



WHAT IS THE RELATIONSHIP OF TRAINING AND EARLY HEAD START AFFILIATION TO QUALITY CHILD CARE PROGRAMS IN KANSAS?

Findings from the Midwest Child Care Research Consortium indicate that in Kansas, training makes a notable difference in quality of child care. Programs affiliating with Early Head Start and the Kansas Association for Child Care Resource and Referral Agencies also have significantly higher quality.

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 infant, toddler, and preschool centers including Head Start and Early Head Start programs, licensed family child care homes, and license-exempt centers. 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 an exploration of the relationship between training and affiliation with Early Head Start programs, and quality child care in Kansas.

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:

- Provide incentives for child care providers to achieve a Child Development Associate Certification
- Encourage or require more participation in continuing training.
- Provide a menu of training opportunities and incentives for providers to attend.
- Expand opportunities for providers to affiliate with technical assistance resources such as EHS/HS.

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 seven subscales describing specific features of a program (space and furnishing, basic care routines, language development, social development, learning activities, interaction, program structure, and provisions for adult needs). They have a possible rating from 1 to 7. In the present analysis, we have followed the authors' suggestions that ratings from 1 to 2.9 are "poor" care (does not meet custodial care needs), ratings 3 to 4.9 are "minimal" care (meets basic safety and custodial care needs), and ratings 5 to 7 are "good-to-excellent" care (provides developmentally appropriate, personalized care with positive interactions for children).

How Does Training Relate to Quality in Kansas Child Care?

Based on these observations and a comparison with responses to the telephone surveys, we found significant relationships between quality and various kinds of training, as follows :

- *Child Development Associate Certification.* The strongest and most consistent predictor of quality was completion of a Child Development Associate (CDA) credential. For Infant/ Toddler Centers, we found significantly higher ratings for listening and talking, learning activities, and program structure, for providers with a CDA. For Early Childhood (3-5) full day Centers, we found CDA providers scored significantly higher in personal care, interaction, and parent-staff relationships. For Family Care Homes, CDA providers scored significantly higher in space and furnishings, basic care, learning activities, and adult needs.
- *Education and Experience.* In programs receiving a high quality score (5-7), providers in Centers tended to have higher education levels, with 67% having education beyond high school and 50% having a 4-year college degree. In Homes with high quality scores, 67% had education beyond high school and 11% had completed a 4-year degree.
- *Inservice Training.* In Infant/Toddler Centers, providers who participated in support groups, workshops or other training opportunities had significantly higher quality ratings overall. In Early Childhood Centers, training provided by the Director was associated with higher quality care. In Family Care Homes, CPR and first aid training were predictive of higher quality scores.
- *Head Start/Early Head Start Collaboration.* While only a small percentage of our sample have a formal partnership with HS/EHS (50 of 589), the trend is interesting. More than three times the proportion of the HS/EHS partnerships were in licensed homes, than other settings. One of the responsibilities of these programs is to broker partnerships with child care and to provide technical assistance to improve quality. Since licensed homes tend to have a higher quality level than registered homes, the financial and technical assistance incentives of partnership with EHS/HS is promising.

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