

TWO YEARS IN EARLY CARE AND EDUCATION:

A Community Portrait of Quality and Workforce Stability

Alameda County, California



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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.

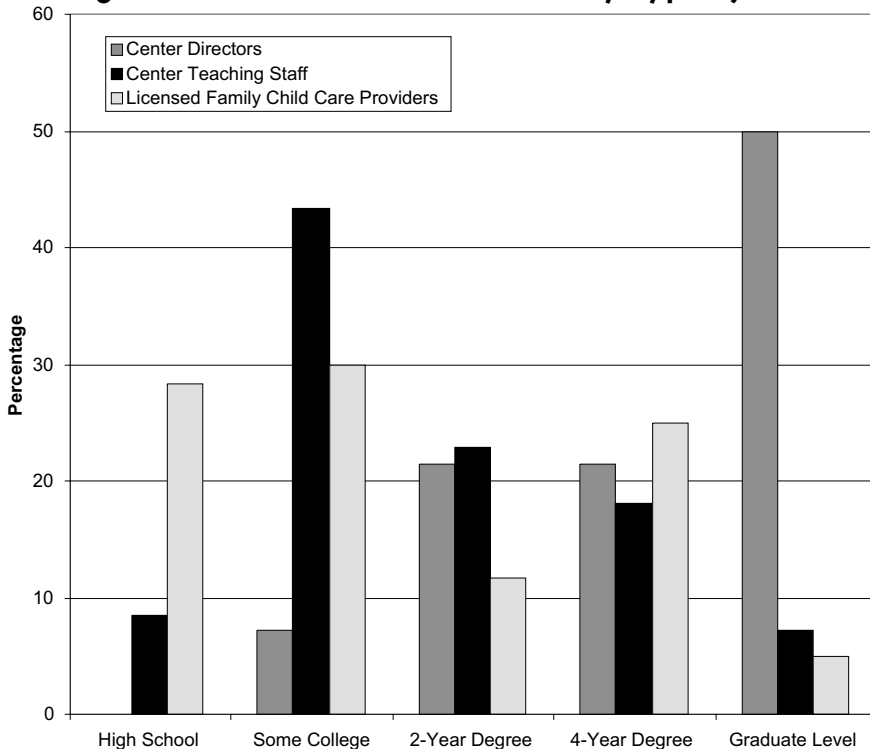
These measures have been widely used in other studies (Helburn, 1995; Howes et al., 1998; Kontos et al., 1995; NICHD Early Childhood Research Network, 1996, 1997, 2000, 2002; Whitebook et al., 1990). Further detail about these measures can be found in Chapter 1 of the full study report ("Introduction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

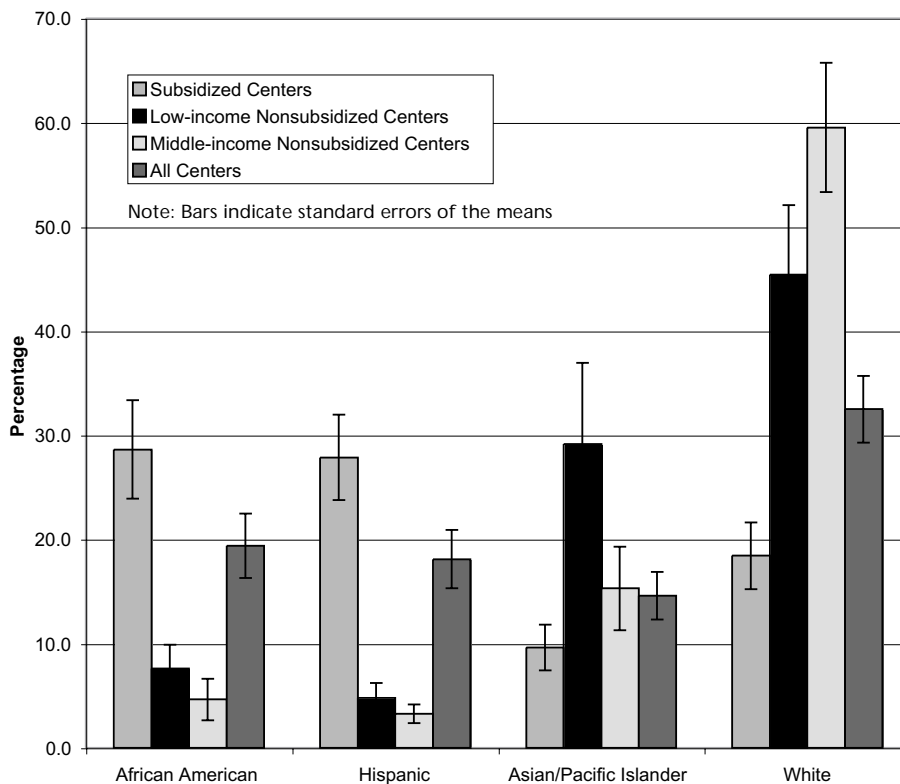
- Over 70 percent of directors and teachers had participated in the Alameda County Child Development Corps for at least one year, compared to 38 percent of licensed family child care providers.³
- More than one-quarter of center-based directors met the criteria for depression, as did slightly over 20 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.

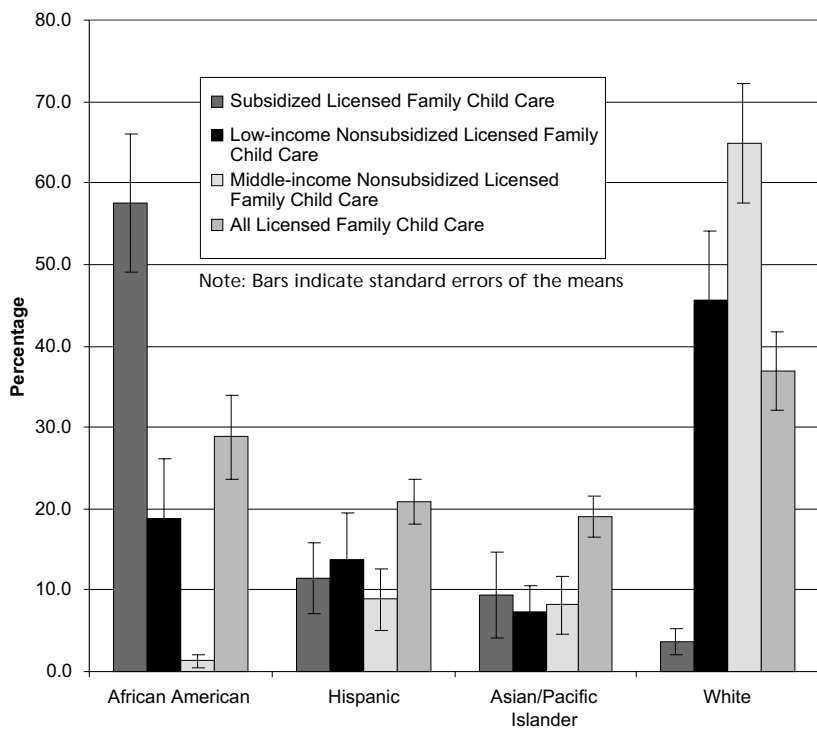
2 Early care and education settings in this diverse county are notably stratified along racial and ethnic—and to a lesser extent, economic—lines.

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



- 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.

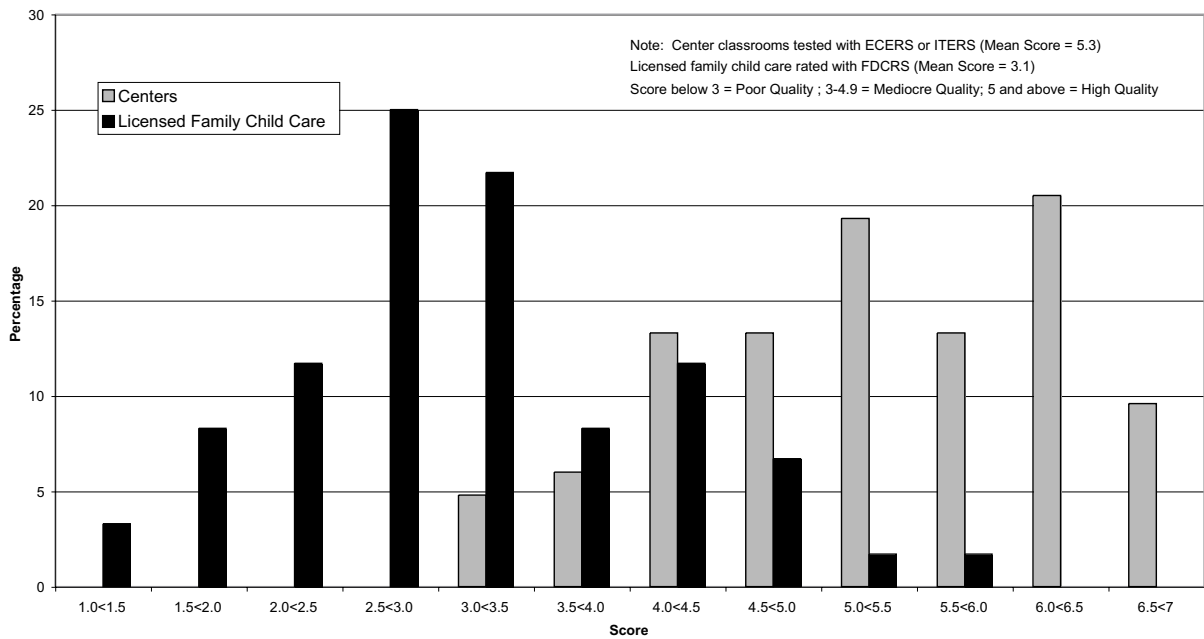
more likely than English-speaking teachers and Spanish-speaking teachers to have children in their classrooms who spoke languages other than Spanish or English. Spanish-speaking teachers were only marginally more likely to have Spanish-speaking children. The language patterns were similar in licensed 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

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.

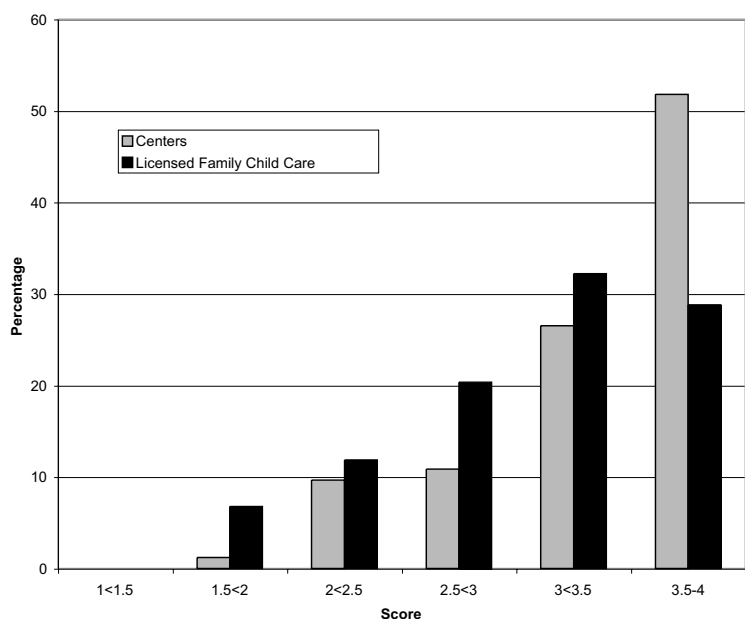
◆ Observed learning activities were of significantly higher quality in non-subsidized homes (in both low- and middle-income neighborhoods) than in subsidized homes.

■ 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

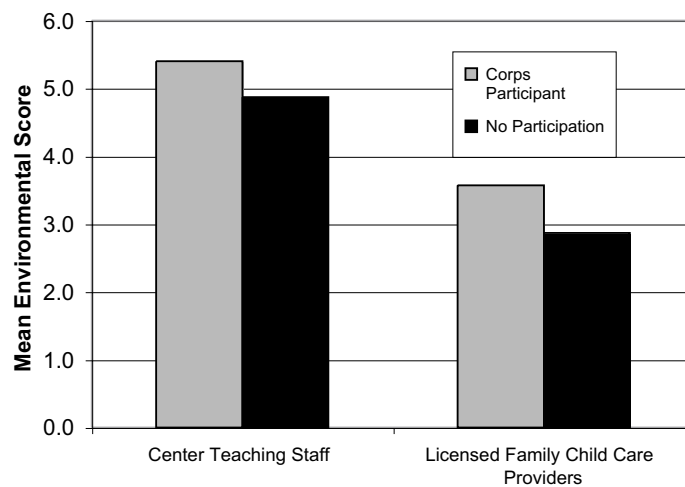


4 Whether in centers or homes, college-level, child-related training is associated with providing higher-quality care for children. In addition, center teachers and family child care providers with a demonstrated commitment to professional development offer significantly higher-quality care to children.⁷

- 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.

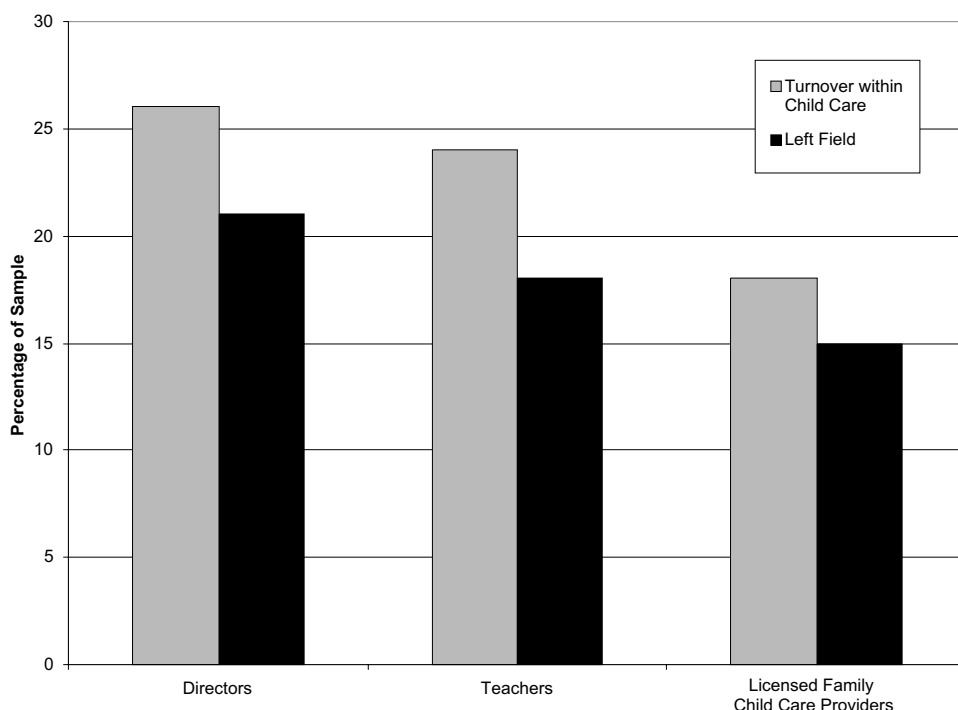
- Centers with a higher percentage of teachers with bachelor's degrees had better ratings of overall quality and teacher sensitivity, and children were less likely to be idle or unoccupied. These centers also had lower rates of teaching staff turnover.
- In licensed family child care homes, the characteristics 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.

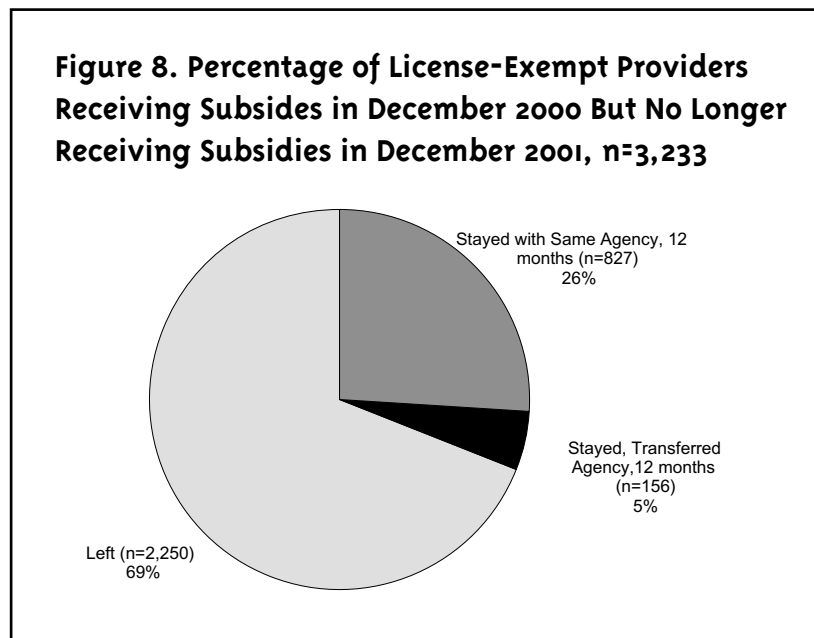
- Based on case studies of 12 providers and focus groups with agency staff, we found the license-exempt provider population to be highly variable in terms of quality of care, educational background, and motivations for providing care.
 - ◆ Our small sample of 12 providers varied widely in their sensitivity 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."

Chapter 1: Introduction and Study Design

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.

Data collection took place in Alameda County, California, during a two-year period when the early care and education field was facing a variety of increasing 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 dur-

ing 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 on 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, over two years, 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.

Most studies of early care and education have looked at one sector of the system only (Helburn, 1995; Kontos, Howes, Shinn & Galinsky, 1995; Whitebook, Howes & Phillips, 1990; Whitebook, Sakai, Gerber & Howes, 2001). One study has followed a certain cohort of children, in whatever settings their parents choose for them (NICHD Early Child Care Research Network, 1996, 2000). What is different here is our effort to examine, within a given community, the implications of families choosing one type of care over another. The National Child Care Staffing Study and the Cost, Quality and Child Outcomes Study both found that low-income subsidized families and upper-income families tend to receive the best care and education for their young children, with families in the middle-income range having the hardest time accessing high-quality services (Helburn, 1995; Whitebook, Howes & Philips, 1990).

But the landscape of child care subsidy has changed, particularly in California. From the end of World War II to the late 1980s, contracts to receive public dollars only went to nonprofit centers that met higher regulatory standards. Gradually, however, public funds in the form of vouchers were made available to all types of child care centers, both for-profit and nonprofit, and to family child care homes; in the 1990s, they also were made available to license-exempt providers. Because vouchers are issued to families, not programs, it is difficult to know at any given time how many centers and homes are serving subsidized children with these dollars and how many such children they serve. One objective of the

study, therefore, was to reassess this subsidy landscape, and to determine the level of quality that subsidized families are receiving for their children.

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.

Just as we sought to learn about variations in the types of early care and education services available to families, we sought to understand differences among members of the early care and education workforce, and their implications for policy makers and program planners regarding appropriate supports for this workforce, with the goal of assuring equal access to high-quality care for all children.

Comparisons across sectors of the industry are particularly challenging for a number of reasons. First and foremost, center-based and home-based 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 early care and education program. 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 in the "Measures" section later in this chapter, we have chosen measures that were both intended for a specific type of care as well as those that can be used across settings.

Between 2001 and 2003, we sampled and followed licensed family child care providers and center-based teaching staff and directors to examine char-

acteristics 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.

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 been increasingly spent in California on this sector to serve children of low-income working families or families leaving welfare; currently, 43 percent of the state's public funds for child care subsidy go to license-exempt care. It is estimated that California only has enough licensed spaces for roughly one-third of children needing early care and education services (California Child Care Resource and Referral Network, 2001), and that license-exempt care serves about one-third of Alameda County children attending some kind of child care (Sonenstein, Gates, Schmidt & Bolshun, 2002). To look only at licensed centers and homes, therefore, would be to disregard where many young children are actually in care each day.

Sample and Methods

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.

Alameda 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 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).

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. In 2000, the Alameda County Children and Families Commission (also referred to as the First 5 Commission) initiated the “Every Child Counts” program, using funds made available through a tobacco tax targeted to services for children from birth to age five. The Every Child Counts workforce initiatives include the following strategies:

- **Child Development Corps:** An incentive program for teachers, directors and home-based providers (licensed or license-exempt) who make a commitment to pursuing their professional development and wish to remain in the field. The Corps promotes leadership development and provides training on program assessment, child emotional and physical health issues; peer counseling on professional development planning; and policy analysis and advocacy. This program, which offers annual stipends of \$500 to \$5,100, began a few months prior to our initial data collection.

- **Career Advocates and Professional Development Resource Coordinators:** Four community colleges and three child care resource and referral agencies hold contracts with Every Child Counts to recruit and counsel early childhood staff, conduct specific trainings, and identify and mitigate barriers to early childhood professional development within college and community institutions.
- **Enhanced Mentor Program:** An elaboration of a statewide program that provides individualized instruction by experienced professionals for entry-level staff. It focuses on licensed family child care providers and child care center staff who work with infants and toddlers, children with special needs, and children who speak English as a second language.
- **Child Care Fund:** Provides facility development loans and grants and business education for early childhood programs through First 5 (tobacco tax) and other public and private funds. The Fund also coordinates program quality assessments whereby university-trained assessors conduct a standardized program review and develop long-range improvement planning for family child care homes and child care centers.

Alameda County is also the founding site of a statewide mentoring program for directors, teachers and family child care providers, accessible to local providers through two of the three community colleges in the county. One of the local resource and referral agencies, BANANAS, Inc., is a national leader in designing and implementing training, much of it credit-bearing, for potential and current workers who speak a wide variety of languages. Recently, several other agencies have also begun to offer child development classes in several languages to meet the needs of the county's large immigrant population. Alameda County is also where the Center for the Child Care Workforce, a national organization now based in Washington, D.C., was founded in 1978, and it includes a very active group of teacher and provider advocates. Teaching staff in public school-based child care programs in the county are among the minority of child care workers in the country working under a collective bargaining agreement (Whitebook et al., 1990). The Alameda County Work and Family Coalition, composed of child care and labor advocates, is also working to obtain a

health plan for child care workers. Finally, the county also has a longstanding state-funded preschool and full-day child care program for at-risk children.

Sample of Licensed and License-Exempt Child Care Settings

Our goal was to select a sample as representative as possible of the full array of settings for child care in Alameda County, including center-based care, licensed family child care and license-exempt home-based care. Within each sector, we sought providers representing a mix of income levels and subsidy status. In order to accommodate each sector, we undertook a multi-pronged approach to build the sample frame for the study and to select the providers for data collection. We adapted our sampling strategy for each sector based on available data and, as described below, to ensure that our sample included providers and centers that serve low-income families receiving public subsidies to cover child care costs, low-income families not receiving subsidies, and middle-income families not eligible for subsidies, across all types of care.

Our criteria for inclusion of providers in the study were:

- provides care for a related or unrelated child, age five or younger, for pay, for at least 10 hours per week,
- has provided care for this child for at least 10 weeks prior to being observed.

Our criteria for exclusion were:

- provides care with no payment,
- provides care for less than 10 hours per week,
- is the mother or father of all of the children being cared for in the setting,
- provides care only for school-age children.

In addition, all participating center-based and home-based settings had been in operation for at least nine months, and provided care for at least 2_ hours per day and nine months per year. The center-based arrangements, in addition, employed at least two teaching staff who agreed to participate in the study. To the extent possible, we also sought community-based centers that provided care not only for preschoolers but also for infants and/or toddlers.

Our final sample consisted of 197 participants: 83 teachers and 42 directors representing 42 centers located throughout the county, 60 licensed family child care homes, and 12 license-exempt home-based providers. Below, we describe the sample selection procedures for each subsample: center teachers and directors, licensed family child care providers, and license-exempt providers.

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.

Licensed Center Subsample

The three local resource and referral agencies provided us with lists of all centers in their service areas. As of fall 2000, the center population in Alameda County was 514. We classified these centers according to whether or not they held contracts with the State Department of Education or with the federal Head Start program. We then drew a random strati-

fied sample of 77 contracted and 120 non-contracted centers. All contracted programs were classified as low-income subsidized, even if the neighborhood in which they were located was considered a middle-income census tract, because a vast majority, if not all, of the children in these programs come from low-income families. Our non-contracted category included a mix of for-profit and nonprofit centers located in low- and middle-income neighborhoods. We determined income level for these non-contracted centers based on the median household income of the neighborhoods in which they were located.

Because center phone numbers and addresses are public information, we were able to contact centers directly without relying on the resource and referral agencies. Thus, we sent letters describing the study to all centers selected for recruitment at least two weeks before contacting them by phone. We sought a sample of 20 contracted centers that was further stratified into two groups: part-day State Preschools or Head Start programs, and full-school-day programs funded by the State Department of Education. We recruited contracted centers from our random list, and called centers randomly on the list from each of

Table 1.1. Participation of Centers

	Total Centers (N)	Contracted Centers (N)	Non-Contracted Centers, Low-Income (N)	Non-Contracted, Middle-Income (N)
Initial random list	197	77	54	66
Disqualified or excluded	118	47	29	42
Children too old	3	0	1	2
Not providing service	8	8	0	0
Unreachable	4	1	2	1
Cells full	101	38	25	40
Eligible	81	30	26	25
Refused	39	10	15	14
Too busy	30	7	12	11
Not interested	6	2	2	2
Declined to say	3	1	1	1
Accepted	42	20	11	11

the groups (part-day and full-day). We sought a similar number of non-contracted centers further stratified by low- and middle-income neighborhoods, and recruited these centers randomly from the lists.

Center Participation Rates. Of the 197 centers initially recruited for the sample, 39 percent were contracted, 27 percent were low-income non-contracted, and 34 percent were middle-income non-contracted. Some 118 centers were excluded or disqualified from the study for the following reasons: they served only school-aged children; they were not currently offering services; they were unreachable, or their phone had been disconnected; or no additional programs were needed to complete the sample for a particular income or subsidy status. (See Table 1.1 for a description of participation, exclusion and refusal rates for the center subsample). Of the remaining 81 eligible programs contacted, 37 percent were contracted centers, 32 percent were low-income non-contracted, and 31 percent were middle-income non-contracted. Fifty-two percent of eligible centers agreed to participate in the study. Acceptance rates varied across program type. Two-thirds of contracted centers, and 42 percent of non-contracted centers, agreed to participate.

Originally, we classified centers as subsidized based exclusively on the presence of a state contract. We recognized, however, that to classify centers as subsidized, we would need additional information about whether or not they accepted vouchers to cover the cost of care for children of low-income families in their programs. We included vouchers in the definition of subsidized care because we were interested in looking at the types of care that receive public funds, regardless of mechanism.

Based on directors' responses, we reclassified centers according to subsidy status. Centers in which at least 25 percent of children were paid for by public voucher dollars, as represented by the director in our initial call, as well as those that were operating under a contract to care for children of low-income families, were classified as subsidi-

dized. We selected the 25-percent figure as the threshold for our definition of subsidized, because we wanted to ensure that there would be enough voucher-paid children to have a potential impact on the center; in fact, most centers that were considered subsidized solely on the basis of vouchers had well over 25 percent of their children paid for in this way. Because of the constant flux of voucher dollars, we were only able to verify the subsidy status of these programs at the time of the first data collection visit. As shown in Table 1.2, five centers we originally classified as non-subsidized (based on contract status) met our criteria for subsidized and were reclassified. Thus, our final center-based sample was composed of 25 subsidized community-based programs and 17 non-subsidized centers. Based on information provided by directors, 19 of the subsidized programs held contracts; six were considered subsidized because at least 25 percent of the children they served were paid for by public vouchers. (Note: one of the centers originally classified as contracted reported only payment by public vouchers, and was therefore reclassified as non-contracted, but remained subsidized.) (See Table 1.2.)

Since only a small number of centers in our sample were Head Start programs (n=5), State Preschools (n=4) or school district-based programs (n=2), these subgroups were too small to be examined separately in our data analysis.

Table 1.2. Subsidy and Income Status of Center Subsample

Families Served	Number of centers at time of initial contact	Final sample of centers and directors	Final sample of center teaching staff
Low-Income Subsidized	20	25	49
Low-Income Nonsubsidized	11	8	16
Middle-Income Nonsubsidized	11	9	18
Total	42	42	83

Selection of Classrooms and Teacher Participants.

We sought to include preschool and infant/toddler classrooms. If a center did not have a classroom serving infants or toddlers, two preschool classrooms at the center were randomly selected for observations and interviews. If a center did have one or more classrooms serving younger children, we randomly selected one preschool and one infant/toddler classroom. Except for one center with only one preschool classroom, two classrooms were observed in the centers, for a total of 83 classrooms. In 27 centers, these classrooms were preschool only; in 12 centers, we observed infant and preschool classrooms; and two centers only served infants.

We interviewed the director in each center (n=42) to ensure that a person with an overview of center operations and access to center records could provide details about finances, salaries, turnover, staff training and related information. We also wanted to explore the background of the person with program oversight, given the emerging relationship between center quality and director performance and stability (Bloom, 1996; Helburn, 1995; Whitebook, Sakai, Gerber & Howes, 2001). Directors' job definitions varied, depending on the size and structure of each center. In some cases, directors or assistant directors worked in the classroom along with performing administrative functions; in others, the director's role involved minimal classroom contact and focused primarily on administrative tasks. In large programs that employed a staff person specifically responsible for financial record keeping, that person was interviewed in addition to the director about salaries, other center expenditures, and sources and amounts of income.

In addition to learning about all teaching staff from director interviews, we observed and interviewed one teaching staff member in each selected classroom. We chose to observe a teacher and an assistant teacher in each center to capture perspectives and experiences based on differing roles. If a center did not have an assistant teacher, we observed two teachers. We also used random sampling to select the classrooms where we would observe and interview an assistant teacher, and where we would observe and interview a teacher. We used random sampling to select assistant teachers or teachers if more than one person in each role worked in the same classroom. Every staff member that was asked to participate

agreed to do so. Fifty teachers, three teacher-directors and 30 assistant teachers comprised our final sample.

