r=.40). It was surprising that many subsidy-receiving providers did not participate in the USDA Food Programs, considering that they care for children whose incomes would have qualified them for eligibility.

Children with Disabilities. The number of children with disabilities in the provider's care was positively and significantly associated with quality overall.

Receipt of Employee Benefits. Only center-based providers were asked about receipt of employee benefits. Receiving any benefits was associated with overall

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center-based quality (r=.17) and ECERS-R quality (r=.25). While paid vacation days did not associate with observed quality, paid sick days significantly associated with overall quality (r=.24) and ECERS-R quality (r=.32). Paid professional days related to ITERS quality (r=.31). Health insurance for self was related to overall quality (r=.29), ITERS quality (r=.23), and ECERS-R quality (r=.33). Insurance for family was similarly related to quality. Retirement benefits associated with ECERS-R quality (r=.32) and overall quality (r=.24). Thus, employee benefits for center-based staff are important correlates to observed quality.

Gallup Q[12]. Few of the Gallup workplace items asked of center-based providers were related significantly to quality. Exceptions were that ECERS-R quality associated significantly to whether the provider had received recognition in the previous week (r=.28), whether someone had talked to the provider about her progress in the past 6 months (r=.25), and whether the provider had opportunities to learn and grow (r=.19). None of the items significantly associated with ITERS quality.

Stay with Teacher. In infant-toddler programs, keeping infants with teachers throughout the infant and toddler years did not associate with overall observed quality.

Caring for Relatives. Family child care providers who cared for relatives were not different from other providers in terms of quality.

Internet Access. Internet access was positively associated with observed quality in family child care, but not in center-based settings.

Demographic Features

Age was negatively associated with observed quality overall and for family child care. Younger family child care providers provided higher quality care.

Marital status and parental status were not significantly related to observed quality for of any type of care.

Other

A number of other potential correlates of quality were considered that drew from additional information available about the programs or providers. Some of this information was available from state files or was obtained through public information

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sources. Some was obtained in connection with a brief interview conducted during the observation. Many of these factors were positively associated with quality.

Accreditation. The number of accredited programs in the Midwest is small, and the relationship between accreditation and observed quality was small but significant. Overall association between accreditation and observed quality was r=.11, and for ITERS quality and accreditation was r=.20.

Using a Curriculum. Overall quality (r=.40), ITERS (r=.32), and FDCRS (r=.29) quality associated positively with reported use of curriculum.

Early Head Start/Head Start Partnership. Participating in an Early Head Start/Head Start partnership associated positively with quality overall (r=.24), ITERS quality (r=.23), FDCRS quality (r=.32), and ECERS-R quality (r=.19).

Subsidy Ratio. As noted already, FDCRS quality was lower among subsidy-receiving providers than among other providers. This relationship was not found in center-based settings. When looking more specifically at the proportion of subsidy-receiving children in a provider's care, the proportion of all children in a facility receiving subsidy was negatively associated with FDCRS quality (r=-.35), but subsidy ratio was not significantly associated with observed quality for center-based providers.

Teacher/Child Ratio. The ratio of teachers to children noted during the observation was not related to infant-toddler center-based quality, but was positively related to ECERS-R quality (r=.15), and significantly and positively to overall (r=.12) and FDCRS quality (r=.25).

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Appendix A

The Demographic and Policy Context

The following pages include tables that describe the demographic and policy features of the four states participating in the study.

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CHART 1: DIFFERENT TYPES OF CARE/KEY DISTINGUISHING FACTORS

Types of Care	Ratios/ Group Sizes	Training Requirements	Number of Required Visits Annually	Other Require-ments	% of This Type of Care Accessible to Children Receiving Subsidies	% of All Children in This Type of Care	Reimbursement Rates[b]
Iowa							
Non-registered family child care homes (subsidy-only)	Up to 4 infants, total of 6 preschool children at any time (including infants), an additional 5 school aged children may be in care for less than 2 hours at a time	-2 hrs child abuse/neglect training during 1st 6 months -CPR, first aid, and 2 hrs safety during 1st year. -10 hrs training during 2nd year (includes option for non-developmental training) -2 hrs/year for 3rd year and beyond, + child abuse/neglect every 5 years	-No licensing or inspection	Criminal record and child abuse checks are completed on the provider and anyone living in the home age 14 and above	40%[a]	Not specified	MAXIMUM RATES Infant/todder : $8.19/unit Preschool: $7.19/unit School age : $7.36/unit Special needs children Infant/toddler: $10.24/unit Preschool: $8.99/unit School age: $9.20/unit

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Iowa							
Registered family child care	6:1, 6 max or 7-11:2, 11 max for before/after school care	-2 hrs child abuse/neglect training during 1st 6 months -CPR, first aid, and 2 hrs safety during 1st year -10 hrs training during 2nd year (includes option for non-developmental training) -2 hrs/year for 3rd year and beyond, + child abuse/neglect every 5 years	-Regis-tration issued for 1 year -No visit required to renew Regis-tration -Random sample of 20% of providers visited yearly	-Criminal record and child abuse checks -Health and safety standards -Activity program -Current physical for provider and family members -Children's file must include: Emergency information, Medical consent,	40%[a]	Not specified	MAXIMUM RATES Family homes Infant/Toddler: $10.00/unit Preschool: $9.00/unit School age: $9.00/unit Special needs Infant/Toddler: $15.75/unit Preschool: $14.63/unit School age: $13.50/unit Group homes Infant/Toddler: $9.00/unit Preschool: $8.55/unit School age: $8.33/unit Special needs Infant/Toddler: $12.38/unit

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Types of Care	Ratios/ Group Sizes	Training Requirements	Number of Required Visits Annually	Other Require-ments	% of This Type of Care Accessible to Children Receiving Subsidies	% of All Children in This Type of Care	Reimbursement Rates[b]
Iowa							
Centers	-Infants: 4:1, no max group size -Toddlers (18- 24 mos.): 4:1, no max group size -Toddlers (24 mos., to 3 yrs): 6:1, no max group size -Preschool (3 yr olds) 8:1, no max group size -Preschool (4 yr olds) 12:1, no max group size	-2 hrs child abuse/ neglect mandatory -reporter training during 1st 6 mos.,+ 1 hr universal pre-cautions and infectious disease control training. -Maintain child abuse/neglect reporting training. Staff employed more than 20 hrs per week: -CPR first aid, and 10 hours training during 1st year	-License issued for 1 year -Visit required to renew license	Physical examination, Immuniz-ation card -Parental participation -Staff qual-fications -Health and safety -Facility require-ments -Activities, program-ming, and equipment -Evening care -Care for mildly ill -Food service	45%[a]	Not specified	Preschool: $12.38/unit School age: $11.25/unit MAXIMUM RATES Infant/Toddler: $12.45/unit Preschool: $10.50/unit School age: $9.00/unit Special needs Infant/Toddler: $48.00/unit Preschool: $28.13/unit School age: $28.04/unit

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Types of Care	Ratios/ Group Sizes	Training Requirements	Number of Required Visits Annually	Other Require-ments	% of This Type of Care Accessible to Children Receiving Subsidies	% of All Children in This Type of Care	Reimbursement Rates
Iowa							
Centers		-6 hrs training for each successive year, 8 hrs for directors and supervisors -maintain certification CPR and first aid Staff employed less than 20 hrs. per week:5 hrs of training during 1st year, and 4 hrs thereafter					

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Types of Care	Ratios/ Group Sizes	Training Requirements	Number of Required Visits Annually	Other Require-ments	% of This Type of Care Accessible to Children Receiving Subsidies	% of All Children in This Type of Care	Reimbursement Rates[b]
Kansas							
Relative care (subsidy only)		-No training requirements	-Not inspected		100%	Not specified	Under 18 mos.- $17.10/day ($1.90/hr for 9 hrs) Over 18 mos.- $15.21/day ($1.69/hr for 9 hrs)
Registered family child care	1-6:1, not more than 3 children under 18 mos., includes provider's own children	First Aid	- 1 yr. Certificate, no visits unless complaint is filed	Self evaluation, health, and safety checklist Criminal history and child abuse registry background check	12%[a]	Not specified	

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Types of Care	Ratios/ Group Sizes	Training Requirements	Number of Required Visits Annually	Other Require-ments	% of This Type of Care Accessible to Children Receiving Subsidies	% of All Children in This Type of Care	Reimbursement Rates
Kansas							
Licensed family child care	-10:1 – not more than 3 children under 18 mos., not more than 6 total under kindergarten age, includes provider's own children	--First Aid -Within 60 days of application, must document one of following: 1) 5 observations of 2.5 hours each of child care facility; 2) CDA credential; 3) 15 hrs of training; 4) 3 mos., employment in child care setting -5 hrs in-service training, + 5 hrs self-training required for re-certification	-License is non-expiring -1 com-pliance visit per year	Criminal history and child abuse registry background check	32%[a]	Not specified	Under 18 mos. - $18.36/day ($2.04/hr for 9 hrs) Over 18 mos. - $15.93/day ($1.77/hr for 9 hrs)

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Types of Care	Ratios/ Group Sizes	Training Requirements	Number of Required Visits Annually	Other Require-ments	% of This Type of Care Accessible to Children Receiving Subsidies	% of All Children in This Type of Care	Reimbursement Rates[b]
Kansas							
Licensed group child care	12:2, not more than 4 under 18 mos, not more than 8 total under Kindergarten age, includes providers' own children	-First Aid- Within 60 days of application, must document one of following: 1) supervised employment in child care facility; 2) 5 obs. of 2.5 hours each, + 10 hrs training; 3) 3 semester hrs credit in child development, + 3 mos. work experience; 4) CDA or 5) meet qualifications for director.	-License is non-expiring -1 com-pliance visit per year	Criminal history and child abuse registry background check	49%[a]	Not specified	Under 18 mos. - $18.36/day ($2.04/hr for 9 hrs) Over 18 mos. - $15.93/day ($1.77/hr for 9 hrs)

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CHART 1: DIFFERENT TYPES OF CARE/KEY DISTINGUISHING FACTORS

Types of Care	Ratios/ Group Sizes	Training Requirements	Number of Required Visits Annually	Other Require-ments	% of This Type of Care Accessible to Children Receiving Subsidies	% of All Children in This Type of Care	Reimbursement Rates[b]
Kansas							
Centers	-Infants (0 to 12 mos.): 3:1, 9 max -Toddlers (12-30 mos.): 5:1, 10 max -Toddlers (24 mos. to 3 yrs): 7:1, 14 max -Preschool 30 mos. to 6 yrs): 10:1, 20 max -Preschool (3 to 6 yrs) 10:1, 24 max Infant/ -preschool (2 wks. to 6 yrs of age): 4:1, 8 max in group – includes provider's own children	-Program director and teacher training requirements vary based on total licensed capacity and unit size. -First aid, child abuse/ neglect, and signs & symptoms of illness -At least 10 hours in-service training annually for each staff member -Directors required to have 5 off-site hrs annually	-License is non-expiring -1 comp-liance visit per year	Criminal history and child abuse registry background check	49%[a]	Not specified	I - $24.57/day ($2.73/hr for 9 hrs) T - $23.76/day ($2.64/hr for 9 hrs) P - $18.72/day ($2.08/hr for 9 hrs)

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CHART 1: DIFFERENT TYPES OF CARE/KEY DISTINGUISHING FACTORS

Types of Care	Ratios/ Group Sizes	Training Requirements	Number of Required Visits Annually	Other Require-ments	% of This Type of Care Accessible to Children Receiving Subsidies	% of All Children in This Type of Care	Reimbursement Rates[b]
Missouri							
Registered family child care	Max of four unrelated	None	-Registra-tion issued for one year	-Must be at least age 18-Back-ground screening of provider and any provider's household member age 18 or older at re-registration -TB testing-at re-registration -Provide photo ID-one time	100%	36%	I-$12.67avg/day T/P-$10.67avg/day I-Range: $10-$15/day T/P-Range: $8.75-$13.00/day

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CHART 1: DIFFERENT TYPES OF CARE/KEY DISTINGUISHING FACTORS

Types of Care	Ratios/ Group Sizes	Training Requirements	Number of Required Visits Annually	Other Require-ments	% of This Type of Care Accessible to Children Receiving Subsidies	% of All Children in This Type of Care	Reimbursement Rates[b]
Missouri							
Licensed family child care	10:1, 10 max	-12 hours of training annually.	-License issued for 2 years -Visit required to renew license -Providers receive 2.5 visits per year	-All caregivers, owners, and, staff must be at least age 18 -Background screening for all -Meet physical setting require-ments -CC personnel must meet medical, staffing, and require-ments of care	95%	14%	I - $12.67/avg/day T/P - -$10.67avg/day I-Range: $10-$15/day T/P-Range: $8.75-$13.00/day

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CHART 1: DIFFERENT TYPES OF CARE/KEY DISTINGUISHING FACTORS

Types of Care	Ratios/ Group Sizes	Training Requirements	Number of Required Visits Annually	Other Require-ments	% of This Type of Care Accessible to Children Receiving Subsidies	% of All Children in This Type of Care	Reimbursement Rates[b]
Missouri							
Group homes	11-20:2, 20 max	-At least 30 college semester hours, with 6 of the 30 hours in child-related courses; or 12 months' experience and 6 college semester hours in child related courses; or a CDA credential	-License issued for 2 years -Visit required to renew license -Providers receive 2.5 visits per year	-All caregivers, owners, and staff must be at least age 18 -Background screening for all -Meet Physical setting requirements -CC personnel must meet medical, staffing, and requirements of care	76%	3%	I -$14.66/avg/day T/P -$10.67/avg/day I-Range: $12-19/day T/P-Range: $8.75-$13.00

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CHART 1: DIFFERENT TYPES OF CARE/KEY DISTINGUISHING FACTORS

Types of Care	Ratios/ Group Sizes	Training Requirements	Number of Required Visits Annually	Other Require-ments	% of This Type of Care Accessible to Children Receiving Subsidies	% of All Children in This Type of Care	Reimbursement Rates[b]
Missouri							
License-exempt centers: All types		-12 hrs of training each year for staff members		-All caregivers, owners, and staff must be at least age 18 -Background screening for all -Annual inspection by licensing agency for fire, health, and sanitation compliance	75%	4%	I - $19.23/avg/day T/P – $12.87/day I-Range: $14-25.75/day T/P-Range: $10-$15.30/day

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CHART 1: DIFFERENT TYPES OF CARE/KEY DISTINGUISHING FACTORS

Types of Care	Ratios/ Group Sizes	Training Requirements	Number of Required Visits Annually	Other Require-ments	% of This Type of Care Accessible to Children Receiving Subsidies	% of All Children in This Type of Care	Reimbursement Rates[b]
Missouri							
Licensed centers	-Infants: 4:1, 8 max -Toddlers (18 to 27 mos.): 4:1, 8 max -Toddlers (27 mos. to 3 yrs): 8:1, 16 max -Preschool: 10:1, no group size max	-Directors' training varies according to number of children in facility -12 hrs of training each year for staff members	-License issued for 2 years -Visit required to renew license -Providers receive 2.5 visits per year	-All caregivers, owners, and staff must be at least age 18 -Background screening for all -Meet physical setting require-ments -CC personnel must meet medical, staffing, and require-ments of care	72%	43%	I-$19.23/avg/day T/P: $12.87/avg/day I-Range: $14-25.75/day T/P-Range: $10-$15.30/day

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CHART 1: DIFFERENT TYPES OF CARE/KEY DISTINGUISHING FACTORS

Types of Care	Ratios/ Group Sizes	Training Requirements	Number of Required Visits Annually	Other Require-ments	% of This Type of Care Accessible to Children Receiving Subsidies	% of All Children in This Type of Care	Reimbursement Rates[b]
Nebraska							
Approved homes (subsidy only)		-No training requirements	-No annual visits		100%	30.8%	$12/day; no increase for accreditation
Family child care I	8:1 + 2 school-age (more than 4 requires licensing)	-12 hours of training each year, can include 3 hrs of CPR and first aid training	-License is non-expiring but providers receive unannounced visit each year		46.2	30.2	I-$16.67 or $020/day accr. T/P - $15 or $18/day accr.
Family child care II	12:2	-12 hours of training each year; can include 3 hrs of CPR and first aid training	-License is non-expiring but providers receive unannounced visit each year		33.8	6.3	I-$17.33 or $20/day accr. T/P - $16 or $18/day accr.

