

Executive Summary

TWO YEARS IN EARLY CARE AND EDUCATION:

A Community Portrait of Quality and Workforce Stability

Alameda County, California



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For the full study report, *Two Years in Early Care and Education: A Community Portrait of Quality and Workforce Stability*, visit the web site of the Center for the Study of Child Care Employment, University of California at Berkeley, at www.iir.berkeley.edu/cscce, or the Center for Research on Children in the U.S., Georgetown University, at www.crocus.georgetown.edu.

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Introduction

As we enter a new century, Americans are engaged in a serious national debate about the future of education. Much of the policy discussion about educational reform is focused on the school achievement gap between children of low-income families and other children, and on the stated goal of assuring “no child left behind.” Research has attributed this gap to an array of problems including poverty and community violence (Barton, 2003), but studies of education have also shown that this gap among children tends to widen as they progress through school, with poor children receiving poorer-quality education in classrooms led by less-qualified teachers (Shields et al., 1999). In practice, a central goal of reform is to ensure that children of all ages receive the same quality of education—no matter where they live, what their economic status or racial or ethnic identity may be, or what kind of program or school their families choose for them. Growing documentation that the gap originates in the extremely variable levels of readiness with which American children enter Kindergarten (Shonkoff & Phillips, 2000), and that high-quality early care and education can help narrow this gap (Barnett, 1998; Barnett, Tarr, Lamy & Frede, 1999, 2001; Bowman, Donovan & Burns, 2001; Gormley & Phillips, 2003; Marshall et al., 2001), has led many to support high-quality, universally-available preschool programs.

This study is the first to provide a comprehensive portrait of early care and education services in one community, followed prospectively over time, and including all three sectors of the industry: licensed center-based care, licensed family child care homes, and license-exempt home-based care. Knowing that children are entering Kindergarten with different levels of readiness, we set out to examine the full variety of out-of-home settings where young children are educated and cared for prior to entering school.

The nation's early care and education system differs from K-12 education in many ways: it is not mandatory, and it is not predominantly public school-based, but rather housed in a wide array of settings, supported primarily by parent fees along with multiple public funding streams, and subject to widely varying levels of regulation (including no regulation). This diversity potentially offers families a wide range of choices when deciding what's best for their children. But many families' decisions about early care and education are fraught with difficulty, not only because of the vulnerability of young children, but due to the complexity of finding and affording developmentally, culturally and linguistically appropriate care that covers the full schedule they need.

This study, like many previous child care studies, has been guided by an abiding interest in understanding, and ultimately ensuring, the features of early care and education settings that foster the optimal development of all children. In examining differences among sectors of the early care and education system, our intention has been to identify strengths and weaknesses in the hope that weaknesses can be addressed. We are not seeking to promote or discourage the use of any particular form of care, but rather to strengthen all segments of the diverse early care and education system in order to enhance parental choice of a range of high-quality options.

Data collection took place in Alameda County, California, during a two-year period (2001-2003) when the early care and education field was facing a variety of pressures, including an economic downturn, budget cuts, ongoing demands from welfare reform, growing interest in establishing an universal preschool program in the state, and concerns about the qualifications of many personnel entering the workforce. Growing awareness that experiences during the preschool years are a critical foundation for

lifelong learning and citizenship provided an additional backdrop to the study. Prompted in part by this awareness, as well as increased evidence about the importance of teacher education and stability for the quality of services, Alameda County began a substantial investment in professional development and retention for the early care and education workforce just as this study was launched.

In producing this portrait, we had three primary goals:

- 1. To look at the full range of early care and education services available in one community to families with different levels of income and/or access to public subsidies.** The study provides an in-depth look at the quality of services provided in child care programs receiving public subsidies,¹ and in programs not receiving subsidies. Non-subsidized programs were divided into two groups: those located in low-income neighborhoods, and those in middle-income neighborhoods.
- 2. To understand how the workforce varies within and across the licensed sectors of the early care and education field, as well as the factors that contribute to movement in and out of the field.**

Between 2001 and 2003, we sampled and followed licensed child care providers and center-based teaching staff and directors to examine characteristics of the current workforce and their associations with quality of care; patterns and predictors of movement within and out of child care employment; and the factors that contribute to workforce retention. We were particularly interested in understanding the conditions that enable providers in different settings to provide high-quality care and to remain in the field.

Comparisons across sectors of the industry are particularly challenging for a number of reasons. First and foremost, center-based and home-based child care environments are notably distinct in character. Typically, centers are environments established for one sole function, namely the care and education of young children, whereas homes, by definition, serve as the living space for adults and children who may or may not be involved in the child care. While some centers are owner-operated, centers typically are larger financial operations than homes. Licensed family child care homes are owner-operated by design, and relatively small.

While centers may operate beyond an eight-hour day, instructional staff typically are restricted to eight-hour shifts, whereas family child care providers' businesses may operate day, evening and weekend hours, and the provider may be on call throughout that period with little or no respite. Where centers may serve children of different ages in various classrooms, home-based programs typically serve mixed ages (often including siblings) within the same group of children. To compare sectors fairly along certain dimensions, assessment tools have been developed for different settings. As described below, we have chosen measures that were both intended for a specific type of care as well as those that can be used across settings.

3. To gain a deeper understanding of the stability and variability of license-exempt home-based providers. This study is the first to examine the growing sector of informal, license-exempt, home-based care in the context of the full range of early care and education services available in a community. In recent years, public subsidies have increasingly been spent in California on this sector to serve children of low-income working families or families leaving welfare.

The Sample:

Alameda County, California

We selected Alameda County, California, as our study site for two primary reasons. First, it has a diverse local child care market composed of a well-developed center-based population, as well as a large pool of licensed and license-exempt home-based providers. Second, it represents a relatively supportive environment for at least some sectors of child care providers, based on policies and programs that foster professional development and workforce stability. We selected a relatively “high-end” site with regard to child care work environments, in order to assess employment patterns over time under relatively favorable conditions.