Licensed Family Child Care Subsample

Although the county maintains lists of licensed centers and family child care providers, it is commonly recognized that state-funded resource and referral agencies maintain more up-to-date information about the homes and programs that are in operation at any point in time. There are three such agencies in Alameda County: BANANAS, Inc., which operates in the north and serves the cities of Berkeley, Albany and Oakland; Community Coordinated Child Care (4C's), located in the south, which serves the cities of San Lorenzo, San Leandro and Hayward; and Child Care Links, in the east, which serves the communities of Livermore, Pleasanton and Dublin.

Our first task was to obtain current lists of licensed homes from each agency and to combine them in an overall county list that contained 1,885 licensed homes as of December 2000. From this list, we randomly selected 486 providers from which to recruit our sample. Since contact information for licensed family child care providers is not available to the public, each agency sent out letters to the selected providers located in their service area describing the study and asking them whether they were willing to allow their contact information to be released to our research team. The letter explained the purpose of the study, informing providers that they might be selected to participate, and giving them the option of either returning a stamped and addressed postcard or calling the agency office to indicate that they did not want their contact information made available. One hundred and three (21 percent) providers on our randomly selected list returned postcards or left a phone message asking that their contact information not be given out. After two weeks had passed, the agencies made contact information available to our study team for all remaining providers who had not objected to the release of their phone numbers and addresses.

Our next task was to determine the income level of the families served by the providers on our list. Because licensed homes typically serve families from the neighborhood in which they are located, we rated these providers as low- or middle-income, for the purpose of sample selection, based on the median

Table 1.3. Participation of Licensed Family Child Care Providers

	Total Providers (N)	Subsidized (N)	Low-Income Nonsubsidized (N)	Middle-Income Nonsubsidized (N)
Initial random list	486	113	121	252
Refused release of contact information	103	19	28	56
Disqualified or excluded	251	55	47	149
Income too high	64	1	0	63
Children too old	10	3	2	5
Not providing service	46	6	21	19
Unreachable	19	5	10	4
Cells full	112	40	14	58
Eligible	132	46	39	47
Refused	71	21	24	26
Too busy	34	8	14	12
Not interested	27	8	8	11
Declined to say	10	5	2	3
Accepted	61	19	22	20

family income of the census tract in which the home was located. While census tract data provide an imprecise measure of income level, it was the only way to categorize these providers by income prior to our own data collection. We used estimates of census tract income levels provided by the Alameda County Health Department, which had updated its 1990 census tract information for the entire county in 1999. Because of the distribution of the licensed home-based population towards higher-income census tract levels and the relatively high cost of living in the county, we defined low-income status as living in a census tract with a median household income of less than \$50,000 per year, which is above the U.S. median household income of \$40,000 per year but close to the median income for Alameda County (\$50,196). We defined census tracts with a median household income between \$50,000 and \$100,000 as middle-income. Providers who lived in neighborhoods with median household incomes above

\$100,000 per year were excluded from the study prior to recruitment.

In addition to income, we also stratified the list by subsidy status. Thus, our final task prior to active recruitment was to determine whether homes were serving children paid for by vouchers. We used a two-part procedure to determine subsidy status. Initially, we sought to know whether providers were receiving a subsidy for at least one child in their care from one of the several agencies in Alameda County funded by the state to distribute payment vouchers to families receiving welfare-linked services, or to other working poor families that meet the state eligibility for subsidized services. In addition to the resource and referral agencies mentioned above, four other agencies distribute public child care funds to families through the state Alternative Payment Program or CalWORKs (Child, Family, and Community Services, Oakland Licensed Day Care Operators

Association, Davis Street Services, and the Berkeley Albany Licensed Family Day Care Association). The latter, which provides subsidies to approximately 60 providers, chose not to participate in this study.

Once we knew whether providers were willing to be contacted, we followed up with telephone calls and began recruiting our final sample randomly from our lists until our target sample size had been reached for each category: low-income receiving vouchers, low-income not receiving vouchers, and middle-income. As we made our initial calls to providers to set up visits, we also confirmed that providers were caring for at least one subsidized child. Because of the constant flux of voucher dollars, we were only able to verify the subsidy status of these homes at the time of the initial data collection visit.

Licensed Family Child Care Provider Participation Rates. Of the 383 licensed providers willing to be contacted from our initial list of 486, 251 were excluded or disqualified from the study for the following reasons: census tract median income was above \$100,000 a year, or the provider served subsidized children but resided in a middle-income census tract; the provider served only school-aged children; the provider was not currently offering services; the provider was unreachable or phone had been disconnected; or no additional providers were needed to reach the sample target. (See Table 1.3 for a description of participation, exclusion and refusal rates.) Of the remaining 132 providers contacted, 46 percent agreed to participate in the study. Acceptance rates varied slightly by subsidy and income status. Some 45 percent of low-income subsidized, 56 percent of low-income non-subsidized and 42 percent of middle-income non-subsidized providers agreed to participate in the study. This included 19 low-income subsidized, 21 low-income non-subsidized and 20 middle-income licensed providers.

After collecting data on children served and payment source from each provider, we reclassified subsidy status to match that used with centers. That is, a home was considered subsidized if at least 25 percent of the children served were paid for with vouchers, regardless of neighborhood income. This resulted in three low-income homes that had originally been classified as subsidized being reclassified as non-subsidized. Five homes in low-income neighborhoods that were originally classified as non-subsidized

were reclassified as subsidized, based on respondent information. Among the homes in middle-income census tracts, two had more than 25 percent of the children in care paid for through vouchers, and were therefore reclassified as subsidized. The final sample consisted of 23 subsidized homes, 19 low-income non-subsidized homes, and 18 middle-income non-subsidized homes. The income and subsidy status of the final licensed family child care subsample is represented in Table 1.4.

License-Exempt Home-Based Provider Subsample

For our home-based, license-exempt sample, we initially planned to select 60 providers distributed evenly across the following three groups: 1) providers living in low-income census tracts who received some type of government subsidy for children in their care, 2) providers living in low-income census tracts who did not receive government subsidies to cover costs of any children in their care, and 3) providers offering care to children in middle-income census tracts.

To recruit license-exempt providers receiving government subsidies for one or more children in their care, we secured lists from six of the seven child care agencies distributing subsidies in Alameda County. Once again, these lists were merged and a random sample was drawn from the population of 3,200

Table 1.4. Subsidy and Income Status of Licensed Family Child Care Subsample

Families Served	Number of homes at time of initial contact	Final sample of homes
Low-Income Subsidized	19	23
Low-Income Nonsubsidized	21	19
Middle-Income Nonsubsidized	20	18
Total	60	60

license-exempt providers receiving subsidies as of December 2000. As with licensed family child care providers, these providers received a letter sent out by the agencies and were given the option of responding either by postcard or phone call. Any license-exempt subsidized providers providing care in census tracts with an annual household income above \$50,000 were excluded from the sub-sample. After two weeks, we followed up with telephone calls to providers who had not yet contacted us.

Unlike the regulated center-based and home-based provider population, it is impossible to measure the total population of low- and middle-income license-exempt providers in Alameda County who do not receive subsidies. Our recruitment of license-exempt providers not receiving government subsidies for children in their care began in February 2000 through a “snowball” sampling procedure. This method, in which a recruited participant recommends other prospective participants, is used to gain access to hard-to-identify, interconnected populations – particularly, as with informal child care providers, when the universe is not known.

We pursued recruitment of the non-subsidized sample by placing ads in Alameda County community, school, and parenting newspapers, and in newsletters produced by local child care resource and referral agencies and child care Alternative Payment programs. We developed recruitment flyers in English, Spanish, Vietnamese and Amharic, and began posting them at community colleges, social service agencies, and several retail sites including grocery stores and Laundromats. Resource and referral agency staff specializing in services to immigrant and non-English speaking child care providers also made some initial contacts with informal providers on our behalf, and we then followed up on these contacts. As providers responded by telephone to this recruitment outreach, we screened them for eligibility and categorized them by income, using census tract data. We also used word-of-mouth recommendations among contacts in the community to identify possible participants.

In contacting the first 55 randomly selected, subsidized license-exempt providers eligible for the study, we experienced a refusal rate of 71 percent, with 39 providers declining to participate. At such a low participation rate, sample validity and generalizability of

results are called into question. And in a generally unstable sector of the workforce, the subgroup of license-exempt providers appears to be especially prone to instability in living situation and job status. About one-third of the first 60 providers we attempted to contact were no longer providing child care, or were unreachable because they had moved or had had their phones disconnected, with no forwarding information available.

Anecdotal information from child care agency staff also suggests that many people providing unlicensed care may fear scrutiny of their homes and child care activities by anyone perceived as connected with government or regulatory agencies. Furthermore, resource and referral agencies estimate that a large share of license-exempt providers are immigrants. This presents cross-cultural and language challenges, in addition to possible child care regulatory and immigration-related issues. The resource and referral agencies conduct ongoing outreach to non-English speaking sectors of the parent and child care provider populations. They report that outreach, even when the agency is offering free classes or services, is “extremely labor intensive.” Others who have recruited informal child care providers for research projects have told us that intensive recruitment efforts resulted in extremely low participation rates.

Because of these recruitment difficulties, we revised our study design in favor of a three-part strategy to learn more about license-exempt care in Alameda County:

1. Developing case studies of a small sample of license-exempt providers (n=12), using both the quantitative and more in-depth qualitative data measures developed for the study;
2. Conducting focus groups with administrators and direct-service staff working with license-exempt providers in Alameda County, to gain a deeper understanding of the population;
3. Calculating stability among the license-exempt subsidized population from December 2000 to June 2001, using administrative data from agencies issuing subsidies to determine how many providers continued to provide care during this six-month period, how many stopped providing care, and how many entered the license-exempt child care workforce.

Sample Retention and Follow-up

Upon completion of all initial observations, interviews and questionnaires, home-based providers (both licensed and license-exempt) received \$100 each; participating centers received \$50, and each participating director and teacher in centers received \$25. Participants were contacted several additional times by our study team, and received a modest payment for their participation each time.

Participants were contacted a second time by phone (summer and fall of 2001) to check on their current work status, and home-based providers and teaching staff were invited to participate in a literacy assessment of word recognition and use of printed materials. Visits with participants for the latter purpose were conducted between August and December 2001, with support from the Foundation for Child Development (Phillips, Crowell, Whitebook & Bellm, 2003). In 2002, approximately one year after our initial contact with providers, we again contacted all participants by phone to check on their current

work status and to explore a variety of issues related to career pathways and involvement in child care staff initiatives. In 2003, approximately two years after our initial visit, we contacted providers a fourth time to check on their work status and to explore issues of social and professional support. These interviews were conducted by phone. Also in 2003, we met with a self-selected group of participants in focus groups to explore their opinions about current policy initiatives and proposals related to the child care workforce in the county and the state. Data collection for those who were no longer child care providers consisted of questions about their current work status and their decision to leave their jobs or the field.

Table 1.5 describes participation rates at each subsequent point of data collection. Some providers who refused at one point agreed to participate in a subsequent phase of the study. Those providers who no longer agreed to participate in any aspect of the study are represented in the “quit” category.

Table 1.5. Sample Description at Initial and Follow-Up Contacts

	Center Teachers	Center Directors	Licensed Family Child Care Providers	License-Exempt Providers
Initial Observation	83	42	63	12
First Follow-Up Call, Summer/Fall 2001	81 agreed 2 refused	40 agreed 2 refused	59 agreed 4 refused	12 agreed 0 refused
Second Follow-Up Call, Winter/Spring 2002	80 agreed 3 refused	39 agreed 2 refused 1 quit	55 agreed 4 refused 4 quit	12 agreed 0 refused
Third Follow-Up Call, Winter/Spring 2003	63 agreed 8 refused 12 quit	36 agreed 1 refused 5 quit	42 agreed 12 refused 9 quit	11 agreed 1 refused
Focus Groups	6 participants	6 participants	1 participant	N/A

Measures

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 Table 1.6.)

Measurement of Setting Characteristics and Quality

Center directors provided information about their programs by using a questionnaire developed for the National Child Care Staffing Study (Whitebook et al., 1990), and used subsequently in many studies conducted by the Center for the Child Care Workforce (Whitebook, Sakai & Howes, 1997). In this questionnaire, center directors are asked about: a) center characteristics, including legal status, fees, number and background of children served, budget, amounts and types of subsidies and grants; (b) staff and job characteristics, including ethnicity, age, experience, languages spoken, educational background, ongoing training, salaries, working conditions and benefits for each teaching and administrative staff member; (c) staff stability, including turnover rates for the center as a whole, and tenure for each member of the staff; (d) director background and job assessment, including professional preparation, career history, satisfaction with job, and identified training needs; and (e) current trends, including ease of filling vacancies, qualifications of current staff, funding stability, and changes in the population of families and children served.

We assessed child care environments by using the Early Childhood Environment Rating Scale-Revised Edition (ECERS-R; Harms, Clifford & Cryer, 1998) for preschool rooms in center-based settings, and the Infant and Toddler Environment Rating Scale (ITERS; Harms, Cryer & Clifford, 1990) for infant and toddler rooms in center-based settings, and the

Family Day Care Environment Rating Scale (FDCRS; Harms & Clifford, 1989) for licensed home-based settings. These instruments, which have been used widely in other child care studies (Helburn, 1995; Howes et al., 1998; Kontos et al., 1995; Whitebook et al., 1990), cover a wide range of characteristics of the child care environment, including opportunities to develop language and reasoning skills, learning activities, social interactions, space and furnishings, personal care routines, and program structure. Scores range from 1 to 7, with 1 indicating care that is inadequate to meet health and development needs, and 7 indicating excellent care. Interrater correlations on the ECERS-R are .92 (product moment correlation), and subscale internal reliabilities range from .71 to .88. Test-retest reliability on the ITERS was .84, and internal consistency of the full scale was .83. In two studies using the FDCRS, Howes (1987) and Howes and Stewart (1987) reported interrater reliability to be .90. Internal consistency ranged from .90 to .93 for the six subscales of the instrument.

An observational measure of ratios and group size was obtained in conjunction with the ECERS-R, ITERS or FDCRS observations described below. Center directors and home-based providers were asked about their enrollment-based ratios and group sizes.

In addition, the Child Care HOME Inventory was completed in license-exempt, home-based arrangements. It was used successfully in the NICHD Study of Early Child Care, which also assessed both formal and informal home-based child care settings. The

Child Care HOME Inventory is a modified version of the HOME inventory (Caldwell & Bradley, 1984), which includes 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. There are 45 items, scored yes or no, with a Cronbach's alpha (internal consistency) of .81 (NICHD Early Child Care Research Network, 1996).

Data on Individual Child Care Providers

Several methods were used to obtain data from and about participating child care providers, including on-site interviews, on-site observations of their quality of caregiving, administration of standardized instruments, and interim phone interviews.

Each teacher and provider was interviewed using the Child Care Teaching Staff Survey (Center for the Child Care Workforce, 1997a) or the Family Child Care Survey (Center for the Child Care Workforce, 1997b). In addition, the director interview provided information about directors' background and family circumstances. The center measures were used in the National Child Care Staffing Study (Whitebook et al., 1990) and in a multi-site assessment of centers pursuing NAEYC accreditation (Whitebook et al., 1997). All of the measures have been used in numerous community surveys (Burton, Whitebook, Sakai, Babula & Haack, 1994; Center for the Child Care Workforce, 1999). This interview instrument obtains information about the provider's specific job assignment (number of paid and unpaid hours, time with children, time on other tasks), personal background (education, experience, tenure, family circumstances, financial status including public assistance history, and concurrent jobs), attitudes toward the job (career, ongoing, etc.), and feelings of isolation. The family child care instrument was adapted for license-exempt providers and extensively piloted. Items designed to assess the provider's experience with subsidized child care were added to these interviews, as well as items to assess the provider's own use of child care (for her own children), characteristics of care used, and satisfaction with care.

On-site observations of the quality of care provided

by the worker used a modified version of the Observational Record of the Caregiving Environment (ORCE) used in the NICHD Study of Early Child Care (NICHD Early Child Care Research Network, 1996, 2000). This instrument, named the Child-Caregiver Observation System (C-COS), captures the one-on-one interactions between caregivers and the children in their care and, as such, is appropriate for use in all forms of child care settings. This instrument is being used in the Early Head Start National Evaluation and in the Growing Up in Poverty study, with children ranging in age from 12 to 42 months. It is recommended for use with children ranging in age from 12 to 60 months. We drew upon the original ORCE instrument, which was first used with six-month-old infants, to adjust the C-COS for use with younger infants. Originally developed for the NICHD Study of Early Child Care and focused on a single target child, the measure was adapted for use in our study to focus on up to six children in a provider's care. The C-COS involves both frequency counts and ratings of caregiver-child interaction. Rated behaviors encompass verbal interaction (both positive and negative), affective qualities of the interactions, stimulation of age-appropriate learning, and the responsiveness and sensitivity of the interactions.

The C-COS is conducted during a two-hour child care observation to obtain six observational cycles of data. At the end of each cycle, the total number of staff and children present in the setting or classroom are recorded to provide an observational measure of ratios and group size. Significant ($p < .01$) positive correlations were found between environmental quality (total ECERS, FDCRS, and ITERS scores) and items on the C-COS dealing with language interaction between providers/teachers and children and with children smiling and laughing. Significant ($p < .05$) negative correlations were found with environmental measures and C-COS items dealing with children being idle or upset.

To complement the C-COS, we used the Caregiver Interaction Scale (Arnett, 1989) to capture more global ratings of providers' harshness, sensitivity and/or detachment towards children in their care. The Caregiver Interaction Scale, which has been widely used in child care studies (Helburn, 1995; Howes et al., 1998; Kontos et al., 1995; Whitebook et al., 1990), focuses more specifically on the emotional

and behavioral relationships between teachers and providers and the children, with high scores (on a range from 1 to 4) indicating adults who are warm, engaged, and use consistent and appropriate disciplinary strategies, and low scores indicating providers who are harsh, detached, and use inconsistent or inappropriately strong forms of discipline. Others have found that the four subscales are best represented by a single factor (Cronbach's $\alpha = .93$) (Burchinal & Cryer, 2003).

The Center for Epidemiologic Studies of Depression, CES-D (Radloff, 1977) is a self-report measure of depressive symptoms in the general population, composed of a 20-item Likert scale with items answered on a four-point scale from "rarely" or "none of the time" (0) to "most of the time" (3). This standardized instrument was administered to participants at the original visit to obtain an assessment of depressive symptomatology. Participants were also asked to complete the CES-D following the second phone call and to return it by mail to the research team. The scale measures 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. 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. Radloff (1977) reported high levels of internal consistency, with coefficient alphas that ranged from .85 in the general population to .90 in a clinical sample, as well as high test-retest reliability. (Cronbach's alpha coefficients ranged from .88 to .91 in the sample of mothers participating in the NICHD Study of Early Child Care). For the current study, the scale had a high alpha coefficient of .86.

Study participants were also given the document literacy scale from the Tests of Applied Literacy Skills (TALS), developed by the Educational Testing Service to assess performance on English literacy tasks that adults typically encounter at home, at work, and in day-to-day activities. It is based on a definition of adult literacy that emphasizes the use of printed and written information to function in society, and to develop one's knowledge and potential, as distinct from literacy assessed with school-based reading tests. Because of the many primary languages spoken by study participants and the lack of

available standardized literacy assessments in languages other than English, we focused on participants' skills in reading and interpreting English, rather than their literacy in their primary language.

The documents scale of the TALS assesses "the knowledge and skills required to locate and use information contained in various formats, including job applications, payroll forms, transportation schedules, maps, tables, indexes and so forth" (Kirsch, Jungeblut & Campbell, undated). These skills are relevant to being familiar with child care regulations and safety procedures, participating in training (including online training), finding information in a phone book or through written materials (e.g., written emergency procedures), and completing forms (e.g., Individual Education Plans, forms required by the state for child care subsidy recipients, and small business and tax forms). This scale does not, however, assess prose literacy, namely "the knowledge and skills needed to understand and use information from texts including news stories and fiction" (Kirsch, Jungeblut & Campbell, undated), nor does it assess spoken language skills.

Scores on TALS scales represent five literacy levels, with Level 1 representing the lowest level and Level 5 the highest. Levels 1 (scores of 0-225) and 2 (scores of 226-275) represent limited literacy proficiency. Level 3 (scores of 276-325) is considered the minimum literacy level needed for success in today's labor market (Sum, Kirsch & Taggart, 2002). Levels 4 and 5 represent successively higher levels of literacy. The mean score on the documents scale for a large, nationally representative sample of U.S. adults is 267 (sd=111) (Sum et al., 2002).

Following initial data collection, we made follow-up phone calls to obtain updates on: (1) changes in workplace and/or work schedule, and (2) changes in salary and benefits. In the second year follow-up, we collected information about training or education and job histories, and changes in family circumstances, including total income and own use of child care. In the third follow-up call, participants were asked about changes in workplace and family circumstances as well as about social support.

Table 1.6. 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).

Procedures: Training and Reliability

Seven research assistants were hired and trained to collect observational and interview data. Data collection team members were highly qualified professionals, seasoned in child development. Two research assistants were fluent in Spanish. One research assistant completed data collection in each home-based setting. In most of the centers, one research assistant interviewed the director, and one or two collected the observational and interview data from teaching staff in the classroom setting.

The entire research team was trained to conduct observations and interviews over a three-week period prior to data collection. Prior to training the larger group of field data collectors, we sent two research assistants for intensive orientation and training on the environment rating scale measures so that they could support the training of other field data collectors. All research assistants were trained to use the C-COS, three were trained to use the FDCRS and ECERS-R, and two were able to trained on the ITERS and the Child Care HOME Inventory. Two research assistants were trained to reliability on all three measures: FDCRS, ECERS-R and ITERS.

Initial reliability assessments were conducted at the conclusion of the training session. For measures that assessed the quality of provider-child interaction, interrater reliability was established with an average weighted kappa of .94 (.87-.97) on the Caregiver Interaction Scale and an average kappa of .78 (.73-.85) on the C-COS. For measures that assessed the overall quality of the classroom or home environment, interrater reliability was established with a weighted kappa of .85 (.80-.88) on the ECERS-R/ITERS, and an average weighted kappa of .80 (.78-.82) on the FDCRS.

A second reliability assessment was also made at midpoint during data collection. For measures of provider-child interaction quality, interrater reliability was re-established with an average weighted kappa of .93 (.86-1.00) for the Caregiver Interaction Scale and an average kappa of .79 (.76-.82) for the C-COS. For measures of the classroom and home environments, interrater reliability was also maintained at an acceptable level with an average weighted kappa of .91 (.89-.97) for the ECERS-R/ITERS and an average weighted kappa of .87 (.75-1.00) for the FDCRS.

The observational measures we used are well established and, with the exception of the revised C-COS, did not require pilot testing. C-COS adaptations were tested by the measure developers during the development of training tapes and the training itself. The FDCRS, ECERS-R and ITERS were used in their established forms. The “Home-Based Provider: Licensed Care” Interview and “Home-Based Provider: License-Exempt Care” Interview were compiled from previous measures used by the principal investigators in the National Child Care Staffing Study. These measures were piloted by the research assistants on their practice visits and produced in final form before data collection began. Two of our research assistants were bilingual in Spanish and translated the measures as needed. Follow up interviews were piloted extensively before being used with participants. The follow-up calls were conducted by members of the original research team, as well as by new assistants recruited for each round of data collection. At each round of data collection, interviewers participated in an in-depth training session.

Human Subjects, Participant Consent, and Confidentiality of Data

All participating providers signed consent forms outlining study procedures. If providers wanted the parents of children in their care to sign consent forms, we were willing to do this, but no such requests were made. Materials were prepared for providers and families regarding the study procedures and purposes. All study participants were assigned a “subject number,” and only this number has been used on data forms. The list matching names to numbers has been stored in a secure file apart from the data. None of our sample stratification criteria involve individual characteristics of the providers. All administrative data used in this study were community-level data that will not involve the confidentiality of individual records. The study protocol was approved prior to data collection by the Committee for Protection of Human Subjects at the University of California, Berkeley. All follow-up contacts have also been approved.

Data Processing, File Preparation and Data Analysis

The data were examined, cleaned as necessary, double-entered and verified at the University of California at Berkeley. Georgetown University oversaw data reduction, descriptive analyses and model testing. Policy analysis was conducted at both Georgetown University and the University of California at Berkeley.

Descriptive analysis provided an up-to-date portrait of (1) the characteristics of the child care workforce, (2) their pathways into child care work, (3) their current working conditions, and (4) the quality of care they provided. Univariate analyses (using t-test, chi square, or anova, depending on the nature of the variable) were used to compare providers based on the characteristics of the families they serve; that is, whether they provided care for primarily low-income or higher-income families, and subsidized or non-subsidized families. We also used univariate analyses to compare subgroups of providers characterized by (1) whether they were newcomers or old-timers; (2) their ethnicity and language; (3) their family circumstances, specifically their family income and presence of own children at home; and (4) whether they provided care for children with special needs. Finally, we made comparisons by sector of the market in which they were employed. Following univariate analyses, linear regression was used to examine factors that were associated with quality of the child care environment and English literacy of the providers. Discriminant function analyses were employed to examine factors associated with staying or leaving one's job over the course of the study.

Because of the study's focus on all sectors of the child care market, the sample was relatively small in each sector. This small size reduced the power of the analyses; therefore, the probability of finding significant differences was low, and the lack of significant differences in the findings should not be given great weight.



The following report of our study findings begins with a portrait of the characteristics and quality of the early care and education settings in our sample; continues with chapters on the characteristics of the early care and education workforce, career mobility and stability, and license-exempt care; and concludes with a discussion of the implications of our findings.

The Appendices contain further information on California subsidy and licensing policies, the Alameda County Child Development Corps, and the participants in our focus groups on license-exempt care.

Endnote

- 1 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. 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. For more detailed information on California subsidy and licensing policies, see the Appendix.

Chapter 2: Portrait of Licensed Early Care and Education Settings:

Characteristics and Quality

Efforts to assess the characteristics of child care environments are both longstanding and ongoing. They typically focus on characteristics of providers, the overall settings, and the interactions that transpire between providers and the children in their care (see reviews by Lamb, 1998; NICHD Early Child Care Research Network, 2000; Phillips & McCartney, in press; Vandell & Wolfe, 2000; Whitebook & Sakai, 2004). Researchers usually address features of care that can be regulated, such as staff-child ratios and

group sizes, as well as those that cannot, such as the sensitivity of care and the language interactions offered by the provider. Across a vast array of research studies conducted in the U.S., the portrait that emerges is one of extensive variation within and across all types of care, high levels of instability within the workforce and across individual children's histories of arrangements, and a persistent minority of arrangements that fail to meet any standard of adequate care. Access to developmentally supportive

care, moreover, depends on family income (NICHD Early Child Care Research Network, 1997; Phillips, Voran, Kisker, Howes & Whitebook, 1997).

Although, within center-based settings, families across the economic spectrum can receive early education and care that fosters children's development, more advantaged families tend to receive higher-quality services within all other forms of care.

Beyond purely descriptive purposes, such research is guided by an abiding interest in understanding – and ultimately ensuring – the features of early care and education settings that foster the healthy social and intellectual development of all children. Effects on children derive from the type, quality and consistency of care (in addition to the reviews above, see also NICHD Early Child Care Research Network, 2000). Care that is insensitive, inconsistent, not conducive to learning, and/or unsafe is associated with risks for social and intellectual development, regardless of the type of arrangement. Access to center-based care and preschool, however – perhaps as a result of the associated access to better-educated teachers and planned curricula – appears to confer benefits for cognitive and language development.

Some of this research has recently followed families within communities as they make child care arrangements for their children, and thus has examined all forms of early care and education within a single study (Coley, Chase-Lansdale & Li-Grining, 2001; NICHD Study of Early Child Care, 2002). Other research has involved community samples of child care centers (Helburn, 1995; Whitebook, Howes, & Phillips, 1990; Whitebook & Sakai, 2003), preschools (Barnett, Tarr, Lamy & Frede, 2001; Gormley & Phillips, 2003) or family child care homes (Kontos, Howes, Shinn & Galinsky, 1995; Layzer & Collins, 2000), and has thus examined segments of the child care market. Several of the most recent studies (Coley et al., 2001; Layzer & Collins, 2000) have focused on low-income populations. What has been missing is a community-based sample of early care and education settings that includes center- and home-based arrangements, both licensed and unlicensed, that serve families across the economic spectrum.

A central goal of this study – designed to portray the range of early care and education services available to children and families in one community – was to

fill this gap. This chapter focuses on the characteristics of licensed homes and centers, emphasizing the children who are served, staffing patterns, and the quality of care in subsidized and non-subsidized centers and homes in low- and middle-income neighborhoods. (Chapter 5 discusses license-exempt care in the community.) Our results address several major issues:

- the distribution of children across programs serving different populations of families,
- the quality of care received by children in different sectors of the licensed market,
- equity of access to more developmentally supportive early care and education environments, and
- the features of settings and of providers that are associated with more developmentally supportive care and education.

We first examined the distribution of children – as reported by program staff – across the licensed settings in the sample. Any differences that are described met tests of statistical significance, as noted in the text. We then examined group sizes and ratios in the participating programs, followed by an in-depth examination of the quality of care provided to the children. Specifically, we assessed in three ways the extent to which the settings in our sample supported children's health, safety and development. We assessed the quality of the overall environment with the ECERS-R, ITERS and FDCRS environmental rating scales (Harms, Clifford & Cryer, 1998; Harms, Cryer & Clifford, 1990; Harms & Clifford, 1989). Each of these instruments assesses the same dimensions of quality, but adapts the specific indicators to the nature of the setting being observed.