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CHART 1: DIFFERENT TYPES OF CARE/KEY DISTINGUISHING FACTORS

Types of Care	Ratios/ Group Sizes	Training Requirements	Number of Required Visits Annually	Other Require-ments	% of This Type of Care Accessible to Children Receiving Subsidies	% of All Children in This Type of Care	Reimbursement Rates[b]
Nebraska							
Centers	-Infants (0 to 18 mos.): 4:1, no groupsize max -Toddlers (18 mos. to 3 yrs): 6:1, no group size max -Preschool (3 yr olds): 10:1, no group size max -Preschool (4 yr olds): 12:1, no group size max	-Teachers must have: 1) plan to acquire at least 3 credit hours or 15 clock hours of in-service; 2) 1 year of experience in child development; 3) CDA	-License is non-expiring but providers received unannounced visit yearly: 1 for programs licensed for fewer than 30; 2 for programs licensed for 30 or more or 4) Bachelor's degree in child		46.2%	12.8%	I-$22.33 or $26/day accr. T/P - $19.33 or $24/day accr.

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CHART 1: DIFFERENT TYPES OF CARE/KEY DISTINGUISHING FACTORS

Types of Care	Ratios/ Group Sizes	Training Requirements	Number of Required Visits Annually	Other Require-ments	% of This Type of Care Accessible to Children Receiving Subsidies	% of All Children in This Type of Care	Reimbursement Rates[b]
Nebraska							
Centers (cont.)	-Infants (0 to 18 mos.): 4:1, no group size max -Toddlers (18 mos. to 3 yrs): 6:1, no group size max -Preschool (3 yr olds): 10:1, no group size max -Preschool (4 yr olds): 12:1, no group size max	(cont.) development or related fields before hiring -Directors must also meet requirements before hiring; more stringent for centers with more than 22 children -12 hours of training each year for both teachers and directors	-License is non-expiring but providers received unannounce d visit yearly: 1 for programs licensed for fewer than 30; -2 for programs licensed for 30 or more		46.2%	12.8%	I-$22.33 or $26/day accr. T/P - $19.33 or $24/day accr.

[a] % of this type of care accessible to children receiving subsidies was calculated by dividing the total number of subsidy-receiving providers in the study month by the total number of providers. This is a conservative estimate because some providers participate but not every month. If states supplied an updated number that superceded the percentage calculation described.

[b]Rates are as of 2001 when the study was conducted.

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CHART 2: LICENSING

State	Administered by (Name of Department)	# of Licensing Inspectors per Facility	# of Licensing FTEs	Is There Tiered Licensing Based on Quality?
Iowa	Department of Human Services	60 providers per 1 FTE (includes center providers only)	18 (as of 5-01)	No
Kansas	Kansas Department of Health and Environment	166 providers per 1 FTE	53	No
Missouri	Department of Health and Senior Services/Bureau of Child Care	80 providers per 1 FTE	70	No
Nebraska	Health and Human Services Regulation & Licensure	176 providers per 1 FTE	25 specialists 3 supervisors	No

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CHART 3: CCDF AND ITS INFLUENCE ON CHILD CARE

State	Administration	Subsidy Rules (which providers an receive subsidies)	Steps to Encourage Providers to accept Subsidies	Parent Eligibility for Subsidies	Average # of Children Served Monthly**	Special Reim-bursements for Providers *See Also Chart 1
Iowa	Department of Human Services	Non-registered providers Registered family child care homes Licensed child care centers Exempt centers (Department of Education programs)	Payments are now issued on a daily basis (providers still bill once per month, but payments are issued quicker) Streamlining certificate process Start-up/Emergency grants required centers to accept subsidy	140% FPL Special needs: 175% FPL	15,200	
Kansas	Social and Rehabilitative Services	Any regulated provider-licensed or registered by KDHE who "enrolls" with Kansas Social and Rehabilitative Services to enable payment	Biannual rate adjustment, direct deposit prompt, dependable payment	185% of FPL or Social Services employed or on TANF	16,000	
Missouri	Department of Social Services	Licensed and License-exempt providers must sign a payment agreement	-Guaranteed payment -Automated monthly invoicing -Five-day turn-around for payment	Income participation in an eligible need component	44,000	

** Numbers supplied by state government employees.

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CHART 3: CCDF AND ITS INFLUENCE ON CHILD CARE

State	Administration	Subsidy Rules (which providers an receive subsidies)	Steps to Encourage Providers to accept Subsidies	Parent Eligibility for Subsidies	Average # of Children Served Monthly**	Special Reim-bursements for Providers *See Also Chart 1
Missouri						Rate enhancements: -Disproportionate share -30th increase to licensed providers who care for 50% or more subsidy children. -Accreditation -20% increase to providers who are accredited with a nationally recognized accrediting organization. Missouri recognizes seven accreditation models. -Special Needs

** Numbers supplied by state government employees.

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CHART 3: CCDF AND ITS INFLUENCE ON CHILD CARE

State	Administration	Subsidy Rules (which providers an receive subsidies)	Steps to Encourage Providers to accept Subsidies	Parent Eligibility for Subsidies	Average # of Children Served Monthly**	Special Reim-bursements for Providers *See Also Chart 1
Missouri						-25% increase to providers caring for children with defined special needs. -Evening/Weekend -15% incrase to providers who care for children during specified non-traditional hours.
Nebraska	Health and Human Services	Approved homes, licensed programs	Higher rate for accredited program	Income guidelines, authorized need	15,218	

** Numbers supplied by state government employees.

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CHART 3: CCDF AND ITS INFLUENCE ON CHILD CARE

Child Care Development Fund (CCDF): Tables from National Child Care Information Center

Charts 3a and 3b

State	Mand-atory	Matching	State Maintenance of Effort (MOE)	FMAP Rate %	State Share of Matching Funds	Discretionary Before Earmarks	Earmark - School Age R & R	Earmark - Quality Expansion	Earmark - Infant and Toddler	Discretionary After Earmarks	Total FY 2000 Federal Funds Only
Iowa	8,507,792	11,242,651	5,078,586	63.06	6,585,847	10,586,303	173,092	1,595,247	461,929	8,356,035	30,336,746
Kansas	9,811,721	11,016,086	6,673,024	60.03	7,334,882	10,453,641	170,922	1,575,257	456,141	8,251,321	31,281,448
Missouri	24,668,568	22,381,527	16,548,755	60.51	14,606,619	21,742,006	355,493	3,276,297	948,705	17,161,511	68,792,101
Nebraska	10,594,637	6,990,450	6,498,998	60.88	4,491,892	6,730,023	110,039	1,014,145	293,662	5,312,177	24,315,110

Source:
"FY 2000 CCDF State Summary." U.S. Department of Health and Human Services, Administration for Children and Families.
http://www.acf.dhhs.gov/programs/ccb/policy/statesum.htm

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CHART 3: CCDF AND ITS INFLUENCE ON CHILD CARE

State	Parents working or in education and training (no income limit)	Eligible for CCDF (if state limits raised to federal maximum)	Eligible for CCDF (under state rules in effect Oct 1997)	Receiving CCDF subsidies (April-Sept 1998)	Served as percent of potential eligibles (Column 4/Column 2)
Iowa	415,600	199,200	102,100	11,810	6
Kansas	348,400	172,800	126,500	10,240	6
Missouri	654,000	305,600	129,400	42,600	14
Nebraska	234,500	115,000	73,400	9,350	8

Source:

"Estimates of Child Care and Development Fund (CCDF) Eligibility and Receipt." U.S. Department of Health and Human Services, Administration for Children and Families.1998.
http://www.hhs.gov/news/press/1999pres/991019.pdf

Notes: First four columns of estimates were generated from the Urban Institute's TRIM3 model.
1) Children <13 (or disabled and below state age limit for disabled) with both parents working or in education/training programs. No income limit.
2) Children from (1), if family income below 85 percent of State Median Income, the maximum limit allowed under federal law.
3) Children from (1), if family income below eligibility limits set by each state (based on limits allowed under federal law).
4) Estimated children receiving CCDF child care subsidies, April - Sept 1998. State administrative data reported to Child Care Bureau and adjusted to reflect CCDF subsidies only. Estimates are preliminary and subject to revision.

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CHART 4a: TRAINING AND QUALITY INITIATIVES: PAST AND FUTURE

State	Admini-stered by	Use of Quality Enhance-ment Funds	% of Qual. Funds Used by State	State/Other $ for Quality	State Initiatives to Improve Quality	State Init. for Professional Development	Other State/ County Level Initiatives	State-wide Training/ R & R Programs	New Initia-tives May 2001 Onward
Iowa	Department of Human Services	**Quality Activity Earmark** Wrap around Child Care Grants fund full-day, full-year child care for children enrolled in Head Start, Shared Visions, or Early Childhood Special Education programs Resource and Referral operating costs, provider training costs, child care home consultants, and child care health consultants Healthy Child Care Iowa supports increased child care health consul-tation	100%	TANF funds appropriated for child care quality enhancements Dept. of Labor apprenticeship grant TANF funds support local Community Empowerment projects Head Start grant supports state coordinator for PITC project Gold Seal provides monetary awards for accredited centers and homes	**Start-up Emergency Funds** Funds grants to centers for start-up/emergency costs Business kits supplied to home providers who work with child care home consultants **School-age transportati on funds** Grants awarded to school-age providers for transportation costs	**Iowa Early Care & Education Professional Development Project:** Career Levels & Qualifications Work Group is coordinating phase II of the child care practitioners' survey Articulation Work Group is currently working on linking efforts	Empowerment funds are available to all areas of the state for early childhood care and education initiatives "Is It Good For the Kids?" – a county public awareness program Safe schools grant has funded provider trainings on a county level	ChildNet CPR 1st Aid Child Development Guidance & Discipline Health and Safety Nutrition Business practices	PITC

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CHART 4a: TRAINING AND QUALITY INITIATIVES: PAST AND FUTURE

State	Admini-stered by	Use of Quality Enhance-ment Funds	% of Qual. Funds Used by State	State/Other $ for Quality	State Initiatives to Improve Quality	State Init. for Professional Development	Other State/ County Level Initiatives	State-wide Training/ R & R Programs	New Initia-tives May 2001 Onward
Iowa		**Infant/Toddler earmark** State-wide network of Infant/Toddler specialists housed in lead Resource & Referral agencies Train the Trainer Provider grant program **School-age/R & R earmark** School-age provider grant program Developing school-age provider curriculum			**Expanding child care home provider training** Funds statewide implementation of ChildNet curriculum **Apprentice-ship Grant** Funded three sites to assist providers in completing CDA requirements Empowerment State funds targeted to early childhood	Early childhood course curriculums at community colleges to state identified Core Body of Knowledge for Best Practice Core Competency Work Group is working on the dev. of a self-assessment tool Training Registry Work Group			

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CHART 4a: TRAINING AND QUALITY INITIATIVES: PAST AND FUTURE

State	Admini-stered by	Use of Quality Enhance-ment Funds	% of Qual. Funds Used by State	State/Other $ for Quality	State Initiatives to Improve Quality	State Init. for Professional Development	Other State/ County Level Initiatives	State-wide Training/ R & R Programs	New Initia-tives May 2001 Onward
Iowa					And education programs administered by local communities, including expanding newtweork of child care home consultants	The parameters for the Approved Trainer database.			
Kansas	PDI, part of KACCRRA, SRS		100%	-$5 mil. Kauffman -Tobacco settlement dollars -UN. Methodist Health Ministry Funds, KS Health Foundation -Healthy Child Care KS (funded by HHS)	Infant/Toddler, KS Early Head Start, PDI	-Early Childhood apparent - T.E.A.C.H. -WAGE$ -Regional Support Teams -Accred-itation Pilot Project -Core Compe-tencies	KC Accred-itation Project $2.2 mil.	-KACCRRA Infant Toddler Projects, KS In-service Training	

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CHART 4a: TRAINING AND QUALITY INITIATIVES: PAST AND FUTURE

State	Admini-stered by	Use of Quality Enhance-ment Funds	% of Qual. Funds Used by State	State/Other $ for Quality	State Initiatives to Improve Quality	State Init. for Professional Development	Other State/ County Level Initiatives	State-wide Training/ R & R Programs	New Initia-tives May 2001 Onward
Kansas					And education programs administered by local communities, including expanding network of child care home consultants	-Career Lattice-CEU's for Early ED and School Age Education -KITS (SPED)The parameters for the Approved Trainer database.			
Missouri	Departments of Social Services, Health and Senior Services, and Elementary and Secondary Education	Department of Health and Senior Services -Resource and Referral -Additional Licensing stafffund - Environmental Sanitation Inspections	10%	House Bill1519, Healthy Families Trust-Early Childhood Account (Tobacco Settlement Funds, and State General Revenues)	-Educare, -Heads Up! Reading -Missouri Preschool Project -Start Up and Expansion Grants	-OPEN/WIN -T.E.A.C.H.		-Educare -Heads Up! Reading -DESE/FACS	

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CHART 4a: TRAINING AND QUALITY INITIATIVES: PAST AND FUTURE

State	Admini-stered by	Use of Quality Enhance-ment Funds	% of Qual. Funds Used by State	State/Other $ for Quality	State Initiatives to Improve Quality	State Init. for Professional Development	Other State/ County Level Initiatives	State-wide Training/ R & R Programs	New Initia-tives May 2001 Onward
Missouri		Department of Elementary and Secondary Education -Funds Early Childhood grants to preschools operated within school districts, -Funds after school programs.			-Accreditation-Healthy Child Care Missouri, -EHS/Child Care Partnerships				
Nebraska	Department of Education HHSS-Regulation and Licensure	Yes	100%	0	First Connections Heads Up! Reading State Training Office Initiatives	T.E.A.C.H.	Regional Training Grants	State Training Office coordinates training efforts	T.E.A.C.H. Medication Aide Video

Source:
"State Early Care and Education Career Development Initiatives in 1998." The Center for Career Development in Early Care and Education at Wheelock College, Boston, Massachusetts, 1999.
http://nccic.org/pubs/caardev09.html

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CHART 4b: PROFESSIONAL DEVELOPMENT INITIATIVES: PAST AND FUTURE

State	State Career Dev. Initiative	Start Date	Name of Larger Initiative (if applicable)	Lead Agency or Organization	Kind of Initiative	Sources of Funding for Initiative	Program Staff	Status of Planning and Implementation
Iowa	Iowa Career Lattice Work Group	Started in 1997	Iowa Early Childhood Task Force	Iowa State University/ Human Development and Family Studies	Separate group focused on practitioner training and qualifications	Head Start Collaboration Project	Part-time staff	In early stages of planning and launching a career development effort.
Kansas	Professional Development Initiative Committee	Started in 1996	Kansas Quality Standards for Early Childhood Education (for children birth through eight)	Kansas Association for the Young Children (KAEYC)- however representatives from child care, higher education, state agencies, Head Start, Resource and Referral, services organizations, federal rep training agencies and professional organizations	Separate group focused on practitioner training and qualifications, part of larger early childhood care and education initiative, and part of a comprehensive children's initiative	Resource and Referral, Head Start Collaboration Office, CCDF, Department of Education (state funds)	None	Through most of planning and are ready to implement some of our plans; midst of implementation

