Theme II: Child Care Policies and Their Effects on the Workforce: Characteristics, Professional Development, Market Niches, and Quality

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Framework: Rough Theory of Change Model

- Long-term outcomes: child outcomes>intermediate outcome: child care quality>intermediate outcome: intervention>target: provider
- More complexity: subsidy system variables and effects; parent choices; interaction between subsidy system and parents' choices and providers;
- Context: national policy (welfare: TANF; child care support: CCDF; education: No Child Left Behind; Head Start and Early Head Start; state policy: subsidy system; quality set-aside initiatives; universal Pre-K;
- Larger context: economy (effect on jobs, families; state budgets); changing demographics (growing numbers of immigrants: more children whose first language is not English, families with different cultures=implications for child care programs and parents' child care choices; adults with different educational backgrounds; aging population=implications for workforce

Where We Ended Last Year

- Terms that needed clearer definitions: education, training, mentoring, technical assistance and home-based child care: family, friends and neighbors, kith and kin, informal child care, child care that is exempt from licensing requirements
- Questions that needed answers: Do we know what kinds of outcomes we should expect from providers? What represents meaningful change in provider behavior? What is needed to make those meaningful changes? Do environmental observation scales like the ECERS and the FDCRS tell us what we want to know about quality or what we need to know? What do we know about the effects of different professional development strategies on different types of providers in different settings?

What We Know about the Child Care Workforce

- Administrative and regulatory data from federal, state and local programs: roughly 900k subsidized CC: 112,000 center providers; approximately 600,000 family child care providers; and approximately 200,000 in-home providers; w/ HS/EHS: 117,000 child development staff; total is slightly more than 1 million; does not include pre-kindergarten teachers, staff in centers, family child care homes, or family, friend and neighbors who do not provide care for subsidized children
- Demand-based estimates: paid providers: 1.5 million: 1.25 ffn; 650k family child care; 550,000 center staff (Brandon); **chk unpaid**
- Questions about how to measure size: whether child care is an occupation or a sector; where to collect data: no standard federal definitions, missed state opportunities from market rate surveys or licensing data

What We Know about Provider Characteristics and Quality

- Early studies link educational levels and quality: several studies show majority of providers w/ an AA/CDA e.g. 33% in CQO centers; 47% in Midwest centers and family child care providers; half of family child care providers in UC Berkeley study; variation between percentage with BAs and high school
- Recent studies add to our knowledge: WI Research Partnership study of directors(n=256 directors)most qualified teachers—with BAs and early childhood training had rated higher on child-centered beliefs; MA study of preschools: education

associated with stimulation and engagement e.g. HS w/ some college rated lower (4.69) than those with AA or higher(5.29) but not w/warmth or sensitivity; FACES: teachers w/ more education had higher scores on k and s(BAS higher than AAS); score on teacher knowledge and beliefs higher on ECERS

- Training may also be linked to quality: Berkeley study found link between training and quality for providers with lower educational levels; 24 hours of cc training; CPR/1st Aid; and intense training were linked to quality in Midwest study
- Don't know much about experience as a factor, but some research—WI's suggests it may play a role
- Other factors include higher wages, which may be associated with higher education or more experience, or contextual factors such as linkages to the subsidy system or ratings systems

Aspects of Quality

- Structural: in addition to teacher qualifications includes staff-child ratios and group size; also includes health and safety features; associated with regulatory requirements; varies state by state for centers, family child care homes, and providers who are exempt from licensing requirements. e.g. no limit on number of non-related children for exempt providers in CA if children are from one family; must be regulated as family child care providers in New York if care for more than 2 non-related children for more than 2 and _ hours; different regulations for group size for different ages of children in centers; different regulations for adult-child ratios; important because it affects attention to individual child;
- Process: caregiver-child interactions--related to influence of adult-child relationships on children's development; nurturing and individual attention (to support socio-emotional development, which is the foundation for other learning;)sensitivity and responsiveness comforting children, understanding children's cues; activities that support language and cognitive development(talking, singing, reading, dramatic play, using shape and sorting toys and other concept-based materials; scaffolding); physical development (opportunities for fine motor development such as coloring and those for physical development such as running and climbing; discipline—negative and positive, which plays a role in children's socio-emotional development; relationships with parents

Measures of Quality

- Common measure: ECERS; global quality: based on seven scales (Space and Furnishings, Personal Care Routines, Language-Reasoning, Activities, Interaction, Program Structure, and Parents and Staff; 7 point scale—inadequate to excellent: any item in 1 rated as inadequate; can only reach interim scores if have all items in lower score plus half of items in next higher score; e.g. all of 3 and half of 4 is a 4. Includes environmental features such as materials (10 or more age appropriate books for a **chk in chk)** as well as process: some social talking to children and **xx** for a score of 3 in **xx.**
- Other measures: attachment (**chk**Arnett Scale of Provider Sensitivity), teacher engagement (Howes Teacher Involvement Scale) sensitivity and responsiveness, positive regard (Observational Record of the Caregiving Environment; language (Child-Classroom Observation Scale); **xxx** (Child Care-Home); Caregiver-parent relationships (Elicker); others**??**
- Many studies show minimal to good (3-5) on the ECERS e.g. CQO, and NICHD
- Questions about measures: Qs: single child or group; single teacher or group; global quality or fine-grained e.g. language (C-COS), attachment (Arnett), teacher-directed or child-directed

- Questions about methods: phone interview v. observation; length of survey;

Research Implications and Policy

- What do we need to know about provider characteristics to inform interventions to improve quality? Which characteristics seem to have a stronger relationship with better child care quality? How do we describe these characteristics?
- What do we know about what providers need? What is the fit between their needs and efforts to improve quality?
- How do we measure the effects of these interventions? What are the trade-offs between global measures and those that are more fine-grained for research? For policies to improve child care?