We assessed the quality of caregiver-child interactions by using the same two instruments in all settings, the Caregiver Interaction Scale (Arnett, 1989) and the Child-Caregiver Observation System-R (C-COS-R; Boller & Sprachman, 2001). The Caregiver Interaction Scale provides a measure of each teacher or provider's sensitivity towards the children in her care. The C-COS-R focuses on verbal interactions, as well as the nature of the children's activities. Finally, we sought to identify the characteristics of providers and of settings that were associated with more developmentally supportive early care and education.

Program Characteristics: Children Served

1 Licensed early care and education settings, in the diverse context of Alameda County, are highly stratified along racial, ethnic and linguistic groups of children.

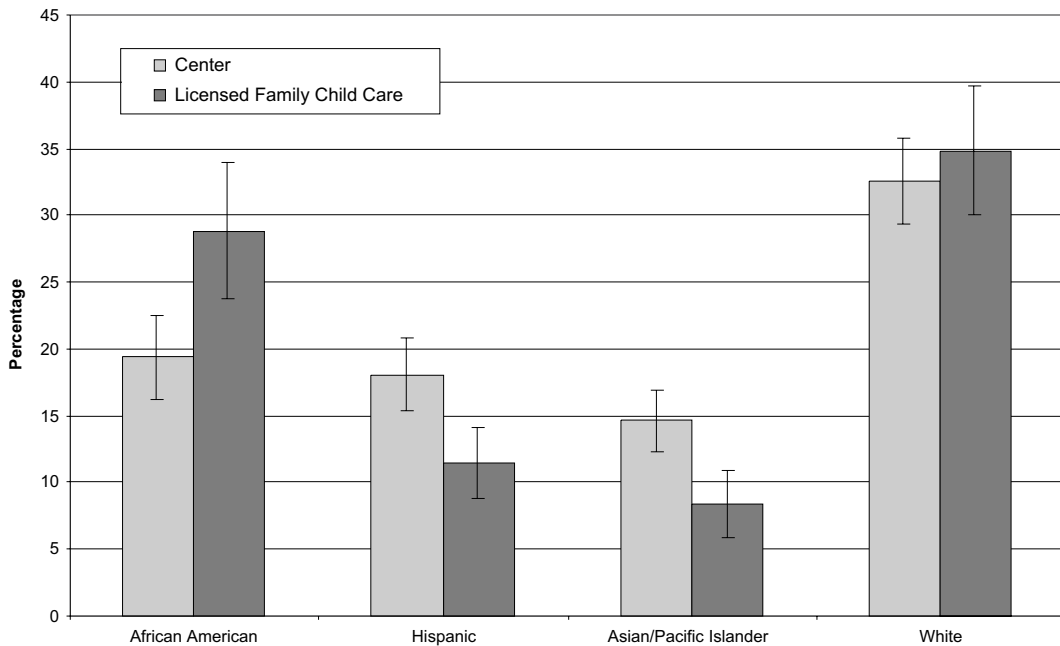
Children attending the licensed programs in our sample came from a wide variety of ethnic groups. Approximately one-third of the children in centers and family child care homes were White. African American children constituted 19 percent of the center sample and 28 percent of the home sample. Hispanic children constituted 18 percent and 12 percent of children in centers and homes, respectively. Asian/Pacific Islander children accounted for 15 percent of the center sample and eight percent of the home sample. Multiracial, multiethnic, and other ethnicities constituted 15 percent and 17 percent of the children in homes and centers, respectively. (See Figure 2.1.)

These children, however, were stratified across programs. Subsidized centers and homes in low-income neighborhoods disproportionately enrolled African

American and Hispanic children. White children were disproportionately served by centers and homes in middle-income neighborhoods, and thus not receiving subsidies ($F(2,80)=22.11, p<.001$ and $F(2,56)=28.37, p<.001$, respectively). These distributions may also reflect the ethnic makeup of different neighborhoods in the county. As noted in the next chapter, this stratification also characterized their teachers and providers. (See Figures 2.2 and 2.3.)

In addition, 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 (see Figures 2.4 and 2.5). Teachers whose native language was English were significantly more likely to have English-speaking children than were teachers whose native language

Figure 2.1. Percentage of Children by Race and Ethnicity in Centers and Licensed Family Child Care



Note: Bars indicate standard errors of the means. Bars that do not overlap indicate statistically significant differences. For example, there are significant differences in percent of African Americans, Hispanics, and Asian/Pacific Islanders by type of care, but no significant difference for Whites.

Figure 2.2. Race and Ethnicity of Children, by Income and Subsidy Status of Centers

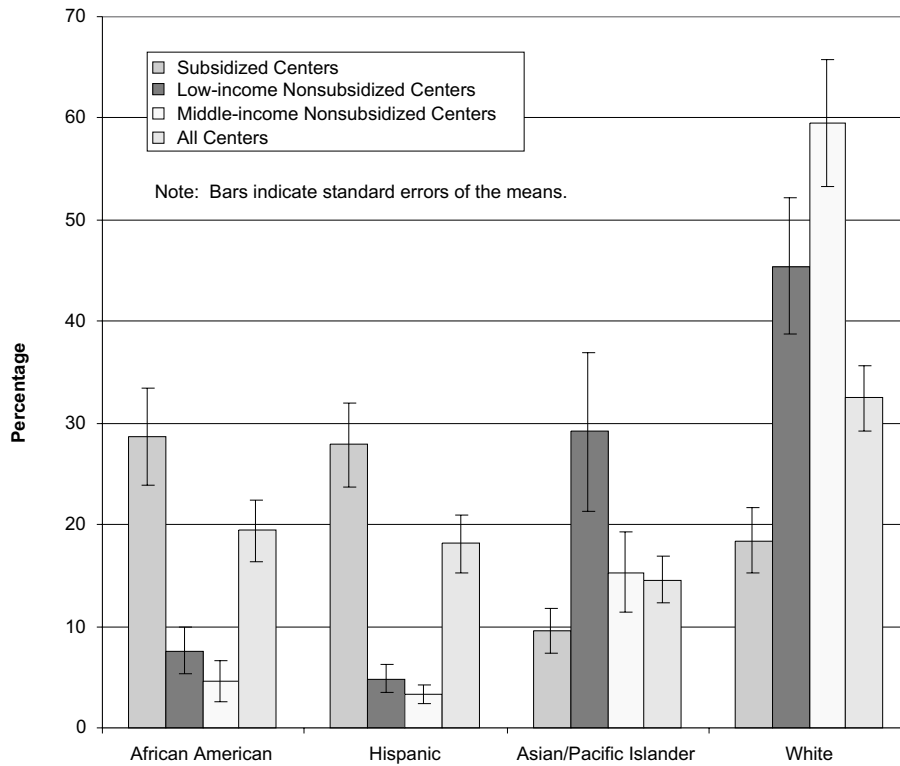


Figure 2.3. Race and Ethnicity of Children, by Income and Subsidy Status of Licensed Family Child Care Providers

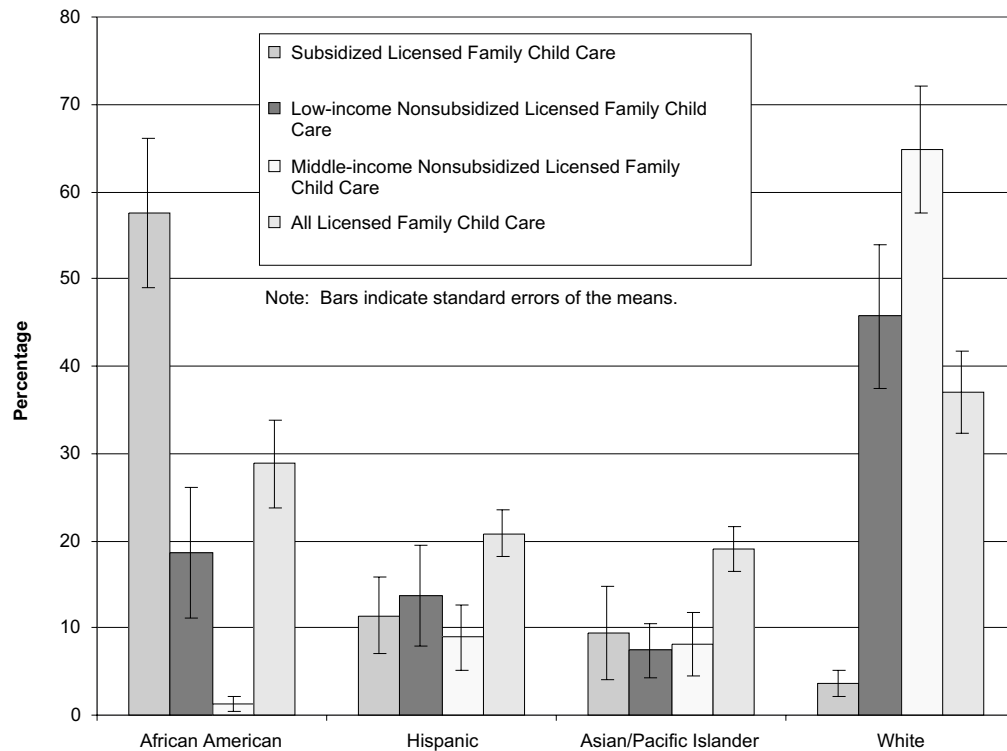
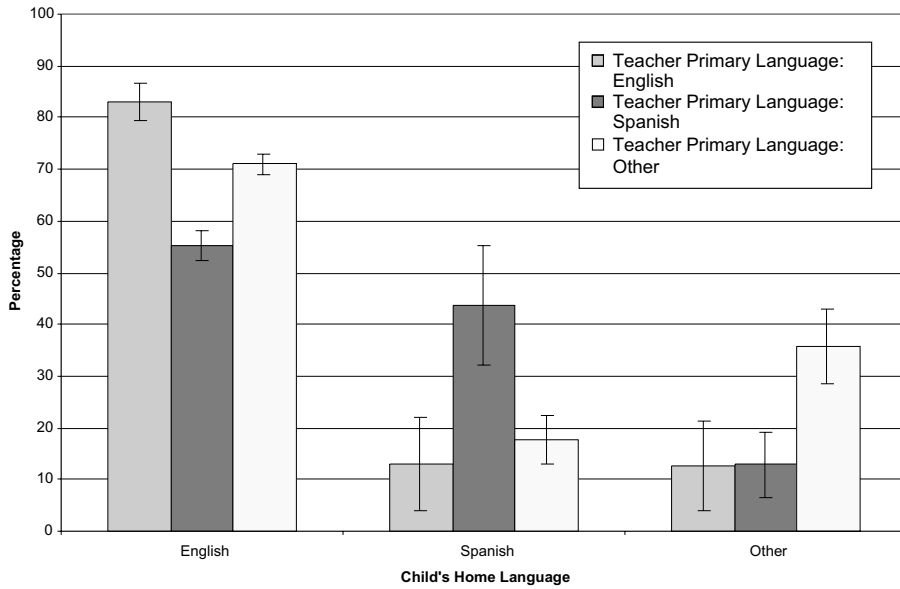
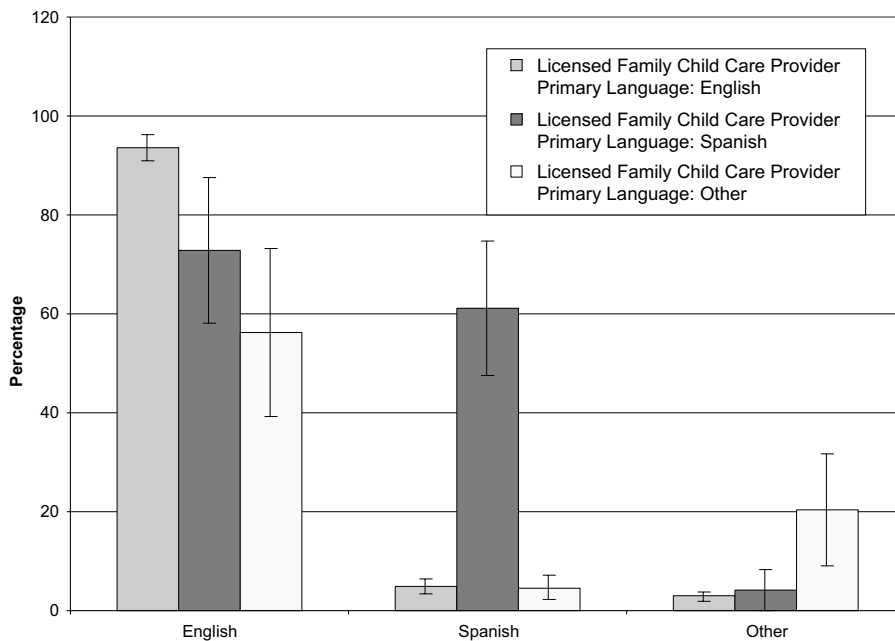


Figure 2.4. Percentage of Children Whose Home Language is English, Spanish or Other, by Teacher's Primary Language



Note: Bars indicate standard errors of the means. Bars that do not overlap indicate statistically significant differences. For example, children whose home language is Spanish are significantly more likely to have teachers whose primary language is Spanish than teachers whose primary language is English or Other.

Figure 2.5. Percentage of Children Whose Home Language is English, Spanish or Other, by Licensed Family Child Care Provider's Primary Language



Note: Bars indicate standard errors of the means. Bars that do not overlap indicate statistically significant differences. For example, children whose home language is Spanish are significantly more likely to have licensed family child care providers whose primary language is Spanish than licensed family child care providers whose primary language is English or Other.

was Spanish ($F(2) = 5.024, p < .01$).¹ In contrast, teachers who spoke a language other than English or Spanish were more likely than English-speaking teachers (Games Howell, $p < .05$) and Spanish-speaking teachers (Games Howell, $p < .05$) to have children who spoke languages other than Spanish or English. Spanish-speaking teachers were only marginally more likely ($p = .057$) to have Spanish-speaking children. The pattern was similar in licensed family

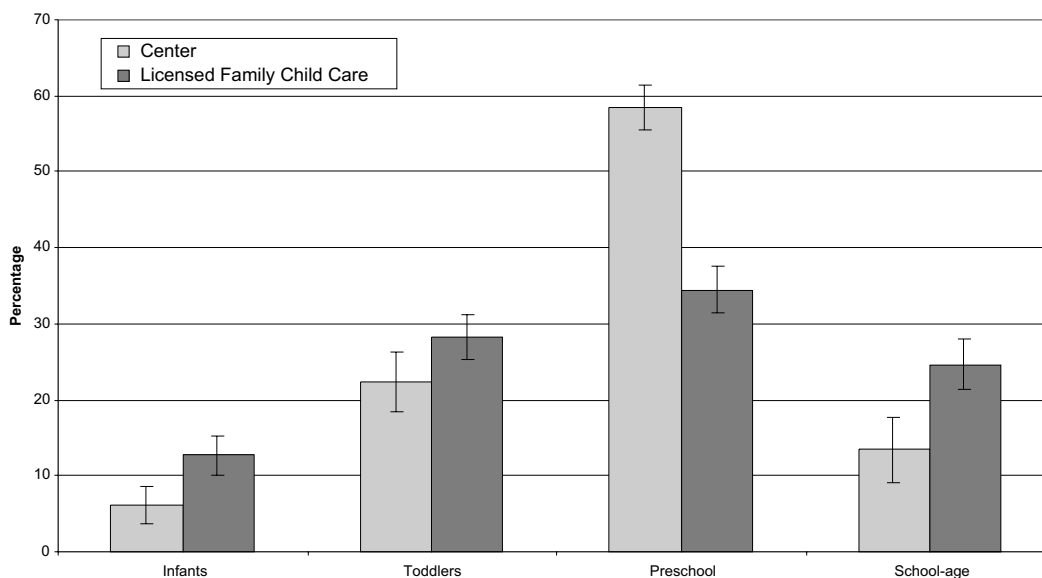
child care. Spanish-speaking providers were significantly more likely to provide care to children who spoke Spanish at home than were providers whose native language was not Spanish ($F(2,57) = 42.28, p < .001$, Games Howell, $p < .01$). Providers whose native language was other than English or Spanish were more likely to serve children who spoke a language other than English or Spanish at home ($F(2,57) = 6.1, p < .01$).

2 Licensed centers and homes serve somewhat different populations of children, with a substantially larger share of centers than homes serving children with special needs and families eligible for and receiving public subsidies.

Age groups. The large majority of children attending centers were toddlers and preschoolers, whereas licensed family child care homes served substantial numbers of children across the full age range, from infancy through school age. Two-thirds of the centers, for example, did not serve infants, and only six percent of children in centers were infants (13% were of school age). In contrast, 13 percent of children in licensed family child care homes were infants, and 21 percent were school-age children (see Figure 2.6).

Children with special needs. Over two-thirds (69%) of center directors reported that they served children with special needs, with an average of 7.8 children per center (or 9.7% of the children). In contrast, only 30 percent of the licensed homes cared for children with special needs. Two-thirds of the center directors who enrolled children with special needs felt prepared to guide their staff in serving these children. Only one-third of the licensed family child care providers had received specific training for working with such children.

Figure 2.6. Percentage of Children by Age Group, by Type of Care



Note: Bars indicate standard errors of the means. Bars that do not overlap indicate statistically significant differences. For example, licensed family child care are significantly more likely than centers to care for Infants and Centers are significantly more likely to care for preschoolers than are licensed family child care.

The vast majority of center directors and licensed family child care providers serving subsidized children reported experiencing benefits from providing care for these families, and had every intention of continuing to do so in the future. Especially prominent were the good feelings they derived from helping families who could not afford care on their own.

These positive reactions were not dampened by the problems that were also frequently reported. Three-fifths of center directors and home providers accepting subsidized children experienced problems with excessive paperwork, delayed or irregular payments, insufficient payment levels, difficulties with agencies or caseworkers, and collecting payments from parents.

Largely unrecognized are the many ways in which child care providers serve as a critical link between families and the subsidy system. Nearly one-half of the providers serving subsidized families, for example, said that they had helped parents obtain subsidies or deal with the agency distributing subsidies, and 24 percent reported assisting parents with the paperwork required to obtain a subsidy.

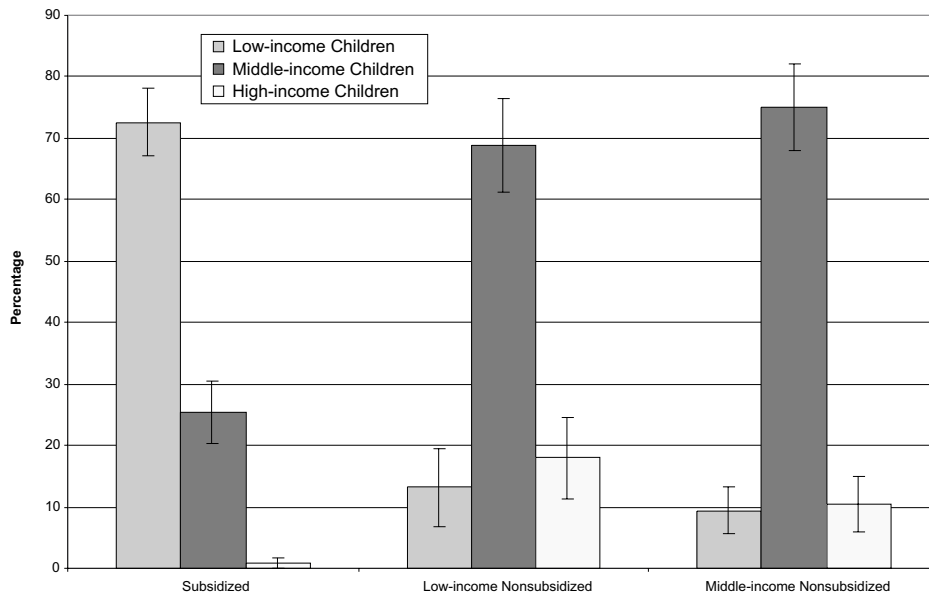
3 In licensed family child care, children from low-income families are concentrated in subsidized homes. Non-subsidized homes in both low- and middle-income neighborhoods serve primarily children from middle- or high-income families.

Children receiving subsidies. Three-quarters of centers but only one-third of family child care homes in our sample served subsidized children. Many of the centers that did serve this population enrolled very few subsidized children. Most center directors and home providers who did not serve subsidized children indicated that they would be willing to do so (80% and 71%, respectively).

Licensed family child care providers were asked to estimate the family income level of the children in their care. We were thus able to examine the distribution of children, by their family income, across groups of providers defined by neighborhood income and

receipt of subsidies (see Figure 2.7). Subsidized providers in low-income neighborhoods had the largest percentage of children of low-income families (73%) ($F(2,55)=44.97, p<.001$). Providers in middle-

Figure 2.7. Family Income of Children in Licensed Family Child Care, by Income Subsidy Groups



Note: Bars indicate standard errors of the means. Bars that do not overlap indicate statistically significant differences. For example, low-income children are significantly more likely to be in subsidized programs than are middle- or high-income children.

income neighborhoods enrolled mainly children of middle- and high-income families (86%). Interestingly, non-subsidized providers in low-income neighborhoods also enrolled primarily children of middle- and high-income families (87%).

This is presumably driven by economic necessity, given the difficulty that low-income families have in covering the full cost of care when they do not receive subsidies.

Program Characteristics: Staffing

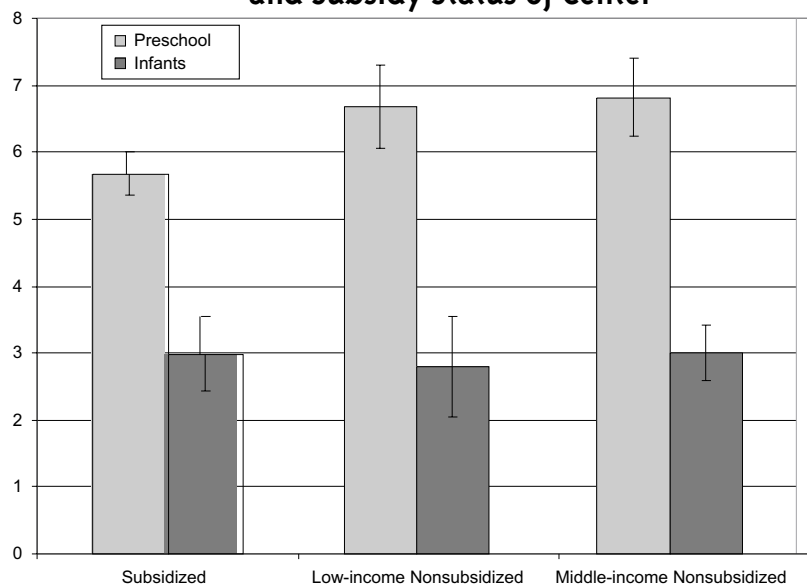
4 Although group sizes and ratios differ substantially between licensed center- and home-based arrangements, the differences for infants are not as large as might be expected.

Group sizes. In center-based programs, classrooms that served toddlers and preschoolers had an average of 21.7 children enrolled per classroom. On the day of observation, an average of 16.6 children and 2.8 staff were present. Classes serving infants were substantially smaller, with an average of 11.6 children enrolled. On the day of observation, infant classes had an average attendance of 9.1 children. These figures for infants compare quite favorably to licensed family child care programs, which served an average of 9.3 (range of 1 to 22) children over the course of their operating hours, not including their own children, and were observed to care for an average of 5.7 children. One-third of these providers had young children of their own and, of this group, 90 percent reported that those children were present most of the

time while they were caring for other children.

Child-staff ratios. The centers, on average, employed 14 teaching staff. For toddlers and preschoolers, the average child-to-adult ratio was 6.1:1. The subsidized centers had notably better toddler/preschooler ratios of 5.7 children per adult than the 6.8 ratio observed in non-subsidized centers ($t(65) = 2.09, p < .05$). Infants in centers experienced an average ratio of 3:1 and there were no differences by income or subsidy status of the center. (See Figure 2.8.) Again, this child-staff ratio for infants compares favorably with family child care homes, in which the mean child-staff ratio was 3.18:1 (encompassing all age groups). The child-to-adult ratio did not differ by the income or subsidy status of the home.

Figure 2.8. Child:Teacher Ratios, by Income and Subsidy Status of Center



Note: Bars indicate standard errors of the means. Bars that do not overlap indicate statistically significant differences. For example, there is no significant difference in child to adult ratios for infants across income and subsidy groups, but subsidized centers have significantly better preschool child to adult ratios than nonsubsidized centers.

Quality of Care

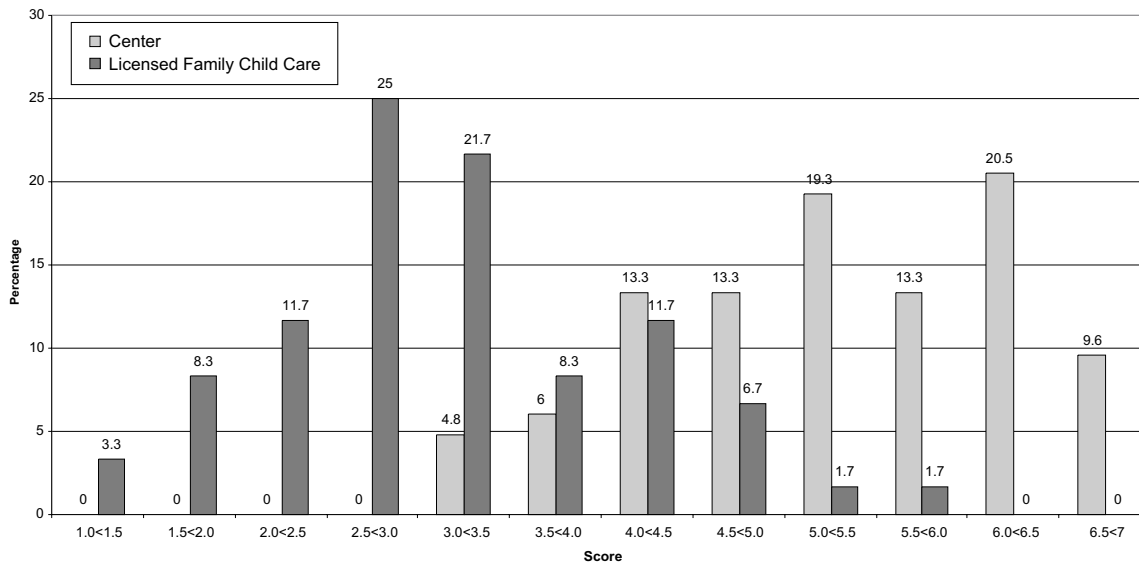
5 The quality of care varies considerably within and between licensed center- and home-based arrangements. Nevertheless, the distribution of quality within center care encompasses higher ratings and rarely slips into a worrisome range, in comparison to the distribution of quality within licensed family child care arrangements.²

Quality of the overall environment. 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 three percent rated “good” or higher, based on observations using the ITERS, ECERS or FDCRS rating scales (see Figure 2.9). On these scales, in which ratings range from a score of 1 (“inadequate”) to a score of 7 (“excellent”), preschool classrooms in child care centers received a mean rating of 5.25, and infant/toddler classrooms received a mean of 5.44. The licensed homes received a mean rating of 3.14, and nearly one-half of homes (48.3%) received ratings below 3 (“minimal”). 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.³

Quality of caregiver-child interactions. The two sectors of care were somewhat more comparable on the measure of observed caregiver sensitivity toward children (Arnett, 1989). Seventy-six percent of the center-based teachers, and 57 percent of the licensed family child care providers were rated as quite or highly sensitive (see Figure 2.10). Center-based teachers received a mean rating of 3.33 (with possible scores ranging from 1 to 4), and only 1.2 percent received ratings below 2 (“somewhat” sensitive) on the total score. The family child care providers received a mean sensitivity score of 3.06, and 8.3 percent received ratings below 2. Results from the Child-Caregiver Observation System-Revised (C-COS-R), for which we observed caregiver-child pairs moving child by child through the group, indicate that

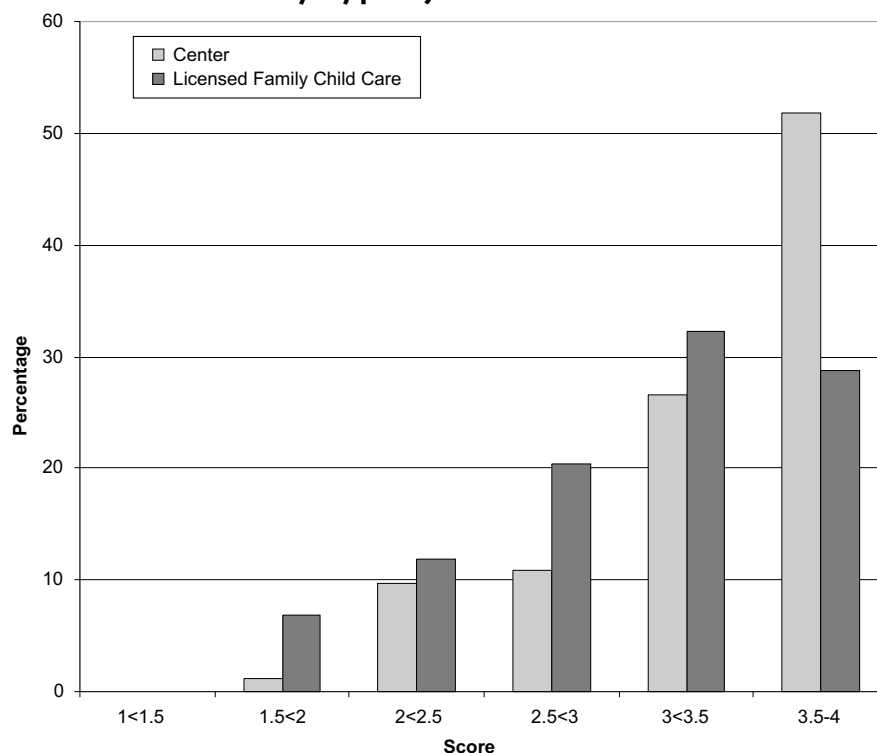
Figure 2.9. Environmental Rating Scale Scores, by Type of Care



Note: Center classrooms tested with ECERS or ITERS (Mean Score = 5.3)
 Licensed Family Child Care rated with FDCRS (Mean Score = 3.1)

Score below 3 = Poor Quality ; 3-4.9 = Mediocre Quality; 5 and above = High Quality

Figure 2.10. Arnett Sensitivity Subscale Scores, by Type of Care



teachers and providers in both centers and homes spent about 60 percent of their time in dyadic or group verbal interactions with children in their care.