Alameda County, located on the east side of San Francisco Bay, includes the cities of Oakland, Berkeley, Fremont and Hayward, and has a population of nearly 1.5 million. The county is economically diverse, containing census tracts with incomes that range from very poor to very wealthy. While more children under 18 (18 percent) live in poverty than is typical nationally (16 percent), the median household income of \$50,196 also exceeds the national average of \$42,228 (U.S. Bureau of the Census, 2001). As in other parts of the San Francisco Bay Area, a tight housing market contributes to a high cost of living. The county is also ethnically diverse. As of 2000, 49 percent of the population was White, 15 percent was African American, 20 percent was Asian American or Pacific Islander, and 19 percent (of any race) identified as Hispanic. Eighty-five percent of persons over 25 were high school graduates, and 37 percent had achieved a four-year college degree or higher as of 2000 (U.S. Bureau of the Census, 2000).

Many Alameda county residents depend on child care services. Some 54 percent of the county’s 119,124 children from birth to age five have parents in the labor force (U.S. Bureau of the Census, 2000). But according to the 2001 California Child Care Portfolio, the county’s licensed child care supply is

available for only 32 percent of children who have both parents or a single parent in the labor force. Thus, more than two-thirds of such children are cared for each day either by a working parent or by other relatives or providers in informal, unlicensed settings. Sixty-four percent of all licensed slots are in child care centers, and 36 percent are in family child care homes (California Child Care Resource and Referral Network, 2001; Sonenstein, Gates, Schmidt & Bolshun, 2002).

In recent years, Alameda County has had an unusually strong record of developing initiatives to improve the quality of early care and education, and to offer child care workers incentives to stay in the field. The “Every Child Counts” program of the Alameda County Children and Families (or “First 5”) Commission includes several workforce efforts, particularly the Child Development Corps, an incentive program for teachers, directors and home-based providers (licensed and license-exempt) who make a commitment to pursuing their professional development and wish to remain in the field. This program, which offers annual stipends of \$500 to \$5,100, began a few months prior to our initial data collection. Mentor programs, career and professional growth counseling, and a Child Care Fund offering

facility development loans and grants to child care centers and homes, are also available in the county.

Our measures provided program-level and individual-level data. At the program level, we measured the quality of the child learning environments, caregiver-child interactions and adult work environments in the centers and homes, and obtained overall information in these various settings about the workforce (including turnover and stability) and about the children and families served. At the individual level, we obtained information about directors', teachers' and providers' backgrounds; family circumstances and income; work responsibilities and attitudes; English literacy skills; and levels of depression. (See box, "Measures Used in This Study.")

In addition, 12 license-exempt home-based providers participated in a qualitative subcomponent of the study. Since the license-exempt home-based sector of the child care industry is not subject to regulation, the total population of license-exempt providers is unknown, and it is therefore impossible to build a representative sample of this part of the workforce. To develop as accurate a portrait of this sector as possible, our study undertook a three-part approach: 1) we developed detailed case studies of 12 license-exempt providers through interviews, observations and quality assessments; 2) we convened two focus

groups of agency administrators and support staff who work with license-exempt providers in Alameda County; and 3) we analyzed administrative data available from local agencies on those license-exempt providers receiving subsidy for caring for children of low-income families.

Our final sample consisted of 197 participants: 83 teachers and 42 directors representing 42 licensed centers located throughout the county, 60 providers operating licensed family child care homes, and 12 license-exempt providers. The educational background and qualifications of center-based staff in our sample were equivalent to those found in other recent local studies (Burton, Lavery & Duff, 2002; Whitebook et al., 2002a), but twice as many licensed family child care providers in our sample had BA degrees as was found in a recent local study (Whitebook et al., 2002b). It appears, therefore, that the sample for this study is typical for the county with regard to center-based care, but more highly qualified than is typical of licensed family child care. We employed a longitudinal design in which this workforce was followed over a period of approximately two years. Data were collected in February-August 2001, January-March 2002, and January-March 2003. Quality assessments of child care environments were made only in February-August 2001.

Measures Used in This Study

The **Early Childhood Environment Rating Scales (ECERS-R)**, Harms, Clifford & Cryer, 1998; **FDCRS**, Harms & Clifford, 1989; **ITERS**, Harms, Cryer & Clifford, 1990) are designed for different settings and ages of children, to comprehensively assess the day-to-day quality of care. They contain items organized into such categories as:

- ◆ Space and Furnishings
- ◆ Personal Care Routines
- ◆ Language and Reasoning (or Listening and Talking, for infants and toddlers)
- ◆ Learning Activities
- ◆ Interactions and Social Development
- ◆ Program Structure
- ◆ Parent and Staff/Adult Needs
- ◆ Provisions for Exceptional Children.

Scores range from 1 to 7, with 1 indicating care that is inadequate to meet health and development needs, and 7 indicating excellent care.

The **Child Care HOME Inventory**, completed in license-exempt home-based settings in this study, is a modified version of the HOME inventory (Caldwell & Bradley, 1984), which includes 45 items, scored yes or no, in an interview and observational format to assess:

- ◆ caregivers' responsiveness to, acceptance of, and involvement with the child,
- ◆ the organization and learning materials in the home environment, and
- ◆ the variety of experiences offered the child.

Higher scores signify a more favorable caregiving and learning environment for children.

The **Caregiver Interaction Scale** (Arnett, 1989) measures the emotional and behavioral relationships between teachers or providers and the children. The 26-item scale rates:

- ◆ Teacher or provider sensitivity, e.g., their degree of warmth, attentiveness and engagement,
- ◆ Style, e.g., their degree of harshness, and their level of punitive and critical interactions,
- ◆ Detachment, e.g., their level of interaction with, interest in and supervision of children.

High scores (on a range from 1 to 4) indicate adults who are warm, engaged, and use consistent and appropriate disciplinary strategies, and low scores indicate providers who are harsh, detached, and use inconsistent or inappropriately strong forms of discipline.

The **Child-Caregiver Observation System (C-COS)**, Boller & Sprachman, 2001), captures one-on-one interactions between caregivers and children. The C-COS involves both frequency counts and ratings of caregiver-child interaction in six cycles of observation during a two-hour period. Rated behaviors encompass:

- ◆ verbal interaction (both positive and negative),
- ◆ affective qualities of the interactions,
- ◆ stimulation of age-appropriate learning,
- ◆ the responsiveness and sensitivity of the interactions, and
- ◆ children's affect, idleness and activity.