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CHART 4B: PROFESSIONAL DEVELOPMENT INITIATIVES: PAST AND FUTURE

State	State Career Dev. Initiative	Start Date	Name of Larger Initiative (if applicable)	Lead Agency or Organization	Kind of Initiative	Sources of Funding for Initiative	Program Staff	Status of Planning and Implementation
Missouri	Opportunities in a Professional Education Network in Early Childhood Care and Education (OPEN)	Started in 1996		University of Missouri-University Extension	A combination of separate group focused on practitioner training and qualifications and part of a larger early childhood care and education initiative. OPEN is convening existing key components of state and community training/profess-ional development efforts	University Funds	Part-time paid	In the early stages of planning and launching a career development effort

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CHART 4B: PROFESSIONAL DEVELOPMENT INITIATIVES: PAST AND FUTURE

State	State Career Dev. Initiative	Start Date	Name of Larger Initiative (if applicable)	Lead Agency or Organization	Kind of Initiative	Sources of Funding for Initiative	Program Staff	Status of Planning and Implementation
Nebraska	Nebraska Framework for Early Childhood Prof. Dev.; 1994 Dev. of Framework	Started in 1990 Early Childhood Training Center;	(1) Professional Development Advisory Committee (Subcommittee of Child Care & Early Childhood Education Coordinating Committee) (2) Early Childhood Training Center (3) Nebraska Department of Education, Early Childhood Office	Separate group focused on practitioner training and qualifications-has broad focus on building a professional development system of support	Nebraska Department of Education, CCDBGF funds, and Head Start-State Collaboration Project supplement funding for professional development initiatives.	Full-time paid	Midst of Implementation	T.E.A.C.H. Medication Aide Video

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CHART 5: EHS/HS PARTNERSHIPS

State	Special Efforts to Build Chiold Care/EHS Partnerships/Where Funding Comes From	Expectations for Programs Involved in Partnerships	Are HS/EHS partnerships Subsidy or Non-Subsidy Receiving
Iowa	CCDF quality funds are used for wrap-around child care for children in Early Head Start	Meet performance standards	Both
Kansas	SRS – TANF Funds, pay for KS EHS. 13 state-funded KEHS programs in addition to X federal EHS	CC partners are required to receive their CDA and all training associated with Head Start Performance Standards. CC providers must be licensed and in compliance with KDHE; they must follow the rules & regs in the H.S. performance standards including provider/ child ratio that is more stringent (1:4) than licensing regs.	EHS programs do not access CC subsidy; CC is paid for out of their grant from TANF funds
Missouri	-EHS/Child Care Partnerships, -House Bill 1519, Healthy Families Trust-Early Childhood Account (Tobacco Settlement Funds)	-Child Care Partnerships must follow EHS Federal and state program guidelines -Serve a minimum of 652 children	-State funded-non subsidy receiving, federally funded-subsidy receiving
Nebraska	Child Care and Development Funds, Earmarked Infant Toddler Funds	EHS Programs provide training and mentoring about infant and toddler development to home-based and center-based child care providers within the EHS Program's geographical service area	Non-Subsidy unless they have an all day child care program

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CHART 6: GENERAL DEMOGRAPHIC INFORMATION

State	# of Children <6 & % w/2 Parents Working *a*	Median Family Income (family of 4) *a*	Median Hourly Wage *b*	% of Women in Work-force *b*	Average Yearly Income, Less than HS Edu-cation *c*	Average Yearly Income, HS Grad-uate *c*	Average Yearly Income, 1-2 Yrs. College *c*	Average Yearly Income, College Grads *c*	Child Care Workers' Annual Salary *c*	Race/Ethnicity *d*	% of Pop-ulation in Rural and Urban Areas *e*
Iowa	188,416 79%	$58,075	$11.01	76.4%	$17,059	$19,408	$20,975	$32,994	$13,880	White: 93.9% Black: 2.1% Am. Indian: 0.3% Asian: 1.3% Other: 1.3% Mixed: 1.1% Hispanic: 2.8%	39.4% Rural 60.6% Urban

a: National Child Care Information Center, www.nccic.org
b: Iowa Policy Project, www.iowapolicyproject.org/working-iowa
c: Bureau of Labor Statistics, www.bls.gov Wage and earnings information
d: Census Bureau, http://factfinder.census.gov/servlet/basicfacts
e: Census Bureau, 1990 Population Estimates, http://www.census.gov/population/censusdata/urpop0090.txt

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CHART 6: GENERAL DEMOGRAPHIC INFORMATION

State	# of Children <6 & % w/2 Parents Working *a*	Median Family Income (family of 4) *a*	Median Hourly Wage *b*	% of Women in Work-force *b*	Average Yearly Income, Less than HS Edu-cation *c*	Average Yearly Income, HS Grad-uate *c*	Average Yearly Income, 1-2 Yrs. College *c*	Average Yearly Income, College Grads *c*	Child Care Workers' Annual Salary *c*	Race/Ethnicity *d*	% of Pop-ulation in Rural and Urban Areas *e*
Kansas	188,708 70%	$56,673	$10.89	70.2%	$17,257	$20,087	$23,087	$34,897	$15,020	White: 86.1% Black: 5.7% Am. Indian: 0.9% Asian: 1.7% Other: 3.4% Mixed: 2.1% Hispanic: 7.0%	30.9% Rural 69.1% Urban

a: National Child Care Information Center, www.nccic.org
b: Iowa Policy Project, www.iowapolicyproject.org/working-iowa
c: Bureau of Labor Statistics, www.bls.gov Wage and earnings information
d: Census Bureau, http://factfinder.census.gov/servlet/basicfacts
e: Census Bureau, 1990 Population Estimates, http://www.census.gov/population/censusdata/urpop0090.txt

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CHART 6: GENERAL DEMOGRAPHIC INFORMATION

State	# of Children <6 & % w/2 Parents Working *a*	Median Family Income (family of 4) *a*	Median Hourly Wage *b*	% of Women in Work-force *b*	Average Yearly Income, Less than HS Edu-cation *c*	Average Yearly Income, HS Grad-uate *c*	Average Yearly Income, 1-2 Yrs. College *c*	Average Yearly Income, College Grads *c*	Child Care Workers' Annual Salary *c*	Race/Ethnicity *d*	% of Pop-ulation in Rural and Urban Areas *e*
Missouri	369,898 73%	$57,195	$11.89	73.0%	$16,738	$20,324	$24,294	$36,709	$15,770	White: 84.9% Black: 11.2% Am. Indian: 0.4% Asian: 1.1% Other: 0.8% Mixed: 1.5% Hispanic: 2.1%	31.3% Rural 68.7% Urban

a: National Child Care Information Center, www.nccic.org
b: Iowa Policy Project, www.iowapolicyproject.org/working-iowa
c: Bureau of Labor Statistics, www.bls.gov Wage and earnings information
d: Census Bureau, http://factfinder.census.gov/servlet/basicfacts
e: Census Bureau, 1990 Population Estimates, http://www.census.gov/population/censusdata/urpop0090.txt

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CHART 6: GENERAL DEMOGRAPHIC INFORMATION

State	# of Children <6 & % w/2 Parents Working *a*	Median Family Income (family of 4) *a*	Median Hourly Wage *b*	% of Women in Work-force *b*	Average Yearly Income, Less than HS Edu-cation *c*	Average Yearly Income, HS Grad-uate *c*	Average Yearly Income, 1-2 Yrs. College *c*	Average Yearly Income, College Grads *c*	Child Care Workers' Annual Salary *c*	Race/Ethnicity *d*	% of Pop-ulation in Rural and Urban Areas *e*
Nebraska	117,048 75%	$55,693	$10.43	71.4%	$16,403	$18,695	$21,245	$32,512	$14,800	White: 89.6% Black: 4.0% Am. Indian: 0.9% Asian: 1.3% Other: 2.8% Mixed: 1.4% Hispanic: 5.5%	33.9% Rural 66.1% Urban

a: National Child Care Information Center, www.nccic.org
b: Iowa Policy Project, www.iowapolicyproject.org/working-iowa
c: Bureau of Labor Statistics, www.bls.gov Wage and earnings information
d: Census Bureau, http://factfinder.census.gov/servlet/basicfacts
e: Census Bureau, 1990 Population Estimates, http://www.census.gov/population/censusdata/urpop0090.txt

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Appendix B

Response Rates and Weighting Tables

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Appendix B

Weighting Tables

Correlation Weights 3 Observation by Number of Children Observed

2001 MIDWEST CHILDCARE STUDY--WEIGHTS FOR CHILDREN SERVED BY STATES & TYPE OF CARE

All & State Comparis	IfcenU Wgts	IfcenS Samp Chk	PrcenU Wgts	PrcenS Samp Chk	LicFamU Wgts	LicFamS Samp Chk	RgFamU Wgts	RgFamS Samp Chk	Oth1U Wgts	Other1S Samp Chk	Oth2U Wgts	Other2S Samp Chk	LicExemU Wgts	LicExemS Samp Chk
IowaSub	0.231682	4.170277	0.304169	6.387557	0	0	0.786105	11.00547	0	0	0	0	0.669315	1.338631
IowaNon	0.930661	5.583964	3.405245	10.21573	0	0	1.66329	16.6329	0	0	0	0	0	0
KanSub	0.659955	7.259502	0.960161	10.56177	0.799257	11.98886	0.528551	1.585654	0	0	0	0	6.489574	6.489574
KanNon	0.561592	6.739107	1.035138	12.42166	1.328551	25.24248	2.846648	11.38659	0	0	0	0	0	0
MoSub	1.065508	17.04813	1.255136	38.90921	0.598405	7.779271	0	0	0.583194	5.831943	0.929984	10.22982	7.449906	22.34972
MoNon	3.150784	22.05549	1.589941	19.07929	0.713623	12.13158	0	0	0	0	0	0	0	0
NebSub	0.578312	7.518053	0.7968	9.561602	1.181529	7.089174	0	0	0.557567	2.230267	0	0	0.498752	3.491261
NebNon	0.293048	5.567903	0.667921	6.01129	2.330196	16.31137	0	0	0.465815	2.794891	0	0	0	0
	7.471541	75.94242	10.01451	113.1481	6.951562	80.54274	5.824594	40.61062	1.606576	10.8571	0.929984	10.22982	15.10755	33.66918
Wgt Sum	47.90632	Samp Sum	365											
S1=	**S2=**	**S2&S9=**	**S2=**	**S2&S9=**	**S2=**		**S2=**		**S2=**	**S2&S9=**	**S2=**	**S2&S9=**	**S2=**	
IowaSub**1**	1	3or11&1	5	3or11&2			25						31	
IowaNon**1**	2	4or12&1	6	4or12&2			26							
KanSub**2**	1	3or11&1	5	3or11&2	21		25						31	
KanNon**2**	2	4or12&1	6	4or12&2	22		26							
MoSub**3**	1	3or11&1	5	3or11&2	21				7	13&1	9	13&2	31	
MoNon**3**	2	4or12&1	6	4or12&2	22									
NebSub**4**	1	3or11&1	5	3or11&2	21				23				31	
NebNon**4**	2	4or12&1	6	4or12&2	22				24					

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Appendix B

Weighting Tables

Correlation Weights 3 Observation by Number of Children Observed (continued)

Individual States	IfcenU Wgts	IfcenS Samp Chk	PrcenU Wgts	PrcenS Samp Chk	LicFamU Wgts	LicFamS Samp Chk	RgFamU Wgts	RgFamS Samp Chk	Oth1U Wgts	Other1S Samp Chk	Oth2U Wgts	Other2S Samp Chk	LicExemU Wgts	LicExemS Samp Chk
IowaSub	0.309833	5.576997	0.406772	8.542211	0	0	1.051274	14.71784	0	0	0	0	0.895089	1.790178
IowaNon	1.244591	7.467549	4.553904	13.66171	0	0	2.224351	22.24351	0	0	0	0	0	0
KanSub	0.619972	6.819694	0.901991	9.921899	0.750835	11.26253	0.49653	1.489589	0	0	0	0	6.096411	6.096411
KanNon	0.527569	6.330826	0.972426	11.66911	1.248063	23.71319	2.674188	10.69675	0	0	0	0	0	0
MoSub	0.82271	13.16335	0.969127	30.04293	0.462046	6.0066	0	0	0.450301	4.503012	0.718067	7.89874	5.752288	17.25686
MoNon	2.432811	17.02968	1.227639	14.73167	0.551009	9.367147	0	0	0	0	0	0	0	0
NebSub	0.792393	10.30111	1.091763	13.10115	1.618912	9.713471	0	0	0.763969	3.055875	0	0	0.683381	4.78367
NebNon	0.401529	7.629051	0.915175	8.236572	3.192797	22.34958	0	0	0.638252	3.829515	0	0	0	0
S Wgt Sum	10.68581	14.28798	13.386	10.09817	SUM	48.45797								
S Samp Su	74	88	120	83	SUM	365								
NUMBERS	Univ	Samp	Univ	Samp	Univ	Samp	Univ	Samp	Univ	Samp	Univ	Samp	Univ	Samp
IowaSub	5317.87	18	8145.31	21			14034	14					1707	2
IowaNon	7120.58	6	13026.94	3			21210	10						
KanSub	9257.2	11	13468.2	11	15288	15	2022	3					8275.4	1
KanNon	8593.6	12	15839.9	12	32188.8	19	14520	4						
MoSub	21739.5	16	49616.4	31	9920	13			7436.8	10	13044.9	11	28500	3
MoNon	28124.8	7	24329.6	12	15470	17								
NebSub	9586.9	13	12192.8	12	9040	6			2844	4			4452	7
NebNon	7100.1	19	7665.5	9	20800	7			3564	6				
	96840.55	102	144284.7	111	102706.8	77	51786	31	13844.8	20	13044.9	11	42934.4	13
AllUniv	465442.1	IowaUniv	70561.7	KanUniv	119453.1	MOUniv	198182	NebUniv	77245.3					
AllSamp	365	IowaSamp	74	KanSamp	88	MOSamp	120	NebSamp	83					

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Appendix B

Weighting Tables

Correlation Weights 3 Observation by Number of Children Observed (continued)

RATIOS Al	Univ	Samp	Univ	Samp	Univ	Samp	Univ	Samp	Univ	Samp	Univ	Samp	Univ	Samp
IowaSub	0.011425	0.049315	0.0175	0.057534	0	0	0.030152	0.038356	0	0	0	0	0.003667	0.005479
IowaNon	0.015299	0.016438	0.027988	0.008219	0	0	0.04557	0.027397	0	0	0	0	0	0
KanSub	0.019889	0.030137	0.028936	0.030137	0.032846	0.041096	0.004344	0.008219	0	0	0	0	0.01778	0.00274
KanNon	0.018463	0.032877	0.034032	0.032877	0.069157	0.052055	0.031196	0.010959	0	0	0	0	0	0
MoSub	0.046707	0.043836	0.106601	0.084932	0.021313	0.035616	0	0	0.015978	0.027397	0.028027	0.030137	0.061232	0.008219
MoNon	0.060426	0.019178	0.052272	0.032877	0.033237	0.046575	0	0	0	0	0	0	0	0
NebSub	0.020597	0.035616	0.026196	0.032877	0.019422	0.016438	0	0	0.00611	0.010959	0	0	0.009565	0.019178
NebNon	0.015255	0.052055	0.016469	0.024658	0.044689	0.019178	0	0	0.007657	0.016438	0	0	0	0
	0.208061	0.279452	0.309995	0.30411	0.220665	0.210959	0.111262	0.084932	0.029745	0.054795	0.028027	0.030137	0.092244	0.035616
AllUniv	1													
AllSamp	1													
RATIOS S	Univ	Samp	Univ	Samp	Univ	Samp	Univ	Samp	Univ	Samp	Univ	Samp	Univ	Samp
IowaSub	0.075365	0.243243	0.115435	0.283784	0	0	0.19889	0.189189	0	0	0	0	0.024192	0.027027
IowaNon	0.100913	0.081081	0.184618	0.040541	0	0	0.300588	0.135135	0	0	0	0	0	0
KanSub	0.077497	0.125	0.112749	0.125	0.127983	0.170455	0.016927	0.034091	0	0	0	0	0.069277	0.011364
KanNon	0.071941	0.136364	0.132604	0.136364	0.269468	0.215909	0.121554	0.045455	0	0	0	0	0	0
MoSub	0.109695	0.133333	0.250358	0.258333	0.050055	0.108333	0	0	0.037525	0.083333	0.065823	0.091667	0.143807	0.025
MoNon	0.141914	0.058333	0.122764	0.1	0.07806	0.141667	0	0	0	0	0	0	0	0
NebSub	0.12411	0.156627	0.157845	0.144578	0.11703	0.072289	0	0	0.036818	0.048193	0	0	0.057635	0.084337
NebNon	0.091916	0.228916	0.099236	0.108434	0.269272	0.084337	0	0	0.046139	0.072289	0	0	0	0
StateUnivs	1	1	1	1										
StateSamp	1	1	1	1										