Children's activities. When not interacting with teachers or providers, children spent the majority of their time in interaction with materials or other chil-

dren. Average time interacting with materials was 73 percent in centers and 71 percent in family child care homes. Time interacting with peers was 61 percent in center-based arrangements and 53 percent in licensed homes. The children in both homes and centers were idle for only minimal amounts of time (i.e., not involved with materials, adults or other children, and thus unoccupied, or watching TV), although they were more likely to be idle in subsidized centers than in middle-income centers ($t(60)=3.34, p<.01$).

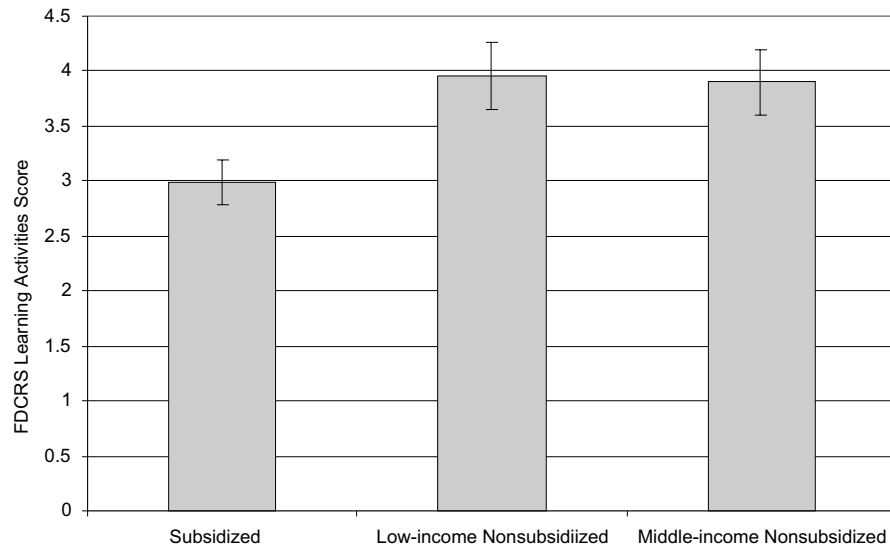
6 Children attending child care centers that are located in low-income neighborhoods or that serve sizeable shares of subsidized children are equally likely to receive developmentally supportive care as children attending centers in middle-income neighborhoods. This is not the case with licensed family child care homes, where arrangements based in middle-income neighborhoods offer significantly higher-quality care than do subsidized and non-subsidized homes in low-income neighborhoods, and subsidized homes are particularly poor with regard to offering learning activities.

In general, subsidized and non-subsidized centers provided comparable levels of care and education, as did centers in low- and middle-income neighborhoods. There were only two exceptions to this conclusion. First, as noted above and shown in Figure 2.8, subsidized centers in low-income neighborhoods had better ratios of teachers to preschool-age children (but not to infants) than did other centers ($t(65)=2.09, p<.05$). Second, non-subsidized centers in low-

income neighborhoods ($M=3.81 (0.96)$) were observed to provide significantly poorer quality in the area of personal care routines (e.g., diapering and feeding) than other centers (subsidized $M=4.8 (1.58)$, middle-income, non-subsidized $M=5 (1.15)$ ($F(2,66) = 3.15, p<.05$). Thus, in low-income neighborhoods, subsidized centers had a slight edge over non-subsidized centers on these basic indicators of safe and appropriate care.⁴

In licensed family child care homes, both the income level of the neighborhood and the subsidy status of the home predicted dimensions of child care quality that are strongly associated with developmental outcomes. Specifically, homes in middle-income neighborhoods offered more sensitive caregiving ($M=3.30$ (0.55)) than did those in low-income neighborhoods ($M=2.96$ (0.66)) ($t(57)=2.06$, $p<.05$). Homes in middle-income neighborhoods also offered greater opportunities for social development ($M=4.9$ (1.1)) than did homes in low-income neighborhoods ($M=4.1$ (1.7)) ($t(46) = 2.04$, $p<.05$). Observed learning activities, based on the Family Day Care Environment Rating Scale, were of significantly higher quality in non-subsidized homes in

Figure 2.11. Mean Learning Activity Scores, by Income and Subsidy, for Licensed Family Child Care



Note: Bars indicate standard errors of the means. Bars that do not overlap indicate statistically significant differences. For example, Subsidized providers have significantly lower FDCRS learning activities scores than either nonsubsidized group.

both low-income ($M=3.96$ (1.33)) and middle-income neighborhoods ($M=3.90$ (1.27)) than in subsidized homes ($M=2.99$, (0.98)), which were by definition in low-income neighborhoods ($F(2,57) = 4.47$, $p<.02$) (see Figure 2.11).

7 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.⁵

In light of extensive evidence linking the qualifications of child care providers to the quality of care received by children, we examined associations between the three sets of quality indicators and teacher/provider reports of their training, education, and participation in professional development. We first report the results for center-based care, followed by those for licensed family child care homes.

Early childhood training and quality in centers.

Teachers with college-based training in early childhood education were significantly more likely than teachers without any training to have classrooms in which children interacted with providers or other

staff (86 % of the time, compared to 76%; $t(75)=2.85$, $p<.01$), in which children interacted with each other (62%, compared to 49%; $t(75)=3.25$, $p<.01$), and in which children laughed and smiled (17%, compared to 9%; $t(13)=4.21$, $p<.001$).

Having either a degree in early childhood education or 24 or more units of training in early childhood education was positively associated with time during which the children and teachers were attending to each other. Surprisingly, negative associations were found with the percentage of time the children were observed to be smiling or laughing.

We examined the benefits of professional development, using differences in quality of care for teachers and directors who had participated in the Child Development Corps at least once between the beginning and end of the study. Teachers who participated in the Corps (78%) were observed to offer significantly higher-quality teacher-child interactions and, specifically, more sensitive interactions (as measured by the Caregiver Interaction Scale) than teachers who never participated in the Corps. They also had higher overall scores on the Early Childhood and Infant-Toddler Environment Rating Scales, and spent a larger percentage of their time in language interactions with the children in their care. The children in their care also spent significantly more time smiling and laughing (18%, compared to 12% of the time inter-

vals observed), and talking with each other (45%, compared to 36%), but also more time crying or being upset (1%, compared to 0.28%). (See Table 2.1.) Directors who participated in the Corps at least one time in three years (73%) had centers that received higher overall scores on the Early Childhood and Infant-Toddler Environment Rating Scales (5.50 compared to 4.70 ($t(40)=-2.68, p<.05$).

Early childhood training and quality in licensed family child care homes. As with center-based staff, providers with college based training in early childhood education had significantly higher scores on the Language and Reasoning subscale of the Family Day Care Environmental Ratings Scale than did those without any college training (3.78 compared to 2.44, $t(33)=3.64, p<.001$).

Those with college based training also spent more observed time reading to the children than did those without training in early childhood education (1.4%, compared to 0%, $t(34)=2.18, p<.05$).

Children in homes with trained providers, as compared to those in homes with providers who had no early childhood training, spent more time smiling and laughing (21.33%, compared to 13.6%, $t(27)=2.13, p<.05$). While hitting was extremely rare, our results did produce the counterintuitive finding that children in homes with trained providers also spent more time hitting other children (0.6 %, compared to 0% of the observational time, $t(34)=2.80, p<.01$).

Children spent more time paying attention to family child care providers who had at least a BA plus more than 24 units in early childhood education

Table 2.1. Mean Scores on Quality Measures, by Center Teaching Staff Participation in Child Development Corps

	Participated in Child Development Corps?		
	Yes	No	t(81)
Total Arnett score	3.31	3.02	-2.26*
ECERS/ITERS total score	5.40	4.87	-2.10*
ECERS/ITERS Space and Furnishing subscale	5.68	4.88	-3.00**
ECERS Parent-Staff/ITERS Adult Needs subscale	5.38	4.77	-2.51*
C-COS-R % of time children talked to each other	44.90	36.20	-2.64*
C-COS-R % of time children smiled or laughed	17.95	12.22	-2.10*
C-COS-R % of time children cried or were upset	1.08	0.28	-2.47*
C-COS-R % of time provider had language interaction with children	62.28	51.76	-2.00*
C-COS-R % of time children interacted with others	86.41	80.74	-2.64**

* $p\leq.05$, ** $p\leq.01$

than to those with less education and training (28.0%, compared to 12.9%, $t(58)=-2.81$, $p<.01$). Surprisingly, those providers with high education and training spent less observed time reading to children (0.30%, compared to 2.0%, $t(57)=2.07$, $p<.05$) and more time talking to other adults (22.3%, compared to 10.7%, $t(58)=-2.01$, $p<.05$) than those who were less highly educated.

As with the center-based teachers and directors, the 21 percent of family child care providers who had participated in the Child Development Corps at least once over the three-year period were associated with offering higher-quality care. Specifically, they received higher total scores on the Family Day Care Environment Rating Scale, as well as on virtually

Table 2.2. Mean Scores on Quality Measures, by Licensed Family Child Care Providers' Participation in Child Development Corps

	Participated in Child Development Corps?		
	Yes	No	t(58)
FDCRS Total Score	3.57	2.87	-2.86**
FDCRS Space & Furnishings Subscale	3.33	2.71	-2.16*
FDCRS Language & Reasoning Subscale	3.99	2.87	-2.81**
FDCRS Learning Activities Subscale	4.11	3.23	-2.78**
FDCRS Social Development Subscale	4.87	4.01	-2.15*
FDCRS Adult Needs Subscale	5.39	3.93	-4.58***
FDCRS Basic Care Subscale	3.20	2.72	-1.94

** $p\leq.05$, *** $p\leq.001$

every subscale, including Learning Activities, Language and Reasoning, and Social Development (see Table 2.2).

8 In center-based care, the overall educational background of the total staff influences quality to a greater extent than the qualifications of a given individual teacher.

The educational levels of center teaching staff, considered collectively, were associated with a much larger number of quality indicators (see Table 2.3). Specifically, the percentage of center staff with a BA degree or higher was positively associated with higher scores on the Caregiver Interaction Scale's measure of teacher sensitivity, and the Early Childhood Environment Rating Scale subscores for Language and Reasoning, Activities, Adult-Child Interaction,

Program Structure, and the Total Score. The presence of a higher percentage of center staff with a BA degree or higher was also associated with less idle or unoccupied time for the children. Having a larger percentage of teachers with a degree specifically in early childhood education was associated with higher scores on the Infant-Toddler Environment Rating Scale subscale for meeting Adult Needs.

Table 2.3. Correlations of Quality of Care with Education and Training of Center Teaching Staff

	Percentage of staff with BA or higher	Percentage of staff with a degree in early childhood education	Percentage of highly trained staff ^a
Arnett Sensitivity Subscale	.36**	.04	.02
ECERS Language Reasoning subscale	.44**	.01	.02
ECERS Activities subscale	.32**	.12	.13
ECERS Interaction subscale	.31**	.07	.08
ECERS Program Structure subscale	.29*	.12	.03
Total ECERS Score	.30*	.12	.08
ITERS Adult Needs subscale	.34	.57*	.44
C-COS-R, % of time child was unoccupied or watched TV	-.23*	.04	.08
C-COS-R, % of time child attends to provider	.05	.14	.23*
C-COS-R, % of time child smiles or laughs	.06	-.17	-.25*

*p≤.05, **p≤.01

^a Highly trained defined as a degree in early childhood education or more than 24 units of early childhood education training

9 Director turnover also has adverse consequences for the quality of care provided in center-based programs.

We examined whether the centers that experienced director turnover differed in the quality of care they offered to children at the outset of the study. Centers that experienced director turnover over the course of the study were characterized by significantly lower-

quality teacher-child interactions (as measured with the Caregiver Interaction Scale) than centers that retained their directors ($t(28) = 2.67, p = .013$).

Discussion

The early care and education provided to children and families ranged from environments that were highly supportive of children's health, safety and development to environments that fell well below thresholds of adequate care. This is a common finding in the child care literature. What this community sample adds to this evidence of extensive variability is a portrait of the licensed child care market, in which children are exposed to different experiences depending on where and with whom they spend their days.

Specifically, the quality of care and educational experiences observed in licensed family child care homes extended into a lower range that was rarely seen in child care centers. This was the case with regard to overall environmental quality, most sub-dimensions of environmental quality, and, to a somewhat lesser extent, to our observations of caregivers' sensitivity to children's needs, interests, and bids for social interaction. Moreover, among licensed family child care homes, arrangements based in middle-income neighborhoods were of higher quality, while those that enrolled children of subsidized (and thus very low-income) families were significantly less likely to offer opportunities for learning that foster school readiness.

This pattern is of concern in light of the high concentration of children of low-income families in subsidized family child care homes. It fits with prior evidence indicating that less advantaged and more advantaged children are equally likely to receive developmentally supportive care in child care centers, but that this is less likely in family child care arrangements (NICHD Early Child Care Research Network, 1997; Phillips et al., 1996). Moreover, it highlights the negative consequences of a subsidy system that favors serving larger numbers of families rather than protecting the safety and quality of care received by any given subsidized family.

Also consistent with prior evidence, children of different ages were not evenly distributed across types of care. Less well documented, however, is the disproportionate responsibility of serving children with special needs and children receiving public subsidies that appears to be borne by child care centers. Of perhaps even greater significance, in an increasingly

diverse society in need of interracial understanding and respect, is the ethnic and racial stratification that characterized children and the workforce in both centers and family child care homes.

The findings also replicated prior evidence about the importance of training in early childhood education and ongoing professional development for providing developmentally supportive care and education in all types of licensed arrangements. In family child care homes, where the quality of care is highly dependent on a single, relatively isolated adult, the training of the individual provider is extremely important. In center-based arrangements, it is the training of the teaching staff considered as a unit – and particularly of the share of teachers with BA-level preparation in early childhood education – that most strongly influences the quality of children's experiences. Director turnover also had adverse consequences for quality of care in centers. Our data do not permit us to offer a clear interpretation of this association. It is conceivable that there is some level of turmoil that affects teachers in a center that loses its director even prior to her departure (e.g., a “burnt-out” director may not be as effective a leader), or lower-quality centers may place more stress on directors and thus create higher turnover (Whitebook & Sakai, 2004). Associations found between participation in the Child Development Corps and the quality of care, while possibly a function of self-selection into the Corps program, further suggest that structured opportunities for professional development, accompanied by financial rewards, can serve to support the provision of high-quality care and education. As seen in Chapter 4, they may also play a role in the retention of a qualified early care and education workforce.

Endnotes

- 1 The large majority of the children in our sample were predominantly English speakers, both in child care and at home.
- 2 We caution the reader that these comparisons are of homes and centers that were recruited into the study using the same inclusion criteria, but somewhat different strategies (see Chapter 1, "Introduction and Study Design"). They do not represent an identically selected sample of each type of care. In fact, while centers in the study were comparable to centers in the county overall, in terms of teacher education, licensed family child care providers were substantially more educated than is found among such providers county-wide. Participation rates, however, were highly similar across the two types of care.
- 3 Figures on the four subscales are available from the authors.
- 4 Because the subsidized centers included a small number (six of 25 centers) that depended primarily upon vouchers rather than contracts as their form of payment for subsidized children, we also compared the subset of contracted centers to non-contracted centers (those accepting vouchers plus those not receiving subsidies). The results for Personal Care Routines remained significant (i.e., low-income non-contracted centers were of significantly lower quality than other centers) ($F(2,66)=5.43$, $p<.01$). Two additional subscales became significant. Contracted centers received significantly higher scores than low-income non-contracted centers on the subscales capturing Space and Furnishings (e.g., their amount, maintenance, safety, and developmental appropriateness) ($F(2,66)=3.38$, $p<.05$, Games Howell post hoc test mean difference=.67, $p<.05$) and Provisions for Parents and Staff (e.g., provision of information to parents, staff interaction and cooperation, staff continuity, and opportunities for professional growth) ($F(2,66)=3.50$, $p<.05$, Games Howell post hoc test mean difference=.62, $p<.05$).
- 5 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.

Chapter 3: Portrait of the Early Care and Education Workforce

A well-trained and stable child care workforce is a precondition to providing high-quality early care and education services that are both reliable for working parents and developmentally sound and nurturing for children (Shonkoff & Phillips, 2000). Most studies of the early care and education workforce portray a group that is primarily female, poorly compensated in both wages and benefits, and characterized by high rates of worker turnover, varied levels of education, and different motivations for entering this line of work (Center for the Child Care Workforce, 2002b; Helburn, 1995; Kontos, Howes, Shinn & Galinsky, 1995; Levine, 2001; Whitebook, Howes & Phillips, 1990). Most studies to date, however, have focused on only one sector of the industry, and typically at only one point in time. This study is a departure in both respects, and provides a portrait of the workforce across types of settings over a period of two years.

1 The early care and education workforce in our sample is predominantly female, married or living with a partner and children, and between the ages of 30 and 50.

Gender

Similar to samples in other studies in California and nationally, our sample was predominantly female (Center for the Child Care Workforce, 2002b; Whitebook, Howes & Phillips, 1990). Males made up a small proportion (3.6%) of center-based teaching staff and a somewhat larger proportion (9.5%) of center directors. Only subsidized sites employed male directors, where 16 percent were men.

Approximately five percent of teaching staff in subsidized (4.2%) and middle-income (5.6%) centers were male; no male teachers were employed in non-subsidized centers in low-income neighborhoods. Licensed family child care providers in this sample were all female.

Marital and parental status

Two-thirds of center directors and 54 percent of center-based teaching staff were married or living with partners, as were nearly three-quarters (73%) of the licensed family child care providers. The vast majority of these teachers and providers were parents of children under 18 still living at home.¹ Thirty-nine

percent of center-based teaching staff and 47 percent of licensed family child care providers had children under the age of 12 living in their households. Center-based teaching staff used a variety of care options for their young children, with only one-quarter of them relying on the center in which they were employed. In contrast, licensed family child care providers relied exclusively on their own services in caring for their own young children.

Age

The mean age of our sample was similar to that found in other studies of the California early care and education workforce (Center for the Child Care Workforce, 2002b; Whitebook, Sakai, Gerber & Howes, 2001). The mean age of center directors was 46 (SD=11), with a range from 22 to 64 years of age. Licensed family child care providers were similar in age to center directors, with a mean of 44 years (SD=13) and a range of 25 to 88 years of age. The center-based teaching staff was only slightly younger, with a mean age of 40 (SD=13), ranging from 18 to 77 years of age.

2 The early care and education workforce is stratified along racial and ethnic—and to a lesser extent, economic—lines.

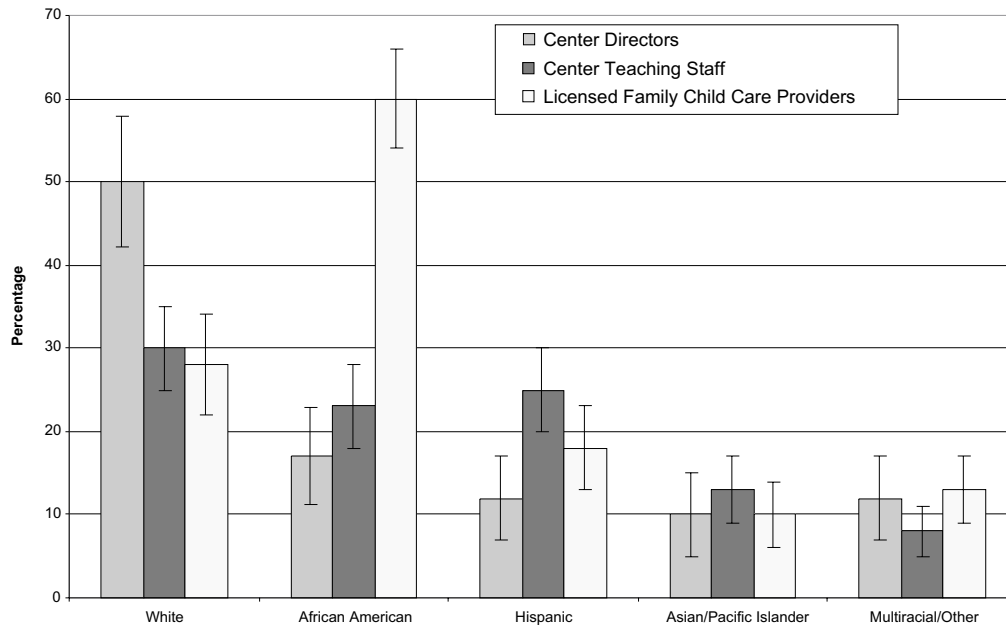
Our sample was ethnically and racially diverse, including those who identified themselves as African American, Latina/Hispanic, Asian/Pacific Islander, White, and multiracial/multiethnic (see Figure 3.1). Women of color represented one-half of center directors, two-thirds of center-based teaching staff, and nearly three-quarters of family child care providers. The racial and ethnic composition of the workforce, however, differed by subsidy and income status.

Subsidized programs were more likely to employ minority directors than were non-subsidized programs ($\chi^2(1) = 11.958, p < .001$). Directors of middle-income programs were exclusively White, and the majority of directors (62.5%) in non-subsidized programs located in low-income communities were also White. Slightly more than one-quarter of directors (28%) in subsidized programs were African American, while no African Americans directed non-subsidized programs in this sample.

More than two-thirds of the center-based teaching staff were minorities, although their distribution across centers varied according to income and subsidy status ($\chi^2(10) = 28.76, p < .001$). African Americans and Latinos each comprised one-third of teaching staff in subsidized centers, but only one-eighth of staff in low-income, non-subsidized programs. Asian American/Pacific Islanders were concentrated in low-income, non-subsidized programs, where they constituted approximately one-third of teaching staff (31%). Whites comprised two-thirds (67%) of teaching staff in middle-income centers.

Two-thirds of licensed family child care providers operating in middle-income areas were White, compared to approximately one-quarter (26%) in low-income non-subsidized homes and none in low-income subsidized homes ($\chi^2(2) = 22.16, p < .001$). Three-fifths (61%) of subsidized providers were African American, compared to 21 percent of non-

Figure 3.1. Racial and Ethnic Distribution, by Type of Care



Note: Bars indicate standard errors of the means. Bars that do not overlap indicate statistically significant differences. For example, there whites are significantly more likely to be Center Directors than are those of other races or ethnicities.

subsidized providers in low-income areas and none in middle-income areas ($\chi^2(2) = 18.88, p < .001$).

These findings probably reflect residential stratification in the county.

3 A substantial minority of the early care and education workforce is living in precarious economic circumstances.

Household income

Only five percent of center directors had annual household incomes of less than \$25,000, and approximately one-third (31%) had annual household incomes of less than \$50,000. As noted in Chapter 1, the median household income in Alameda County is \$50,196.

Teaching staff were more likely than directors to live in lower-income households ($\chi^2(2) = 5.92, p < .05$), with nearly one-quarter (23%) having household incomes below \$25,000 per year, and one-half (51%) having household incomes of less than \$50,000 per year. Approximately one-third of teaching staff lived in households that did not meet the self-sufficiency standard² for their family size in Alameda County;

teaching staff in middle-income non-subsidized centers were most likely to meet the standard ($\chi^2(2) = 8.07, p < .02$) (see Figure 3.2). Based on mean annual household income, both teachers and assistant teachers serving children of middle-income families appeared to be better off financially than those serving children of low-income families ($F(2,77) = 10.186, p < .001$).

Even though center directors were more likely than teaching staff to live in households with high annual incomes, 20 percent of directors reported holding a second job, compared to eight percent of teaching staff. Still, directors as a group were better off economically than teaching staff. Less than one-half (39%) of directors reported having little money left each month after paying housing costs, compared to

60 percent of teaching staff ($t(1) = 4.86, p < .03$). Thirty-six percent of teachers and 10 percent of directors reported having received public assistance in the past (see Figure 3.3).

Median household income for all licensed family child care providers was \$55,500 per year. Providers in low-income neighborhoods tended to have lower annual household incomes than those in middle-income neighborhoods or serving children of middle-income families, although these differences were not statistically significant. More middle-income providers (28%), for example, lived in households with annual incomes above \$85,000 than did non-subsidized (16%) or subsidized providers (19%) in low-income neighborhoods. Conversely, only six percent of providers in middle-income neighborhoods reported household incomes below \$25,000 per year, compared to 26 percent of non-subsidized and 14 percent of subsidized providers in low-

income neighborhoods. Seven percent of licensed family child care providers reported holding a second job. Twenty percent of providers lived in households that did not meet the self-sufficiency standard for their family size and location. There were no differences by income or subsidy group with respect to self-sufficiency (see Figure 3.2). Approximately one-third (32.2%) of licensed family child care providers had received public assistance at some time (see Figure 3.3). Thirty percent had used the Earned Income Tax Credit, which is only available for low-income families.

Income from child care

Center directors reported a mean hourly wage of \$25.97 (SD=12.4, range of \$10.00 to \$70.00 per hour). This wage level is similar to that found in a study of Alameda County child care centers conducted in the same time period (Burton, Lavery & Duff,

Figure 3.2. Percentage Failing to Meet Self-Sufficiency for Family Size in Alameda County

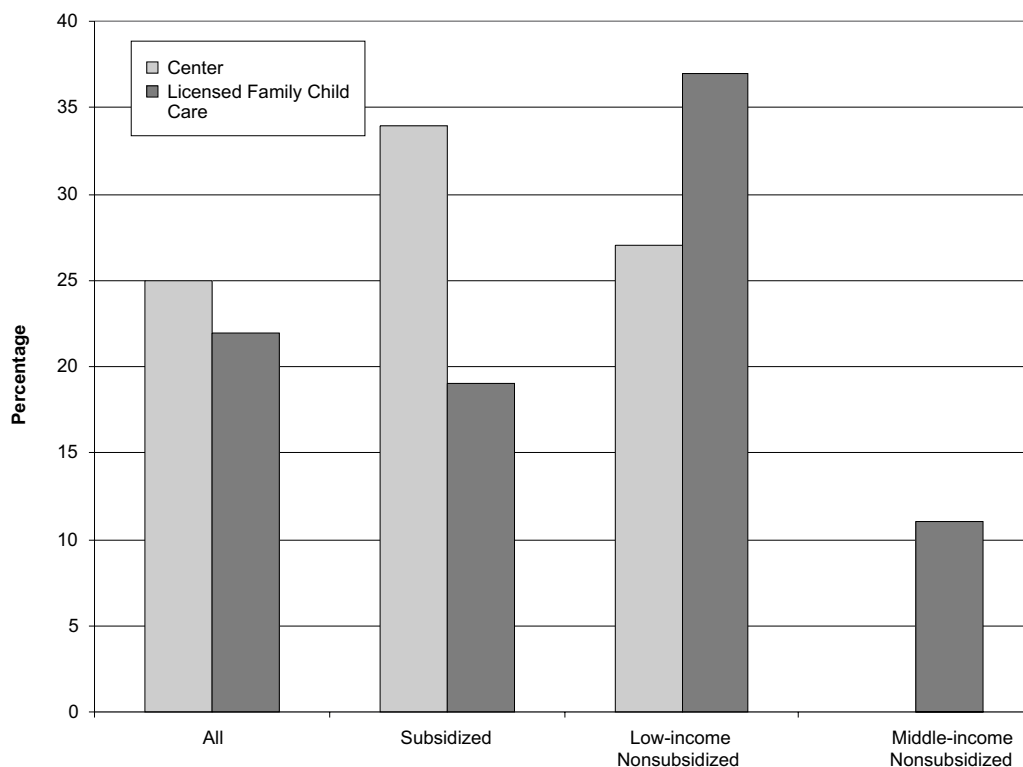
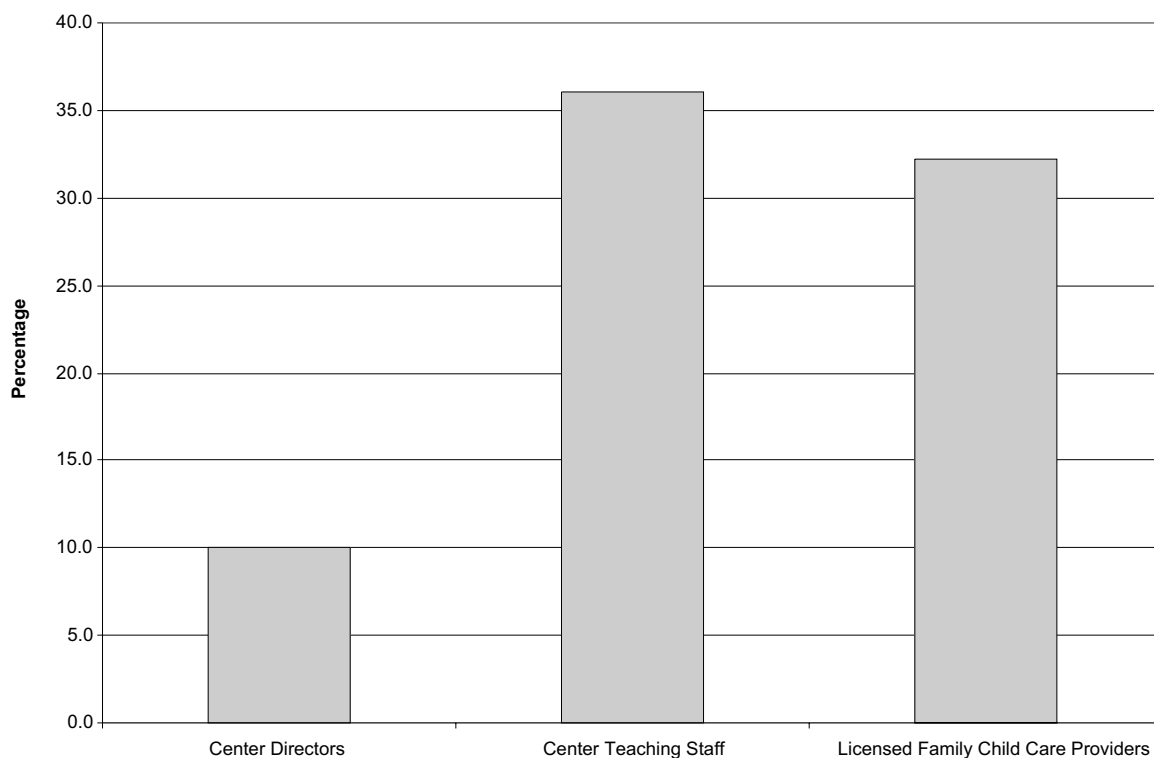


Figure 3.3. Percentage Ever on Public Assistance, by Type of Care



2002). Although there was some variation in average wages by income and subsidy group, these differences were not statistically significant.