The **Center for Epidemiologic Studies of Depression, CES-D** (Radloff, 1977) is a self-report measure of current levels of symptomatology that cluster into dimensions consistent with the two major criteria for a diagnosis of depression: depressed mood, and lack of pleasure or the capacity to experience it. It is composed of 20 items, answered on a four-point scale from "rarely" or "none of the time" (0) to "most of the time" (3). The possible range of scores is 0-60. A score at or above a cutoff of 16 indicates symptoms consistent with diagnostic criteria for depression

The **Document Literacy Scale** from the **Tests of Applied Literacy Skills (TALS)**, Sum, Kirsch & Taggart, 2002) assesses the knowledge and skills required, for example, to:

- ◆ locate and use information contained in such formats as maps, transportation schedules, child care regulations and safety procedures,
- ◆ complete emergency forms, Individual Education Plans, and forms required by the state for child care subsidy recipients.

This scale assesses reading skills for adults in everyday life, as opposed to school-based reading tests. Scores on TALS scales represent five literacy levels, with Level 1 representing the lowest level and Level 5 the highest. Scores in the 3 range are considered the minimum literacy level needed for success in today's labor market.

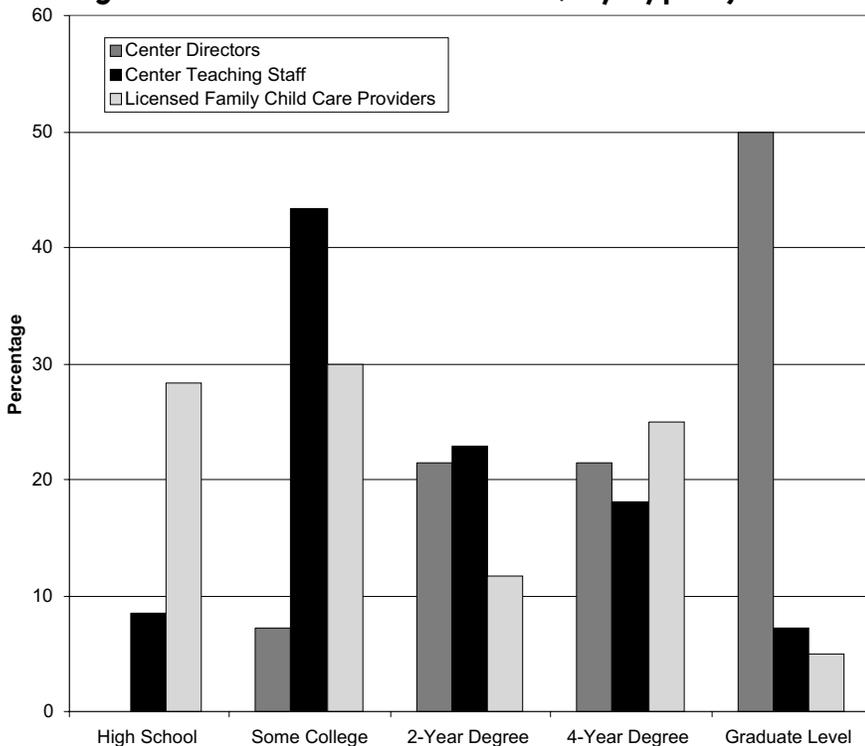
These measures have been widely used in other studies (Helburn, 1995; Howes et al., 1998; Kontos et al., 1995; NICHD Early Childhood Research Network, 1996, 1997, 2000, 2002; Whitebook et al., 1990). Further detail about these measures can be found in Chapter 1 of the full study report ("Introduction and Study Design").

Findings

1 The early care and education workforce in Alameda County is composed predominantly of women of color, with a substantial minority living in precarious economic circumstances. In the context of wide variation in education and training, the majority of center-based teaching staff have at least some college education, as well as specialized training in early childhood education, whereas education and training vary more widely among licensed family child care providers.

- The early care and education workforce in our sample was predominantly female, married or living with a partner and children, and between the ages of 30 and 50. Women of color represented one-half of center directors, two-thirds of center-based teaching staff, and nearly three-quarters of licensed family child care providers.
- Nearly one in four teachers had annual household incomes below \$25,000, and 20 percent of licensed providers and one-third of teachers lived in households that did not meet the self-sufficiency standard for their family size and location.² Roughly one-third of center teachers and licensed family child care providers had previously received public assistance, and approximately one-fifth of the sample had plans to leave the county due to high housing costs.
- Only one-half of centers offered fully-paid health benefits; two-thirds of licensed family child care providers were covered by health insurance, primarily through their spouses' or partners' health plans.
- Most members of the center-based workforce had completed some relevant college-level education, but educational attainment varied more widely among licensed family child care providers. This disparity may partly reflect different levels of educational requirements for center-based staff and licensed family child care providers. All center directors in the sample had some college education; of the 71 percent with a four-year degree or more, over two-thirds had completed some graduate work. Nearly one-half of center-based teachers had at least a two-year college degree, and one-quarter had a four-year degree or more; only eight percent had a high school degree or less. Although a higher percentage (30 percent) of licensed family child care providers had at least a four-year degree, 28 percent had a high school degree or less. (See Figure 1.)

Figure 1. Educational Attainment, by Type of Care



Although a higher percentage (30 percent) of licensed family child care providers had at least a four-year degree, 28 percent had a high school degree or less. (See Figure 1.)

- College-level training in early childhood education also varied in this sample. The majority of center

directors and teachers had completed more than 24 units of such training. While 30 percent of family child care providers had completed more than 24 units, 35 percent had received no training beyond high school.