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Appendix B

Weighting Tables

Correlation Weights 3 Survey

2001 MIDWEST CHILDCARE STUDY--WEIGHTS FOR CHILDREN SERVED BY STATES & TYPE OF CARE

All & State Comparis	IfcenU Wgts	IfcenS Samp Chk	PrcenU Wgts	PrcenS Samp Chk	LicFamU Wgts	LicFamS Samp Chk	RgFamU Wgts	RgFamS Samp Chk	Oth1U Wgts	Other1S Samp Chk	Oth2U Wgts	Other2S Samp Chk	LicExemU Wgts	LicExemS Samp Chk
IowaSub	0.329606	21.75399	0.482903	33.3203	0	0	0.579893	57.40937	0	0	0	0	0.093105	6.982884
IowaNon	1.533074	29.1284	2.664488	53.28975	0	0	1.446075	86.76448	0	0	0	0	0	0
KanSub	0.548822	37.86875	0.798476	55.09483	0.868599	62.53915	0.125325	8.271465	0	0	0	0	0.554958	33.85246
KanNon	0.798958	35.15413	1.619921	64.79682	2.48445	131.6758	0.913807	59.39746	0	0	0	0	0	0
MoSub	1.347432	88.93052	2.742804	202.9675	0.57155	40.58009	0	0	0.894764	30.42197	1.241005	53.36322	1.911245	116.5859
MoNon	3.595346	115.0511	2.427462	99.52593	1.216993	63.28366	0	0	0	0	0	0	0	0
NebSub	0.552359	39.21746	0.722862	49.87751	0.520848	36.98024	0	0	0.290851	11.63405	0	0	0.289079	18.21195
NebNon	0.744734	29.04462	0.783938	31.35752	1.701746	85.08728	0	0	0.364484	14.57938	0	0	0	0
	9.450331	396.149	12.24285	590.2302	7.364187	420.1462	3.0651	211.8428	1.5501	56.6354	1.241005	53.36322	2.848387	175.6332
Wgt Sum	37.76196	Samp Sum	1904											
S1=	**S2=**	**S2&S9=**	**S2=**	**S2&S9=**	**S2=**		**S2=**		**S2=**	**S2&S9=**	**S2=**	**S2&S9=**	**S2=**	
IowaSub**1**	1	3or11&1	5	3or11&2			25						31	
IowaNon**1**	2	4or12&1	6	4or12&2			26							
KanSub**2**	1	3or11&1	5	3or11&2	21		25						31	
KanNon**2**	2	4or12&1	6	4or12&2	22		26							
MoSub**3**	1	3or11&1	5	3or11&2	21				7	13&1	9	13&2	31	
MoNon**3**	2	4or12&1	6	4or12&2	22									
NebSub**4**	1	3or11&1	5	3or11&2	21				23				31	
NebNon**4**	2	4or12&1	6	4or12&2	22				24					

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Appendix B

Weighting Tables

Correlation Weights 3 Survey (continued)

Individual States	IfcenU Wgts	IfcenS Samp Chk	PrcenU Wgts	PrcenS Samp Chk	LicFamU Wgts	LicFamS Samp Chk	RgFamU Wgts	RgFamS Samp Chk	Oth1U Wgts	Other1S Samp Chk	Oth2U Wgts	Other2S Samp Chk	LicExemU Wgts	LicExemS Samp Chk
IowaSub	0.465892	30.74885	0.682574	47.0976	0	0	0.819667	81.14702	0	0	0	0	0.131602	9.87017
IowaNon	2.16697	41.17243	3.766201	75.32403	0	0	2.043998	122.6399	0	0	0	0	0	0
KanSub	0.605371	41.77063	0.880748	60.77163	0.958097	68.98299	0.138238	9.123731	0	0	0	0	0.61214	37.34052
KanNon	0.88128	38.77631	1.786832	71.47329	2.74044	145.2433	1.007963	65.5176	0	0	0	0	0	0
MoSub	0.787807	51.99525	1.603643	118.6696	0.33417	23.72607	0	0	0.523144	17.7869	0.725582	31.20002	1.117453	68.16462
MoNon	2.102101	67.26724	1.419271	58.1901	0.711543	37.00023	0	0	0	0	0	0	0	0
NebSub	0.844296	59.94504	1.104916	76.23923	0.796132	56.52538	0	0	0.444575	17.78298	0	0	0.441865	27.8375
NebNon	1.138348	44.39556	1.198272	47.9309	2.601168	130.0584	0	0	0.557125	22.28501	0	0	0	0
S Wgt Sum	10.0769	9.61111	9.324713	9.126698	SUM	38.13943								
S Samp Su	408	539	474	483	SUM	1904								
NUMBERS	Univ	Samp	Univ	Samp	Univ	Samp	Univ	Samp	Univ	Samp	Univ	Samp	Univ	Samp
IowaSub	5317.87	66	8145.31	69			14034	99					1707	75
IowaNon	7120.58	19	13026.94	20			21210	60						
KanSub	9257.2	69	13468.2	69	15288	72	2022	66					8275.4	61
KanNon	8593.6	44	15839.9	40	32188.8	53	14520	65						
MoSub	21739.5	66	49616.4	74	9920	71			7436.8	34	13044.9	43	28500	61
MoNon	28124.8	32	24329.6	41	15470	52								
NebSub	9586.9	71	12192.8	69	9040	71			2844	40			4452	63
NebNon	7100.1	39	7665.5	40	20800	50			3564	40				
	96840.55	406	144284.7	422	102706.8	369	51786	290	13844.8	114	13044.9	43	42934.4	260
AllUniv	465442.1	IowaUniv	70561.7	KanUniv	119453.1	MOUniv	198182	NebUniv	77245.3					
AllSamp	1904	IowaSamp	408	KanSamp	539	MOSamp	474	NebSamp	483					

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Appendix B

Weighting Tables

Correlation Weights 3 Survey (continued)

RATIOS Al	Univ	Samp	Univ	Samp	Univ	Samp	Univ	Samp	Univ	Samp	Univ	Samp	Univ	Samp
IowaSub	0.011425	0.034664	0.0175	0.036239	0	0	0.030152	0.051996	0	0	0	0	0.003667	0.039391
IowaNon	0.015299	0.009979	0.027988	0.010504	0	0	0.04557	0.031513	0	0	0	0	0	0
KanSub	0.019889	0.036239	0.028936	0.036239	0.032846	0.037815	0.004344	0.034664	0	0	0	0	0.01778	0.032038
KanNon	0.018463	0.023109	0.034032	0.021008	0.069157	0.027836	0.031196	0.034139	0	0	0	0	0	0
MoSub	0.046707	0.034664	0.106601	0.038866	0.021313	0.03729	0	0	0.015978	0.017857	0.028027	0.022584	0.061232	0.032038
MoNon	0.060426	0.016807	0.052272	0.021534	0.033237	0.027311	0	0	0	0	0	0	0	0
NebSub	0.020597	0.03729	0.026196	0.036239	0.019422	0.03729	0	0	0.00611	0.021008	0	0	0.009565	0.033088
NebNon	0.015255	0.020483	0.016469	0.021008	0.044689	0.026261	0	0	0.007657	0.021008	0	0	0	0
	0.208061	0.213235	0.309995	0.221639	0.220665	0.193803	0.111262	0.152311	0.029745	0.059874	0.028027	0.022584	0.092244	0.136555
AllUniv	1													
AllSamp	1													
RATIOS S	Univ	Samp	Univ	Samp	Univ	Samp	Univ	Samp	Univ	Samp	Univ	Samp	Univ	Samp
IowaSub	0.075365	0.161765	0.115435	0.169118	0	0	0.19889	0.242647	0	0	0	0	0.024192	0.183824
IowaNon	0.100913	0.046569	0.184618	0.04902	0	0	0.300588	0.147059	0	0	0	0	0	0
KanSub	0.077497	0.128015	0.112749	0.128015	0.127983	0.133581	0.016927	0.122449	0	0	0	0	0.069277	0.113173
KanNon	0.071941	0.081633	0.132604	0.074212	0.269468	0.09833	0.121554	0.120594	0	0	0	0	0	0
MoSub	0.109695	0.139241	0.250358	0.156118	0.050055	0.149789	0	0	0.037525	0.07173	0.065823	0.090717	0.143807	0.128692
MoNon	0.141914	0.067511	0.122764	0.086498	0.07806	0.109705	0	0	0	0	0	0	0	0
NebSub	0.12411	0.146998	0.157845	0.142857	0.11703	0.146998	0	0	0.036818	0.082816	0	0	0.057635	0.130435
NebNon	0.091916	0.080745	0.099236	0.082816	0.269272	0.10352	0	0	0.046139	0.082816	0	0	0	0
StateUnivs	1	1	1	1										
StateSamp	1	1	1	1										

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Appendix B

Response Rates

Survey Response Rates

	Eligible Contacted/ Interviews Completed	Survey Response Rate	Reason for Refusals	Agreed to Follow Up
Licensed Center-Based	902/896	99%	3 screen failure	95%
Licensed FCC	449/449	100%		89%
License-exempt Center-Based	80/77	96%	2 screen failure	88%
Registered FCC	480/287	60%	Working Phone Barrier: 161/193 = 83% Hard and soft refusals: 22/193 = 11 % Other = 10/193 = 6%	79%
Approved FCC	587/260	44%	Working Phone Barrier 275/327 = 84% Hard and soft refusals: 24/327 = 7% Other 28/327 = 9%	70%
Total	2498/2022	81%		87%

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Appendix C

Tabular Results

The following pages include tables covering the tabular results

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Table 1

Indicators of Quality

	Overall	Subsidy	Non Subsidy	Center Infant	Center Pre-school	Lic Family Home	Reg Home	Lic Exempt	Early Head Start	Non Early Head Start	IA	KS	MO	NE
17. What is your highest level of education? (n = 2019)														
<HS	4%	6% ***	1%	1% ***	<1%	3%	3%	18%	1%***	4%	2%***	4%	4%	2%
HS	24	26	22	23	18	29	29	31	12	25	25	23	23	27
HS + Some Training	30	31	32	33	26	35	34	31	31	31	29	33	30	31
1 Yr Child Development	8	7	8	7	9	6	6	6	15	7	7	8	8	6
2 Yr Associate's	17	15	19	17	19	19	15	8	25	16	15	17	15	21
Bachelor's	12	12	13	14	21	5	11	4	9	13	18	9	13	10
Post Bachelor's	5	2	3	5	8	1	1	1	7	5	4	6	5	3
18. If yes to 3,5,6, or 7 in question 17: Was your major area of training or education child development related? (n = 1372)														
Yes	68%	71%*	65%	69% ***	82%	57%	47%	54%	83%***	66%	61%***	62%	75%	66%
25. From January through December of 2000, how many total hours of child care-related training would you say you received? (n = 1936)														
Average hours					Pre									
< 12	23	25	21	20	15	14	44	63	2	25	33***	28	21	9
12-24	32	30	32	38	31	35	28	12	17	33	33	23	30	48
>24	46	45	47	42	54	51	28	25	81	42	34	49	49	42
Mean	33	30*	31	30***	41	38	19	16	66	30	23	37	36	29

*=.10 level of significance; **=.05 level of significance; ***=.01 level of significance

Note: Percentages may not add to 100 due to rounding

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Table 1 (continued)

Indicators of Quality

26. Were any of the hours of training you received from … (n=929-1825)

	Overall	Subsidy	Non Subsidy	Center Infant	Center Pre-school	Lic Family Home	Reg Home	Lic Exempt	Early Head Start	Non Early Head Start	IA	KS	MO	NE
Videotapes and study materials	59%	58%	61%	59%***	63%	61%	62%	40%	61%	59%	70%***	58%	51%	76%
Training provided in your center	39	43***	34	71***[16]	69[16]	NA	NA	NA	41	38	36***	25	49	36
Support person who comes to your program	24	25**	22	28***	30	23	5	11	44***	22	NA	21	42	NA
Support, work-shops in your community	75	71***	78	73***	81	87	66	29	95***	73	69***	79	73	75
Regional, state or national confs.	46	46	46	49***	58	49	24	15	72***	43	39***	46	46	53n
Training for which you received college or CEU credit	47	45**	50	52***	58	47	31	16	74***	45	48**	50n	47	42
Internet	18	16**	19	16	19	19	18	12	12**	18	14	17	19	19
Teleconferencing or ICN Distance Learning	9	9	9	8*	12	7	18	4	9	9	27***	4	6	11

*=.10 level of significance; **=.05 level of significance; ***=.01 level of significance
Note: Percentages may not add to 100 due to rounding

[16] % of center-based providers

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Table 1 (continued)

Indicators of Quality

	Overall	Subsidy	Non Subsidy	Center Infant	Center Pre-school	Lic Family Home	Reg Home	Lic Exempt	Early Head Start	Non Early Head Start	IA	KS	MO	NE
19. Do you currently hold any of the following certificates? How about? (n = 410-2014)														
Teaching certificate from your state	13%	12%	14%	13%***	21%	7%	7%	4%	16%*	13%	15%**	14%	13%	8%
CDA	17	17	17	22***	23	14	5	5	42***	14	8***	17	23	7
Montessori	2	3	2	1***	4	1	2	1	3	2	1	3	3	2
Parents as Teachers	7	10***	6	8*	9	6	4	8	14***	7	3***	7	12	3
Childnet (IA)	19	19	20	16	26	--	17	--	78***	18	19	NA	NA	NA
21. Have you completed a training program for any of the following? (n = 503- 2021)														
West Ed	2%	2%	3%	3%***	1%	4%	1%	--	12%***	1%	3%***	4%	1%	1%
High Scope	8	9	6	11***	11	5	4	3%	18***	7	7***	6	7	13
Montessori	4	4	3	4***	6	2	2	2	7**	4	2**	5	5	3
Creative Curriculum	35	35	34	40***	42	36	19	14	48***	33	30***	37	39	24
First Connections (NE)	11	12	11	8	9	14	NA	6	6	12	NA	NA	NA	11
Heads Up! (NE)	7	8	6	4	13	6	NA	6	35***	6	NA	NA	NA	7
Project Construct (MO)	22	20	24	22***	27	17	NA	9	30*	21	NA	NA	22	NA
CPR	82	79	86	86***	87	88	81	46	96***	81	89***	83	75	93
First Aid	84	80	88	86***	86	91	83	49	97**	83	88***	88	77	92

*=.10 level of significance; **=.05 level of significance; ***=.01 level of significance

Note: Percentages may not add to 100 due to rounding

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Table 1 (continued)

Indicators of Quality

	Overall	Subsidy	Non Subsidy	Center Infant	Center Pre-school	Lic Family Home	Reg Home	Lic Exempt	Early Head Start	Non Early Head Start	IA	KS	MO	NE
27. How much do you agree, "In general, I receive the kind of training I need to do my work right" (n=2007)														
Strongly Agree	61%	62%**	60%	67%***	60%	60%	54%	57%	66%	61%	57%***	60%	63%	60%

*=.10 level of significance; **=.05 level of significance; ***=.01 level of significance

(Childnet First Connections, HeadsUp! Reading, Project Construct show percentages of providers within states offering this mode of training.)

