



## WHAT ARE THE CHARACTERISTICS OF HIGH AND LOW QUALITY CHILD CARE PROGRAMS IN KANSAS?

*Findings from the Midwest Child Care Research Consortium indicate that high quality child care programs have providers with notably more education and training, belong more often to professional child care associations, and have higher salaries and benefits, than providers in low quality programs.*

### policy brief

#### Background

In 2001, university researchers and state program partners in four states (Missouri, Iowa, Kansas, and Nebraska) initiated the Midwest Child Care Research Consortium (MCCRC). The focus of the Consortium's work is to conduct a large longitudinal study on a range of issues associated with child care quality and conditions. Across the four states, a random selection of 2,022 child care providers participated in the study representing licensed child care centers, licensed family child care homes, registered child care homes, and subsidized care by relatives. In Kansas, 592 providers participated in telephone interviews, and 92 of these were randomly selected for on-site interviews and observations to rate the quality of their care.

*It is important to assess quality in child care because high quality child care has been shown to have a positive influence on children's cognitive and social-emotional development, while low quality care has detrimental effects.*

This brief will focus on a comparison of characteristics of Kansas child care providers who had high quality ratings in these observations, versus those that were given the lowest ratings.

*In Kansas, the most distinctive features associated with high quality were licensure, CDA certification, training, professional affiliations, higher wages, and benefits.*

#### 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.
- Encourage or require more participation in continuing training.
- Create programs to enhance access to Child Development Associate Certification.
- Encourage programs and staff to become affiliated with professional organizations where they can network and learn more about quality care.
- Attract better trained and higher quality staff with improved wages and benefits.

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

We used nationally recognized and validated measures of child care quality in our study. For child care centers, the measure for classrooms serving infants and toddlers is the Infant/Toddler Environment Rating Scale (ITERS), and the measure for children 3-5 is the Early Childhood Environment Rating Scale (ECERS). For child care provided in homes, the measure is 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 (do not meet basic custodial care needs), 3 to 4.9 being minimal (meet basic care and safety needs), and 5 to 7 indicating good-to-excellent care (provides developmentally appropriate, personalized care, and has good materials for children's use).

## **How Do Kansas Child Care Programs Rate in Quality?**

In Kansas, the majority of programs (59%) fell in the "minimal" range, that is, rating between 3 and 4.9 on the scales, which means they are safe and meet basic care needs. Among study participants, 6 centers and 8 homes were rated as "good," meaning the programs have positive interactions with children, provide personalized care, and have good materials for children. These 14 high quality programs achieved a "good" rating in all aspects of care, with the exception that infant/toddler centers were rated as minimal in providing for parent and staff needs. In contrast, we found 15 programs (7 centers and 8 homes) that were rated as "poor" in almost every respect, meaning they do not meet basic custodial care needs. The only exceptions were that poor infant/toddler centers met minimal standards for space and furnishings and poor child care homes had minimally adequate provisions for parents and staff.

## **What Characteristics Distinguish High and Low Quality Child Care?**

Next, we looked for distinctive characteristics of high quality and low quality programs, based on patterns of responses to the telephone survey. The following table lists those characteristics that most clearly distinguished high and low quality programs.

<b>Characteristic</b>	<b>High Quality</b>	<b>Low Quality</b>
Licensure	All high quality programs (both centers and homes) were licensed, meaning they are inspected annually.	Lower quality centers were licensed, as required by state law; but only 25% of lower quality family care homes were licensed.
Training	Providers in high quality programs averaged 34 hours of child care training in the year 2000, and all had received CPR and first aid training within the past 2 years.	In lower quality programs, providers had fewer child care training hours (21), and only half of home providers had CPR and first aid training.
Child Development Associate Certification	Centers: 67% had the CDA Homes: 50% had the CDA	None had completed CDA certification.
Membership in NAEYC or other professional organization	Centers: 50% Homes: 40%	Centers: 14% Homes: 11%
Yearly wages and benefits	Centers avg. \$12,000-\$15,000 All had benefits Homes avg. \$12,000-\$15,000	Centers avg. \$10,000-\$12,500 50% had benefits Homes avg. \$7,500-\$10,000

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