Center-based teaching staff reported a mean hourly wage of \$13.05 (SD=4.9, range of \$7.00 to \$33.00 per hour). Teacher-directors, not surprisingly, had the highest mean hourly wage of \$18.25, with teachers next at \$14.32, and assistant teachers at \$10.18. These wages were also similar to those found in the other Alameda County study.

Licensed family child care providers' average annual estimated net income³ from providing child care was \$39,323 (SD=29,156); the median was \$37,625. One provider estimated losing as much as \$2,258 a year, while another reported child care earnings of \$168,540. There were significant differences in income from child care by income and subsidy groups. Providers receiving public dollars for at least 25 percent of the children in their care (low-income subsidized) earned significantly more per year

(\$53,237 net on average; SD=35,249) than did middle-income providers, who earned \$30,416 net on average (SD \$20,802) ($F(2,49) = 4.054, p < .05$; Bonferroni post hoc test $p < .05$). Non-subsidized providers in low-income neighborhoods earned an average net income of \$32,325 (SD=23,746) per year from child care.

Benefits

Center directors were asked about the benefits offered to their teaching staff. About four-fifths of centers offered their teaching staff paid holidays, paid sick leave, and paid vacations. Slightly more than one-half (54.4%) of centers offered fully-paid health insurance to their teachers and 42.8 percent to assistant teachers. These findings were similar to the rate of 49 percent found in a previous Alameda County study (Burton, Lavery & Duff, 2002). There were some differences by income and subsidy status, with subsidized centers more likely to offer fully-paid health care benefits to their teaching staff than were non-subsidized centers

($\chi^2(1)=6.79, p<.01$). Subsidized centers were also more likely to offer retirement plans than were non-subsidized centers ($\chi^2(1)=4.59, p=.05$). Low-income non-subsidized centers were more likely to offer reduced child care fees to their teaching staff than were other centers (100% in low-income non-subsidized centers, compared to 35% in subsidized and 78% in middle-income non-subsidized centers ($\chi^2(2)=14.73, p<.001$).

Because many licensed family child care providers were self-employed, it was anticipated that their child care work would not be the likely source of benefits. This was indeed the case, with only 23 percent having access to life insurance, 38 percent to paid holidays, 27 percent to paid vacation, and 17 percent to paid sick leave. Subsidized providers had more access to paid holidays ($\chi^2(1)=8.74, p<.01$) and vacation days ($\chi^2(1)=4.44, p<.05$) than did non-subsidized providers. Two-thirds of licensed family child care providers reported access to health insurance benefits for themselves, primarily through the plan of a spouse or partner. There were no differences in health care coverage by income and subsidy groups.

Housing costs in the Bay Area

Housing costs, particularly in the San Francisco Bay Area, constitute a major economic challenge for families. Among directors in this sample, three-quarters (76%) owned their own homes, and 80 percent reported a high level of satisfaction with their housing situation. Yet one-third planned to move out of the Bay Area because of high housing costs, about

one-half of these planning to do so before retirement. In contrast, only 40 percent of teaching staff owned their own homes. Nearly three-fifths (58%) reported that their current housing did not meet their needs. Although approximately the same percentage of teaching staff as directors (one-quarter) had plans to move out of the Bay Area because of high housing costs, all but one of these teachers planned to do so prior to retirement.

Sixty-three percent of licensed family child care providers owned their own homes, and 83 percent reported that their current housing met their needs very or somewhat well. In order to examine the impact of housing costs on economic well-being, the study asked providers whether or not they would describe themselves as having little money to live on each month after paying the rent or mortgage. More than 50 percent of licensed family child care providers said that rent or mortgage costs left them with little money to live on, but only 17 percent of providers had plans to move out of the Bay Area because of such costs.

The cost of living in the Bay Area appeared to be a particular problem among Hispanic center-based teaching staff, 43 percent of whom reported planning to move out of the Bay Area before retirement because of the high cost of housing. Roughly three-quarters (78%) of the Hispanic teaching staff who planned to move were renters rather than homeowners. It is interesting to note, however, that Hispanic teaching staff were no more likely to be renters than were those of other ethnic and racial backgrounds.

4 Most center-based teaching staff have at least some college education, but educational attainment varies more widely among licensed family child care providers. Most center-based teaching staff also have significant amounts of specialized training in early childhood education, but again there is wide variation among licensed family child care providers in the amount of such training.

Educational attainment

This sample of center-based directors and teaching staff was similar in educational attainment to that found in other studies of Alameda County centers (Burton, Laverty & Duff, 2002; Burton, Whitebook & Lawrence, 1998; Whitebook et al., 2002a). As a group, center directors had the most education, with all having completed at least some college. Twenty-nine percent had some college or a two-year degree, 71 percent had a four-year degree or more, and one-

half had some graduate-level training. Nearly one-half (48%) of center-based teaching staff had a two-year college degree, and one-quarter had a four-year college degree or more. (See Figure 3.4.)

Although more than one-quarter of licensed family child care providers (28%) had a high school degree or less, providers' educational levels varied widely. Forty-one percent had at least a two-year college degree, and 30 percent had at least a four-year degree, the latter about twice the rate found in another

er study of licensed family child care providers in Alameda County (Whitebook et al., 2002b).

Educational attainment did not differ by income or subsidy group for center-based directors or teaching staff or for family child care providers. Educational attainment differed by race and ethnicity for both center-based teaching staff and family child care providers (see Figures 3.5 and 3.6), although the differences were only marginally significant ($F(4,78)=2.29, p=.067$ for center-based teaching staff, $F(4,55)=2.46, p=.056$ for family child care providers). Asian/Pacific Islander teaching staff and providers tended to have the highest education levels, with more than a quarter having graduate-level training. Over half of the Hispanic family child care providers had only high school or less formal education.

Specialized training in early childhood education

Directors had significantly more credit-bearing, college-level training in early childhood education than did teachers ($\chi^2(4) = 27.48, p<.001$). More than 90

percent of directors, compared to 55 percent of teachers, for example, had completed 24 or more units of training in early childhood education.

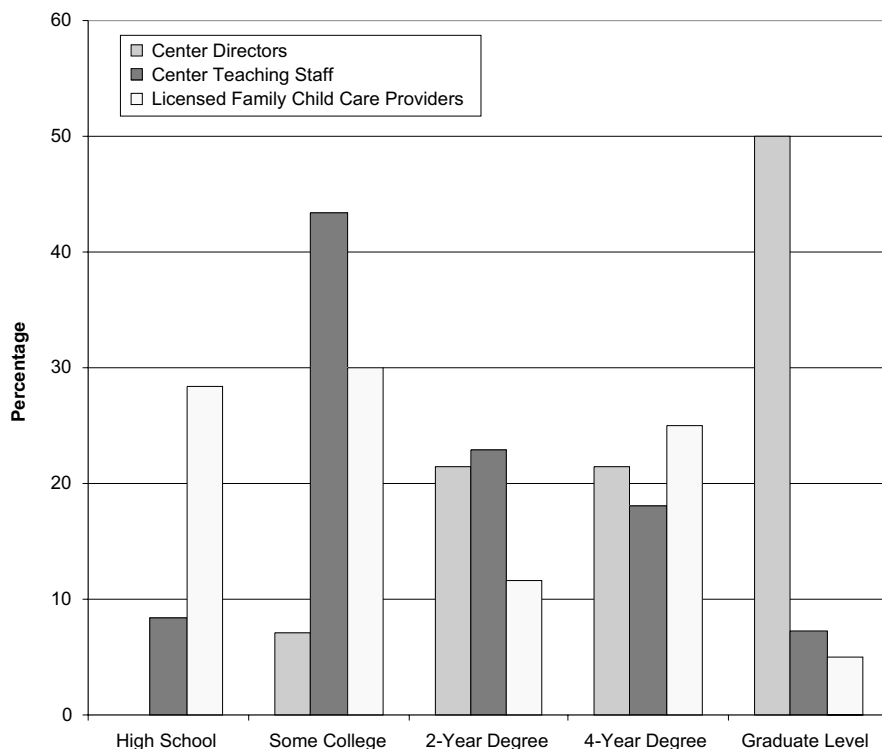
Interestingly, in a county where there is a great deal of emphasis on training and considerable opportunity to participate in it, two-thirds of teaching staff reported wishing that there were more training opportunities available to them. There were no differences in levels of training by subsidy or income group.

Training in early childhood education varied widely among family child care providers. Slightly more than one-third (35%) had received no training beyond high school, one-half had completed between one and 24 units of early childhood education in a college course, and approximately 15 percent had completed a two- or four-year degree or graduate work in early childhood education. The amount of training did not differ by subsidy or income group. Over one-half (55%) of licensed family child care providers indicated a desire for more training.

Other teaching credentials

Over one-half (57%) of center-based teaching staff had professional certification, as did 79 percent of center directors. Only teaching staff working in contracted programs are required to obtain a Child Development Permit issued by the Commission on Teacher Credentialing as a condition of employment,⁴ and as expected, teachers in contracted programs were more likely than those in non-contracted programs to hold a permit ($\chi^2(1) = 14.61, p<.001$). Approximately two-thirds of directors and one-half of

Figure 3.4. Educational Attainment, by Type of Care



teaching staff had participated in a supervised practicum as part of their professional preparation.

Only 20 percent of licensed family child care providers held teaching certificates or credentials. One-third of providers had completed a supervised practicum as part of their training for working with young children. There were no differences among income or subsidy groups with respect to having had a supervised practicum.

Job tenure

Center directors had spent the longest time working in child care, averaging 19 years in the field, followed by teachers and teacher-directors, who averaged 13 years in the field. Assistants had been employed in child care significantly less time than teachers, averaging 7.5 years in the field ($t(78) = -3.11, p < .01$). Directors and teachers, on average, had

been at their current jobs for six and 6.5 years respectively; assistants averaged significantly less time at the current job (on average, four years) ($t(81) = -1.96, p < .05$). Directors of subsidized centers had less tenure on the job than their counterparts in non-subsidized centers (four years in subsidized centers, seven years in low-income non-subsidized centers, and 12 years in middle-income non-subsidized centers; $F(2, 39) = 7.23, p < .01$). Eighty-three percent of directors had worked as child care teachers prior to becoming directors.

Licensed family child care providers had spent a fair amount of time caring for children for pay. The mean length of time taking care of children was 14 years ($SD = 11.3$). These providers had been in their current position for an average of nine years ($SD = 11.8$). There were no differences in job tenure of providers by income or subsidy status.

Figure 3.5. Educational Attainment of Center Teaching Staff, by Race and Ethnicity

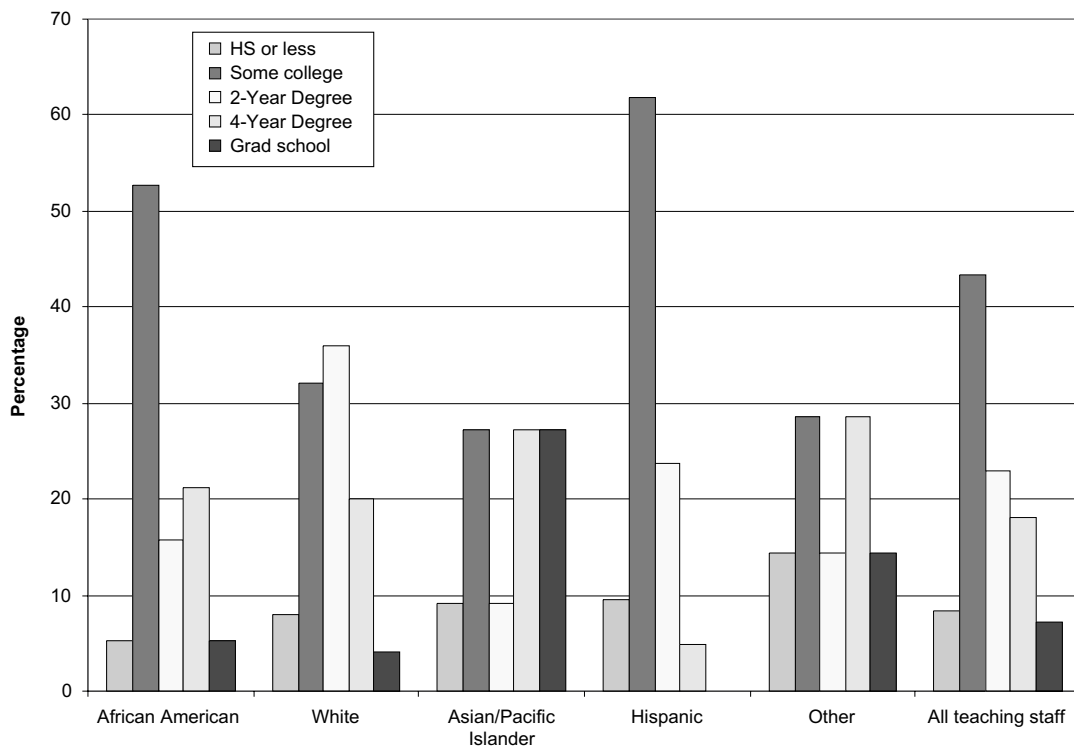
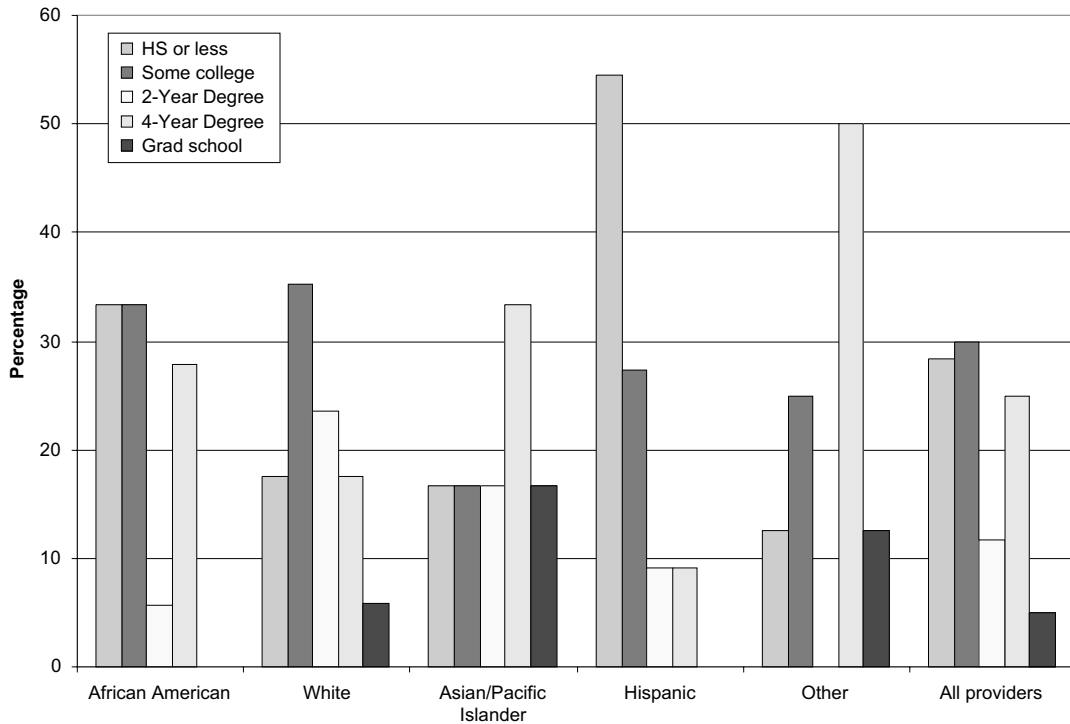


Figure 3.6. Educational Attainment of Licensed Family Child Care Providers, by Race and Ethnicity



Participation in the Alameda County Child Development Corps

Nearly all early childhood practitioners in Alameda County are eligible to join the Alameda County Child Development Corps, one of several professional development initiatives that began in the county shortly after we began our initial data collection. The Corps is an incentive program to reward directors, teachers and home-based providers (whether licensed or license-exempt) for progressively advancing on a course of study and remaining in the field, offering annual stipends of \$500 to \$5,100. The Corps promotes leadership development and provides training on program assessment, child emotional and physical health issues, peer counseling on professional development planning, and policy analysis and advocacy. Corps members must re-apply annually. (See Appendix B for further detail on this program.)

Over the course of our study, participants had three opportunities to join the Corps. One quarter of teaching staff (25%) and directors (26%) in our sample

were members of the Corps in all three years. Seventy-eight percent of teaching staff and 73 percent of directors in our sample participated in the Corps at least once over the three-year period. Directors and teaching staff in subsidized programs were more likely to be members of the Corps at least once between 2000 and 2002 than were staff from non-subsidized programs ($\chi^2(2) = 7.05, p < .05$).⁵ In the first year of the Corps, 59 percent of teaching staff in our sample participated. Participation rates among our sample decreased in subsequent years, with 43 percent membership in 2001, and 49 percent in 2002. Membership similarly varied for directors, with 67 percent involved in 2000, 36 percent in 2001 and 48 percent in 2002. Some fluctuation in membership relates to the fact that participants are required to complete courses or professional development hours to maintain membership, and some were unable to complete their requirements in time to meet the annual application deadline.

Only five percent of licensed providers in our study were members of the Corps in all three years, and only 38 percent participated in the Corps at least

once over the period of the study. 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 family child care providers from participating. There were no differences by income or subsidy status between licensed providers who participated in the Corps and those who did not.

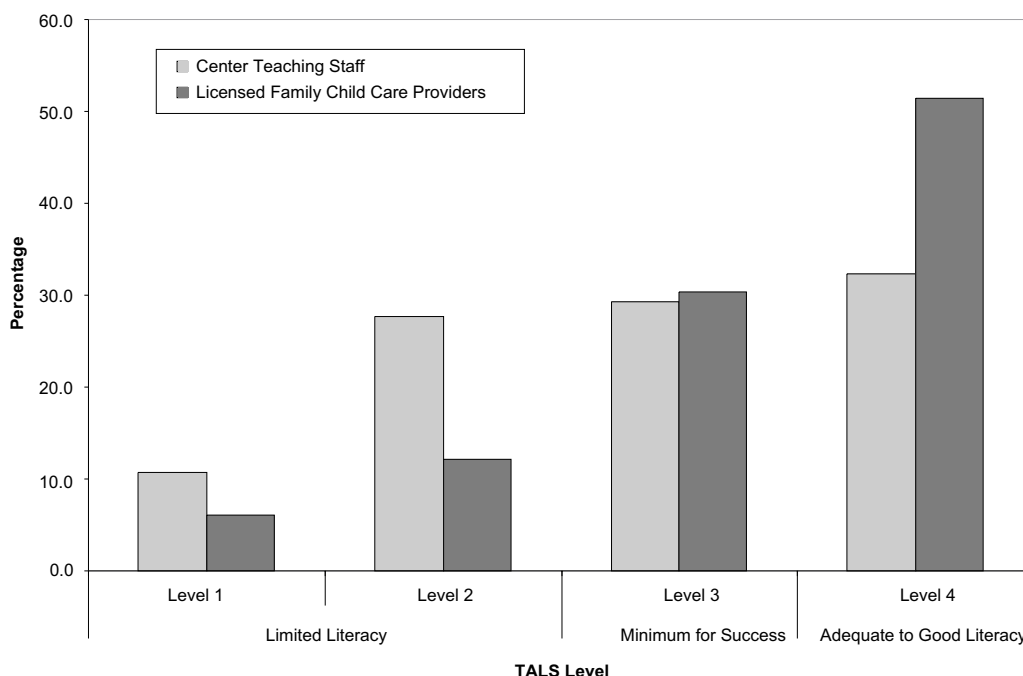
5 The English literacy skills in this sample vary widely, from “highly proficient” to “extremely limited,” although the average literacy score is somewhat higher than the national average for adults.

Almost one-third of the sample (31%) spoke a language other than English as their native tongue. Because virtually all teachers and providers used English with the children in their care, we assessed their levels of literacy in English. The English literacy levels of child care teachers and providers, as with other sectors of the workforce, were significantly associated with their linguistic, ethnic and educational backgrounds, and with their wages.

The English literacy skills⁶ of in this sample of child care teachers and providers varied widely, from “proficient” to “extremely limited” (see Figure 3.7). The average Test of Applied Literacy Skills (TALS) score of 296 (sd=53) was higher than the national average

of 267 (sd=111) found in the National Adult Literacy Survey (Sum, Kirsch & Taggart, 2002), but nearly one-third (31%) of our sample scored within the “limited proficiency” range (levels 1 and 2). These lowest scores represent deficient literacy skills for any adult, a troubling finding in a workforce bearing significant responsibility for the early development of the nation’s children. TALS scores for center teaching staff were significantly higher in middle-income centers than in subsidized and low-income non-subsidized centers ($F(2,62)=7.56, p<.001$). Providers in subsidized licensed homes had significantly lower TALS scores than did other providers ($F(2,30)=3.32, p<.05$).

Figure 3.7. Distribution of Literacy Scores, by Type of Care



6 In comparison to the total U.S. female population, this sample exhibits a moderately high level of symptoms of depression.

The study team assessed depressive symptomatology by using the CES-D (Radloff, 1977). A score greater than 16 on the CES-D is consistent with a clinical diagnosis of depression. Our interest in studying depression in this workforce stemmed partly from preliminary research findings on links between parent or caregiver depression and child outcomes (Hamre & Pianta, in press, 2004).

More than one-quarter (26.2%) of center directors met the criteria for depression, as did 21.7 percent of center-based teaching staff. One-half (50%) of directors in low-income non-subsidized centers met the criteria for depression, compared with 24 percent in subsidized centers and 11 percent in middle-income centers. Directors who met the criteria for depression were more likely to earn lower wages than those that

did not, particularly if they had a bachelor's degree or above ($t(33)=-3.79, p<.001$). Only seven percent of teaching staff in low-income non-subsidized centers had scores consistent with depression, compared with 28 percent in subsidized centers and 24 percent in middle-income centers, but these differences were not statistically significant.

Sixteen percent of licensed family child care providers met the criteria for depression on the CES-D. Differences by income and subsidy status were not statistically significant, with 11 percent of providers serving middle-income children, 16 percent of providers serving low-income, non-subsidized children, and 20 percent of those serving low-income, subsidized children meeting the criteria associated with depression.

7 Overall, these teachers and providers identify their work in child care as a career, and appear pleased with their chosen occupation.

The overwhelming majority of center-based teaching staff in this sample (92%, $SD=28$) chose early care and education as a career. Only four percent viewed their current employment as temporary until a better job became available. By and large, they wanted to stay in the field of early education, with only four percent reporting that they would like to quit child care. Further indicating their satisfaction with their line of work, 69 percent of teaching staff said they would recommend early care and education as a career choice to other people.

Licensed family child care providers also strongly tended to view early care and education as a career, with 84 percent ($SD=38$) calling it their chosen occupation. Only 10 percent said they thought of early care and education as a temporary job until a better opportunity became available, and only seven percent said that they would like to quit this work. Almost all (97%) of the licensed family child care providers in this sample said that they would recommend early care and education to others as a career.

Discussion

This study found striking similarities among teachers and providers across early care and education settings. Whether working in a center or a licensed home, teachers and providers were female, primarily between the ages of 30 and 50, and married with children. A substantial minority of both teachers and providers lived in precarious economic circumstances. It was particularly noteworthy that approximately one-third of both center-based teachers and licensed family child care providers had a history of receiving public assistance. One-third of the teachers and one-fifth of licensed home providers continued to live in households that did not meet the local self-sufficiency standard for their family size. Even among center directors, whose wages were considerably higher than those of their teaching staff, there was evidence of financial difficulty, with 20 percent reporting that they held a second job. Nevertheless, these directors, teachers and providers overwhelmingly wanted to stay in their chosen profession of caring for and teaching young children.

Despite such similarities across the early care and education workforce, however, there were also striking differences both between centers and homes and according to centers' and homes' income and subsidy status.

- In both centers and homes, Whites predominated in middle-income neighborhoods, and minority teaching staff and family child care providers predominated in subsidized settings. This workforce distribution most likely reflects residential and income stratification in the county as a whole.
- Subsidized licensed family child care providers appeared to earn significantly more from their child care work than did non-subsidized providers. This difference could not be attributed to number of children served, educational differences, training in early childhood education, length of time working in the field, or participation in the Child Development Corps, none of which differed by income or subsidy group.
- Levels of professional preparation varied widely in this workforce, including a sizeable minority of individuals with only a high school edu-

cation, particularly within home-based settings.

- Literacy levels were significantly higher for teachers in middle-income centers than in low-income non-subsidized or subsidized centers. A somewhat different pattern of literacy emerged among licensed family child care providers: subsidized providers had significantly lower literacy scores than did non-subsidized providers in both middle- and low-income neighborhoods.
- Family child care providers had much lower participation rates in the Alameda County Child Development Corps than did center-based teachers and directors.
- Directors and teaching staff in subsidized centers had significantly higher participation rates in the Child Development Corps than did those in non-subsidized centers.

While members of this workforce bear many overall similarities, ignoring their differences can potentially lead to programs and policies that work for only some sectors of the workforce. Educational requirements for participation in the Child Development Corps, for example, most likely account for the low participation rate among licensed family child care providers. Since our data collection was completed, Corps administrators changed the required minimum number of early childhood education credits from 12 to six, in hopes of making the program more accessible. Considering the association between Corps participation and program quality, as noted in Chapter 2, expanding participation in this program appears to be a worthy goal.

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.

Endnotes

- 1 Directors were not asked about their parental status.
- 2 Self-sufficiency is a composite variable for teaching staff based on the numbers and ages of their children, the number of adults contributing to and size of their household income, and the self-sufficiency wage in the county of residence. Teaching staff were classified as self-sufficient if they met 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).
- 3 The net income for providers was calculated as follows. First, we calculated gross income, which equaled the amount paid to the provider per child per month, the monthly income from subsidies, and the monthly income from the Child and Adult Care Food Program, multiplied by 12. Next, we subtracted direct business expenses per month (multiplied by 12) or per year. The difference was the net income. Because some providers were unclear about expenses or did not know their IRS time-space percentage formula, we averaged the business expenses across providers. The average reduction in net income due to home business expenses was 83 percent.
- 4 The Alameda County Child Development Corps, however, is now requiring participants to obtain a Child Development Permit, regardless of the regulations governing their workplace.
- 5 The greater participation among staff of subsidized centers is likely related to the fact that some funds for the Corps were earmarked through legislation for staff working in centers holding contracts with the California Department of Education. These staff therefore learned about the Corps directly from their supervisors, whereas staff in other centers, or family child care providers, may have had less access to information about the Corps.
- 6 To assess English literacy, we used the document scale from the Tests of Applied Literacy Skills. See Chapter 1, “Introduction and Study Design,” for further details.

Chapter 4: Who Leaves? Who Stays?

An Examination of Career Mobility and Stability

Meeting growing demands and high expectations for early childhood services requires an adequate supply of well-qualified practitioners. But high rates of turnover in the industry, fueled by low wages, have created a climate of instability in which it is difficult not only to retain but also to recruit child care teachers and providers (Helburn, 1995; Phillips, Mekos, Scarr, McCartney & Abbott-Shim, 2000; Whitebook et al., 1990). A major objective of this study was to understand predictors of turnover within the field. Previous research has demonstrated that high turnover not only undermines the quality of care (Helburn, 1995; Whitebook, Howes & Phillips, 1990), but also affects centers' ability to improve or sustain high-quality care over time (Whitebook & Sakai, 2003; Whitebook, Sakai & Howes, 1997).

Although the link between stable, well-qualified staff and higher-quality services has been well documented, particularly in center-based care, a great deal remains to be learned. Most studies of early care and education have not collected information about the composition of a center's staff beyond an initial visit, or have not maintained contact with interviewed workers for more than six months beyond the initial visit (Whitebook, Howes & Phillips, 1998; Whitebook, Phillips & Howes, 1993). Previous research has focused either on workers at one point in time (Helburn, 1995; Kontos, Howes, Shinn & Galinsky, 1995) or, in the case of longitudinal studies, has followed a group of centers or children attending particular programs, not the individuals who work in them (Peisner-Feinberg et al., 1999). With the exception of one study focused only on center-based staff (Whitebook & Sakai, 2003, 2004), little is known about the dynamics of workforce turnover, including differences between those who leave and those who remain in child care jobs, and the extent to which those who leave their jobs leave child care employment altogether.

