



## HOW DOES KDHE LICENSING SUPPORT THE QUALITY OF FAMILY CHILD CARE FOR YOUNG CHILDREN IN KANSAS?

*The Midwest Child Care Research Consortium and the KACCRRRA Child Care Quality Study have found empirical evidence that Kansas licensure is associated with professional preparation and practices that ensure children's health and safety, thus providing the foundation for high quality care that supports and enhances children's development .*

### policy brief

#### Background

Findings for this brief were drawn from two recent studies. In 2001, the *Midwest Child Care Research Consortium (MCCRC)* began research on a range of issues associated with child care quality and conditions in a 4-state region (Kansas, Missouri, Iowa and Nebraska). In Kansas, 592 providers participated in telephone interviews, and 92 of these were randomly selected for on-site interviews and observations. From 2000 to 2002, the *Kansas Association of Child Care Resource and Referral Agencies (KACCRRRA)* conducted the Child Care Quality Study, a longitudinal study of 196 programs that serve infants and toddlers across the state, focusing on characteristics of early child care and the effectiveness of a training initiative to improve the quality of care.

In Kansas, family child care homes may be either "*licensed*" (with yearly KDHE inspections to ensure that they meet basic requirements) or "*registered*" (regulated but not subject to yearly inspections). Thus, comparisons of licensed and registered child care homes provide an opportunity to examine the effects of the Kansas licensing requirements in supporting the basic needs of young children in out-of-home care.

*The Midwest Study and the Child Care Quality Study are consistent in their findings that licensure is associated with higher quality in all aspects of care and is critical for supporting care that meets minimal needs. Results suggest that licensure also is associated with professional training that gives providers the information and experience they need to move beyond minimal requirements to activities and experiences that foster the development of children in their care.*

#### Policy Recommendations

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

- Encourage or require more programs to become licensed.
- Maintain or enhance the current licensing standards, which have produced positive outcomes in Kansas
- Encourage or require more participation in continuing training.
- Create programs to enhance access to Child Development Associate Certification.

## **How Is Quality Child Care Defined and Measured?**

We used nationally recognized and validated measures of child care quality in our study: the Infant/Toddler Environment Rating Scale (ITERS), Early Childhood Environment Rating Scale (ECERS), and the Family Day Care Rating Scale (FDCRS). Previous studies have supported the validity of these scales as measuring program features that are linked to positive outcomes for children. Each of these scales has six subscales describing specific features of a program (space and furnishing, basic care routines, language development, social development, learning activities, and provisions for adult needs). Possible ratings range from 1 to 7, with ratings from 1 to 2.9 indicating poor care (does not meet basic custodial needs), 3 to 4.9 being minimal (meets basic care and safety needs), and 5 to 7 indicating good-to-excellent care (goes beyond minimal needs to provide experiences that support children’s development).

## **Licensure is Associated with Higher Quality Care**

In both studies described here, licensing was associated with higher ratings in every aspect of care. The table below displays quality ratings from the Kansas sample of the Midwest Child Care Study. In licensed homes, all subscales averaged in the minimal to good range, meaning that they met at least criteria for a safe, adequate environment. Furthermore, approximately 1/3 of licensed home achieved ratings in the good range – that is, they provided positive interactions, personalized care, and materials to support children’s development. In contrast, over half of registered homes did not meet minimal requirements for basic care and safety, and none were rated as good. In provider interviews, licensed home providers were more likely to report that they read to children every day (82%) and had areas to encourage play and learning (82%), compared to 71% and 68%, respectively, for registered providers.

	Licensed Homes	Registered Homes
Space and furnishings	4.1	3.0
Basic care routines	4.1	3.0
Activities to support language and reasoning	4.9	3.9
Learning activities	4.4	3.1
Experiences to support social development	5.0	4.0
Provisions for parent and staff needs	5.8	4.4
Overall quality	4.5	3.2

## **Licensed Providers Are More Likely to Pursue Training and Professional Development**

In the Child Care Quality Study, over 1/3 of licensed home providers had completed or were working on the Child Development Associate certificate, more than 4 times the proportion for registered providers. Compared with registered homes, licensed providers completed significantly more training hours, attended more training events, and made more requests for technical assistance from the Infant/Toddler Project. These differences are notable because CDA certification, training, and technical assistance have been the strongest predictors of child care quality. Thus, in addition to ensuring that programs meet the basic requirements for care, licensure may provide a structure for encouraging providers to obtain the training that is essential for enhancing quality.

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