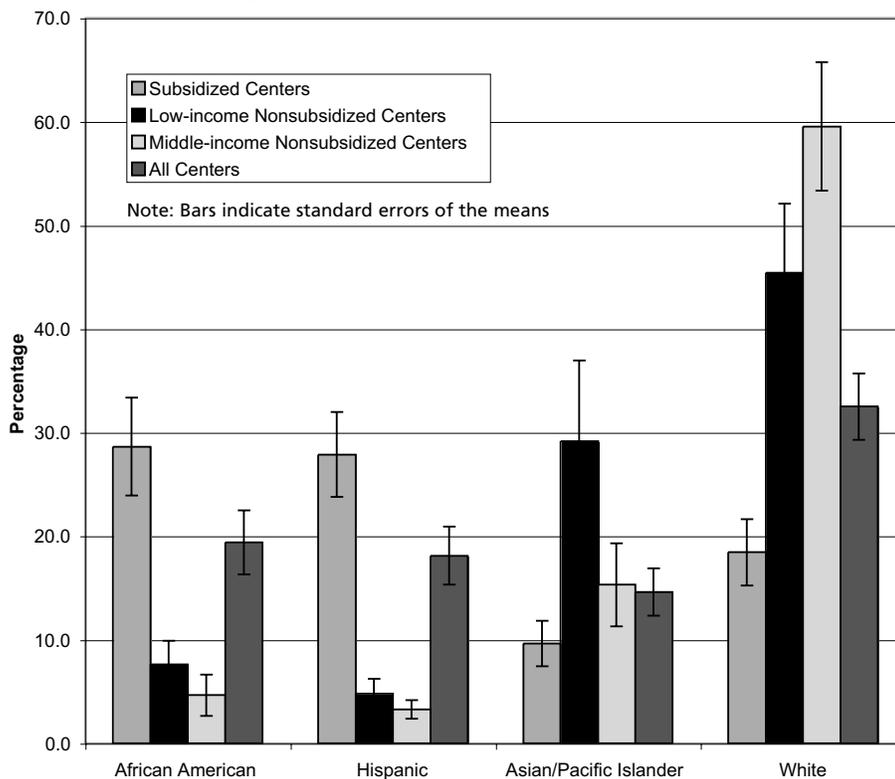
- Over 70 percent of directors and teachers had participated in the Alameda County Child Development Corps for at least one year, compared to 38 percent of licensed family child care providers.³
- More than one-quarter of center-based directors met the criteria for depression, as did slightly over 20 percent of teachers and 16 percent of licensed family child care providers. These levels of depression fall within the range that has been documented for low-income women (Lennon, Blome & English, 2001). Our interest in studying depression in this workforce

stemmed partly from preliminary research reporting links between parent or caregiver depression and child outcomes (Hamre & Pianta, in press, 2004).

- The English literacy skills in this sample of teachers and providers varied widely from “highly proficient” to “extremely limited,” although the average literacy score was somewhat higher than the national average for adults. Those with higher English literacy levels offered children more experiences supportive of early literacy development. Because of the many other primary languages spoken by nearly one-third of study participants, and the lack of available standardized literacy assessments currently available in other languages, we focused solely on participants’ skills in reading and interpreting English, rather than their literacy in their primary language.

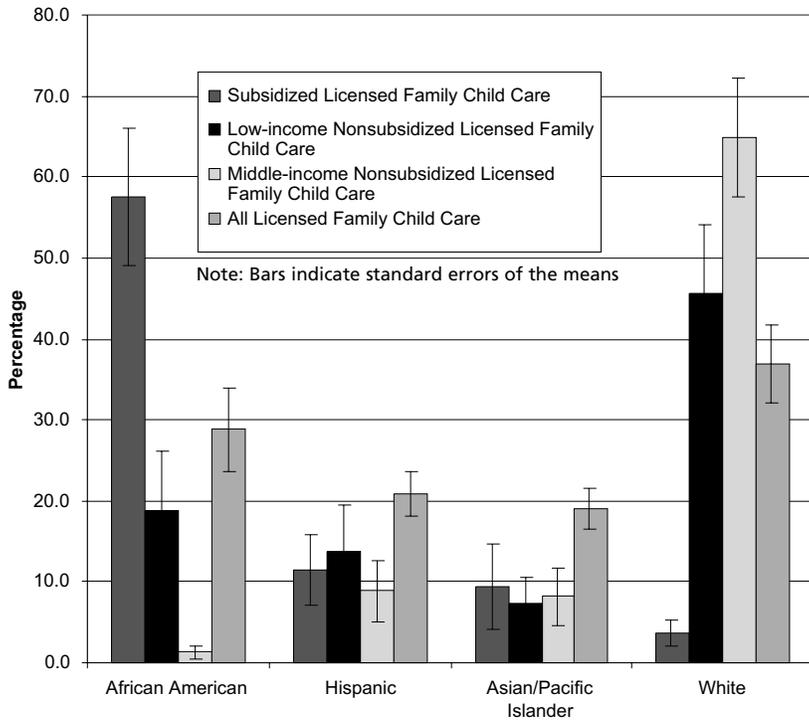
2 Early care and education settings in this diverse county are notably stratified along racial and ethnic—and to a lesser extent, economic—lines.

Figure 2. Race and Ethnicity of Children, by Income and Subsidy Status of Centers



- Subsidized centers and homes⁴ in low-income neighborhoods employed a higher percentage of African American and Hispanic teachers/providers, and served a higher percentage of African American and Hispanic families, than found in the county at large. White teaching staff, providers, and children were concentrated in centers and homes in middle-income neighborhoods (and thus not receiving subsidies). These distributions may also reflect the ethnic makeup of different neighborhoods in the county. (See Figures 2 and 3.)

Figure 3. Race and Ethnicity of Children, by Income and Subsidy Status of Licensed Family Child Care Providers



more likely than English-speaking teachers and Spanish-speaking teachers to have children in their classrooms who spoke languages other than Spanish or English. Spanish-speaking teachers were only marginally more likely to have Spanish-speaking children. The language patterns were similar in licensed family child care homes. Spanish-speaking providers were significantly more likely than other providers to serve Spanish-speaking children. Providers whose native language was other than English or Spanish were more likely than other providers to have children who spoke languages other than English or Spanish.