	Overall	Subsidy	Non Subsidy	Center Infant	Center Pre-school	Lic Family Home	Reg Home	Lic Exempt	Early Head Start	Non Early Head Start	IA	KS	MO	NE
D4. What are your annual earnings from child care before taxes? (n=1893)														
< $10,000	27%	25%	28%	17%	12%	31%	52%	68%	21%	27%	33%	33%	23%	22%
$10,000-$14,999	35	38	32	44	40	31	20	20	35	35	33	32	37	36
$15,000-$19,999	21	21	21	27	22	20	17	9	25	20	18	19	21	24
> $20,000	18	16	19	11	26	19	12	3	20	17	16	15	19	19
Mean	**$14,130**	**$14,000**	**$14,280**	**$14,470**	**$16,330**	**$13,940**	**$11,540**	**$7,920**	**$14,660**	**$14,080**	**$13,400**	**$13,280**	**$14,480**	**$14,730**

*=.10 level of significance; **=.05 level of significance; ***=.01 level of significance

Note: Percentages may not add to 100 due to rounding

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Table 1 (continued)
Indicators of Quality

	Overall	Subsidy	Non Subsidy	Center Infant	Center Pre-school	Lic Family Home	Reg Home	Lic Exempt	Early Head Start	Non Early Head Start	IA	KS	MO	NE
D5. Do you receive any benefits from your child care work, such as health insurance or vacation days? (n=962)														
Yes (center-based only)	76%	75%	76%	72%***	79%	NA	NA	NA	87%***	75%	75%	75%	76%	71%
D6. Do you receive (n=703-718)														
Health insurance for self	56%	55%***	46%	57%	56%	NA	NA	NA	65%*	55%	42%**	57%	59%	51%
Health insurance for family	43	55**	45	47	42	NA	NA	NA	54*	42	26**	46	45	42
Paid vacation days	91	94***	86	93**	89	NA	NA	NA	95	90	91	91	89	94
Paid sick days	77	74***	81	77	77	NA	NA	NA	82	76	68	77	78	75
Paid professional days	74	75	73	72	76	NA	NA	NA	86***	73	69	78	75	69
No or reduced tuition for own children	63	62**	59	65	61	NA	NA	NA	69	62	65	53	63	62
Retirement benefits	39	35***	45	36**	43	NA	NA	NA	48*	38	26**	38	44	34

*=.10 level of significance; **=.05 level of significance; ***=.01 level of significance
Note: Percentages may not add to 100 due to rounding

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Table 1 (continued)

Indicators of Quality

	Overall	Subsidy	Non Subsidy	Center Infant	Center Pre-school	Lic Family Home	Reg Home	Lic Exempt	Early Head Start	Non Early Head Start	IA	KS	MO	NE
12. Statement definitely represents why you work in child care. (n=1996-2019)														
My career or profession	63%	62%***	64%	63%***	73%	61%	56%	40%	72%**	62%	65%**	58%	65%	63% *
A stepping-stone to a related career	29	34***	23	38***	34	17	19	26	35***	28	22**	23	35	28
A personal calling	61	63*	59	63***	70	52	53	54	64**	61	58*	55	67	58
A job with a paycheck	26	28	24	28***	19	29	33	32	17***	27	28	27	24	29
Work to do while children are young	36	35	37	31***	26	46	49	36	40*	35	38	39	32	35
A way of helping others out	39	46***	31	36***	33	33	38	84	28***	40	33***	39	42	36
22. How long have you been caring for children in your home/at this center? (n=2016)														
< 6 months	3%	2%	4%	5%***	8%	1%	2%	0%	0%	3%	6%	6%	7%	5%
6 months- <1 yr	12	11	14	25	15	7	5	18	11	12	10	11	15	9
1 – <2 yrs	16	13	20	19	21	15	10	23	8	17	14	17	17	11
2- <3 yrs	10	9	11	16	11	9	7	3	5	10	14	7	11	8
3- <5 yrs	15	19	12	14	8	13	20	24	11	16	15	13	16	14
5-10 yrs	22	25	19	13	25	22	23	27	37	20	18	24	19	22
> 10 yrs	22	22	21	8	13	35	32	6	29	21	24	23	17	31

*=.10 level of significance; **=.05 level of significance; ***=.01 level of significance
Note: Percentages may not add to 100 due to rounding

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Table 1 (continued)

Indicators of Quality

	Overall	Subsidy	Non Subsidy	Center Infant	Center Pre-school	Lic Family Home	Reg Home	Lic Exempt	Early Head Start	Non Early Head Start	IA	KS	MO	NE
13. How much longer do you plan to be a child care provider? (n = 1995)														
Less than 6 months	3%	3%	3%	4%***	2%	2%	4%	3%	3%**	3%	3%**	3%	3%	4%
6 months to less than 1 yr	3	4	3	5	3	1	4	5	1	4	4	3	3	3
1 – < 2 yrs	7	8	7	7	7	6	8	17	3	8	8	9	6	6
2 – < 5 yrs	26	25	26	22	20	30	34	31	26	26	30	30	22	25
5 + yrs	61	61	61	62	68	61	50	44	67	60	55	55	66	62
24. If you could do so now, would you choose work other than child care? (n = 1998)														
Yes	15%	18%**	13%	17%***	14%	10%	16%	31%	7%***	16%	16%	14%	16%	16%
14. How much do you agree with different statements that relate to child care? (n=2013-2022) (% Strongly Agree)														
Every day, you greet each parent and child as they arrive	76%	72%***	81%	66%***	56%	96%	93%	97%	83%**	76%	73%***	86%	71%	78%
Every day, each child in your care is read to	81	79	83	78***	89	78	71	69	89**	80	79***	82	84	74

*=.10 level of significance; **=.05 level of significance; ***=.01 level of significance
Note: Percentages may not add to 100 due to rounding

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Table 1 (continued)

Indicators of Quality

	Overall	Subsidy	Non Subsidy	Center Infant	Center Pre-school	Lic Family Home	Reg Home	Lic Exempt	Early Head Start	Non Early Head Start	IA	KS	MO	NE
At least once a year, talk formally with parent about child's development	80	81	79	73***	74	82	84	90	84	80	73***	84	82%	73
Areas encourage different forms of learning	85	85	86	88***	91	80	74	74	93**	85	81***	83	90	80
Good indoor	83	84	82	80***	81	86	82	89	82*	83	77***	84	84	83
Good outdoor	82	83	82	77***	77	86	86	87	82	82	79**	82	84	81
Daily access to good supply of toys, materials	88	88	88	83***	81	93	94	93	90	88	85***	89	89	85
At least twice a week alone with too many children	3	3***	2	2***	3	2	4	3	NA	NA	2	2	3	3

*=.10 level of significance; **=.05 level of significance; ***=.01 level of significance
Note: Percentages may not add to 100 due to rounding

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Table 1 (continued)

Indicators of Quality

	Overall	Subsidy	Non Subsidy	Center Infant	Center Pre-school	Lic Family Home	Reg Home	Lic Exempt	Early Head Start	Non Early Head Start	IA	KS	MO	NE
28. Please tell me if you are currently a member of the association or not. (n=512-2013)														
NAEYC	19%	19%	20%	23%***	29% **	15%	4%	6%	38%***	17%	15%***	18%	23%	13%
National Association for Family Child Care	7	6**	8	5***	6	12	7	2	17***	6	7*	8	5	9
Division of Early Childhood	6	6	5	5	6	7	7	6	12***	5	5*	5	7	4
Council for Exceptional Children	2	1	2	<1***	3	1	1	10	5***	1	2	2	2	1
National School Age Child Care Alliance	2	3	2	3**	3	1	4	1	6***	2	6***	1	2	2
MO Care (Missouri only)	1	1	2	1	2	1	NA	0	4*	1	NA	NA	1	NA

*=.10 level of significance; **=.05 level of significance; ***=.01 level of significance
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Table 2

Features of Programs

	Overall	Sub	Non	Center Infant	Center Pre-school	Lic Family Home	Reg Home	Lic Exempt	Early Head Start	Non Early Head Start	IA	KS	MO	NE
1. Currently, at peak time for you on a typical day, how many children are under your care? (n=2019)														
Average	9.9	10.2	9.7	8.7***	14.9	8.0	6.0	3.9	9.9	10.4	9.2***	8.7	11.0	9.7
9. Currently, on a typical day, how many children with verified disabilities or developmental delays, who are under 5 years of age, are in your care? (n=2014)														
None	63%	61%	66%	68%***	46%	72%	75%	83%	48%***	65%	58%	68%	62%	61%
1	19	19	20	18	21	20	17	10	22	19	21	19	17	23
2 or more	18	21	14	14	33	12	9	7	30	17	21	13	20	16
10. Do you/does your center participate in your state's Child Care Food Program? (n=1935)														
Yes	63%	62%*	65%	64%***	64%	87%	45%	14%	93%***	60%	45%	72%	59%	75%
7. Please respond to the following questions about your present work situation. Please use a 5-point scale. Percent strongly agree. (Center-based only) (n=956-963)														
I know what is expected of me at work.	93%	94%	93%	95%**	92%	NA	NA	NA	89%	94%	90%***	93%	93%	96%
I have the materials and equipment I need to do my work right.	62	64	60	64*	61	NA	NA	NA	50**	63	51***	63	64	65
At work, I have the opportunity to do what I do best every day.	79	80	77	83**	75	NA	NA	NA	75***	79	70***	74	82	79

*=.10 level of significance; **=.05 level of significance; ***=.01 level of significance
Note: Percentages may not add to 100 due to rounding

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Table 2 (continued)

Features of Programs

	Overall	Sub	Non	Center Infant	Center Pre-school	Lic Family Home	Reg Home	Lic Exempt	Early Head Start	Non Early Head Start	IA	KS	MO	NE
7. Please respond to the following questions about your present work situation. Please use a 5-point scale. Percent strongly agree. (Center-based only) (n=956-963) (continued)														
In the last 7 days, I have received recognition or praise for doing good work.	51%	52%***	50%	49%	48%	NA	NA	NA	41%	52%	53%*	49%	54%	44%
My supervisor, or someone at work, seems to care about me as a person.	75	76	74	78	74	NA	NA	NA	73***	76	72	74	77	74
There is someone at work who encourages my development.	66	67	62	64	65	NA	NA	NA	69	65	62*	64	67	64
At work, my opinions seem to count.	67	68**	64	64	68	NA	NA	NA	61	67	61	65	69	62
The mission or purpose of my company makes me feel my job is important.	74	78**	70	74	74	NA	NA	NA	75	74	64	73	77	75
My associates or fellow employees are committed to doing quality work.	59	60	59	55	61	NA	NA	NA	41***	61	51*	62	61	57
I have a best friend at work.	51	53	46	46	53	NA	NA	NA	39***	51	43*	55	51	49

*=.10 level of significance; **=.05 level of significance; ***=.01 level of significance
Note: Percentages may not add to 100 due to rounding

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Table 2 (continued)

Features of Programs

	Overall	Sub	Non	Center Infant	Center Pre-school	Lic Family Home	Reg Home	Lic Exempt	Early Head Start	Non Early Head Start	IA	KS	MO	NE
7. Please respond to the following questions about your present work situation. Please use a 5-point scale. Percent strongly agree. (Center-based only) (n=956-963) (continued)														
In the last 6 months, someone at work has talked to me about my progress.	62	63***	59	61	62	NA	NA	NA	64	61	54**	63	63	61
This last year, I have had opportunities at work to learn and grow.	79	81**	76	78	80	NA	NA	NA	94***	78	77	76	81	79

*=.10 level of significance; **=.05 level of significance; ***=.01 level of significance
Note: Percentages may not add to 100 due to rounding

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Table 2 (continued)

Features of Programs

	Overall	Sub	Non	Center Infant	Center Pre-school	Lic Family Home	Reg Home	Lic Exempt	Early Head Start	Non Early Head Start	IA	KS	MO	NE
8. In your center, is it typical for one main teacher to stay with a child throughout the infant and toddler years? (Center-based infant-toddler only) (n=469)														
Yes	59%	62%	57%	59%	NA	NA	NA	NA	68%	59%	57%	59%	57%	70%
5. Not including your own children, are any of the children you care for related to you? (Family Child Care Only) (n=1057)														
Yes	37%	51%**	27%	NA	NA	31%***	23%	71%	30%*	38%	25%***	34%	59%	25%
15. Do you have access to an Internet connection? (n=2006)														
Yes	57%	55%**	60%	52%***	52%	67%	68%	52%	69%***	56%	58%	56%	57%	58%
16. If no, are you planning to get an Internet connection within the next year? (n=728)														
Yes	33%	34%	29%	33%	29%	41%	31%	38%	54%***	36%	33%	37%	33%	28%

*=.10 level of significance; **=.05 level of significance; ***=.01 level of significance
Note: Percentages may not add to 100 due to rounding

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Table 3

Provider Characteristics

	Overall	Sub	Non	Center Infant	Center Pre-school	Lic Family Home	Reg Home	Lic Exempt	Early Head Start	Non Early Head Start	IA	KS	MO	NE
D1. What is your age? (n=2006)														
18-24	14%	13%***	15%	23%***	19%*	4%	7%	5%	7%***	15%	14%***	10%	16%	14%
25-34	28	30	27	29	29	30	34	14	32	28	37	32	24	26
35-44	28	32	25	25	26	37	25	21	42	27	22	27	30	30
45-54	20	19	22	18	20	18	22	36	16	21	18	19	22	20
55-64	7	6	9	4	5	9	9	16	2	8	8	8	9	8
65 or older	2	2	3	1	1	2	3	8	12	2	1	4	2	3
Mean	**38.0**	**38.4 ***	**37.5**	**34.6*** **	**36.0**	**40.0**	**39.8**	**46.0**	**38.1**	**36.8**	**36.7** **	**38.7**	**37.8**	**38.5**
D3. Which of the following classifications best describes your ethnicity or race? (n=2011)														
Hispanic	4%	5%***	3%	4%***	6%	3%	3%	1%	3%*	4%	3%***	4%	4%	6%
Black/African American	10	16	4	9	7	8	4	36	9	10	4	10	14	6
White	83	76	91	85	84	86	91	58	85	83	93	82	80	86
American Indian/Other	3	3	2	2	2	3	2	5	3	3	<1	4	2	2
D2. Is your marital status _____ ? (n= 2014)														
Single, never married	14%	17%***	11%	25%***	19%	4%	4%	7%	10%	15%	12%***	10%	18%	13%
Single, living with a partner	3	4	1	3	4	1	1	1	2	3	1	2	3	3
Married	72	66	80	63	65	87	86	75	77	72	78	75	68	76
Divorced	9	10	7	8	10	7	8	12	10	8	8	11	8	7
Widowed	2	3	1	1	3	2	2	5	2	2	2	2	3	1
D7. Are you a parent? (n=2022)														
Yes	83%	82%*	84%	72%***	74%	95%	95%	96%	88%	82%**	86%***	87%	80%	82%

*=.10 level of significance; **=.05 level of significance; ***=.01 level of significance
Note: Percentages may not add to 100 due to rounding

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Table 3 (continued)

Provider Characteristics

	Overall	Sub	Non	Center Infant	Center Pre-school	Lic Family Home	Reg Home	Lic Exempt	Early Head Start	Non Early Head Start	IA	KS	MO	NE
D8. If yes, are any of your own children cared for along with the other children you care for in your home/at the center where you work? (n=1707)														
Yes	45%	49%**	51%	50%***	41%	50%	53%	27%	50%	47%	54%***	49%	40%	42%
D10. Gender (n=2022)														
Female	99%	99%	99%	100%*	98%	99%	100%	100%	99%	99%	99%	99%	99%	98%

*=.10 level of significance; **=.05 level of significance; ***=.01 level of significance
Note: Percentages may not add to 100 due to rounding

