

A Baseline Report of Early Care and Education in Pennsylvania: The 2002 Early Care and Education Provider Survey

Executive Summary

*Report prepared for the Governor's Task Force on Early Childhood Education
September 2002*

Written by

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University of Pittsburgh Office of Child Development

and the

**Universities Children's Policy Collaborative
(UCPC)**

*Universities Children's Policy Collaborative is dedicated to contributing to the health and welfare of children, youth, and families
by providing nonpartisan information on public policy issues.*

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A BASELINE REPORT OF EARLY CARE AND EDUCATION IN PENNSYLVANIA: THE 2002 EARLY CARE AND EDUCATION PROVIDER SURVEY

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INTRODUCTION

The first five years of a child's life is a period of incredible cognitive, emotional and social growth. Experiences during these early years can set children on pathways that have lifelong emotional, social and academic consequences.

How can we invest in our children's early development to ensure subsequent academic, social and emotional success? This question has attracted widespread attention from Pennsylvania policy makers. Their goal: to develop a system of early care and education that will meet family's needs today and help prepare a sophisticated, educated workforce of the future.

¹ This survey was developed, in alphabetical order, by Wendy Etheridge, Anne Farber, Christina Groark, Robert McCall, Kelly Mehaffie, and Robert Nelkin. The authors thank numerous experts who were consulted during the survey development process including Joan Benso, Linda Ehrlich, Louise Kaczmarek, Emie Tittnich, the Governor's Policy Office, the Secretaries of State, the UCPC team, and other members of the Governor's Early Childhood Task Force for their input. Thanks are also extended to the University Center for Social and Urban Research (UCSUR) Survey Research Department for their assistance in data collection and analysis.

Toward this goal, Pennsylvania's Governor Mark Schweiker signed Executive Order 2002-2 on April 17, 2002 to create the Early Childhood Care and Education Task Force. As part of the work accompanying the task force, the Governor commissioned a series of primary research efforts to be carried out by three major Pennsylvania Universities (Penn State University, University of Pittsburgh, and Temple University) that have joined together to form the Universities Children's Policy Collaborative (UCPC).

As part of this collaborative effort and under commission from the Governor's Office, the University of Pittsburgh initiated the 2002 Early Care and Education Provider Survey, designed to collect information from 637 child care centers, Head Start centers, preschools and nursery schools, group home child care providers, family home child care providers, and legally unregulated home providers (categories defined according to State regulations²) regarding child care and early education. This executive summary encapsulates the findings from the larger report on the survey and highlights the policy recommendations that stem from these findings. This executive summary is one of a series that summarizes reports from UCPC. The other reports include **Benchmarking Early Care and Education in Pennsylvania: The 2002 Family Survey**, **The State of Early Care and Education in Pennsylvania: The 2002 Higher Education Survey**, and **From Science to Policy: Research on Issues, Programs and Policies in Early Care and Education**.

² The Department of Education and DPW identify five categories of providers. Preschools/nursery schools are registered with the Department of Education and meet their regulation requirements. Child care centers serve 13 or more children. Group home providers serve between 7 – 12 unrelated children. Family home providers serve 4 – 6 unrelated children. Legally unregulated providers serve between 1 – 3 unrelated children.

RESEARCH QUESTIONS GUIDING THE 2002 PENNSYLVANIA EARLY CARE AND EDUCATION PROVIDER SURVEY

The 2002 Pennsylvania Early Care and Education Provider Survey was designed to provide answers to a number of important questions:

- Do the types of early care and education providers differ geographically across the state?
- What is the quality and the full fees charged for these services, according to providers?
- What are the characteristics of these programs (e.g., accreditation status, location, administrative oversight, etc.)?
- What are the characteristics (e.g., racial background, educational level, experience) of the staff in these programs, and do the characteristics differ by the type of program?
- What are the training needs of these programs?
- What are some of the challenges that these programs face in meeting operating expenses, hiring staff, and retaining staff?
- What types of children and families are served, and are the programs adequately supported to be able to serve all children, including children with special needs?
- What are the types of programs that are provided to participants, and do these vary by the type of program?