- Three-quarters of centers, and one-third of family child care homes, served at least one child receiving subsidies.
- In licensed family child care, children of low-income families

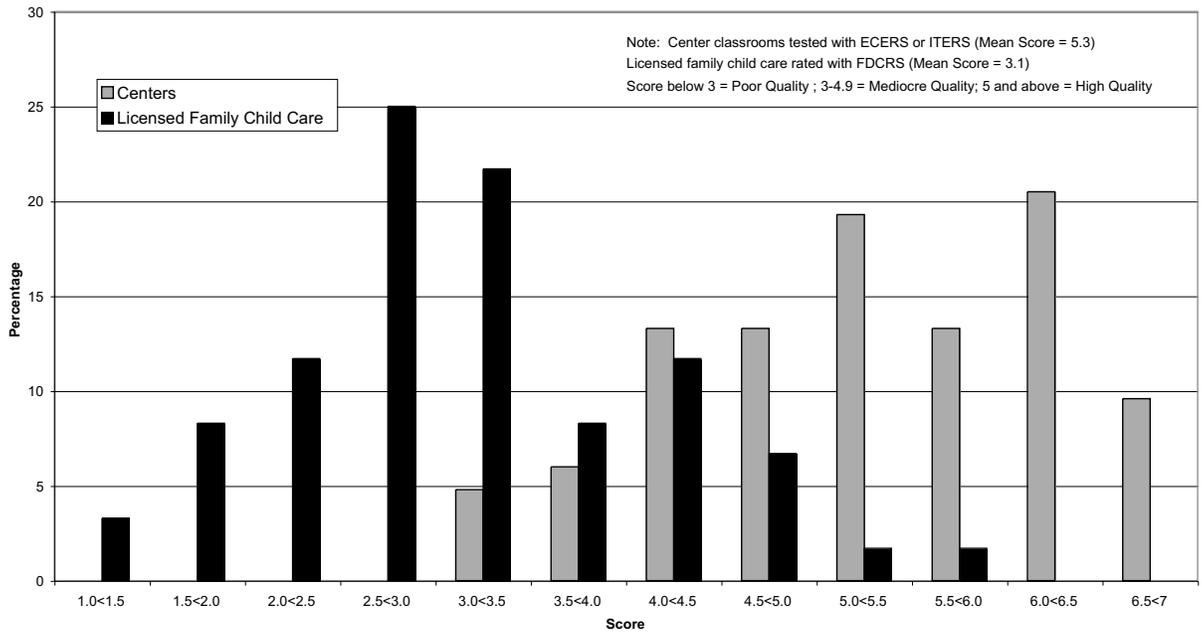
- Associations between the home language of the teachers and providers and the language used at home by the enrolled children (as reported by their teachers or providers) revealed a second layer of language-based stratification. Teachers who spoke a language other than English or Spanish were

(as defined by provider estimates) were concentrated in subsidized homes in low-income neighborhoods. Children of middle- and high-income families, however, were equally likely to be enrolled in non-subsidized homes in low- and middle-income neighborhoods.

3 In our sample, the quality of center-based care is generally high, regardless of neighborhood income level or family access to subsidy. Quality varies more widely in licensed family child care, with arrangements based in middle-income neighborhoods offering significantly higher-quality care and subsidized homes offering significantly fewer learning opportunities.

- The quality of care and education observed in centers that served primarily children of low-income families, or that were based in low-income neighborhoods, was comparable to that observed in centers in middle-income neighborhoods.⁵
- The subsidy status of centers did not predict quality of care, with only two exceptions:
 - ◆ Subsidized centers in low-income neighborhoods had better ratios of teachers to preschool-age children than did other centers.
 - ◆ Non-subsidized centers in low-income neighborhoods were observed to provide significantly poorer quality in the area of personal care routines (e.g., diapering and feeding) than other centers.
- Both neighborhood income and subsidy status predicted quality of care in family child care homes:
 - ◆ Those in middle-income neighborhoods offered more sensitive caregiving and greater opportunities for social development than did homes that

Figure 4. Environmental Rating Scale Scores, by Type of Care



served a sizeable share of subsidized children or that were based in low-income neighborhoods.

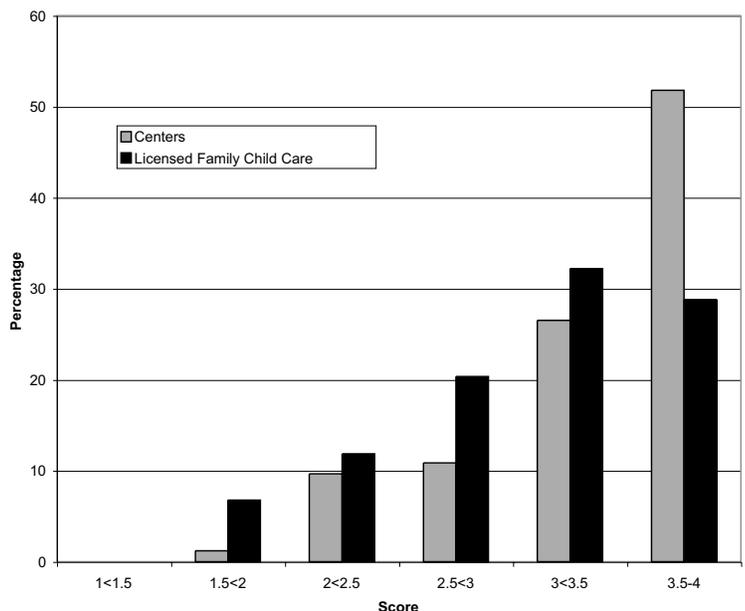
- ◆ Observed learning activities were of significantly higher quality in non-subsidized homes (in both low- and middle-income neighborhoods) than in subsidized homes.

- The quality of care varied considerably between the licensed center-based and family child care sectors, as measured by the Early Childhood Environment Rating Scales. Centers were of relatively high quality, with two-thirds rated “good” or higher, while family child care homes fell within the barely adequate to mediocre range, with only 3.4 percent rated “good” or higher. This pattern was not restricted to one or two subscales on these rating scales, but encompassed multiple components of quality. Markedly differing distributions of quality for centers and homes were found, for example, on subscales tapping learning activities, language and reasoning, space and furnishings, and personal care routines.⁶ (See Figure 4.)