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Table 4

Quality Measures

	Overall	Sub	Non	Center Infant	Center Pre-school	Lic Family Home	Reg Home	Lic Exempt	Early Head Start/ Head Start	Non Early Head Start/ Head Start	IA	KS	MO	NE
What was the average of observed quality? (Weighted across states for all categories. Weighted within states for state estimates.)														
Overall	4.29	4.19**	4.52						5.11***	4.22	4.14**	4.12	4.55	4.34
ITERS	4.38	4.31	4.56	--					5.36*	4.35	3.73*	4.31	4.59	4.49
ECERS-R	4.57	4.48	4.67		--				5.23+	4.49	5.09	4.47	4.56	4.16
FDCRS	4.14	3.85***	4.41			4.63***	3.62	3.57	5.02***	3.94	3.74	3.96	4.46	4.46
What was the average of observed quality (Unweighted)														
Overall	4.32	4.21**	4.50						4.84***	4.25	3.92***	4.34	4.55	4.34
ITERS	4.25	4.12	4.44	--					5.37***	4.17	3.69**	4.32	4.40	4.50
ECERS-R	4.44	4.42	4.44		--				4.94	4.39	4.52	4.48	4.52	4.13
FDCRS	4.23	3.94***	4.57			4.68***	3.56	3.22	4.71	4.16	3.59***	4.23	4.74	4.29
What percent of care is "good quality, mediocre quality and poor quality?" (Weighted)														
GOOD	33.3%	30.1%	30.2%	28.9%	38.9%	40.2%	20.0%	21.2	63.3%***	28.6%	36.5%*	21.1%	37.3%	36.4%
MEDIOCRE	48.8	37.0	47.7	62.7	51.3	50.6	32.5	33.3	32.7	51.9	37.8	58.2	50.9	45.5
POOR	17.6	15.2	11.9	8.4	9.7	9.2	47.5	45.5	4.1	19.5	25.7	18.7	11.8	18.0
What percent of care is "good, mediocre and poor quality?" (Un weighted)														
GOOD	30.2	30.2%	30.0%	25.4%	32.5%	40.9%***	21.9%	7.1	52.4%**	27.7%	20.0%**	25.3%	38.2%	34.1%
MEDIOCRE	54.5	56.9	52.7	63.2	55.3	50.0	31.3	57.1	42.9	55.7	57.3	62.1	50.9	48.2
POOR	15.3	17.1	13.1	11.4	12.3	9.1	46.9	35.7	4.8	16.7	22.7	12.6	11.8	17.6

*=.10 level of significance; **=.05 level of significance; ***=.01 level of significance

Note: Percentages may not add to 100 due to rounding

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Table 5

Correlations

Correlations Between Provider Characteristics and Observed Quality Overall, Infant-Toddler Center-Based, Preschool Center-Based and Family Child Care				
Provider Characteristic	**Overall**	**Infant-Toddler Center-Based**	**Preschool Center-Based**	**Family Child Care**
1. Hypothesized Indicators of Quality				
Formal Education				
Formal Education	.292***	.166	.149	.358***
Child development training	.137**	.201	.015	.130
Training				
Total Training Hours	.334***	.305**	.123	.433***
Videotape/Study Materials	.141**	-.203	.108	.221***
Own Program Staff Provide Training	.187***	-.034	.318***	NA
Support Person Comes to Program	.189***	.029	-.018	.330***
Support Group, Training in Community	.146***	-.063	.099	.236***
Regional, State, National Conferences	.337***	.299**	.126	.416***
College or CEU Credit	.229***	.093	.094	.272***
Internet	.021	-.063	.048	.024
Teleconference/Distance Learning	-.068	-.039	-.082	-.076
Total In Person Training	.361***	.124	.178	.465***
Total Not In Person Training	.070	-.172	.052	.121
Certificates or Training Programs				
First Aid within 2 Years	.387***	.149	.158	.477***
CPR within 2 Years	.316***	.050	.229**	.379***
Creative Curriculum	.179***	.051	.180	.166**
Project Construct (MO)	.188*	-.114	.289	.300*
Child Net (IA)	.122	-.201	.390	.051
CDA	.427***	.501***	.338***	.452***
Teaching Certificate from Your State	.133**	.096	.091	.121
First Connections (NE)	.124	-.074	NA	.273
*=.10 level of significance; **=.05 level of significance; ***=.01 level of significance				

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Correlations Between Provider Characteristics and Observed Quality Overall, Infant-Toddler Center-Based, Preschool Center-Based and Family Child Care

Provider Characteristic	Overall	Infant-Toddler Center-Based	Preschool Center-Based	Family Child Care
High Scope	.092	.114	-.011	.128
Heads Up! Reading (NE)	.033	NA	.322	.051
Parents as Teachers	.051	.182	-.192*	.094
Montessori	.023	-.004	-.067	.110
West Ed	.232***	.144	.238**	.250***
Total Intense Training	.335***	.252**	.291**	.348***
I Receive the Training I Need	.205***	.272**	-.024	.235***
Wages				
Wages	.283***	.328***	.216*	.255***
Intentionality: Reasons for Choosing Child Care				
My career or profession	.223***	.221*	.023	.250***
Stepping stone to related career	.156***	.024	-.005	.205**
Personal calling	.260***	.207*	.052	.277***
Job with a paycheck	-.207***	-.210*	-.068	-.235***
Work to do while children are young	-.123**	-.147	.003	-.104
A way to help out others	-.107*	.068	-.057	-.165**
Career or Profession	.337***	.198	.023	.403***
Not Career or Profession	-.216***	-.155	-.058	-.262***
Tenure and Workplace Attitudes				
How long caring for children this setting	.096	-.214*	-.009	.148*
How long caring for children all settings	.096	-.032	.219*	.073
How much longer do you plan to be a child care provider	.085	.162	.293**	-.003
Would do other work	-.216***	-.119	.219*	-.227***
Self Reported Quality Practices				
Everyday you are able to greet every parent and child when they arrive.	.009	.205*	.101	-.044
Everyday every child in your care is read to or receives picture book experiences.	.084	.159	-.078	.144

*=.10 level of significance; **=.05 level of significance; ***=.01 level of significance

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Correlations Between Provider Characteristics and Observed Quality Overall, Infant-Toddler Center-Based, Preschool Center-Based and Family Child Care

Provider Characteristic	Overall	Infant-Toddler Center-Based	Preschool Center-Based	Family Child Care
At least once a year you are able to talk formally with each parent about their child's progress.	.192***	.284**	.307***	.117
In the child care setting where you work there are areas set up to encourage different forms of learning and play.	.210***	.147	.132	.218***
Your child care facility has good indoor spaces for children.	.090	.009	-.010	.310***
Your child care facility has good outdoor spaces for children.	.088	.037	.069	.199**
Children have daily access to a good supply of toys and materials.	.098*	.077	.019	.239***
At least twice a week you are left alone with too many children.	-.198**	-.047	-.090	-.294***
Reading and Learning Centers Factor	.193***	.208*	-.022	.228***
Parent Greeting Factor	.139**	.334***	.242*	.091
Space and Materials Factor	.112*	.053	.035	.326***

*=.10 level of significance; **=.05 level of significance; ***=.01 level of significance

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Correlations Between Provider Characteristics and Observed Quality Overall, Infant-Toddler Center-Based, Preschool Center-Based and Family Child Care

Provider Characteristic	Overall	Infant-Toddler Center-Based	Preschool Center-Based	Family Child Care
Membership in Professional Organizations				
National Association for the Education of Young Children	.320***	.293**	.183	.394***
National Association For Family Child Care	.274***	.311**	.013	.393***
Division of Early Childhood or DEC	.002	-.002	.178	-.063
Council for Exceptional Children or CEC	-.025	NA	.073	-.098
National School Age Child Care Alliance	.022	-.099	.001	.073
MO Care	-.058	NA	-.126	NA
2. Other Potential Indicators of Quality				
Number of Children Provider is Responsible For	.227***	-.086	.119	.445***
Participate in State Food Program	.290***	.179	.264**	.398***
Number of Children with Disabilities	.170***	.039	.038	.227***

*=.10 level of significance; **=.05 level of significance; ***=.01 level of significance

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Correlations Between Provider Characteristics and Observed Quality Overall, Infant-Toddler Center-Based, Preschool Center-Based and Family Child Care

Provider Characteristic	Overall	Infant-Toddler Gallup Q[12º]	Preschool Center-Based	Family Child Care
Center-Based Providers: Any Employee Benefits	.170*	.106	.246**	NA
Paid Vacation Days	.039	.056	.063	NA
Paid Sick Days	.243***	.137	.318***	NA
Paid Professional Days	.102	.310**	.010	NA
Reduced or No Tuition for Own Children	.073	.124	.039	NA
Health Insurance for Self	.290***	.234*	.328***	NA
Health Insurance for Family	.354***	.202	.481***	NA
Retirement Benefits	.242***	.138	.322***	NA
I know what is expected of me	-.024	-.107	.006	NA
I have the materials and equipment	.024	-.090	.103	NA
Gallup Q[12™]: Center-Based Only				
At work I have the opportunity to do what I do best every day	-.052	-.005	-.054	NA
In the past 7 days I have received recognition	.104	-.157	.283**	NA
My supervisor or someone at work seems to care about me.	-.109	-.192	-.046	NA
There is someone at work who encourages my development	.064	-.108	.191	NA
At work, my opinions seem to count.	.033	-.023	.082	NA
The mission or purpose of my company makes me feel my job is important	-.104	.043	-.174	NA
My associates or fellow employees are committed to quality work.	-.039	-.107	-.001	NA
I have a best friend at work	-.058	-.053	-.070	NA
In the past 6 months someone at work has talked to me about my progress	.230**	.080	.247***	NA
This year I have had opportunities at work to learn and grow.	.133	.038	.193*	NA

*=.10 level of significance; **=.05 level of significance; ***=.01 level of significance

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Correlations Between Provider Characteristics and Observed Quality Overall, Infant-Toddler Center-Based, Preschool Center-Based and Family Child Care

Provider Characteristic	Overall	Infant-Toddler Center-Based	Preschool Center-Based	Family Child Care
Other Characteristics				
Infants Stay with Teacher: Infant Center-Based Only	-.027	.027	NA	NA
Care for Relatives: Family Child Care Only	.045	NA	NA	.042
Have Access to Internet	.109	-.051	-.022	.293***
3. Demographic Features				
Age	-.169***	.024	-.002	-.314***
Marital Status	.052	.163	.142	.081
Parent Status	-.073	.050	-.020	-.060
4. Other (not assessed in the survey but information from files or obtained during observation)				
Ratio of children receiving subsidy	-.307***	-.053	.079	-.350***
Early Head Start/Head Start Partnership	.240***	.233*	.190	.322***
Accredited	.107*	.202*	--	.110
Use a curriculum	.402***	.324**	.096	.290***
Follow developmentally appropriate practices	.226***	-.073	.027	.313***
Ensure basic needs	-241**	.086	.069	.200***
Academic environment	.052	-.047	-.163	.132

*=.10 level of significance; **=.05 level of significance; ***=.01 level of significance

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Appendix D

Survey Questionnaire

The following pages include the fielded questionnaire

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RCI,MID52349
R349

FIELD FINAL - APRIL 18, 2001
(Columns are "absolute")

THE GALLUP ORGANIZATION

PROJECT REGISTRATION #132757
MIDWEST CONSORTIUM

__X__ APPROVED BY CLIENT

Midwest Child Care Study
Government/Max Larsen
Helen Raikes/Ron Aames
Julie Lamski
Brenda Sonksen, Specwriter
April, 2001 n=2,000

__X__ APPROVED BY PROJECT MANAGER

I.D.#: __0__ (1-6)

**AREA CODE AND TELEPHONE NUMBER:

_____ (649 - 658)

**INTERVIEW TIME:

_____ (716 - 721)

CITY/PLACE: **(Code from "Fone" file)

_____ (-)

FACILITY NAME/PROVIDER: **(Code from "Fone" file)

_____ (-)

Sa. LETTER ASSIGNMENT: **(Randomly select)**

01	a
02	b
03	c
04	d
05	e
06	f
07	g
08	h
09	i
10	j
11	k
12	l
13	m
14	n
15	o
16	p
17	q
18	r
19	s
20	t
21	u
22	v
23	w
24	x
25	y
26	z

_____ (1200) (1201)

S1. STATE: **(Code from "Fone" file)**

1 Iowa
2 Kansas
3 Missouri
4 Nebraska _____ (169)

S2. CHILD CARE STRATA: **(Code from "Fone" file)**

01 Center-Based Infant Subsidy
02 Center-Based Infant Non-subsidy
03 Center-Based Infant & Preschool Subsidy
04 Center-Based Infant & Preschool Non-subsidy
05 Center-Based Preschool Subsidy
06 Center-Based Preschool Non-subsidy
07 Center-Based Licensed Exempt Infant Subsidy (Missouri only)
08 Center-Based Licensed Exempt Infant Non-subsidy (Missouri only)
09 Center-Based Licensed Exempt Preschool Subsidy (Missouri only)
10 Center-Based Licensed Exempt Preschool Non-subsidy (Missouri only)
11 Center-Based, Don’t Know Whether Infant or Preschool Subsidy
12 Center-Based, Don’t Know Whether Infant or Preschool Non-subsidy
13 Center-Based, Licensed Exempt Infant & Preschool Subsidy (Missouri only)
14 Center-Based, Licensed Exempt Infant & Preschool Non-subsidy (Missouri only) (for analysis only)

21 Licensed Family Child Care Subsidy
22 Licensed Family Child Care Non-subsidy
23 Licensed Family Child Care II Subsidy (Nebraska only)
24 Licensed Family Child Care II Non-subsidy (Nebraska only)
25 Registered Family Child Care Subsidy (Kansas and Iowa)
26 Registered Family Child Care Non-subsidy (Kansas and Iowa)

S2. (Continued:)

31 Approved/Exempt/Relative Homes Subsidy
32 Approved/Exempt/Relative Homes Non-subsidy
(Missouri only) (for analysis only)

96 Part Day (for analysis only/
not part of quotas)
97 School Age (for analysis only/
not part of quotas)
98 Duplicate (for analysis only/
not part of quotas)
99 Other (for analysis only/
not part of quotas)

_____ (170) (171)

S3. HEAD START TYPE: **(Code from "Fone" file)**

1 Head Start Center
2 Early Head Start
3 Head Start Collaboration
4 Early Head Start Collaboration
5 None of these
6 Don't know
7 Both Early Head Start and Head Start
8 No longer participating/Inactive

_____ (172) (173)

S4. FACILITY TYPE: **(Code from "Fone" file)**

1 **(If code "1-6", "11" or "12" in S2:)** Licensed Center

2 **(If code "21" or "22" in S2:)** Licensed Home

3 **(If code "25" or "26" in S2:)** Registered Home

4 **(If code "23" or "24" in S2:)** Group Home

5 **(If code "07-10", "13" or "14" in S2:)** Licensed Exempt Center

6 **(If code "31" or "32" in S2:)** Approved Home/Relative/Exempt Home

7 **(If code "96-99" in S2:)** Other

_____ (174) (175)

S5. AGES OF CHILDEN IN CENTERS: **(Code from "Fone" file)**

1 Infant/Toddler
2 Preschool
3 Both infant and preschool
4 Other

_____ (176) (177)

S6. SUBDIDIZED: **(Code from "Fone" file)**

1 **(If code "01", "03", "05", "07", "09", "11", "13", "21", "23", "25" or "31" in S2:)** Yes

0 **(If code "02", "04", "06", "08", "10", "12", "14", "22", "24", "26" or "32" in S2:)** No

_____ (178) (179)

S7. EHSORHS: **(Code from "Fone" file)**

1 Yes, Head Start/Early Head Start Collaboration
2 Inactive
3 Head Start Center Only
0 No _____ (181)

(If code "01-14" in S2, Continue; Otherwise, Skip to "Intro #2")

INTRO #1 - PART #1

[Ask to speak with name from "Fone" file; If that person is not available, ask to speak with person in charge this (morning/afternoon)]

Hello, I am _____, with The Gallup Organization. I am calling you today on behalf of the Midwest Child Care Research Partnership, which is conducting a study to learn more about the child care workforce in several Midwestern states. The partnership includes the **(response in S1)** Child Care Division and other early childhood groups in your state. They have sent out letters or newsletter announcements about this study to inform you of its importance and to ask you to participate. Also, a letter was mailed to your facility telling you that Gallup would be calling.