This chapter addresses these gaps in knowledge by examining several major issues:

- the stability of care, over time, across home-based and center-based licensed services;
- the extent to which those who leave their jobs remain in the field; and
- differences in demographic, professional preparation and family characteristics among center teachers and directors and family child care providers who stay in or leave their jobs over time.

We first examined individual characteristics and circumstances of teachers, directors and providers in our sample who left or stayed in their jobs over the course of the study, using t-tests, chi squares, and ANOVAs, depending on the nature of the variable. Based on these univariate results, we ran a series of discriminant analyses to determine the variables that best predict those in our sample who stayed in their child care jobs or left for other positions. The variables were first grouped in clusters representing:

- professional background and training (e.g., education level, amount of training in early childhood education, certification, ongoing participation in training and professional development, years on the job, and years in the field);
- center-level background for teachers and directors (e.g., teaching staff turnover rate, wages, benefits, director's wages, director turnover, and center quality);
- personal demographic characteristics (e.g., ethnicity, age, sufficiency of household income, and having young children of one's own); and
- support and motivation (e.g., view of early childhood education as career, motivations for getting into the field, depressive symptoms, social supports, and plans to remain in field).

A separate discriminant function was run for each cluster. Variables that reached a significance level of 0.10 in these four discriminant functions were entered into a final discriminant function. Below, we report findings from both our univariate and final discriminant function analyses.

1 Between our first and second interviews, directors reported an annual teaching staff turnover rate of 23 percent; between our second and third interviews, they reported an annual turnover rate of 17 percent. Although these figures are somewhat lower than those reported in other studies of Alameda County in 2001 (Burton, Laverty & Duff, 2002; Whitebook et al., 2003), both directors and teachers experienced turnover as disruptive to their jobs, and directors more than teachers expressed concern about the skill level of replacement staff.

We computed turnover for teachers, assistant teachers, and directors by dividing the number of staff who left in the previous year by the total number of staff. (See Table 4.1.) Teaching staff turnover represents the average rate of turnover among teachers and assistant teachers. For all positions, there was a wide range in turnover rates, with some centers experiencing complete turnover among staff and some experiencing very little instability. Between the first and second interviews, 29 percent of directors reported less than 10 percent teaching staff turnover, and 19 percent reported no turnover. Between our second and third interviews, 37 percent of directors reported less than 10 percent teaching staff turnover, and 26 percent reported no turnover. In previous studies, about 10 percent of centers have reported no turnover (Helburn, 1995; Whitebook, Howes & Phillips, 1990).

Directors and teachers responded to questions about the effects of turnover on their centers. Not surprisingly, 93 percent of the directors and 56 percent of the teachers reported that staff turnover negatively affected their ability to do their job, and 88 percent

of the directors indicated that it affected the organization of the center. A sizeable minority of directors (41%) indicated that they had been negatively affected by recent class size reductions in elementary schools, which had opened up teaching positions in public education.

Directors were also asked about the qualifications of replacement teachers. For both teachers and assistant teachers, about one-third of the directors indicated that replacement staff were comparable to those who had left. Over 40 percent, however, indicated that replacement staff were less qualified, and just under 25 percent indicated that they were more qualified. Teachers were asked about changes in the skill level of their co-workers. Compared to a year ago, 28 percent of teachers who experienced new co-workers over the prior year indicated that their co-workers were similarly skilled. In contrast to the directors, however, the largest share of these teachers (47%) indicated that their current co-workers were more skilled, and only 25 percent indicated that they were less skilled.

Table 4.1. Annual Staff Turnover: All Directors, Teachers, and Assistant Teachers Employed at Centers, 2001-2002 and 2002-2003

	Average Turnover, Time 1, 2001-2002	Range of Turnover, Time 1, 2001-2002	Average Turnover, Time 2, 2002-2003	Range of Turnover, Time 2, 2002-2003
Directors	15%	0-100%	3%	0-50%
Teachers	27%	0-133%	18%	0-100%
Assistant Teachers	15%	0-133%	23%	0-100%
All Teaching Staff	23%	0-114%	17%	0-71%

2 Less than one-quarter of licensed family child care providers and center staff observed and interviewed for this investigation left their jobs during the two-year study period. This rate of job turnover was considerably higher than the seven percent per year found among elementary school teachers, but was low compared to previous estimates of practitioner stability in center-based early care and education programs (Whitebook & Sakai, 2003). Most members of the workforce recommended early care and education as a career. Those who left their jobs, however, were likely to leave the field altogether.

Between February 2001 and March 2003, 23 percent of the directors, teachers and licensed family child care providers in the sample left the positions they held when we first visited them (see Figure 4.1). At 26 percent, center directors had the highest turnover rate, followed by teachers (24 percent) and licensed family child care providers (18 percent). These rates did not differ significantly from each other. In another longitudinal study of center-based staff in California, 76 percent of teaching staff and 51 percent of directors on the job in 1996 were no longer working at their centers in 2000 (Whitebook & Sakai, 2003).

Of those who had left their original job sites and for whom we could obtain information about subsequent activities, only a minority – 9 percent of directors, 25 percent of teachers, and 18 percent of licensed family child care providers – were still working directly with children in early education. Another 36 percent of directors and 5 percent of teachers were known to have remained in early childhood education-related jobs, such as working as a Head Start trainer or col-

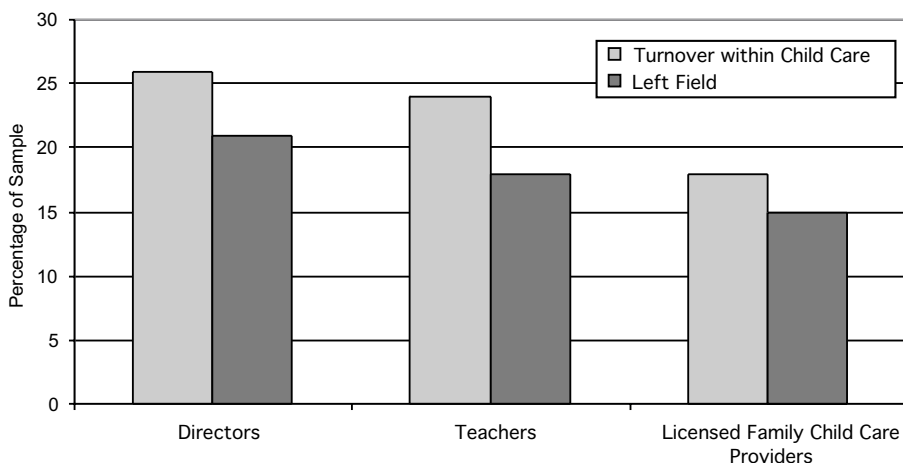
lege-level instructor in early childhood education.

There was no distinct pattern characterizing the paths of those who left. Among the 11 directors from whom we were able to obtain this information, a small minority (two directors) had moved to other administrative positions within the field; others had moved into college-level or elementary school teaching positions, or had decided to take time off or retire. This corresponds closely to directors' responses to a hypothetical question (asked of all directors) about what they would do if they left their job. About one-fifth indicated that they would look for another director position, but 24 percent indicated that they would retire, 10 percent indicated that they would take a job outside of child care, and 24 percent indicated "other." Significantly, when asked hypothetically about the future, 83 percent of the directors indicated that they planned to stay in their positions for three or more years.

Among the 20 teachers who left their child care jobs, only one became a center director, three went to dif-

ferent child care centers as teachers, and two took non-teaching positions within the early care and education field. Most left the field altogether, some into health care positions, some to go back to school or take time off, and one to work in a restaurant. The teachers' responses to hypothetical question regarding what they would do if they left their job were

Figure 4.1. Two-Year Occupational and Job Turnover Rates: Interviewed Directors, Teaching Staff and Licensed Family Child Care Providers



somewhat different from what those who left actually did. Specifically, 42 percent indicated that they would take a job in another child care center, 11 percent indicated that they would open a family child care home, and 20 percent indicated that they would take a position in an elementary school. Only seven percent indicated that they would take a job outside of the early childhood field, eight percent indicated that they would stop working, and 12 percent responded “other.” When asked hypothetically about the future, 76 percent of the teachers indicated that they planned to stay in their positions for three or more years, and 69 percent indicated that they would recommend child care teaching to others as a career.

Among licensed family child care providers with whom we were able to conduct follow-up, two had

moved and opened up new family child care homes, two had stopped working, and two had moved into another field (clerical and health care positions). As with the center directors and teachers, a large majority (82 percent) of providers indicated that they would continue to offer care for three or more years. Their responses to the hypothetical question regarding what they would do if they left their job indicated that 17 percent and 13 percent would work in a child care center or elementary school, respectively, and only two percent would open another family child care home. Many more indicated that they would take a job outside the child care field (20 percent), would stop working (27 percent) or “other” (20 percent). The vast majority (97 percent) indicated that they would recommend being a family child care provider to others.

3 Across positions and sectors in licensed early care and education settings, directors, teachers and licensed family child care providers who were new to working with children were more apt to leave the field than were their more experienced colleagues. As is true for teachers of older children (Shields et al., 1999) surviving the first few years in the field is critical to a long-lasting career in early care and education.

Years in early childhood education and years in one’s current job were also associated with the decision to leave. Directors who stayed at their centers averaged 7.5 years in that job (at the time of the first interview) and 20.9 years in the field ($t(34)=3.15$, $p<.01$ for years in job; $t(40)=2.06$, $p<.05$ for years in the field). Center teaching staff were also more likely to stay on their jobs the longer they had been in that job (6.7 years for stayers, compared to 2.7 years for leavers; $t(53)=3.58$, $p .001$) and the longer they had been in the field (12.4 years, compared to 6.6 years;

$t(42)=3.68$; $p .001$). For licensed family child care providers, longer tenure on the job and in the field were both associated with staying. Those who stayed averaged 11.1 years on the job and 15.8 years in early childhood education; those who changed jobs averaged 4.1 years on the job and 7.5 years in the field ($t(34)=3.83$, $p .001$ for time in the current job, $t(58)=2.16$, $p<.05$ for time in the field). For all three positions, tenure on the job and in the field emerged as significant variables in the discriminant function analyses (see Tables 4.2 and 4.3).

4 For center-based staff, 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. For teachers, concern about high housing costs in the Bay Area was also associated with departures from the field, particularly among Hispanic teaching staff.

For directors, depression was significantly higher among those who left their centers than for those who stayed. Over one-half of the directors who left (55 percent) had CES-D (Center for Epidemiologic Studies of Depression, Radloff, 1977) scores consistent with clinical depression, compared with only 16 percent of directors who remained on the job ($_2(1$,

$N=42)=6.198$, $p<.05$). Depressive symptoms also played a role for center-based teaching staff in staying or leaving. Those who left their jobs had significantly higher CES-D scores (14.6) than those who stayed (10.1) ($t(75)=-2.10$, $p<.05$). Forty-five percent of Hispanic teaching staff in this sample had changed jobs during the three-year study, compared to 19 per-

cent of non-Hispanics ($\chi^2(1, N=83)=5.41, p<.05$). Hispanic teaching staff in centers (43 percent) were also significantly more likely to say they planned to move out of the Bay Area before retirement than other teaching staff (18 percent) ($\chi^2(1)=5.22, p<.05$),

and many more Hispanic staff (24 percent) than non-Hispanic staff (10 percent) had lived in their current home for less than one year, suggesting a trend toward greater mobility in this group.

5 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 with 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 stepping stone to another career.

Table 4.2. Final Discriminant Function Analysis for Center Directors

Predictor Variable	Correlations with Discriminant Function	F (df=1, 38)	Center Directors Who Changed Job Sites		Center Directors Who Stayed at Their Job Site	
			Mean	SD	Mean	SD
Depressed at Time 1	-.390	8.150**	60.0	51.6	16.7	37.9
Arnett Total Score	.361	6.997*	3.26	0.35	3.34	0.30
Involvement in Child Development Corps in 2001 or 2002	.342	6.247*	20.0	42.2	63.3	49.0
Arnett Sensitivity Subscale	.340	6.174*	3.34	0.38	3.43	0.34
ECERS Program Structure Subscale	.319	5.435*	6.13	0.96	6.32	0.81
Years in Current Job	.307	5.050*	6.5	5.9	7.7	6.2
Familiar with Director Mentor Program	.306	5.029*	82.5	38.5	90.0	30.5
Years in Early Care and Education	.252	3.390	19.	8.5	20.7	7.8
Affected by Staff Vacancies	.240	3.084	80.0	42.2	96.7	18.3

*p≤.05; ** p≤.01; *** p≤.001
Wilks Lambda = .415; $\chi^2=29.46, df=9, p<.001$

While it is not possible to assign causality between participation in the Corps and job stability, there was an association between these two factors among center staff. Directors who stayed in their centers were more likely to have participated in the Child Development Corps in 2001 or 2002 than were those who left their centers ($\chi^2(1, N=42)=6.99, p<.01$). Teaching staff who stayed in their jobs were also more likely to have participated in the Child Development Corps in 2002 (55.6 percent compared to 30.0 percent; $\chi^2(1, N=83)=3.96, p<.05$).

In the final discriminant function for center directors, nine variables accounted for 59 percent of the variance in turnover, correctly predicting 90 percent of those who changed job site and 97 percent of those who stayed at their job site. The following seven variables remained significant: whether the director was depressed, the overall quality and sensitivity of interactions with children (as measured on the Caregiver Interaction Scale), the Early Childhood Environment Rating Scale subscore on Program Structure, whether the director participated in the Child Development Corps, years in the current job, and familiarity with the Director Mentor Program. (See Table 4.2.)

The profile of the stable director, therefore, is one who is not depressed, has a higher-quality center, and has demonstrated her commitment to the field through her longevity and her familiarity with professional development opportunities.

For teaching staff, as with directors, variables that measured aspects of training were associated with staying. Teaching staff who stayed in their jobs were not only more likely to have participated in the Child Development Corps in 2002, but to have continued training in early childhood education after five years

in the field (63 percent of stayers, 29 percent of leavers; $\chi^2(1, N=76)=5.92, p<.02$). Attitudes toward early childhood education differentiated leavers and stayers. Thirty-five percent of those who said they saw it “as a stepping stone to what I really want to do” had changed jobs, compared to 9.5 percent of those who did not endorse this statement ($\chi^2(1, N=83)=7.46, p<.01$). Similar to the findings of Whitebook et al. (2001), teachers who remained in their jobs were in centers with better-paid directors than those who left. The mean director’s hourly wage was \$25.51 for teaching staff who stayed, and \$18.42 for those who left ($t(61)=3.03, p<.01$).

For center teaching staff, 13 variables accounted for 33 percent of the variance predicting turnover. Specifically, the following cluster of variables correctly predicted 93 percent of the teaching staff who changed jobs and 47 percent of those who stayed. Eight variables remained significant: viewing child care as a stepping stone to the work the teacher really wanted to do, her plans to move out of the Bay Area before retirement, whether she received training after five years in the field, her score on a scale of depression, the overall staff turnover rate at the center, the overall quality of the center (ECERS-R/ITERS Scores), and her years in the current job and in the early childhood field (see Table 4.3).

The profile of the stable teacher, therefore, is one who has selected child care as her chosen occupation rather than as a stepping stone to another job, has updated her training after five years in early childhood education, plans to (and can afford to) remain in the Bay Area, has fewer depressive symptoms, is among a stable group of teachers, works in a higher-quality program, and has demonstrated longevity within the field and in her current job.

Table 4.3. Final Discriminant Function Analysis for Center Teaching Staff

Predictor Variable	Correlations with Discriminant Function	F(df=1, 69)	Center Teaching Staff Who Changed Job Sites		Center Teaching Staff Who Stayed at Their Job Site	
			Mean	SD	Mean	SD
Years in job (Time 1)	-.573	11.035**	1.87	1.67	7.17	6.1
Child care is a Stepping-stone	.536	9.666**	40.0%	50.7	8.9%	28.9
Years in Early Care and Education Field	-.500	8.388**	6.64	5.3	12.68	7.8
Plans to Move Out of Bay Area Before Retirement	.490	8.082**	46.7%	51.6	14.3%	35.3
Center Turnover Rate	.401	5.397*	23.1%	18.3	14.0%	11.9
Training After 5 Years in Field	-.379	4.831*	33.3%	48.8	64.3%	48.3
CES-D Score	.358	4.296*	13.9	10.2	9.4	6.6
ECERS/ITERS Total Score	-.355	4.227*	4.75	1.1	5.32	0.9
Hispanic	.318	3.388	40.0%	50.7	17.9%	38.6
Center Director's Hourly Wage	-.280	2.628	\$19.92	6.3	\$24.84	11.3
Child Care is Chosen Occupation	-.251	2.124	86.7%	35.2	96.4%	18.7
Plans to Stay in Field At Least 3 More Years	-.224	1.693	66.7%	48.8	82.1%	38.6
Satisfaction With Co-workers	-.204	1.400	4.33	0.5	4.57	0.7

*p≤.05; ** p≤.01; *** p≤.001
Wilks Lambda = .673; $\chi^2=24.79$, df=13, p=.025

6 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.

Very few of the variables differentiated licensed family child care providers who stayed in or changed their jobs. In addition to longer tenure on the job and in the field, licensed providers who changed jobs were younger than those who stayed ($t(55)=2.06$, $p<.05$) and more likely to have children of their own under age 12 ($\chi^2(1, N=60)=8.98$, $p<.01$). Because there were so few variables for this sector that were significantly associated with job departure, we performed only one discriminant function analysis with all the variables. Five variables accounted for 21

percent of the variance in turnover, correctly predicting 27 percent of providers who changed jobs and 93 percent of those who stayed. Four variables remained significant for staying: having no children of their own under age 12, having more years in the child care field, having more years specifically as a family child care provider, and being older. (See Table 4.4.)

The profile of the stable licensed family child care provider, therefore, is one who does not have young children of her own, is older, and has demonstrated longevity within the field and in her current job.

Table 4.4. Discriminant Function Analysis for Licensed Family Child Care Providers

Predictor Variable	Correlations with Discriminant Function	F(df=1, 54)	Licensed Child Care Providers Who Changed Job Sites		Licensed Child Care Providers Who Stayed at Their Job Site	
			Mean	SD	Mean	SD
Has Own Children Under Age 12	.792	9.281**	100%	0.0	53.3%	50.5
Years in Current Job	-.608	5.468*	4.1	4.2	10.5	8.8
Age	-.552	4.503*	37.0	10.6	45.8	12.7
Years in Child Care	-.536	4.246*	7.5	6.2	15.5	12.5
Takes Care of Children Because of Community's or Children's Needs	.470	3.269	36.4%	50.5	13.3%	34.4

* $p\leq.05$; ** $p\leq.01$; *** $p\leq.001$
 Wilks Lambda = .785; $\chi^2=12.47$, $df=5$, $p=.029$.

Discussion

Turnover among directors, teachers and providers hovered around 20 percent, a somewhat lower rate than that reported across numerous sources during the 1990s (Whitebook & Bellm, 1999), and the vast majority of those in our sample who left their child care jobs left the field altogether.

For center-based staff and licensed family child care providers alike, retention appeared to be associated with factors that indicate a professional and personal commitment to the field. Among center-based directors and teachers, this commitment was expressed through the quality of care offered to the enrolled children, through years of service to the field, and through connections to professional development opportunities. Center-based staff were also more likely to stay if they worked with well-trained colleagues in an environment of low turnover. These findings suggest that investments in workforce stability can help maintain child care quality as well, benefiting not only individual staff but overall center environments.

Personal factors mattered as well. Depression was associated with leaving child care employment, whereas a stable and collegial work environment fostered retention. The intentional selection of child care as a career also appeared to be an important factor for both teachers and home-based providers. For licensed family child care providers, length of tenure in the field, and having no young children of their own, were particularly significant; contrary to the stereotype that women choose family child care as a way of working at home with their own young children, these are not people in our sample who were staying and making such work a viable career.

Relatively low rates of turnover during this study period may be related to the fact that this was also a time of rising unemployment, as well of increased

opportunities for Alameda County's early care and education workforce to receive substantial monetary incentives and other professional development support – most notably, through the Child Development Corps. While we cannot prove causality between the Child Development Corps opportunity and lower turnover, it appears that the stipends received by Corps members had a positive effect, helping to close the gap between child care earnings and what one might earn in another field.

Wages did not emerge as a factor in turnover as strongly as it has in other child care workforce studies (Phillips, Mekos, Scarr, McCartney & Abbott-Shim, 2000; Whitebook, Howes & Phillips, 1990; Whitebook & Sakai, 2003); again, this could be partly due to the presence of financial rewards through the Corps. This does not mean, however, that income does not matter; concerns about high housing costs in the Bay Area were a significant factor in retention, especially among Hispanic workers.

Longevity itself appeared to foster longevity: those who had been in the field and in their jobs for a longer time were also more likely to remain in their positions across the three years of this study. While this finding may appear tautological, it suggests that in the early care and education field, getting past the vulnerable first years is critical. This has been found to be true of teachers of older children as well, prompting policy makers to respond with a number of programs in California to aide new teachers through their induction to the teaching profession (Shields et al., 1999). Comparable investments in the early care and education workforce might also help new entrants build a lasting career working with young children, provided that efforts to establish parity in terms of other aspects of the job, such as salary and benefits and length of work year, are simultaneously pursued.

To further explore the issues of career stability and turnover, around the time of the third interviews, we invited participants to attend focus groups centered primarily on these questions. We conducted two focus groups in April 2003, one for center directors (attended by six directors), and one largely for center-based teachers (attended by six teachers and one licensed family child care provider). Although not the only reason for staying, the Child Development Corps emerged as an influence on stability for those directors and teachers who participated.

Directors

Of the six directors, five were staying in their jobs, and one had left in January 2003 after three years at her center and 30 years in the field. The five directors who stayed had all been in the field for at least 15 years, and two had been in the field for 28 years. Among these five, two had been in their current jobs three years or less, but the other three had been in their jobs for eight, 22 and 23 years.

The director who had left cited as her main reason her growing philosophical problems with full-time care for infants, in the context of welfare reform forcing more and more mothers of young children to work outside the home. Others who had considered leaving cited financial concerns, especially the lack of a secure retirement plan. One, who had been in the field for 15 years (five years longer than she had originally predicted staying), said that she could not presently imagine staying in the field until retirement.

Among directors who stayed, all cited the Child Development Corps as a very positive development that had encouraged them (as well as many teachers they supervised) to continue in

the field. Several discussed the value and rewards of creating consistent “communities of care” among staff, parents and children; having a strong community of support among staff; having a co-director (one director had worked with such a colleague for nearly 20 years); and living nearby one’s center, increasing the feeling of neighborhood and community connection. Other reasons for staying included taking on new challenges; the desire to train and mentor new directors; having significant financial help from a spouse’s job; and hearing back years later about the successes and life paths of former students.

Teachers

Of the six teachers and one provider in this focus group, five were “stayers”; one teacher had recently retired (but still helped occasionally as a volunteer), and one teacher had recently been laid off and was seeking another child care teaching job. Two had been at their current or most recent job for three years; two for five years; and others for seven, 13 and 16 years. Tenure in the child care field ranged from seven years, to two teachers who had been in the field for 11 years, another for 15 years, and another for 18 years. The one family child care provider in the group had been in the field for 31 years.

Reasons cited by this group for staying on the job and in the field included the Child Development Corps; a strong attachment to working with young children; a sense of commitment because of the strong community need for one’s service; the ability to stay at home with one’s own young children; income or savings from a previous career in accounting; and a life insurance settlement after a spouse’s death.

Chapter 5: License-Exempt Care

Introduction

The terms “license-exempt care” and “informal care” are commonly used to describe home-based child care arrangements that are not subject to state or other formal regulation. It can include nannies, grandparents, aunts, uncles, boyfriends and neighbors. The quality of care that this diverse group of providers offers to children varies greatly, as do the reasons that led them to provide it. Some may have made a deliberate career choice to care for children, while others may be helping out a friend, family member, or neighbor temporarily, or seeking primarily to bring money into the family. But while such arrangements are widely used by parents, especially with the increased use of public funding for this sector in the wake of the 1996 federal welfare reform law, they have been studied very little by researchers. Indeed, the informality and diversity of license-exempt care has made it particularly challenging to recruit these providers into research studies, let alone obtain representative data on their services.

Each state creates its own legal definition of licensed and license-exempt child care. In California, providers who care for children from only one family, in addition to any children of their own, are exempt from licensing through legislation passed in 1984. There is no limit to the number of children a license-exempt provider may serve; the size of the group depends on the number of children in her own family and the family for which she is providing care.

License-exempt providers in California are not required to undergo any training, and unlike their licensed counterparts, are not subject to home health and safety requirements when caring for children in their own homes. The state's current requirement for license-exempt providers receiving public dollars is that they must clear a criminal records and child abuse background check, through a state-operated registry called Trustline and complete a Health and Safety Self Certification form with the parents. Grandparents, aunts and uncles do not have to undergo such screening or complete the Health and Safety Self Certification form. A parent of the child(ren) in care and the grandparent, aunt or uncle certify this "relative" relationship.

License-exempt care is subject to a variety of myths and misconceptions – ranging from an assumption that its home-based, family and neighborhood orientation makes it inherently preferable to (and perhaps more affordable than) other types of child care, to the view that it invariably involves unskilled and poor-quality care, since the law does not require caregivers to be trained or monitored.

Despite our limited understanding of license-exempt care, it remains a vital and growing part of our nation's child care system, serving a wide spectrum of income groups, family configurations and cultural communities. In Alameda County, there are enough licensed places for about one-third of the children who need them, and license-exempt care, most of which is not subsidized by public dollars, is estimated to serve about one-third of Alameda County children attending some kind of child care (Sonenstein, Gates, Schmidt & Bolshun, 2002). There is wide cultural and economic variation among the parents using license-exempt care, from new immigrant communities concentrated in Fremont and Union City to

affluent parents in Pleasanton. The many public policy implications of an increase in the use of license-exempt child care have also created a growing need for more specific information, particularly with regard to the monitoring and tracking of public funds; strategies for recruitment, training and retention of exempt providers; the impact of exempt care on the regulated sector of home-based and center-based child care programs; issues of quality of care for children; and issues of choice, convenience and need for parents.

Our three-part strategy to learn more about informal care in Alameda County included:

1. Case studies of a small sample of license-exempt providers (n=12), using both quantitative and qualitative data measures;
2. Focus groups with administrators and direct-service staff from agencies working with license-exempt providers in Alameda County, to gain a deeper understanding of the population; and
3. Calculation of stability among the subsidized license-exempt population from December 2000 to December 2001, using administrative data from agencies issuing subsidies.

Three common themes – variability, instability and lack of oversight – emerged from these diverse methods of inquiry. Whether through conversations with agency staff who offer services to license-exempt providers, observations and interviews with a small group of providers themselves, or analysis of administrative records, we repeatedly encountered the same characterizations of this sector of the field. Namely, this is a highly diverse group of providers with respect to motivation, education, linguistic and cultural background, and the quality of care they provide. In addition, providers tend to move in and out of caring for children and/or receipt of public dollars for their efforts. Finally, there is little regulation or administrative tracking to oversee or inform the experience of the families who use this form of care, the providers who offer it or the agencies that seek to facilitate the distribution of resources and services. In reporting our findings from the focus groups, case studies and administrative data, we highlight these recurring issues.

Focus Groups with Administrators and Direct-Service Staff

Working with License-Exempt Providers

We conducted two focus group meetings, as well as follow-up interviews, with staff members of the local child care agencies that are most directly involved in serving license-exempt providers and their clients. The first focus group consisted of agency and program administrators, and the second consisted of agency and program staff who directly offer services to exempt providers. These meetings and interviews have helped us to map out the broader context of this sector – in particular, the training and recruitment of license-exempt child care workers, and strategies for reaching and serving this population. Focus group participants brought many years of experience and a variety of personal and public policy perspectives; interestingly, a number had begun their child care careers as exempt providers themselves. See Appendix C for a list of focus group participants.

Variability

Language and culture

Many cultural groups live in Alameda County, and the service providers' focus group noted that their agencies were actively involved in working with license-exempt providers from nearly all of these communities. Among these providers were many recent immigrants, including refugees from war and violence around the world, as well as families who have been in the U.S. for a generation or more. There are significant concentrations of providers in the county from Mexico, Central America, Ethiopia, Eritrea, China, Vietnam, Cambodia, India, Tibet, Congo, Nigeria, Tanzania, Kenya, and Bosnia. In some parts of the county, agency staff estimated that in their various classes and support groups, immigrants accounted for anywhere from 60 percent of their clients to a high of 90 percent.

There was striking variation in the education levels that immigrants and refugees brought from their home countries, some with graduate degrees and others who hadn't completed high school. One northern Alameda service provider observed, "With our Chinese staff, especially, we are finding people coming to the United States highly educated, and the only

job they can get is as a 'babysitter.' So you'll see on some of our referral cards, handwritten, 'physics professor' or 'pediatrician'....As opposed to this somehow being the 'dropout section of child care,' it is a very vital part, where you do have the potential for women with all kinds of attributes and skills getting into the field. Even if this is the first job that many women can get, it doesn't mean that it's not getting highly-educated people." An Ethiopian-born resource specialist at one agency, reported, "We have extremely varied groups. Some from our country don't even know our own language to read and write. Some of them have been in a war region, and they have never been to school. They don't know their own languages' alphabets. Others have gone to college, and have degrees from their home country." A Latina service provider concurred that this wide variety was also true for the Latino community.