- The licensed center and family child care sectors were somewhat more

comparable on measures of caregiver sensitivity toward children, with 76 percent of center-based teachers and 57 percent of providers rated as quite or highly sensitive. This was a particularly encouraging finding, given that providers are often working by themselves for exceptionally long hours, with little respite or support. (See Figure 5.)

Figure 5. Arnett Sensitivity Subscale Scores, by Type of Care

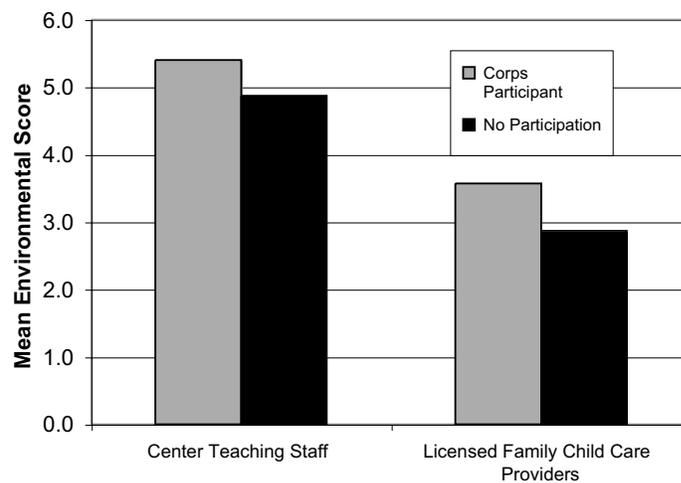


4 Whether in centers or homes, college-level, child-related training is associated with providing higher-quality care for children. In addition, center teachers and family child care providers with a demonstrated commitment to professional development offer significantly higher-quality care to children.⁷

- In family child care settings, providers with training were more likely to read to children and to offer sufficient language or reasoning opportunities than were their less-trained counterparts. In centers, children with trained teachers interacted more with their peers and teachers, and showed more positive affect than children whose teachers were untrained.
- Family child care providers who participated in the Child Development Corps received higher ratings on the Family Child Care Environment Rating Scale for overall quality, as well as on subscales measuring their facilitation of language and reasoning, social development, and learning activities. Center-based teaching staff who were members of the Corps were rated as more sensitive than their colleagues who had not participated in the Corps, and the envi-

ronments they created for children received higher ratings for overall quality and language interactions. (See Figure 6.)

Figure 6. Environmental Quality Rating Scores, by Participation in Child Development Corps



5 In center-based care, the overall educational background of the total staff influences quality and teaching staff stability. In center care, better-educated staff can help compensate for less-educated staff. In licensed family child care, where a provider is often the sole staff person, the educational background of an individual provider plays a more significant role in predicting quality.

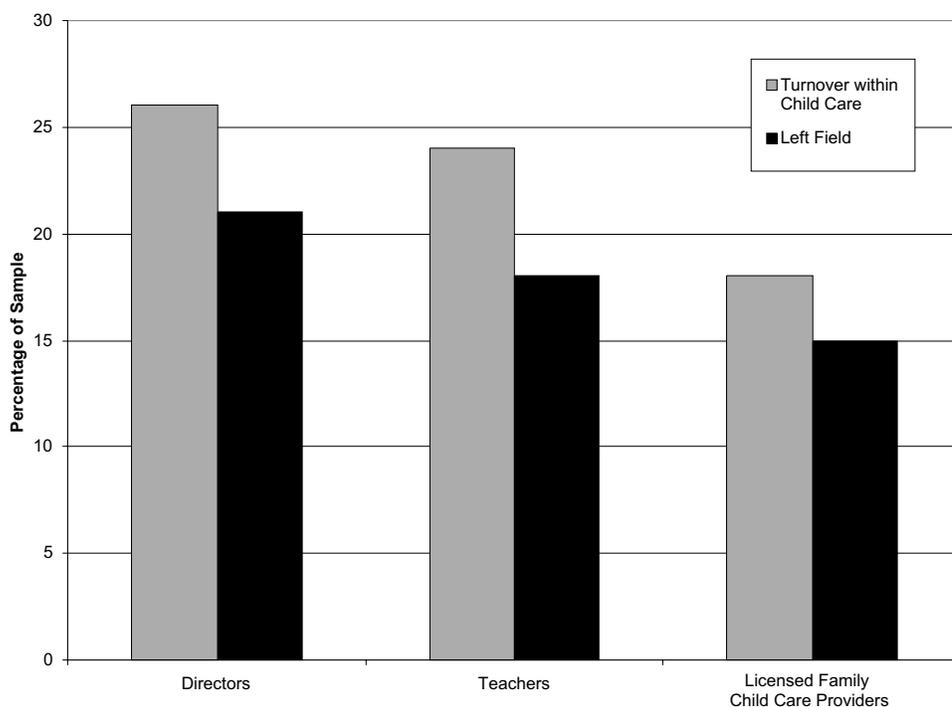
- Centers with a higher percentage of teachers with bachelor's degrees had better ratings of overall quality and teacher sensitivity, and children were less likely to be idle or unoccupied. These centers also had lower rates of teaching staff turnover.
- In licensed family child care homes, the characteristics of individual providers—such as educational background, and English literacy skills—played a more significant role in predicting quali-

ty than they did in centers. Specifically, providers with four-year college degrees and specialized, ongoing child-related training were found to be more supportive of children's exploration of learning materials, and more encouraging of children's relationships with peers and adults. In centers, which offer a more communal group experience, quality is determined by the interplay of a greater variety of factors.

6 In a community relatively rich in resources for professional development, turnover of center-based staff and licensed family child care providers is lower than found in previous studies.