(NOTE TO INTERVIEWER: If respondent says they did not receive the Gallup letter, ask them if they have a fax, and if they do, if they would like you to fax the letter to them.)

Your program has been randomly selected for an interview with (a/an) [**(when quotas are filled in code "05-08", "13-16" or "18" in S10 for code "1-4" in S1, say:)** infant or toddler/**(when quotas are filled in code "01-04", "09-12" or "17" in S10 for code "1-4" in S1, say:)** preschool] teacher or child care provider at your center. _____ (1001)

S7a. Before I talk with a teacher though, I have a few short questions I would like to ask you. First, does this center provide full-day child care for at least eight hours each weekday?

1 Yes - **(Continue)**

2 No **(Thank and Terminate)**
3 (DK) **(Thank and Terminate)**
4 (Refused) **(Thank and Terminate)** _____ (1038)

S7b. How many regular, full-time teachers work at this child care center? (Open ended **and code actual number)**

00 None
97 97+
98 (DK)
99 (Refused)

_____ (1002) (1003)

S7c. How many children is this child care center licensed to care for? (Open ended **and code actual number)**

000 None
997 997+
998 (DK)
999 (Refused)

_____ (1004 - 1006)

INTRO #1
(Continued)

Now, I would like you to help me choose a REGULAR, FULL-TIME teacher for the interview. To keep the process random, we would like to speak with a REGULAR, FULL-TIME [**(when quotas are filled in code "05-08", "13-16" or "18" in S10 for code "1-4" in S1, but NOT code "01-04", "09-12" or "17" in S10, say:)** infant or toddler/**(when quotas are filled in code "01-04", "09-12" or "17" in S10 for code "1-4" in S1, but not code "05-08", "13-16" or "18" in S10, say:)** preschool] teacher or child care provider present right now at the center whose first name is closest in the alphabet to **(response in Sa)**. Who would that teacher be, and is it possible to speak with (her/him) now to conduct the interview, or schedule it for a later time?

The purpose of this study is to hear the voices of people providing child care in the Midwest.

(When qualified respondent is available, say:) Hello, I am _____, with The Gallup Organization. Your center and you have been randomly selected to participate in an important study aimed at listening to the voices of child care teachers and providers in **(response in S1)** and other Midwestern states. I would like to assure you that your participation is voluntary and that Gallup will keep your individual answers strictly confidential. Only general results from all the interviews will be provided to officials and others who will work with the research. Is this a good time to ask you the questions? **(NOTE TO INTERVIEWER: Depending on the nature of the respondent's answers, the interview will take twelve to fourteen minutes)**

1 Yes, teacher available - **(Continue)**

4 Center does not provide child care for infants/toddlers/preschoolers - **(Thank and Terminate)**

7 Teacher not available/Not a good time - **(Set time to call back, and Suspend)**

8 (Soft refusal)

9 (Hard refusal) - **(Thank and Terminate)** _____ (1007)

NAME:

_____ _____ _____ (1008 - 1037)

S8. Are you a regular, full-time teacher or child care provider at the center?

1 Yes - **(Continue)**

2 No, but other regular, full-time teacher at the center right now - **(Ask to speak with another teacher, and Reset to "Intro #1-Part #2")**

3 No, and no regular, full-time teacher at the center right now - **(Ask for name of regular, full-time teacher who might be available on another day, and Reset to "Intro #1-Part #2" and Suspend**

4 No, and no regular, full-time teachers at center - **(Thank and Terminate)** _____ (1039)

S9. Do you PRIMARILY care for infants and toddlers, or preschoolers? If you mostly care for preschoolers, but have some two year olds, we would like you to consider yourself as primarily caring for preschoolers. **(NOTE TO INTERVIEWER: Infants or toddlers are children from birth to or through age two; while preschoolers are children whose ages fall MOSTLY in the range from three to five. Licensing laws vary a little from state to state with two year olds in infant/toddler programs in some states, and in preschool programs in others.)**

1	Infants/Toddlers	**(Skip to #1)**
2	Preschoolers	**(Skip to #1)**
3	(Both)	**(Thank and Terminate)**
4	(DK)	**(Thank and Terminate)**
5	(Refused)	**(Thank and Terminate)**

_____ (1040)

INTRO #2

(Ask to speak with name from "Fone" file)

Hello, I am _____, with The Gallup Organization. Can you tell me if you are the person who provides child care for pay in this home? **(If "No", ask to speak to that person, and reintroduce)**

(When qualified respondent is available, say:) I am calling you today on behalf of the Midwest Child Care Research Partnership, which is conducting a study to learn more about the child care workforce in several Midwestern states. The partnership includes the **(response in S1)** Child Care Division and other early childhood groups in your state. They have sent out letters or newsletter announcements about this study to inform you of its importance and to ask you to participate. Also, a letter was mailed to your home telling you that Gallup would be calling.

(NOTE TO INTERVIEWER: If respondent says they did not receive the Gallup letter, ask them if they have a fax, and if they do, if they would like you to fax the letter to them)

You have been randomly selected to participate in the study. Is this a good time for you to answer the questions? Let me assure you that your participation is voluntary and that Gallup will keep your individual answers strictly confidential. Only general results from all the interviews will be provided to officials and others who will work with the research.

(NOTE TO INTERVIEWER: Depending on the nature of the provider's answers, the questions will take twelve to fourteen minutes to complete. If the respondent asks what the purpose of the study is, say:) The purpose of this study is to hear the voices of people providing child care in the Midwest.

1 Yes, respondent available - **(Continue)**

4 No longer provides child care for infants/toddlers/preschoolers - **(Thank and Terminate)**

7 Respondent not available/Not a good time - **(Set time to call back)**

8 (Soft refusal)

9 (Hard refusal) - **(Thank and Terminate)** _____ (1001)

S10. QUOTAS:

01 **(If code "1" in S1, and code "01", "03", "05" or "11" in S2, code "0" or "2" in S7, and code "1" in S9:)** Iowa Center-Based Infant Subsidized (n=70)

02 **(If code "2" in S1, code "01", "03", "05", or "11" in S2, code "0", "2" or "3' in S7, and code "1" in S9:)** Kansas Center-Based Infant Subsidized (n=70)

03 **(If code "3" in S1, code "01", "03" or "05" in S2, code "0", "2" or "3" in S7, and code "1" in S9:)** Missouri Center-Based Infant Subsidized (n=70)

04 **(If code "4" in S1, code "01", "03" or "05" in S2, code "0", "2" or "3" in S7, and code "1" in S9:)** Nebraska Center-Based Infant Subsidized (n=70)

05 **(If code "1" in S1, code "01", "03", "05" or "11" in S2, code "0" or "2" in S7, and code "2" in S9:)** Iowa Center-Based Preschool Subsidized (n=70)

06 **(If code "2" in S1, code "01", "03", "05" or "11" in S2, code "0", "2" or "3" in S7, and code "2" in S9:)** Kansas Center-Based Preschool Subsidized (n=70)

07 **(If code "3" in S1, code "01", "03" or "05" in S2, code "0", "2" or "3" in S7, and code "2" in S9:)** Missouri Center-Based Preschool Subsidized (n=70)

08 **(If code "4" in S1, code "01", "03" or "05" in S2, code "0", "2" or "3" in S7, and code "2" in S9:)** Nebraska Center-Based Preschool Subsidized (n=70)

09 **(If code "1" in S1, code "02","04","06" or "12" in S2, code "0" or "2" in S7, and code "1" in S9:)** Iowa Center-Based Infant Non-subsidized (n=40)

S10. (Continued:)

10 **(If code "2" in S1, code "02", "04", "06" or "12" in S2, code "0", "2" or "3" in S7, and code "1" in S9:)** Kansas Center-Based Infant Non-subsidized (n=40)

11 **(If code "3" in S1, code "02", "04", "06" or "12" in S2, code "0", "2" or "3" in S7, and code "1" S9:)** Missouri Center-Based Infant Non-subsidized (n=40)

12 **(If code "4" in S1, code "02","04" or "06" in S2, code "0", "2" or "3" in S7, and code "1" in S9:)** Nebraska Center-Based Infant Non-subsidized (n=40)

13 **(If code "1" in S1, code "02", "04", "06" or "12" in S2, code "0" or "2" in S7, and code "2" in S9:)** Iowa Center-Based Preschool Non-subsidized (n=40)

14 **(If code "2" in S1, code "02", "04", "06" or "12" in S2, code "0", "2" or "3" in S7, and code "2" in S9:)** Kansas Center-Based Preschool Non-subsidized (n=40)

15 **(If code "3" in S1, code "02", "04", "06" or "12" in S2, code "0", "2" or "3" in S7, and code "2" in S9:)** Missouri Center-Based Preschool Non-subsidized (n=40)

16 **(If code "4" in S1, code "02", "04" or "06" in S2, code "0", "2" or "3" in S7, and code "2" in S9:)** Nebraska Center-Based Preschool Non-subsidized (n=40)

17 **(If code "3" in S1, code "07","09" or "13" in S2, code "0", "2" or "3" in S7, and code "1" in S9:)** Missouri Center-Based Infant License Exempt Subsidized (n=40)

S10. (Continued:)

18 **(If code "3" in S1, code "07", "09" or "13" in S2, code "0", "2" or "3" in S7, and code "2" in S9:)** Missouri Center-Based Preschool License Exempt Subsidized (n=40)

19 **(If code "1" in S1, code "0" or "2" in S7, and code "25" in S2:)** Iowa Registered Home Subsidized (n=70)

20 **(If code "1" in S1, code "0" or "2" in S7, and code "26" in S2:)** Iowa Registered Home Non-subsidized **(**n=55)

21 **(If code "2" in S1, code "0", "2" or "3" in S7, and code "25" in S2:)** Kansas Registered Home Subsidized (n=50)

22 **(If code "2" in S1, code "0", "2" or "3" in S7, and code "26" in S2:)** Kansas Registered Home Non-subsidized (n=50)

23 **(If code "4" in S1, code "0", "2" or "3" in S7, and code "23" in S2:)** Nebraska Family Child Care HomeII Subsidized (n=40)

24 **(If code "4" in S1, code "0", "2" or "3" in S7, and code "24" in S2:)** Nebraska Family Child Care HomeII Non-subsidized (n=40)

25 **(If code "2" in S1, code "0", "2" or "3" in S7, and code "21" in S2:)** Kansas Licensed Family Home Subsidized (n=70)

26 **(If code "2" in S1, code "0", "2" or "3" in S7, and code "22" in S2:)** Kansas Licensed Family Home Non-subsidized (n=50)

27 **(If code "3" in S1, code "0", "2" or "3" in S7, and code "21" in S2:)** Missouri Licensed Family Home Subsidized (n=70)

S10. (Continued:)

28 **(If code "3" in S1, code "0", "2" or "3" in S7, and code "22" in S2:)** Missouri Licensed Family Home Non-subsidized (n=50)

29 **(If code "4" in S1, code "0", "2" or "3" in S7, and code "21" in S2:)** Nebraska Licensed Family Home Subsidized (n=70)

30 **(If code "4" in S1, code "0", "2" or "3" in S7, and code "22" in S2:)** Nebraska Licensed Family Home Non-subsidized (n=50)

31 **(If code "1" in S1, code "0" or "2" in S7, and code "31" in S2:)** Iowa Licensed Exempt Homes (n=55)

32 **(If code "2" in S1, code "0", "2" or "3" in S7, and code "31" in S2:)** Kansas Relative Homes (n=50)

33 **(If code "3" in S1, code "0", "2" or "3" in S7, and code "31" in S2:)** Missouri Registered Homes (n=50)

34 **(If code "4" in S1, code "0", "2" or "3" in S7, and code "31" in S2:)** Nebraska Approved Homes (n=50)

35 **(If code "1" in S1, and code "1" or "3" in S7:)** Iowa Head Start/Early Head Start (n=30)

36 **(If code "2" in S1, and code "1" in S7:)** Kansas Head Start/Early Head Start (n=50)

37 **(If code "3" in S1, and code "1" in S7:)** Missouri Head Start/Early Head Start (n=50)

38 **(If code "4" in S1, and code "1" in S7:)** Nebraska Head Start/Early Head Start (n=40)

_____ (1042) _____ (1043)

1. Currently, at peak time for you on a typical day, how many children are under your care? **(NOTE TO INTERVIEWER: Peak time is the time when the child caretaker is caring for the greatest number of children)** (Open ended **and code actual number)**

98 (DK)
99 (Refused)

_____ (1044) (1045)

2. Of the [**(response in #1)**] children under your care at peak time on a typical day, how many are **(read A-G)**? **(If respondent doesn't know exactly which age category each child falls into, ask for the respondent's best estimate)** (Open ended **and code actual number)** **(NOTE: Total of A-G needs to equal response in #1)**

00 None
DK (DK)
RF (Refused)

A. Birth up to twelve months of age

_____ (1401) (1402)

B. Twelve months up to 18 months of age

_____ (1403) (1404)

C. 18 months up to 24 months of age

_____ (1405) (1406)

D. 24 months up to 36 months of age

_____ (1407) (1408)

2. (Continued:)

E. 36 months up to 48 months (four years) of age

_____ (1409) (1410)

F. 48 months up to 60 (five years) months of age

_____ (1411) (1412)

G. 60 months (five years) of age and older

_____ (1413) (1414)

3. On a typical day, other than someone who has or might replace you when you are done, do other ADULTS work along with you in caring for these children? **(NOTE TO INTERVIEWER: If they ask for a definition of an adult, say it is anyone "18 or older")**

1 Yes - **(Continue)**

2 No **(Skip to "Note" before #5)**
3 (DK) **(Skip to "Note" before #5)**
4 (Refused) **(Skip to "Note" before #5)** _____ (1415)

4. **(If code "1" in #3, ask:)** How many adults, in total, usually work along with you on a typical day? (Open ended **and code actual number)**

97 97+
98 (DK)
99 (Refused)

_____ (1416) (1417)

(If code "21-26", "31" or "32" in S2, Continue; Otherwise, Skip to "Note" before #7)

5. Not including your own children, are any of the children you care for related to you?

1 Yes - **(Continue)**

2 No **(Skip to "Note" before #7)**
3 (DK) **(Skip to "Note" before #7)**
4 (Refused) **(Skip to "Note" before #7)** _____ (1418)

6. **(If code "1" in #5, ask:)** Other than your children, how many are related to you? (Open ended **and code actual number)**

98 (DK)
99 (Refused)

_____ _____ (1419) (1420)

(If code "01-14"in S2, Continue; Otherwise, Skip to "Note" before #8)

7. Please respond to the following statements about your present work situation. Please use a five-point scale, where "5" means that you strongly agree with the statement, and "1" means you strongly disagree with the statement. You may use any number between one and five. First, **(read A-L)**? **(If necessary, repeat scale)**

5 Strongly agree
4
3
2
1 Strongly disagree

6 (DK)
7 (Refused)

A. I know what is expected of me at work _____ (1421)

B. I have the materials and equipment I need to do my work right _____ (1422)

C. At work, I have the opportunity to do what I do best every day. _____ (1423)

D. In the last seven days, I have received recognition or praise for doing good work. _____ (1424)

E. My supervisor, or someone at work, seems to care about me as a person. _____ (1425)

F. There is someone at work who encourages my development. _____ (1426)

G. At work, my opinions seem to count. _____ (1427)

H. The mission or purpose of my company makes me feel my job is important. _____ (1428)

I. My associates or fellow employees are committed to doing quality work. _____ (1429)

7. (Continued:)

J. I have a best friend at work. _____ (1430)

K. In the last six months, someone at work has talked to me about my progress. _____ (1431)

L. This last year, I have had opportunities at work to learn and grow. _____ (1432)

(If code "01-14" in S2, and code "1" in S9, Continue; Otherwise, Skip to #9)

8. In your center, is it typical for one main teacher to stay with a child throughout the infant and toddler years?

1 Yes
2 No
3 (DK)
4 (Refused) _____ (1433)

9. Currently, on a typical day, how many children with verified disabilities or developmental delays, who are under five years of age, are in your care?