Career pathways

License-exempt providers come to child care employment with a wide variety of educational backgrounds, levels of preparation, and motivations – some seeking to pursue child care as a career, and others using it as a short-term, convenient source of income, or as a way station on the road to other employment. Overall, agency administrators noted,

providers' levels of education are higher in the regulated child care system, where certain levels of training and education are required and monitored.

For many immigrant women, home-based child care is a first job they can obtain relatively easily in this country, often without much knowledge of English, whether or not it is their ideal job or career aspiration. The service providers noted that for this reason, in immigrant families, many women became primary breadwinners, at least at first, because it was often much harder for men to find work. In-home child care jobs can be a very effective way to learn English (and less stressful in this regard than many other workplaces), and they can offer women a stepping-stone to other child care jobs or to employment in other fields. In regard to new immigrants with limited English, focus group participants noted that career pathways were closely tied to the extent to which they gained good English skills – with the possible exception of Spanish-speaking women, many of whom lived in large Latino communities where there was a lesser need to learn English in order to attract child care clients.

Stability

Several issues were raised in the focus groups that carry implications for the stability of this sector – notably, issues of language and communication, and the recent increased use of public funds for license-exempt care.

While limited English skills do not prevent entry into child care work, they can limit the longevity of particular work situations. Some parents were concerned that they would not be able to communicate well enough with a provider with limited English language skills about their child's needs and daily experiences, or might wonder how well the provider could handle emergency situations. In a number of cases, poor English skills caused providers to lose older children from their programs. One service provider said, "I have a few license-exempt providers working in parents' homes who are getting feedback from the parents that they want their child to go to preschool so they can improve their English. And these are providers who have been taking care of the child since it was a baby, so it's heartbreaking to let go. They're thinking now, 'Well, do you think that a

child care center would hire me?' or, 'What do I need to do so I can be a good person to work in a center?'"

The availability of public funding for license-exempt child care was considered a strong motivation for many providers, including relatives or neighbors of children needing care. Most of the agency administrators expressed the concern that this motivation often had little to do with the commitment or desire to care for young children. In these administrators' experience, current funding policies appeared to be "dragging" a significant number of people into the child care field who are unlikely to offer good-quality or even appropriate child care services or to persist for very long in providing paid care. (For further discussion of these stability issues, see "Change and Stability Among Subsidized License-Exempt Providers," below.)

And yet, as the services providers' group reported, many other license-exempt providers, typically those not receiving public dollars, do embark on long-term pathways in the child care field. As one agency representative noted, "A very large percentage of people stay working with children, but they don't stay in the same category where they started." She gave examples of license-exempt providers becoming licensed to offer family child care; then, when their own children entered school, they might try working in a Head Start program or child care center; and might eventually work in a resource and referral program, or even return to school to pursue an advanced degree. "Many stay in child care," she concluded. "So providing services at the level of what people want has always been very important to us." Others agreed that community agencies could play a strong role in furthering these career pathways, maintaining relationships over time, and helping committed providers to stay in the early education field.

Lack of Oversight

The lack of regulation in the license-exempt sector leads to a constellation of problems that we group loosely here under the rubric of "lack of oversight": incoherence of funding decisions, diffuseness of services, lack of structure, lack of professional support, and the isolation of license-exempt providers from others in the child care field.

The challenges for providers, families and services agencies are considerable, as prospective providers seek employment, often in a new and unfamiliar culture, and wrestle with learning English; as providers and parents negotiate differences (and sometimes conflicts) in cultural values; and as service agencies experiment and learn how best to provide useful, accessible training and resources for parents and providers in their diverse communities, while simultaneously overseeing large investments of public dollars.

For providers and consumers

As with all forms of child care, differences and conflicts in cultural values can be a challenge for parents and providers to negotiate in an informal home setting – ranging from differing attitudes about toilet training or discipline, to tastes in food, to more general views about how children grow and learn. The service providers’ focus group noted that in non-subsidized license-exempt care, negotiating child care fees was the most difficult aspect of parent-provider relations. Resource and referral counselors frequently needed to stress to parents and providers that “this is a financial, business arrangement, and you want to make those things as clear as you can.” They have found a wide disparity in the amounts that license-exempt providers were able to earn, citing average ranges from \$5.50 to \$12.00 per hour – but also adding that in some cases, license-exempt providers were paying others much less than that to care for their own children while they worked, sometimes as little as \$5.00 to \$10.00 *per day*.

Many non-English-speaking and immigrant women gravitated toward infant care “maybe not because they think it’s easier, emotionally and physically,” as a representative of an agency serving refugees and new immigrants noted, “but because the babies don’t speak yet, and so they don’t have to feel embarrassed about their English skills.” But several service providers noted that immigrant women were also more likely, as a result, to be asked to do other chores and housekeeping duties in addition to child care – whether for additional pay or not – because parents may regard infant care as easier or involving more free time. Staff of several agencies said that they find it necessary to counsel prospective providers about whether they are willing to perform such additional chores, and to talk with both providers and parents about the developmental

importance of communicating verbally with infants, even if the providers speak a different language from the family.

For those providing services for license-exempt providers

Alameda County has an unusually large and diverse array of services available to informal providers, through community agencies and initiatives such as resource and referral agencies, child care training delivered in a number of languages, and the Caregivers Program. These services have also been tailored to a great extent to the variety of cultural and linguistic groups living in the county.

Still, it was a considerable challenge for agencies and projects to reach, motivate and involve providers who were not required by regulations to participate in any kind of training, orientation or ongoing support. The major questions were not only how to reach license-exempt providers, but when in individual providers’ career trajectory they would be most receptive to joining with others or improving their skills and expertise.

Members of both focus groups described the resources and services their agencies had offered, with varying success, to serve license-exempt providers. Bringing services directly to providers was particularly labor-intensive and costly, but it sometimes offered the only hope of reaching them at all. This could include home visits by agency staff or center-based teachers to conduct art projects, story times or other activities, or to lend children’s books and other supplies and materials. Some agencies had tried group activities in neighborhood parks or other locations, where providers could bring groups of children during working hours. In-house training and orientation efforts by agencies – which were often open to all kinds of teachers and providers – included ESL classes, health and safety workshops, and sessions on parent-provider contracts or job interview skills.

Overall, the administrators’ group expressed more pessimism than the service providers’ group about the effectiveness – in terms of costs, staffing, and lasting results – of providing outreach services to license-exempt providers. Some felt that services should focus on those who really want to enter the

field and pursue child care as a career, whether they are license-exempt or not, while others expressed the counter-concern that we cannot “write off” the entire informal sector, because that would mean neglecting the children who are served by that type of care.

The clearest route to success appeared to lie in building ongoing personal relationships in the community, as labor-intensive and time-consuming as this may be. One northern Alameda County agency member reported, “The way we reach the population of non-subsidized license-exempt care providers is by having people on our staff who are from the countries and cultures that are in our community. So it’s really a relationship-based way of reaching people, and increasing the numbers of people who are coming into the system, as well as increasing the quality of care.”

With regard to public investment

While license-exempt care has long existed as a privately paid arrangement between parents and caregivers, recent laws have changed the terrain considerably by bringing many license-exempt providers into the subsidized child care system. The policy implications of this change, as the administrators’ group reported, are complex and often troubling.

As one resource and referral administrator observed, “Middle class or wealthy families have always used informal care quite a bit, and can often pay their providers better than they get paid in child care centers or in family child care. We also have a lot of people in poorer and immigrant communities who are keeping child care within the family or the community. The only thing that changes the picture is the money. And it has to do with public funding going toward child care that doesn’t have any oversight. People use informal care. We shouldn’t denigrate that, especially for babies. That’s a time-honored tradition for many people. It’s that the money in welfare reform tends to drive the decision-making – not the quality of care.” For a number of families, the absence of a welfare check, the need for child care, and the need for income all combine to create pressure for a family member to provide care in order to bring the subsidy income into the household.

As noted earlier, agency staff were frequently troubled by the necessity of approving and paying for

informal care arrangements even when they appeared inappropriate or even harmful. One agency director stated, “What we see a lot, because we interview license-exempt providers and parents together, is how [the providers] react to the children, the types of discipline they use, which can be really inappropriate, and for us it’s extremely demoralizing to have to approve those kinds of arrangements for children. And our hands are tied by the regulations. We have to.” She said that her agency’s goal was to get parents involved in orientations in order to learn more about other child care options: “I think that a lot of parents might make different decisions if they understood the impact on their children of receiving [high-quality care]. Currently, by the time we see them to sign the contract for child care, they’ve already made their decision. We still try to give them information about choosing child care, but at that point, it’s moot.”

In general, the only regulatory oversight for subsidized license-exempt care is the Trustline background check system – but even this is not required if the provider is a grandparent, aunt or uncle of the child in care. In the case of relatives, agencies were finding it particularly difficult to intervene in care situations that they felt could be inappropriate or even harmful, since such arrangements fell within families’ legal right to exercise “parental choice” in selecting and paying for whatever form of care they wanted. This, too, can easily lead into legal gray areas or even fraud. According to one agency director, “You have people coming in and ‘becoming relatives’ in front of you, when they find out they don’t have to be ‘Trustlined’ or fingerprinted. So I don’t trust the statistics about the number of relatives offering child care under welfare reform, because you can’t test it. There’s no way for anyone to prove that they are relatives, and the state doesn’t require that any proof be provided.” She added that the regulatory definitions of caring for the children of “one family only,” in order to be exempt from licensing, needed to be re-examined. “Until very recently, ‘one family only’ meant that I was taking care of your kids and mine. Now, Licensing has opened this up with a new definition: ‘one family’ means that I can take care of my grandchildren from your family and my grandchildren from someone else’s family, as long as they’re all my grandchildren. So you have people who have 12 to 14 kids, and they’re license-exempt.”

While agreeing about these dangers, others in the administrators' group were also quick to add that concerns about fraud or dishonesty were not limited to license-exempt care. Some noted that they frequently encountered the possibility of fraud in the licensed system, too, such as operating over capacity, or billing for children when they were not in attendance. One agency representative warned against the danger of an overemphasis among policy makers and government officials on policing against fraud, rather than a more positive focus on ensuring that children are in quality care.

In addition, the increased funding available for unregulated care has had troubling effects on the parallel systems of licensed and regulated home-based and center-based care. Eighteen child care centers had closed in Northern Alameda County in the past year, and the diversion of public funds away from the regulated system appeared to have been a significant factor. Others reported serious impacts on Head

Start and school district programs, and on the ability of licensed family child care providers to maintain full enrollment. The group shared the frustration that many people in the regulated child care community were not aware of how the public mandate of "parental choice" plays out, and to what a large extent it ties agency staff members' hands.

Finally, the administrators' focus group expressed strong doubts that license-exempt care was actually a cheaper form of care for the state to purchase. Reasons for this include the high rate of turnover among license-exempt providers (see "Change and Stability," below), the agency staff time that is required to certify them for each child care arrangement, and a heavy reliance on license-exempt providers even for the care of school-age children, many of whom could be readily and more cost-effectively served in existing group programs. The group agreed that more research is needed on the economics of license-exempt care.

Case Studies of License-Exempt Providers

We initially planned to select 60 license-exempt providers to observe the quality of care they offered and to interview them about their career pathways, motivations and plans. We sought providers distributed evenly across three groups: 1) those living in low-income census tracts who received some type of government subsidy for children in their care, 2) those living in low-income census tracts who did not receive government subsidy, and 3) those offering care to children in middle-income census tracts.

Because of recruitment difficulties described in Chapter 1, we revised our plans and instead conducted case studies of a small sample of 12 license-exempt providers. We conducted a two-hour observation in each home of the provider's interactions with children as well as the overall quality of care. We used the Caregiver Interaction Scale (Arnett, 1989) and the Infant Toddler or Early Childhood HOME Scale to assess these settings. (Measures are described in Chapter 1.) At our first visit, we also interviewed providers about their specific job assignment (number of paid and unpaid hours, time spent with children, time spent on other child care-related tasks), personal background (education, experience, tenure, family circumstances, financial status including public assistance history, and concurrent jobs), attitudes toward the job (career, ongoing, etc.), feelings of isolation, experience offering subsidized child care, and use of child care for their own children. In follow-up interviews, we asked providers about current work status, a variety of issues related to career pathways, involvement in child care staff initiatives, and issues of social and professional support.

As we report information about these providers, it should be remembered that this is by no means a representative sample, but rather an in-depth look at a dozen providers in one community.

Characteristics of 12 License-Exempt Providers

The following is an overall description of the group of twelve providers.

- These 12 providers served an average of 4.1 children, not including their own. Only two of the providers had young children of their own, and both said that those children were present most of the time when they took care of other children.
- In these 12 provider sites, 39 percent of children were White, non-Hispanic, 21 percent were African American, 16 percent were Hispanic, and 24 percent were of another ethnicity. Eighty-six percent of the children spoke English when with the provider, and 14 percent spoke Spanish. Only two of the 12 providers were currently serving children with special needs.
- The majority were married or living with a partner.
- While they had spent an average of 10 years caring for children for pay, providers in this sample had worked a relatively short time at their current positions, averaging four years.
- Only three of the 12 providers were receiving public dollars to care for children eligible for subsidy.

- All study respondents were asked their annual household pre-tax income for the previous year, as well as the number of adult wage earners who contributed to that income. Ten of the 12 had annual household incomes below \$50,000. Of these, four were at a level below \$15,000 per year, and another four between \$15,000 and \$24,999. (The median household income for Alameda County is \$47,000.)
- Nine of the 12 providers described themselves as having little money left after covering housing costs.
- Two of the license-exempt providers held a second job. One-half of the group received only one-quarter or less of their family income from child care work.
- Only four of the providers had access to health insurance for themselves, but six of the nine providers with children of their own reported that their children had health coverage. Only one of the 12 providers had access to life insurance; six received paid holidays and paid vacation; and five received paid sick leave. Four of the 12 had previously received public assistance.

Variability characterizes these providers with respect to educational background, quality of care, and their motivation to provide care, as captured in the profiles below.

- License-exempt providers generally had low levels of formal education and early childhood-related training, with the exception of one provider with a graduate degree in early childhood education. Six of the 12 had no early childhood-related training beyond high school, and one had not completed high school. None of the providers had teaching certificates.
- On the Sensitivity measure of the Caregiver Interaction Scale, six of the 11 license-exempt providers for whom this test was completed received ratings above 3 (“quite a bit”); four received scores between 2 and 3 (“somewhat”), and one received a rating below 2.

Out of a possible score of 49, license-exempt providers averaged a score of 35.9 on the IT-HOME Scale.¹ This compares favorably to the mean score for the HOME Scale found in a recent national study.² Scores varied considerably among the group, with five providers earning a score below 35, and a low of 23 received by a low-income subsidized provider, one provider scoring between 35 and 40, and five providers scoring above 50. Providers’ motivations for caring for children were diverse, as detailed in the profiles, and included family responsibility, a lack of other options stemming from issues of language, transportation, or limited marketable skills, as well as intentional choices about caregiving.

Instability

- Among these 12 providers, there was considerable job movement during the study period. Four providers continued to work with children from the same family; two began working with new families; three discontinued providing child care for one or more periods and started again; one continued working in the child care field, but in a center-based program rather than at home; and two left the child care field altogether.

Lack of Oversight

- As evidenced in the profiles, work as a license-exempt provider has “fallen into the lap” of some providers, evolved from a sense of family duty and only occasionally emerged as a focused choice. In the absence of regulations and even with the limited oversight accompanying subsidized care, most providers operate in isolation with scant access to training or support for the job they perform.

Individual Profiles of the 12 Providers

The following summaries offer information about the professional and personal background of the 12 providers in the study sample. Quality scores for the providers on the Sensitivity portion of the Caregiver Interaction Scale, and on the IT-HOME (for infant and toddler care) or EC-HOME (for preschool care) Scale, are listed at the end of each provider profile below.

Provider 1, age 56, an African American mother of four and grandmother of five with a high school diploma and several units of early childhood education, lives with her brother and her 19-year-old daughter and their children. She provides child care for her brother's and daughter's children, not always for pay; she has also cared for her oldest daughter's children, and may do so again in the future. Their total household income is between \$10,000 and \$14,999. She has been a nurse's aide, housewife, nanny, warehouse worker and school bus driver. A job-related injury four years ago, for which she received worker's compensation, has made providing child care at home a more feasible job, but it takes up all of her time and she sometimes feels "stuck at home." She briefly received a subsidy for some of her grandchildren, but her daughter has not followed through with the necessary paperwork to make this continue. She views child care as both a job and a family responsibility, especially because her daughter became a parent so young (at age 15). She is interested in receiving more training, but does not have a car and would only be able to attend classes on a weekend afternoon; she is particularly interested in child psychology and anger management. This provider received an IT-HOME score of 23 out of 49, and a Sensitivity Scale score of 2.00.

Provider 2, a 56-year-old Hispanic woman living alone in a single-family home, first got into child care after separating from her husband of 38 years. Since she did not complete high school, cannot speak English, and does not drive, her job options have been limited. She first found work providing elder care for two people, but both died within two years. Around that time, she learned that she could receive a subsidy for caring for three of her four grandchildren while their parents were at work. Her

children supplemented the subsidy payment, bringing her household income to between \$10,000 and \$14,999, but she does not have health insurance. After two years of caring full-time for her four grandchildren (ranging from infancy to age 12), her son and daughter-in-law both lost their jobs, making them ineligible for subsidy and her services unnecessary. At Time 2 of the study, therefore, she was not providing child care, and briefly provided elder care again, but at Time 3, by spreading the word to family and friends, she had again found child care work in her home. She has never had any formal training related to early childhood education, but feels very capable in this work because of raising six children, and does not believe that she needs training. The only assistance she is interested in is with finding other children – including, possibly, foster children – to care for. This provider received an IT-HOME score of 34 out of 49, and a Sensitivity Scale score of 3.40.

Provider 3, a 28-year-old Hispanic woman with no children, began working in child care 15 years ago by starting to care for neighbors' and relatives' children in her own home. She got into this work because she loved children and because it was flexible and close to home and met her family's needs, but says it has never met her needs financially. At one time she was caring for three children who received subsidy. As of Time 3, she had left child care (January 2003) to do office work. She did not complete high school and has never taken any formal training related to early childhood education; she says she would have been interested in receiving assistance in doing a better job, but had no idea how to go about receiving such training or help. Her annual household income is between \$20,000 and \$24,999. This provider received an EC-HOME score of 44 out of 59, and a Sensitivity Scale score of 2.70.

Provider 4, age 45, is an African-born woman whose native language is Tigrean; the interview was brief because of the significant language barrier. She has an annual household income between \$10,000 and \$14,999. She has never taken any courses or training related to early childhood education. At the time of the interview, she had been providing child care for the same family for a little over one year, but had been offering informal child care off and on for six years, interrupted by at least two extended visits to her mother in Africa who was ill. She said that she provides child care because she does it well and is able to stay close to home, and because she does not believe that she has other skills. This provider received an IT-HOME score of 37 out of 49, and a Sensitivity Scale score of 3.00.

Provider 5 is a 28-year-old Caucasian woman who worked as a nurse's aide before she moved from Missouri to Alameda County with her husband five years ago. She completed one year of college, which did not include course work related to early childhood education. At the time of the first interview, she had been providing subsidized license-exempt care in her home for about one year, serving up to 17 children who had come and gone during this period, at a work schedule of 5:00 a.m. to 6:30 p.m. Shortly after Time 1, because of an apartment fire, her family moved out of the county, and she began pursuing a family child care license and taking classes, because she was having trouble finding children to care for informally. Between Times 2 and 3 she started a licensed family child care program, but by Time 3, she had had a baby, was working part-time as a nurse's aide and not providing child care, and was unsure whether she would return to the child care field. Although child care work had generally "fallen into her lap," she felt confident about her skills and enjoyed the job. She noted that the hardest parts about child care were taxes and other small business matters, as well as relationships with needy parents. During the study period, she also accepted three teenage foster children into her home on a short-term basis. Her family's annual household income is between \$40,000 and \$49,999, and she has health insurance through her husband's job. This provider received an IT-HOME score of 30 out of 49, and a Sensitivity Scale score of 2.70.

Provider 6, age 42, came to this country from Peru four years ago, and has children of her own. For the past three years she has cared for the children of one family that does not receive subsidy, and has an annual household income between \$15,000 and \$19,999. She has a high school education, and began taking a training program for home-based providers in Peru, but was unable to complete it. She says that she considers it her vocation to dedicate herself to children, and always wanted to do this kind of work; she might have liked to have been a "teacher," but did not have the opportunity to pursue this. She feels reasonably well prepared for her work, but is interested in taking more courses or other training, and has attended some workshops offered by the local resource and referral agency, BANANAS. One concern about attending classes, however, is being asked about her legal immigration status. She would also like social support, such as a group where she could talk about her work. This provider received an IT-HOME score of 41 out of 49, and a Sensitivity Scale score of 3.50.

Provider 7, age 38, is a single Caucasian woman. She has a bachelor's degree in Fine Arts, and has worked in market research, elder care, the arts, and as a waitress and house cleaner. She has now worked in child care for six years, and cares for several children in a "shared nanny" arrangement four days a week, supplementing her income (which totals between \$15,000 and \$19,999 a year) with house cleaning and elder care. She began in this field when a friend had a baby and asked her to move into an in-law cottage to help out. When the baby entered preschool and no longer needed her care, she briefly worked at a child care center, but felt that the center did not provide quality care because of the large number of children, and preferred to return to a private nanny arrangement because she could earn a better income that way. She does not plan to continue in child care for more than three years, but hopes to pursue a graduate degree in psychology in order to open a practice with children and families; she feels she does not currently earn the authority and professional respect she deserves for her work. She feels she might have needed more child-related training at first, but is not interested in such training now; she would find it

more useful to learn about small business management strategies. Another regret she has about her current work is that the need to make a decent income restricts her to serving only upper-middle class families who have the means to pay her decently. This provider received an IT-HOME score of 41 out of 49, and a Sensitivity Scale score of 3.80.

Provider 8, age 56, is a Caucasian mother of three children; she earned a graduate degree in genetics, which included some course work in child development, and previously worked as a genetic counselor and health care administrator. She began offering child care because she was ready to retire, her children asked for her help, and she wanted to have a closer relationship with her grandchildren. She enjoys the work, it meets her family's needs, and it is very flexible. She only plans to provide child care short-term, while her grandchildren need her, and does not feel she would have gotten into caring for other children outside her family. She does not desire additional training or assistance. She receives a pension, and her husband is still working; without those sources of financial stability, she does not feel she could afford to do this kind of work. Her annual household income is between \$100,000 and \$124,999. This provider received an IT-HOME score of 31 out of 49, and a Sensitivity Scale score of 3.60.

Provider 9, a 50-year-old Caucasian woman, provided license-exempt child care for 27 years, but recently took a job at a nursery school in Berkeley because she was having trouble getting enough work, and was becoming more concerned about the need for medical and retirement benefits. Her job is only five hours a day, however, so she feels she needs to establish herself more in the nursery school or eventually get a better job; in many ways she would have preferred to stay with home-based care, but could no longer afford it. She received an associate degree as a special education assistant, which included some course work in child psychology and health, but feels that most of her knowledge comes from "life experience." She is currently taking courses required for her nursery school job, and feels she is benefiting from learning more about different methods of discipline and of helping children solve problems; she notes that she has to be "more politically correct" at this job than when she babysat

at home. The kinds of assistance she would like most are personal support and mentoring; she feels she is "in a slump right now" in her life, and discouraged about how long she may have to work before she can retire. During the study period, her annual household income fell from \$30,000-\$39,999 at Time 1 and \$25,000-29,999 at Time 2, to \$15,000-19,999 at Time 3; she had been living with her partner, but they had separated by Time 3. This provider received an IT-HOME score of 42 out of 49, and was not scored on the Sensitivity Scale.

Provider 10, a 34-year-old woman who classifies herself as multiracial/ multiethnic, completed a B.A. in Sociology and an M.S. in Early Childhood Education, and has an annual household income between \$65,000 and \$84,999. She has done child-related work for most her life, including being a teacher or director in several programs, a resource and referral coordinator, and a camp counselor. She remains active in the field as a member of several professional organizations, and teaches college-based early childhood education/child development classes part-time. She began providing license-exempt child care when she was staying at home with her son and also had a friend who need child care help. More information is not available, as she refused an in-depth interview at Time 3 due to lack of interest. This provider received an IT-HOME score of 42 out of 49, and a Sensitivity Scale score of 3.90.

Provider 11, age 54, is a Hispanic woman with a high school education who immigrated to this country 14 years ago. She has always cared for neighbors' and relatives' children informally, both here and in her native country, and has never worked in a formal setting. Upon arriving in the U.S. she found her first family through a newspaper ad, and has continued since that time to find further families in need of child care through word of mouth. She has never taken classes related to child development, but feels that classes would be helpful for learning how to do a better job and to provide more learning activities for children. She would also be interested in a support group, but is not a member of one and does not know of any in her area. The only drawback to her work, she says, is the lack of benefits; she cannot afford health insurance, and feels that although "this may be the most simple and humble job, it is a

job just like any other and it deserves benefits like any other.” Her household income was between \$20,000 and \$24,999 during most of the study period, but had fallen to the level of \$10,000-14,999 at Time 2 because she was caring for fewer children. This provider received an IT-HOME score of 40 out of 49, and a Sensitivity Scale score of 3.50.

Provider 12, a 50-year-old Hispanic woman with a two-year college degree, immigrated to this country from Peru, where her grown children still live. She was brought here to care for her niece’s daughter, and her husband joined her here later; since that time, she has continued caring for other children informally. Although she has never taken child-

related courses, she feels adequately prepared for this work “by nature” and through her experience over the years. She has taken CPR, reads about child care and child development, and uses materials she has obtained from BANANAS. She would most like support in the form of someone to talk to for advice. She is financially satisfied with her job, and feels it works well for her family. Her annual household income rose from \$15,000-19,999 at Times 1 and 2 to \$30,000-39,999 at Time 3, when her husband arrived from Peru and began working here. This provider received an IT-HOME score of 34 out of 49, and a Sensitivity Scale score of 3.10.

Change and Stability Among Subsidized License-Exempt Providers: An Examination of Administrative Data

California's license-exempt child care providers can receive public dollars through vouchers issued to parents. Parents are permitted to use these payments for their choice of care, whether it is licensed or license-exempt. Vouchers are made available to parents through one of two programs: the Alternative Payment (AP) program, which provides subsidies through non-welfare-linked, federal and state funds for low-income working families, or CalWORKs, which provides three stages of child care support for current and former welfare recipients. When a welfare participant enters the CalWORKs program, she is eligible for Stage 1 child care while she is looking for work, or engaged in training or rehabilitation; this subsidy is designed to be short-term until she finds stable employment. Once her job situation stabilizes, a parent is moved to Stage 2 care for a maximum of two years, or as long as her family income (at or below 75 percent of the state's median income for her family size) qualifies her for a subsidy. Stage 3 care is intended for families who have exceeded their two-year time limit but still qualify for subsidy because of low earnings; this stage, however, may be eliminated from the California budget in 2004. The highest concentration of license-exempt care is funded through Stage 1 dollars (California Child Care Resource and Referral Network, 2001). Typically, Stage 1 care is less stable because parent recipients are just beginning their job search, may also be engaged in training, and are much more likely to use unlicensed care during this period (Siegel, 2002).³

Seven agencies in Alameda County administer child care subsidies for qualifying families, and thus work with a large segment of the license-exempt provider population; one agency, which administers only five percent of the subsidies in the county, declined to participate.

Beginning in December 2000, we asked each participating agency for its current list of license-exempt providers receiving subsidies. We also requested updated lists in June 2001 and December 2001. Using the December 2000 list as the baseline, we were able to track 3,233 providers over the course of

two six-month periods (December 2000 to June 2001, and June to December 2001), and across a 12-month period (December 2000 to December 2001). Because of anecdotal reports about the high degree of instability among these providers, we wanted to capture change in intervals shorter than one year, but limited resources and staff time prevented us from studying the lists in intervals shorter than six months.

The June 2001 and December 2001 lists were cross-referenced with each other and with the December 2000 list, to obtain a count of how many providers remained on the lists, how many were no longer listed, and how many new providers entered the subsidized license-exempt child care workforce over the six-month and one-year intervals.

We were able to obtain information on the median household income of the neighborhoods in which providers lived, using updated data from the 1990 U.S. Census for those who resided in Alameda County (95 percent of the sample); these data were provided by the Alameda County Health Department. The subsidy agencies were also able to provide information for most providers regarding their relationship to the children in their care and whether they provided services in their own home or in the child's home. (One agency was unable to provide information about characteristics of providers on its December 2000 list.) This additional information allowed us to examine whether neighborhood income level or provider type (relative/non-relative and place of work) were related to whether providers stayed in, left or entered the subsidized license-exempt child care workforce over the course of the year.

Ninety-five to 96 percent of providers lived in Alameda County at all three points in time when the lists were reviewed. Approximately three-quarters resided in low-income census tracts, and none resided in upper-income areas. Approximately three-quarters offered care in their own homes. Relatives made up roughly one-half of the provider pool at each point of data analysis.

A more detailed report of this investigation can be found in the paper, “Change and Stability Among Publicly Subsidized License-Exempt Child Care Providers” (Whitebook, Phillips, Jo, Crowell, Brooks & Gerber, 2003). The following is a brief summary of our findings.

Overall stability

- The subsidized license-exempt workforce in Alameda County is characterized by higher levels of instability than are found in other child care sectors.

Only 31 percent of license-exempt providers receiving subsidies in December 2000 (983 out of 3,233) remained on the subsidy lists in December 2001. Five percent of those remaining on the lists had shifted agencies due to a parental change in stage of subsidy.⁴ Among the 69 percent no longer on the lists, it is possible that some individuals continued to provide care to the same children, but no longer received public subsidies. We cannot ascertain from these lists whether children maintained relationships with the providers, or continued to receive child care, and if so, of what type. According to agency staff, some children may have enrolled in a licensed care setting, which would result in their license-exempt provider being removed from the list. (See Figure 5.1.)