- Less than one-quarter of interviewed licensed center staff and family child care providers left their jobs during the two-year study period. While this rate of job turnover was considerably higher than that found among elementary school teachers, it was lower than that found in previous longitudinal studies of child care teachers (Whitebook, Sakai, Gerber & Howes, 2001; Whitebook, Howes & Phillips, 1990). Those who left their jobs were likely to leave the field altogether. (See Figure 7.)
- Across positions and sectors in licensed early care and education settings, directors, teachers and home-based providers who were new to working with children were more apt to leave the field. As is true for teachers of older children, surviving the first few years in the field is critical to a long-lasting career in early care and education.
- For center-based directors and teachers, professional involvement and program quality, in addition to tenure, contributed to stability on the job.
- ◆ Directors who remained on the job were more likely to work in programs rated high in overall quality and with sensitive teaching staff, and were more likely to participate in the Child Development Corps and to be familiar with other professional development resources.
- ◆ Teaching staff who remained on the job tended to work in high-quality programs characterized by a stable group of teachers, to have updated their training after five years in early care and education, and to have chosen child care as an occupation rather than as a route to another career.
- For center-based staff, issues of emotional well-being, as well as family and economic circumstances, contributed to occupational turnover.
- ◆ For directors and teachers, higher levels of depression were associated with the decision to leave child care employment.

Figure 7. Two-Year Occupational and Job Turnover Rates: Interviewed Directors, Teaching Staff and Licensed Family Child Care Providers



◆ For teachers, concern about housing costs in the Bay Area was also associated with departure from the field. High housing costs fueled particularly high turnover among Hispanic center-based teaching staff.

■ Among licensed family child care providers, the most stable providers were older, had no children under 12 of their own at home, had worked in the field for at least seven years, and had operated a family child care home for five years or more.

7 License-exempt child care is highly variable, shows a high degree of provider instability (particularly among those receiving public subsidy to serve children of low-income families), and lacks even the minimal level of oversight required in regulated forms of care.

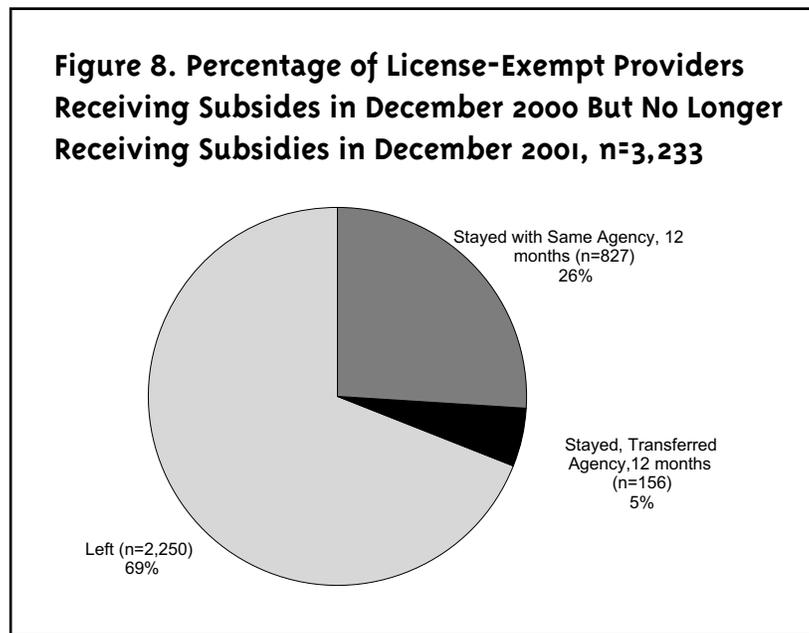
- Based on case studies of 12 providers and focus groups with agency staff, we found the license-exempt provider population to be highly variable in terms of quality of care, educational background, and motivations for providing care.
 - ◆ Our small sample of 12 providers varied widely in their sensitivity to children and the suitability of their settings to promoting child learning.
 - ◆ Their educational backgrounds ranged from highly educated immigrants with college degrees to those with less than a high-school education.
 - ◆ Motivations for providing care varied from a desire to help family members resolve their child care needs, to a lack of other career options, to a clear choice of working with young children as one's vocation.

relatives to remain on the lists. It is uncertain—particularly in the case of relatives—whether providers who stopped receiving subsidy also stopped providing care or discontinued their relationships with particular children.

- The short duration of providing subsidized care appeared to be, in part, the result of the short-term nature of the funding source itself (i.e., assistance during a parent's transition from welfare to employment).
- Because this sector is unregulated, these providers are not subject to the oversight required for licensed providers, such as a home inspection or a health and safety course. Agency staff who were charged with processing and approving subsidized license-exempt providers frequently expressed concerns that they were unable to guarantee even minimally safe or adequate care.

■ According to administrative data from agencies working with subsidized license-exempt providers, less than one-third of such providers receiving subsidies in December 2000 (983 out of 3,233) remained on the subsidy lists in December 2001.⁸ Thus, nearly 5,500 license-exempt providers were processed by local agencies during the year in order to serve approximately 3,000 subsidized families in Alameda County. (See Figure 8.)

■ License-exempt providers who were related to children were more likely than non-



Conclusion

Over the past 30 years, numerous studies have documented variability in quality among types of early care and education services for young children (Helburn, 1995; NICHD Early Child Care Research Network, 1997; Phillips, Voran, Kisker, Howes & Whitebook, 1997). Adding a new element to the inquiry, this bird’s-eye view of the full range of early care and education services in a large, diverse, urban California county documents systemic inequities that are likely to reinforce inequality among children and families, leading to unequal opportunity among children in the years before they enter school. We also found levels of instability in children’s care arrangements that are not only administratively burdensome but potentially harmful to children.