000 None
998 (DK)
999 (Refused)

_____ _____
(1434 - 1436)

10. [**(If code "21-26", "31" or "32" in S2, say:)** Do you/**(If code "01-14" in S2, say:)** Does your center] participate in your state's Child Care Food Program?

1 Yes
2 No
3 (DK)
4 (Refused) _____ (1437)

11. [**(If code "21-26", "31" or "32" in S2, say:)** Do you/**(If code "01-14" in S2, say:)** Does your center] have a formal agreement or contract to provide child care for **(read A-B)**?

1 Yes
2 No
3 (DK)
4 (Refused)

A. Early Head Start children, those aged zero through three _____ (1438)

B. Head Start children, those aged three to five _____ (1439)

(INTERVIEWER READ:) Now, I have some questions that deal with reasons why people choose to work in child care and education. I will be using the words "child care" after this to refer to both child care and child education.

12. First, I am going to read some statements. Please use a one-to-five scale for your answers, with "5" meaning the statement definitely represents why you work in child care, and "1" meaning it definitely does not represent why you work in child care. Of course, you can use any number between one and five. How about its **(read and rotate A-F)**?

5 Definitely represents
4
3
2
1 Definitely does not represent

6 (DK)
7 (Refused)

12. (Continued:)

A. My career or profession _____ (1440)

B. A stepping stone to a related career or profession _____ (1441)

C. A personal calling _____ (1442)

D. A job with a paycheck _____ (1443)

E. Work to do while your children are young _____ (1444)

F. A way of helping a family member, neighbor, friend, or other adult out _____ (1445)

13. How much longer do you plan to be a child care provider? Would you say it will be less than six months, between six months and one year, one year up to two years, two years up to five years, or five years or longer?

1 Less than six months
2 Six months to less than one year
3 One year to less than two years
4 Two years to less than five years
5 Five years or longer

6 (DK)
7 (Refused) _____ (1446)

14. Now, I would like to know how much you agree with different statements that relate to child care. Answer using a one-to-five scale, with "5" meaning you strongly agree with the statement, and "1" meaning you strongly disagree with the statement. You can use any number between one and five. How about **(read A-H)**? **(If necessary, repeat scale)**

5 Strongly agree
4
3
2
1 Strongly disagree

6 (DK)
7 (Refused)

A. Every day, you are able to greet each parent and child you care for when they arrive _____ (1447)

B. Every day, every child in your care is read to or receives picture book experiences _____ (1448)

C. At least once a year, you are able to talk formally with each parent about their child's development _____ (1449)

D. In the child care setting you work in, there are areas that are set up to encourage different forms of learning and play _____ (1450)

E. [**(If code "21-26", "31" or "32" in S2, say:)** Your child care facility/**(If code "01-14" in S2, say:)** The center where you work] has good indoor spaces for caring for children _____ (1451)

F. [**(If code "21-26", "31" or "32" in S2, say:)** Your child care facility/**(If code "01-14" in S2, say:)** The center where you work] has good outdoor spaces for children _____ (1452)

14. (Continued:)

G. Children have daily access to a good supply of toys and materials in your child care setting _____ (1453)

H. At least twice a week, you are left alone with too many children _____ (1454)

15. Do you have access to an Internet connection?

1 Yes - **(Skip to "Interviewer Read before #17)**

2 No - **(Continue)**

3 (DK) **(Skip to "Interviewer Read" before #17)**
4 (Refused) **(Skip to "Interviewer Read" before #17)** _____ (1455)

16. **(If code "2" in #15, ask:)** Are you planning to get an Internet connection within the next year?

1 Yes
2 No
3 (DK)
4 (Refused) _____ (1456)

(INTERVIEWER READ:) I now have some questions that relate to your education and training. These questions will be used to classify responses.

17. What is your highest level of education? Is it less than high school, high school or GED completed, some training or education beyond high school, one year child development program, two-year college degree, four-year college degree, or graduate school courses or degree?

1 Less than high school **(Skip to #19)**
2 High school/GED completed **(Skip to #19)**

3 Some training or education beyond high school - **(Continue)**

4 One year child development program - **(Autocode "1" in #18, then Skip to #19)**

5 Two-year college degree **(Continue)**
6 Four-year college degree **(Continue)**
7 Graduate school courses or degree **(Continue)**

8 (DK) **(Skip to #19)**
9 (Refused) **(Skip to #19)** _____ (1457)

18. **(If code "3", "5", "6" or "7" in #17, ask:)** Was your major area of training or education child development related?

1 Yes
2 No
3 (DK)
4 (Refused) _____ (1458)

19. Do you currently hold any of the following certificates? How about **(read and rotate A-E, as appropriate)**?

1 Yes
2 No
3 (DK)
4 (Refused)

A. Teaching certificate from your state _____ (1459)

B. CDA (Child Development Associate) _____ (1460)

C. Montessori _____ (1461)

D. Parents as Teachers _____ (1462)

E. **(If code "1" in S1, ask:)** Childnet _____ (1463)

(If code "1" in #19-A, Continue; Otherwise, Skip to #21)

20. Do you have any special endorsements from your state, including any in early childhood education, special education, or elementary education?

1 Yes
2 No
3 (DK)
4 (Refused) _____ (1464)

21. Have you completed a training program for any of the following? How about **(read and rotate A-I, as appropriate)**?

1 Yes
2 No
3 (DK)
4 (Refused)

A.	West Ed	_____	(1465)
B.	High Scope	_____	(1466)
C.	Montessori	_____	(1467)
D.	Creative Curriculum	_____	(1468)
E.	**(If code "4" in S1, ask:)** First Connections	_____	(1469)
F.	**(If code "4" in S1, ask:)** Heads Up Reading	_____	(1470)
G.	**(If code "3" in S1, ask:)** Project Construct	_____	(1471)
H.	CPR within the past two years	_____	(1472)
I.	First aid within the past two years	_____	(1473)

22. How long have you been caring for children [**(if code "21-26", "31" or "32"in S2, say:)** in your home/**(If code "01-14" in S2, say:)** at this center]? If you have stopped and started caring for them again [**(if code "21-26", "31" or "32" in S2, say:)** in your home/**(if code "01-14" in S2, say:)** at this center], please answer from the time you started again to now. (Open ended and code)

01 Less than three months
02 Three months to less than six months
03 Six months to less than twelve months (one year)
04 Twelve months (one year) to less than 18 months (1 1/2 years)
05 18 months (1 1/2 years) to less than 24 months (two years)
06 24 months (two years) to less than three years (35 months)
07 Three years to less than five years (59 months)
08 Five years to less than ten years (119 months)
09 Ten years to less than twenty years (239 months)
10 Twenty or more years

11 (DK)
12 (Refused)

_____ (1474) _____ (1475)

23. Since you were 18, how long, in total, have you worked in child care? (Open ended and code) **(NOTE TO INTERVIEWER: For this question, they do cumulate the total time they have worked in early child care in any setting since they were 18 years old, including time prior to any break they may have taken from this work)**

01 Less than three months
02 Three months to less than six months
03 Six months to less than twelve months (one year)
04 Twelve months (one year) to less than 18 months (1 1/2 years)
05 18 months (1 1/2 years) to less than 24 months (two years)
06 24 months (two years) to less than three years (35 months)
07 Three years to less than five years (59 months)
08 Five years to less than ten years (119 months)
09 Ten years to less than twenty years (239 months)
10 Twenty or more years

11 (DK)
12 (Refused)

_____ (1476) _____ (1477)

24. If you could do so now, would you choose work other than child care?

1 Yes
2 No
3 (DK)
4 (Refused)

_____ (1478)

25. From January through December of 2000, how many total hours of child care-related training would you say you received? In your total, include all sources of training. These range from videotapes, the Internet, and study materials to study groups, professional meetings, conferences, and course credits. Please answer in terms of actual hours of time spent, not in terms of any hours of credit you may have earned. (Open ended **and code actual number of hours)**

000 None - **(Skip to #27)**

997 Less than one
998 (DK)
999 (Refused)

_____ _____
(1479 - 1481)

26. Were any of the [**(response in #25)**] hours of training you received in 2000 from **(read and rotate A-H, as appropriate)**?

1 Yes
2 No
3 (DK)
4 (Refused)

A. Videotapes and study materials in your [**(if code "21-26", "31" or "32" in S2, say:)** home/**(if code "01-14" in S2, say:)** center] _____ (1482)

B. **(If code "01-14" in S2, ask:)** Training provided in your center by the director or other staff _____ (1483)

C. **(If code "2" or "3" in S1, ask:)** Support person who comes to your [**(if code "21-26", "31" or "32" in S2, say:)** home/**(if code "01-14" in S2, say:)** classroom]; these are sometimes referred to as Educare, Project Reach, or a traveling van with a support person _____ (1484)

26. (Continued:)

D. Support, study groups, workshops, or training within your community _____ (1485)

E. Regional, state, or national professional meetings or conferences _____ (1486)

F. Training or course work for which you received college credit, CEU credit, or a certificate from a state or nationally-recognized certifying group _____ (1487)

G. Internet _____ (1488)

H. Teleconferencing or ICN distance learning _____ (1489)

27. Now, please tell me how much you agree with this statement: "In general, I receive the kind of training I need to do my work right." Please use the one-to-five scale, with "5" meaning you strongly agree with this statement, and "1" meaning you strongly disagree with it. You can use any number between one and five.

5 Strongly agree
4
3
2
1 Strongly disagree

6 (DK)
7 (Refused) _____ (1490)

28. I am now going to read a list of child care and education associations. As I do, please tell me if you are currently a member of the association or not. How about **(read and rotate A-F, as appropriate)**? **(NOTE TO INTERVIEWER: Read FULL name, then read or pronounce abbreviation as indicated)**

1 Yes
2 No
3 (DK)
4 (Refused)

A. National Association for the Education of Young Children, or NAEYC (read letters N-A-E-Y-C) _____ (1501)

B. National Association for Family Child Care, or NAFCC (read letters N-A-F-C-C) _____ (1502)

C. Division of Early Childhood, or DEC (read letters D-E-C) _____ (1503)

D. Council for Exceptional Children, or CEC (read letters C-E-C) _____ (1504)

E. National School Age Child Care Alliance _____ (1505)

F. **(If code "3" in S1, ask:)** MO (don't read letters) Care _____ (1506)

(GO TO DEMOGRAPHICS)

DEMOGRAPHICS BEGIN HERE:

(INTERVIEWER READ:) I now have a few basic demographic questions. These questions are also being asked for classification purposes. I want to remind you that all of your answers are strictly confidential.

D1. AGE: What is your age? (Open ended **and code actual age)**

00 (Refused)
99 99+

_____ (1507) _____ (1508)

D2. MARITAL STATUS: Is your marital status **(read 1-5)**?

1 Single, never married
2 Single, living with a partner
3 Married
4 Divorced
5 Widowed

6 (DK)
7 (Refused) _____ (1509)

(DEMOGRAPHICS CONTINUED)

D3. ETHNICITY/RACE: Which of the following classifications best describes your ethnicity or race? **(Read 01-07)**

01 White Hispanic or Latino
02 Black Hispanic or Latino
03 Black or African-American
04 Asian
05 Native Hawaiian or other Pacific Islander
06 American Indian or Alaska Native, OR
07 White

08 (Other)
09 (DK)
10 (Refused)

_____ (1510) (1511)

(DEMOGRAPHICS CONTINUED)

D4. CHILD CARE INCOME: [**(If code "01-12" in S2, say:)** What are your annual earnings from child care, before taxes? Are they over or under $15,000?] [**(If code "13", "14", "21-26", "31" or "32" in S2, say:)** What are your annual earnings from child care, before taxes, but after you subtract expenses for your child care business, such as purchased equipment and other business expenses. These are your net personal earnings. Are they over or under $15,000?] **(NOTE TO INTERVIEWER: You can let them know that their best estimate is fine)**

(If "Under", ask:) Is it over or under $12,500?
(If "Under", ask:) Is it over or under $10,000?
(If "Under", ask:) Is it over or under $7,500?
(If "Under", ask:) Is it over or under $5,000?

(If "Over", ask:) Is it over or under $17,500?
(If "Over", ask:) Is it over or under $20,000?
(If "Over", ask:) Is it over or under $25,000?
(If "Over", ask:) Is it over or under $30,000?

01 Less than $5,000
02 $5,000 - $7,499
03 $7,500 - $9,999
04 $10,000 - $12,499
05 $12,500 - $14,999
06 $15,000 - $17,499
07 $17,500 - $19,999
08 $20,000 - $24,999
09 $25,000 - $29,999
10 $30,000 or more

11 (DK)
12 (Refused)

_____ (1512) _____ (1513)

D5. **(If code "01-14" in S2, ask:)** Do you receive any benefits from your child care work, such as insurance or vacation days?

1 Yes - **(Continue)**

2 No **(Skip to D7)**
3 (DK) **(Skip to D7)**
4 (Refused) **(Skip to D7)** _____ (1514)

D6. **(If code "1" in D5, ask:)** Do you receive **(read and rotate A-G)**?

1 Yes
2 No
3 (DK)
4 (Refused)

A. Health insurance for yourself, free or reduced _____ (1515)

B. Health insurance for your family _____ (1516)

C. Paid vacation days _____ (1517)

D. Paid sick days _____ (1518)

E. Paid days to attend professional meetings _____ (1519)

F. Reduced or no tuition for your own children to receive child care _____ (1520)

G. Retirement benefits _____ (1521)

(DEMOGRAPHICS CONTINUED)

D7. Are you a parent?

1 Yes - **(Continue)**

2 No **(Skip to D9)**
3 (DK) **(Skip to D9)**
4 (Refused) **(Skip to D9)** _____ (1522)

D8. **(If code "1" in D7, ask:)** Are any of your own children cared for [**(if code "21-26", "31" or "32" in S2, say:)** along with the other children you care for in your home/**(if code "01-14" in S2, say:)** at the center where you work]?

1 Yes
2 No
3 (DK)
4 (Refused) _____ (1523)

D9. As a final question, we would like to hear from you in your own words. What do you think are the two most important issues facing child care today? **(Probe:)** What other issue? (Open ended) **(Probe for two responses)**

01 Other (list)
02 (DK)
03 (Refused)
04 HOLD
05 HOLD

_____ 1st Resp: _____ (1524) _____ (1525)

_____ 2nd Resp: _____ (1526) _____ (1527)

(DEMOGRAPHICS CONTINUED)

D10. GENDER: **(Do not ask; code only)**

1 Male
2 Female _____ (1528)

D11. FUTURE PARTICIPATION: Lastly, I want to let you know that a few respondents will be drawn at random for a possible follow-up, in-person visit by researchers from [**(if code "1" in S1, say:)** Iowa State University/**(if code "2" in S1, say:)** The University of Kansas/**(if code "3" in S1, say:)** The University of Missouri/**(if code "4" in S1, say:)** The University of Nebraska]. Data from these visits will also be confidential and reported only as totals. These participants will be offered a financial award or gift certificate for their programs or classrooms. If you are selected, is it okay to contact you to help tell the story of child care in **(response in S1)**?

1 Yes
2 No
3 (DK)
4 (Refused) _____ (1529)

(INTERVIEWER READ:) Again, this is _____, with The Gallup Organization of Lincoln, Nebraska. I'd like to thank you for your time. Our mission is to "help people be heard", and your opinions are important to Gallup in accomplishing this.

(VALIDATE PHONE NUMBER AND THANK RESPONDENT)

INTERVIEWER I.D.# _____ (571-574)

vkt\midwest consortium\midwest consortium-child care-0104