- 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.

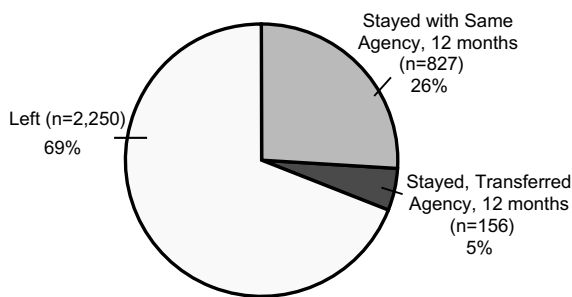
Between December 2000 and June 2001, 918 new providers were processed by the six participating agencies. Approximately one-half (51 percent, n=468) of these providers were no longer on the lists by December 2001. An additional 1,553 new providers were processed between June 2001 and December 2001. A total of at least 2,471 new providers were processed by the six participating agencies over the course of the year to sustain their pool of approximately 3,000 providers. It is likely that the number is higher, as our methodology excluded providers who may have offered services for an interval of less than six months.

In addition to the negative consequences for children stemming from unstable care, personnel changes are also cost-ineffective for any organization or business. In center-based care, for example, each event of teacher turnover can cost thousands of dollars in new expenses and lost opportunities (Whitebook & Bellm, 1999). But although staff time is involved each time a new license-exempt provider enters the subsidy system, no official dollar amounts have been attached thus far to the administrative costs associated with processing these providers. One agency, however, estimated its costs at approximately \$250 per provider, suggesting that if this estimate is applicable to all agencies, it costs roughly \$617,750 per year to process all new license-exempt providers in Alameda County. A more stable system, therefore, could potentially lead to annual savings of hundreds of thousands of dollars.

- For families with stable employment, a change in child care provider is more likely to be initiated by the provider than by the parent.

One of the participating resource and referral agencies provided information on a randomly selected sub-sample of providers offering care between June and September 2001, regarding the reasons they were no longer on the lists. The agency’s database includes information on parents’ reasons for making a

Figure 5.1. Percentage of License-Exempt Providers Receiving Subsidies in December 2000 But No Longer Receiving Subsidies in December 2001, n=3,233



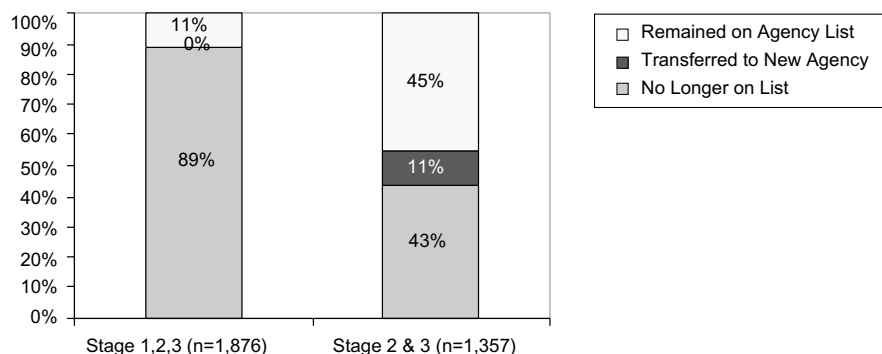
change of provider; thus, the information as to whether the parents or the provider had initiated the change in child care was from the parents' perspective. To conduct these analyses, the agency randomly selected 200 of the 476 providers on its June 2001 list.

Thirty percent of the parents queried reported a change in provider over the course of six months. Of these, 30 percent reported that they had initiated the change, most frequently because their subsidy status and/or their child care needs had changed. Few parents mentioned dissatisfaction with the provider as a reason for the change in care. Seventy percent of the parents who had changed providers indicated that this was the provider's decision, not their own, suggesting that a substantial amount of provider departure is beyond parents' control, and thus is likely to be disruptive to the families involved. In these situations, provider departure is similar to center-based teacher turnover, with the attendant experience of loss (assuming the provider is no longer in the child's life) and disruption for children.

Variation in stability

- Provider departure rates varied by agency. As would be expected, those agencies providing short-term (Stage 1) subsidies to parents seeking employment or engaged in training or rehabilitation had higher rates of provider departure from their lists than those providing ongoing support to employed parents who were leaving welfare and/or were low-wage earners (Stage 2 and 3) ($X^2(1)=658.23, p<.000$). It appears that only a small portion of these providers continued to provide care to the same children, by switching to a different agency that offered other stages of subsidy to parents. (See Figure 5.2.)

Figure 5.2. License-Exempt Provider Turnover Rates For Agencies Offering Stage 1, 2 and 3 Subsidies Vs. Stage 2 and 3 Subsidies in Alameda County, December 2000 Through December 2001



- Although more than one-half of all relatives and non-relatives departed from the lists over the course of the year, license-exempt providers who were related to children (32 percent) were more likely than non-relatives (22 percent) to remain on the lists ($X^2(1) = 35.06, p<.000$). Non-relative providers who cared for children in the child's home were also more likely to continue to receive subsidy payments than those who provided care in their own homes.

Both provider groups – relatives and non-relatives – were very unstable, however, with more than one-half of relatives and nearly three-quarters of non-relatives departing from the lists in less than one year. A recent study (Vandell et al., 2003) has indicated that the stability of relative care is highly variable, depending on the nature of maternal employment and on whether the relative lives with the child.

Oversight

In the course of this study, it was striking not only to find a high level of instability among subsidized license-exempt providers, but also to observe that there were no mechanisms in the current program design of the subsidy agencies to measure and analyze such instability in this population. Until we reviewed the agencies' administrative data, the extent of this instability had not been widely known; if it were, it is likely that it would be seen more widely as a problem, raising questions about whether – in the

absence of better oversight – subsidy for license-exempt providers is an efficient use of public funds.

Further, it was striking to see what a scant amount of information the subsidy agencies were able to keep on these providers. Currently, the agencies' limited resources with regard to license-exempt providers are devoted almost exclusively to the process of certifying the child care arrangements of subsidy-eligible families; there is no infrastructure for inquiring about providers' qualifications, the quality of services they offer, or why they discontinue providing child care. If more information were collected and available about subsidized license-exempt providers, appropriate interventions and services to improve the quality of this sector could more readily be developed.

In the case of licensed family child care providers, a state government agency maintains a list of providers who have current licenses. In California and many other states, local resource and referral agencies also routinely contact providers to confirm that their child care businesses are in operation, and to ascertain whether they have openings for more children. When these programs close, it is assumed that in most cases, children's contact with the provider also ends.

By contrast, no information is routinely collected about license-exempt providers, even those who receive public funds. The only available data are lists of providers serving parents who receive public subsidies, but this information is limited in scope, and is only maintained as long as the particular parent receiving the subsidy remains in the subsidized system. If a parent loses her subsidy, for example, it is difficult to know whether the provider maintains a relationship with the child. This may be the case if the child is a relative, if the provider volunteers to contin-

ue her services, or if the parent pays the provider independently. If the provider leaves, and the parent remains in the system, it cannot be assumed that the provider terminates contact with the child, particularly if the provider and child are relatives.

Thus, the concept of "turnover," as traditionally used with respect to the child care workforce, and its implication that the relationship with the child is severed when a caregiver changes, is not strictly applicable to this sector. Among subsidized license-exempt providers, change and stability involve several interwoven threads:

- loss or change of subsidy status for the family,
- loss or shifting role of the provider in the child's life, and
- loss of subsidy as the form of payment for the provider.

We do not know the proportion of children of different ages served by the providers examined here. Although we can speculate that most children would be affected by the high level of instability we have found in this sector – particularly infants and toddlers – we could not determine the degree of discontinuity they experience. We were unable to ascertain the extent to which providers no longer on the lists maintained relationships with children for whom they had provided subsidized care. We did learn that providers who were related to the children were more stable than non-relatives, and we can assume that many relatives continued their relationships with those children. We could not tell, however, which subsidized license-exempt providers continued to offer their services to any children, nor could we identify which of them may have obtained a child care license.

Discussion

While license-exempt home-based child care has always been an important component of the child care delivery system, its significance is increasing as public subsidy dollars continue to flow in this direction. Particularly in California – where this increased use of public dollars for unregulated care is occurring side by side with a growing concern about young children’s school readiness – it has become vital to know how good this form of subsidized child care currently is, and, if it is of poor or harmful quality, to find ways to intervene and to help improve it. While parent choice is widely upheld as a strong basis for continuing to direct public funds to this child care sector, there is also some indication that many parents using license-exempt care do so because of flexible hours, lower cost, or lack of other options, not because of outright preference (King, Waters Boots, Chen & Dones, 2002).

For several reasons, however, license-exempt providers are an especially challenging group to study. First, we lack accurate data on the total population of such providers, making it difficult to know whether or not one has obtained a representative sample. Second, there is considerable resistance among license-exempt providers to being studied. Some of this resistance appears to be related to the informal, personal, and often familial character of the work – perhaps even a belief that this is not a job or career worthy of study. Some resistance may also be related to immigration concerns, and some may be related to questions of language and culture. Third, the instability of the field makes it difficult to study a significant sample over time, and makes sample recruitment, selection and follow-up expensive and time-consuming.

In such a situation, what can researchers do? Several approaches are possible:

- *A study of one or more segments of this provider population.* Overall, it may be necessary not to attempt to study license-exempt providers as a whole, but to see them as a large, diverse group and to study them in segments.
- *A representative sample of subsidized, license-exempt providers, identifying this population from service agencies that maintain provider*

lists. Such an investigation could examine administrative data and/or use an observational study approach. Service agencies could be supported in collecting and tracking administrative data on these providers. Observational studies of the type attempted here, however, would still encounter issues related to resistance to participation and the instability of the population.

- *A population study, in which random-digit dialing of adults in a given population would result in identifying a sufficient number of unlicensed, home-based child care providers.* One challenge, however, would be that many respondents may not necessarily identify as child care providers, or define it as “what they do”; another would be instability and turnover in the sample.
- *look at a well-defined population of families* (e.g., working poor, or middle-income) and their child care arrangements. The license-exempt portion of such a study, however, would still remain the most challenging.

The challenges for researchers of studying license-exempt providers, of course, are not unrelated to those that our focus groups of administrators and service providers encountered in attempting to offer training and support to this population. Such work must be labor-intensive, ongoing, and based largely in personal, one-to-one relationships. The number of such training and support projects is growing in California, due largely to quality concerns, and we can learn from their successes and setbacks. Despite the challenges, the growing prominence of license-exempt child care makes it imperative for researchers in early care and education to direct continued attention to this sector of the field.

License-exempt child care represents a continuum of situations, ranging from services that roughly approximate parental care to something resembling a licensed home-based program. Where providers fall on that continuum has many implications for the continuity and quality of care that children receive, and for the design of meaningful support or technical assistance to these providers.

This sector of the workforce is not required to obtain specialized training to work with young children, and

it appears to be highly unstable. To the extent that child care is seen as a vehicle to promote children's later success in school – the goal explicitly underlying current proposals for universal preschool in the state (First 5 California, 2002a) – there is a tension between the growing reliance on subsidized license-exempt care and the strong pressure for policies that guarantee some modicum of provider training and ensure investments in the stability and professional development of the child care workforce. To this end, the First 5 California and the California Department of Education are planning to make a substantial investment over the next four years to develop resources, technical assistance, training and support services for informal providers (First 5 California, 2002b).

Many families, at all economic levels, will continue to choose license-exempt care because it best meets their needs. But if low-income families are choosing such care because there are few affordable or available alternatives, and they are settling for instability only in order to obtain or sustain employment, then our public resources and policies may be shortchanging the very children and families they aim to serve.

Endnotes

- 1 The one home that was rated on the EC-HOME Scale received a total score of 44 out of a possible 59
- 2 6 months: CC-HOME (45 items): $M = 34.08$, $SD = 5.65$
15 months: CC-HOME (45 items): $M = 36.28$, $SD = 5.59$
24 months: CC-HOME (45 items): $M = 36.22$, $SD = 5.49$
36 months: CC-HOME (45 items): $M = 40.17$, $SD = 8.66$
NICHD Early Childhood Research Network (1993, 1994, 1995 & 1996 respectively, per age group). Unpublished child care data reports. Nashville, TN: Vanderbilt University Quantitative Systems Laboratory.
- 3 According to the California Child Care Resource and Referral Network (2001), the use of license-exempt subsidized care decreases over time among parents accessing subsidized care. Whereas 61 percent of Stage 1 families use license-exempt providers, only 46 percent of Stage 2, 35 percent of Stage 3 and 22 percent of General Alternative Payment Program families do so.
- 4 It is unknown how many of these providers, if any, were disqualified by Trustline, but statewide there is a 10-percent disqualification rate of providers who are subject to Trustline; i.e., not grandparents, aunts or uncles of the child or children in care (personal communication, Cindy Mall, Senior Program Manager, California Child Care Resource and Referral Network).

Chapter 6: Conclusion

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.

Yet these efforts to expand families’ access to good preschool programs are primarily being designed to serve four-year-olds only. As such, they are sidestepping the urgent question of what we are currently offering all other young children. At the same time that “universal preschool” draws growing support, we as a nation are continuing, in parallel fashion, to advance child care policies for low-income families

whose narrow objectives run counter to those of promoting school readiness and eliminating achievement gaps. With the exception of Head Start, such policies continue to focus almost exclusively on paying for child care as a work-related social service, with scant attention to child development, learning opportunities, or even the safety and health of children’s early care environments. Without broader attention

to the haphazard early care and education system that past public policy decisions have created, we may be simply postponing the future discovery that four-year-olds, too, are entering preschool unequally ready to learn.

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, particularly in the subsidized unregulated sector, that are not only administratively burdensome but potentially harmful to children.

Range of early care and education settings. 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 ensures that all children receive developmentally beneficial early care and education.

Diversity of the early care and education workforce. 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 licensed 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. While we found that most center-based staff had completed at least some college-level, child-related education and training – the absence of which is strongly related to poorer cognitive and language outcomes for children – there was much wider variation in the education and training of licensed family child care providers.

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.

Turnover and stability. Children and families continue to be exposed to high levels of instability in the early care and education workforce that remain strikingly higher than teacher turnover in K-12 education. Although this study found lower turnover in Alameda County's early care and education workforce than has been found in other recent studies of the field — whether because of the economic climate, the county's recent investments in professional development and stability, or other factors — it is still at roughly three times the level of K-12 teacher turnover. In license-exempt home-based care, in particular, very high levels of provider instability appear to be the norm. Given that young children are much more sensitive to changes in caregiving relationships, turnover in this field remains an extremely pressing issue.

License-exempt care. 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. Our findings strongly suggest that public dollars for license-exempt care should come hand in hand with considerably higher levels of monitoring. To this end, the First 5 California and the California Department of Education are planning to make a substantial investment over the next four years to develop resources, technical assistance, training and support services for informal providers (First 5 California, 2002b). Through focus groups with license-exempt providers and with agency staff who work with this sector of the workforce, First 5 is now aiming to design a plan that will ensure the best return on the investment, including adequate screening of participants to determine who will be most likely to benefit and to stay in the field. Our data suggest that this would be a crucial element of any training initiative that hopes to sustain its investments in this sector of the workforce.

Public subsidies. 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. An overall lack of oversight is particularly troublesome with regard to the use of public subsidies. Our study once again raises serious concerns that subsidy is not purchasing equitable care across sectors of the system, and that public dollars are frequently buying 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.

- Oversight and quality are especially serious issues when public dollars are allocated to the unregulated, license-exempt sector of care.

Investment in the early care and education workforce. This study was not designed to evaluate Alameda County's recent investments in the professional development and retention of the early care and education workforce. Yet we were struck by how consistently participation in the Child Development Corps (across sectors of the workforce) was 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.

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 numbers of preschoolers who are not in preschool programs. As with any early environment, child care can have a positive, protective influence, or it can be a source of adversity or risk. The time has come, therefore, 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.

Appendix A: California Subsidy and Licensing Policies

California, like many states, has a complex system for regulating child care services and for subsidizing care for low-income families. Home-based providers may be licensed or license-exempt, and accordingly, are required to meet different standards. Center-based programs, with a very few exceptions, are required to be licensed, but regulations vary for centers depending on the form in which they receive public dollars. Table A.1 provides a summary of subsidy and licensing policies in the state.

Families are technically eligible for subsidies if they earn less than 75 percent of the state median income, but limited funds result in only a small percentage of eligible families receiving subsidized care. Home-based providers, both licensed and license-exempt, and for-profit and nonprofit child care centers may receive public payments through vouchers issued to parents. Federal and state dollars for vouchers are made available to parents through the non-welfare-linked Alternative Payment Program or through CalWORKs, a program of child care support for current and former welfare recipients. Child care centers operating on a nonprofit basis, including those housed in public schools, colleges and universities, are also eligible to apply, through a competitive bidding process, for a contract with the California Department of Education (CDE) to provide services for a certain number of children of low-income families. They are also eligible to contract with the federal Department of Health and Human Services to operate a Head Start program. Any centers holding either a Head Start or CDE contract are typically referred to as contracted programs.

In this study, we use the term “subsidized” to describe any contracted center or any licensed home or center in which at least 25 percent of the children in the center or home receive public vouchers. Centers or homes accepting vouchers, but as a smaller proportion of their income from families, would be less likely to make decisions about program operation based on the public dollars they receive. Note that there are no limits on the percentage of children receiving subsidies that a home or center can serve.

Home-based providers. Many providers care for their own children, as well as children from other families, in their own homes. In California, providers caring for children from one family, in addition to their own children, are exempt from licensing. There is no set limit on the number of children a license-exempt provider may serve; the size of the group depends on the number of children in her family and the family for which she is providing care. Currently in California, license-exempt providers may receive public dollars through vouchers issued to parents. All non-relative license-exempt providers receiving public dollars to care for children of low-income families must clear a background check that examines criminal records and the state child abuse index. Relative status for grandparents, fathers, aunts and uncles is self-reported, and relatives do not have to undergo a background check. In California, license-exempt providers do not have to meet any training requirements. If caring for children in their own homes (as opposed to the child’s home), license-exempt providers, unlike their licensed counterparts, do not have to meet any home health and safety requirements.

When an individual cares for children from more than one unrelated family, the California Department of Social Services requires that the provider obtain a license to provide child care services. In order to receive a family child care home license, providers must meet a number of requirements. These include:

- Fingerprint, criminal background and California Child Abuse Central Index clearances for everyone over 18 living in the home;
- 15 hours of training on preventive health practices, which must include pediatric CPR; pediatric first aid; the recognition, management and prevention of infectious diseases; and the prevention of childhood injuries; and
- Home inspection by the licensing agency to ensure that it meets basic health and safety requirements.

Table A.1. California Regulations for Different Child Care Settings

Type of Care	General Description	Standards	Eligibility/Type of Public Dollars for Children of Low-Income Families
Home-based, Licensed	Cares for children for more than one unrelated family; Number of allowable children includes children under age 10 who live in the licensee's home; Small home = up to eight children if two are over six years old and no more than two are under 24 months, or six children under 5, three of whom can be infants; Large home = up to 14 children if at least two of them are of school age and no more than three are infants, or 12 children under 5 age, four of whom can be infants	Fingerprint, criminal background and California Child Abuse Central Index clearances for everyone over 18 living in the home; 15 hours of training on preventative health practices; and home inspection by licensing agency	May receive vouchers for eligible children
Home-based, license-exempt	Providers' own children plus children from only one other family; no limit on number of children.	No training requirements No safety requirements for facility	May receive vouchers for eligible children; If non-relative, must clear background check that examines criminal record and child abuse history.
Center-based, licensed	Total "licensed capacity" is based on the physical space of a site and the number of staff available to provide care. Licensable sites must have 35 square feet of indoor play space and 75 square feet of outdoor play space per child, as well as one toilet and one sink for every 15 children.	Facilities must meet health and safety requirements; Personnel must be fingerprinted, obtain a criminal background clearance, and complete a California Child Abuse Central Index check; One person must be on the premises at all times who has at least 15 hours of training on preventive health practices; Teachers must meet educational requirements.	May receive vouchers for eligible children
Center-based, license-exempt	Any recreation or before/after school program operated by the state, or by a city, county or school district, for less than 16 hours per week or for 12 weeks or less during a 12-month period; or before/after school programs operated by public or private schools, and run by teachers employed by the school or the school district.	Operating agency sets requirements.	May receive vouchers for eligible children.

There are also restrictions on both the number of children that can be cared for in a licensed family child care home and the staff/child ratios for these providers. Family child care homes in California can be licensed as either small or large. The number of allowable children in small and large homes includes children under age 10 who live in the licensee's home. The license for small homes allows providers to serve up to eight children if two of them are of school age (age six or older) and no more than two are infants (0-24 months). (Alternatively, if small-home providers do not care for school-age children, they can care for up to six children, three of whom can be infants.) Large family child care homes can serve up to 14 children if at least two of them are of school age, and no more than three are infants. (Alternatively, if large-home providers do not care for school-agers, they can care for up to 12 children, four of whom can be infants.)

Center-based care. In California, child care provided outside of a home environment is called a child care center, typically requiring a license from the California Department of Social Services (CDSS). Child care centers are primarily housed in commercial facilities, schools or churches, and can serve infants, toddlers, preschoolers or school-age children within a group setting.

While most centers serving children outside of a home are licensed by CDSS, this is not required of certain facilities, namely:

- any recreation or before/after school program operated by the state, or by a city, county or school district, for less than 16 hours per week or for 12 weeks or less during a 12-month period;
- before/after school programs operated by public or private schools, and run by teachers employed by the school or the school district.

Facilities that operate legally without a license from CDSS are called “license-exempt” centers.

To receive a child care center license, a facility and the personnel employed in it must meet a number of requirements:

- Facilities are governed by regulations related to indoor and outdoor space, materials and equip-

ment, and other issues that address overall health and safety. Depending on the amount of usable indoor and outdoor space, and the number of restrooms, centers can care for virtually any number of children.

- Personnel must be fingerprinted, obtain a criminal background clearance, and complete a California Child Abuse Central Index check. Centers are also required to have one person on the premises at all times who has at least 15 hours of training on preventive health practices including pediatric CPR; pediatric first aid; the recognition, management and prevention of infectious diseases; and the prevention of childhood injuries.

In granting child care center licenses, CDSS also regulates the total number of children who can be served in a facility. This number – the “total licensed capacity” – is based on the physical space of a site and the number of staff available to provide care. Licensable sites, for example, must have 35 square feet of indoor play space and 75 square feet of outdoor play space per child, as well as one toilet and one sink for every 15 children.

Regulations also govern the qualifications and numbers of staff in child care centers. Teachers are required to have completed 12 units in early childhood education, or to have completed six and be working on the remaining six units, and center directors must have completed three units in administration or staff relations. All staff must have previous experience working in a center or with a comparable age group. California also sets the following staff/child ratios for child care centers: one teacher for every four infants (under age 2), one teacher for every 12 preschoolers (ages 2-5), and one teacher for every 14 school-age children (ages 6 and over).

Finally, CDSS licenses stipulate the ages of children that a center may serve. Separate licenses are issued for infant, preschool and school-age care, and facilities may hold more than one license. A site serving infants and preschoolers, for example, will have two CDSS licenses, one setting a maximum capacity for serving infants, and one setting a maximum capacity for serving children ages 2 to 5. There are no additional requirements for centers accepting voucher payments for children in their care.

Contracted centers are required to adhere to more stringent regulations governing staff qualifications than either for-profit or non-contracted nonprofit programs. These are stipulated in Title 5 of the California Code of Regulations. Title 5 requires staff in contracted programs to meet more educational requirements. Currently, a teacher in California's

state-contracted programs is required to complete 24 units of study in early childhood education (ECE) and 16 units in general education. Therefore the workforce in contracted programs may have higher levels of education and early childhood-related training than is found in the community at large. (See Table A.2.)

Table A.2. Required Staff Qualifications: Title 22 and Title 5 of the California Code of Regulations

Position	Title 22	Title 5
Assistant Teacher	None	6 units of college-level work in ECE
Associate Teacher	Not specified	12 units of college-level work in ECE, including designated core courses
Teacher	12 units of college-level work in ECE	24 units of college-level work in ECE, including designated core courses and 16 general education units
Master Teacher	Not specified	Same as teachers, plus 2 units of adult supervision and 6 specialization units
Director/Site Supervisor	Same as teachers, plus college-level courses in supervision and administration	AA or BA degree with 24 units of ECE, including supervision courses
Family Child Care Provider	15 hours of training in preventative health practices, including pediatric CPR, pediatric first aid, the recognition, management and prevention of infectious diseases, and the prevention of childhood injuries	

Appendix B. Alameda County Child Development Corps

(Fact sheet prepared by Every Child Counts, First 5 Alameda County)

What is the Corps?

The Alameda County Child Development Corps is a professional incentive program, similar to programs for public school teachers, social workers and nurses. Its goal and purpose are to improve the recruitment and retention of highly qualified early childhood educators. The Corps has been operating since the year 2000, and has a cumulative membership of over 4,000.

The Corps is part of a larger plan called Every Child Counts, which is the Alameda County First 5 (Children and Families) Commission's effort to improve services for children ages birth to five and their families. The Corps promotes a comprehensive cross-disciplinary approach, working closely with parenting, health, and social services components of Every Child Counts.

What does the Corps do?

The Corps has three major functions:

1. It provides stipends to early childhood educators who work with children birth to five years of age, remain in the early care and education field, and continue their professional development. The stipends are based on one's level of education.
2. It provides leadership training through seminars and other membership activities, including help in applying for the California Child Development Permit credential, and training in early childhood program assessment.
3. It provides professional advice and assistance through contracts with community colleges and child care resource and referral agencies.

Why was the Corps instituted?

The Corps is a response to the needs of children, based on reliable research and local developments in early childhood settings.

1. Research shows that the quality of early care and education (ECE) that children receive has a direct impact on their later success in school and life achievements, and that high-quality care is dependent on continuity of staff, appropriate training of staff, and adequate compensation of teachers and caregivers.
2. ECE programs are being severely impacted by high staff turnover and less than optimal staff training opportunities. Problems result from historically low wages for the field, and from recruitment of ECE teachers with BA degrees into the elementary school system. The Child Development Corps addresses the above concerns by providing incentives for staff to stay in the field and improve their education.

The Alameda County Child Development Corps is a local version of a statewide program, initiated through a bill authored by Assemblywoman Dion Aroner in 1998.

Who is eligible for the Corps?

All ECE child care center teachers, assistant teachers and on-site Directors, family child care licensees and staff, and license exempt providers who work with children ages birth to five years old and have:

- completed at least 6 semester units in Early Childhood Education or Child Development
- worked at least 20 hours per week in the program from which they are applying
- worked in the same child care program in Alameda County for at least nine months prior to the application date.

Is the Corps stipend a tuition stipend (i.e., must it be spent on classes or school)?

No. The stipend that Corps members receive can be used at their discretion. However, if they want to qualify for a stipend in the next year of the program, members must earn additional credits (see next question).

How do Corps members qualify for continuing membership?

Current members must complete several requirements to qualify in their succeeding years:

- attend a Corps seminar;
- apply for a California Child Development Permit;
- earn at least three more semester credits or 21 professional growth hours;
- learn how to conduct a program assessment using the Harms/Clifford Rating Scale; and
- conduct a self-assessment of her/his classroom or family child care program with the Harms/Clifford Rating Scale.

Further information is available at www.ackids.org.

Appendix C. Focus Groups with Administrators and Direct-Service Staff

Working with License-Exempt Providers

We conducted two focus group meetings, as well as follow-up interviews, with staff members of the local child care initiatives and agencies that are most directly involved in serving exempt care providers and their clients. The first focus group, held on September 5, 2001, consisted of agency and program administrators; the second group, on September 7, consisted of agency and program staff who directly offer services to exempt care providers.

These meetings and interviews helped us to map out the broader context of this sector – in particular, the training and recruitment of exempt child care workers, and strategies for reaching and serving this population. Focus group participants brought many years of experience and a variety of personal and public policy perspectives; interestingly, a number had begun their child care careers as license-exempt providers themselves. The composition of the two focus groups was as follows:

Administrators

Arlyce Currie, Program Director, BANANAS, Inc., Oakland

Alice Cutteridge, Alternative Payment Program Director, Davis Street Community Center, San Leandro

Rory Darrah, Early Care and Education Director, Every Child Counts, Oakland

Angie Garling, Child Care Coordinator, Alameda County General Services Agency, Oakland

Rowena Gilmore, Alternative Payment Manager, Child, Family and Community Services, Hayward

Shannon Griffin, CalWORKS, Stage 1, 4 C's of Alameda County, Hayward

Eve Hershkopf, Staff Attorney, Child Care Law Center, San Francisco

Tenna Land-Moore, Executive Director, 4 C's of Alameda County, Hayward

Rosemany Obeid, Resource and Referral Coordinator, 4 C's of Alameda County, Hayward

Carol Thompson, Executive Director, Child Care Links, Pleasanton

Service Providers

Aragesh Bekele, Resource and Referral Specialist, BANANAS, Inc., Oakland

Pam Buckholz, Resource and Referral Provider Services Coordinator, 4 C's of Alameda County, Hayward

Betty Cohen, Resource and Referral Specialist, BANANAS, Inc., Oakland

Jillian Holy, Caregivers Program Specialist, International Institute of the East Bay, Oakland

Rachel Napolitano, Caregivers Program Specialist, International Institute of the East Bay, Oakland

Blanca Nunez, Resource and Referral Specialist, BANANAS, Inc., Oakland

Ahn Tran, Resource and Referral Specialist, BANANAS, Inc., Oakland

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