Our evidence led to the following conclusions:

- The early care and education field is composed of a wide range of settings (centers and homes, public and private, publicly subsidized or not). While varied options are desirable for helping families meet differing needs and preferences, our data indicate that too often this variety is accompanied by a less than desirable range in quality. It is particularly worrisome that children of low-income families are more likely than others to experience early care and education that is observed to be inadequate or minimally adequate, especially in home-based settings. These results underscore the challenges associated with assuring a diverse system that also provides all children with developmentally supportive early environments.
- The current regulatory and subsidy systems in early care and education—as well as an ongoing shortage of funding for programs and supports for teachers and providers—do not ensure that all children and families receive reliable, high-quality services. Lack of oversight is particularly troublesome with regard to accountability for the use of public subsidies. Our study once again raises serious concerns that subsidy is not buying equitable care across sectors of the system, and that public dollars are frequently purchasing substandard care.
 - ◆ With regard to subsidized center-based care, we primarily examined contracted centers that are subject to higher standards than others, and found that this type of care generally provides high-quality services to children and families. We were unable to examine quality in centers receiving subsidy through vouchers, an area that is worthy of further study.
 - ◆ In subsidized, licensed family child care, the lower quality documented in this study calls for a re-examination of the levels of support available for this sector of the field, on which so many low-income families rely.
 - ◆ While we have only been able to scratch the surface in studying the largely unexamined license-exempt sector of child care services, our case studies of a small sample of providers, in combination with focus groups and a review of local administrative data, raise significant concerns about variability, instability and lack of oversight in the subsidized portion of this sector.

- The racial, ethnic and linguistic diversity of the early care and education workforce is widely celebrated, for good reason, as a way of assuring that families in our diverse society can find arrangements for their young children that are compatible with their values and preferences. Our findings of racial and ethnic stratification of groups of children and caregiving adults, however, raise issues that are worthy of further study. In particular, additional research should examine the importance of a linguistic and cultural match between children, parents and caregivers in relation to child outcomes (Schnur, Koffler, Wimpenny, Giller & Rafield, 1995).
- A wide disparity in levels of professional preparation across the early childhood workforce, including a sizeable minority of individuals with only a high school education, is a serious weakness rather than a strength. It is also a major difference between K-12 education, where teacher standards are set uniformly, and early care and education, where differing regulations for different sectors actually reinforce wide disparities in professional preparation. In family child care, we found that the characteristics of individual providers have a more decisive relationship to program quality than do those of any single teaching staff member in a center-based program—and yet qualifications are currently set significantly lower for family child care providers in California and in most states.
- Depression among early care and education directors, teachers and providers, as well as levels of English literacy, are additional, neglected issues raised by this study. Since these factors can have a serious impact on children’s early experiences, they are in need of further attention through research, adult education and mental health initiatives.
- Children and families continue to be exposed to a level of workforce instability in early care and education that remains strikingly higher than teacher turnover in K-12 education. Given that young children are much more sensitive to changes in caregiving relationships, turnover in this field remains an extremely pressing issue, particularly in the subsidized license-exempt sector.
- Participation in the Child Development Corps (for center staff and licensed family child care providers) was consistently associated with providing higher-quality care. California’s current budget crisis, however, raises the danger that such professional development opportunities could be discontinued or severely reduced in coming years. Our findings raise concern that such a step runs the risk of removing an important ingredient of early care and education quality and workforce stability.
- Our findings about the benefits of training in early childhood education, combined with findings that licensed family child care providers overall had lower levels of college-based early childhood training and lower participation rates in the Child Development Corps, indicate the continued need to understand the barriers to professional development that licensed family child care providers experience. Further, the findings indicate the need to develop opportunities and appropriate supports (including substitutes and mentoring) that will ensure providers’ access to and participation in relevant training and education.

The discussion of universal preschool has brought early care and education for four-year-olds into the national debate on education reform, but thus far, it has sidestepped the question of the quality of services we are providing for younger children and for the large number of preschoolers who are not in preschool programs. The time has come to apply the same expectations and goals to the early care and education field that we currently apply to K-12 education—equal standards of care, opportunities and outcomes for all young children, no matter what type of program or setting they attend. The findings of this in-depth community portrait indicate that a varied early care and education system is not necessarily an equitable or dependable one. A broad reassessment of the kinds of opportunities for young children that public dollars are purchasing is particularly overdue. As long as subsidy and other policy decisions in early care and education are based on considerations unrelated to the needs of young children to grow and learn, the goal of lifelong equal opportunity for all Americans will continue to elude us.

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Endnotes

- For child care centers in California, public subsidies can come in the form of contracts between the state and the center to serve children of eligible families, or vouchers that are issued to eligible families for purchasing care on their own. In this study, findings about quality in subsidized centers mostly concern centers holding state contracts, rather than those receiving vouchers. For licensed family child care homes or license-exempt homes—with the exception of a small number of state-contracted family child care networks—vouchers are the only available form of subsidy.
- Self-sufficiency is defined as meeting a county-specific standard that ensures only the minimum that heads of working families need to meet their basic needs without public subsidies or private/family assistance (Pearce, 2000).
- This finding accurately reflects the lower participation rates of family child care providers in the Child Development Corps and in similar programs in other California counties, although it represents a relatively high participation rate in Alameda County compared to other counties (Hamre, Grove & Louie, 2003). It should be noted, however, that the requirement of 12 units of early childhood education for acceptance in the Corps at the time of this study precluded many licensed home-based providers from participating.
- In this study, centers were defined as subsidized if they held a contract with the State Department of Education or Head Start, or served 25 percent or more children with vouchers. The vast majority of subsidized centers in this study (19 of 25) were contracted, and were thus required to meet higher standards for child:adult ratios and teacher qualifications than centers receiving vouchers only. Licensed family child care homes were defined as subsidized if serving 25 percent or more children with vouchers.
- Most subsidized centers in our sample held contracts with the State Department of Education or Head Start; these findings cannot be generalized to subsidized centers receiving vouchers only.
- Figures on the four subscales are available from the authors.
- Our sample was insufficiently large to thoroughly explore the role that community-based or informal (as opposed to college-based) training plays in teacher or provider interactions with children and the learning and caregiving environments they establish. The majority of licensed family child care providers and center-based teaching staff who had completed college-level training had also participated in informal training. Further research is needed to understand the role of informal training in caregiver behavior with respect to child care environments and their own professional development.
- While we do not know how many of these providers may have been disqualified from receiving subsidy by the state's Trustline system, there is an overall statewide disqualification rate of roughly 10 percent (personal communication, Cindy Mall, Senior Program Manager, California Child Care Resource and Referral Network). For more detail on this system, and for more information about rates of providers leaving the lists based on the type of subsidy, see Chapter 5 of the full study report, "License-Exempt Care."

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