DESIGN AND METHODS

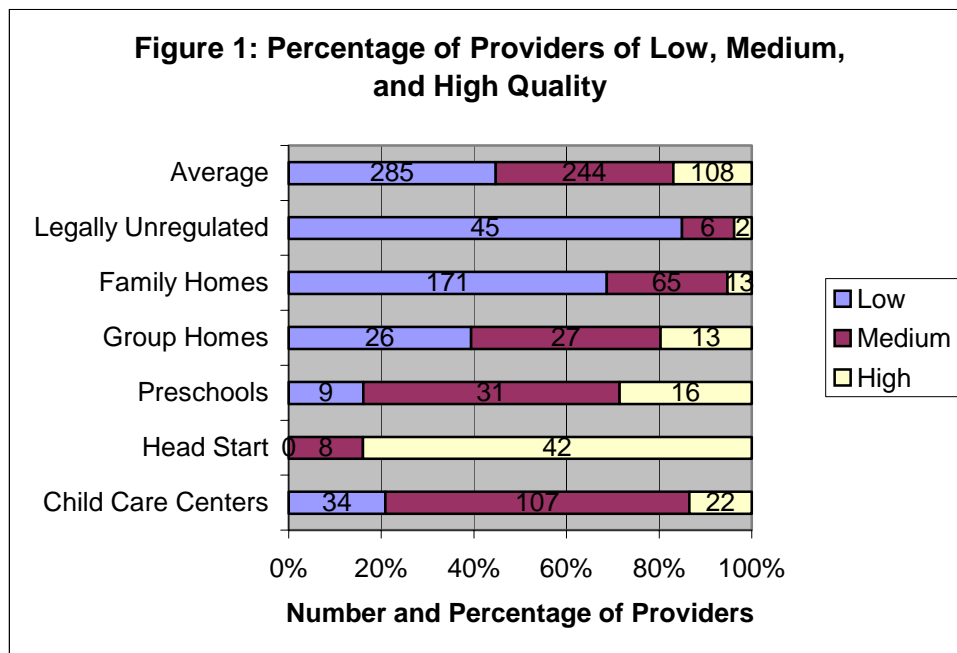
The researchers obtained exhaustive lists of all the registered providers in the Commonwealth from the registration databases of the Department of Education, the Department of Public Welfare (DPW), the Pennsylvania Head Start Association, and the Keystone University Research Corporation. The goal was to obtain interviews from 600 representative provider sites (stratified by the six categories of providers and stratified by three categories of the population

density of the county in which the site was located). Data collection began May 28, 2002 and ended July 17, 2002. Due to the low initial contact rates for certain types of providers, the original data collection scheme had to be revised to maintain a representative sample. Response rates ranged from 3.3% of legally unregulated homes to 32.2% of group homes; however, this calculation included all attempts to contact sites regardless of whether a successful contact was made. Refusal rates were low across all types of providers, ranging from 13.5% of preschools to only 2.0% of Head Start sites. For the purposes of this study, we classified child care centers, Head Start, and preschools as “center-based” types of providers and group homes, family homes, and legally unregulated providers as “home-based” types of providers according to the primary type of location in which care is provided.

To provide a rough assessment of quality in the sites, the research team developed an index of quality based on structural characteristics of quality programs as defined in research. This Structural Quality Index was measured with 5-16 indices, depending on the type of provider and ages of children served, that reflected the education and training of directors and staff, group size, staff-child ratio, staff turnover, parent involvement, transition practices, planned curriculum, structured assessments, and accreditation. Cut points defining pass/fail on each index were determined by the literature on the relation between each index and the quality of classroom interactions, but the Quality Scale itself does not reflect staff-child interactions, personal and pedagogical dynamics, or social-emotional supports, provided children by caregivers, which will be represented in a later observational study of quality. That is to say, the index of quality used in this report focuses on “structural” quality rather than “process” quality.

FINDINGS

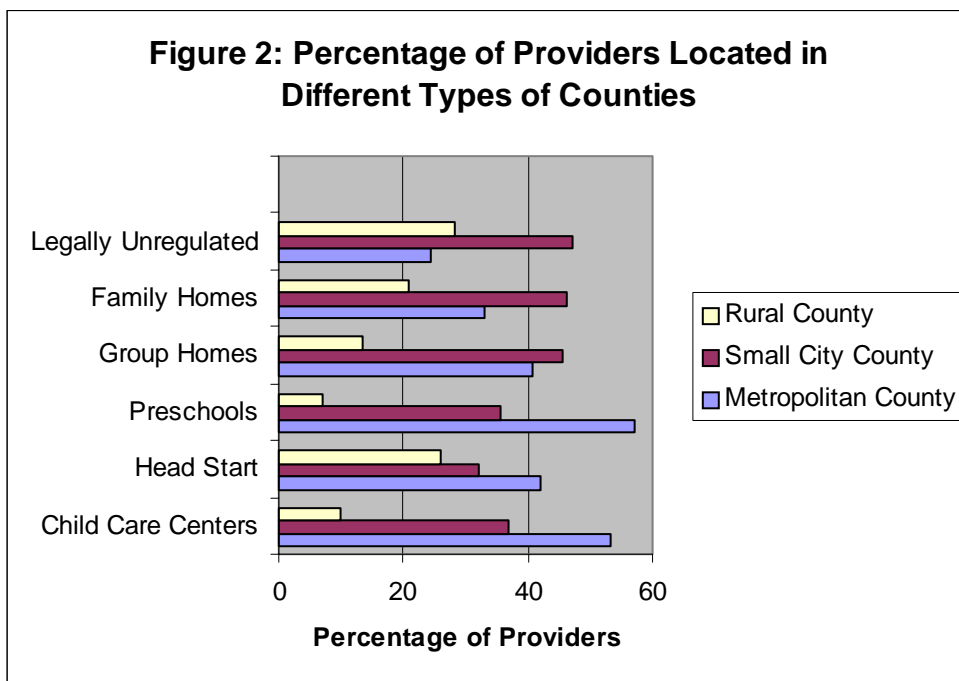
- Head Start demonstrated the best quality on multiple structural dimensions.** Head Start sites had the highest overall structural quality rating, and no Head Start site was rated as low quality (see Figure 1). Head Start staff were the most highly educated and engaged in the most on-going professional development training. Head Start programs also showed high rates of providing the best practices for transitioning children to school, using developmental assessments to measure children’s progress, and encouraging parent involvement. Additionally, Head Start was the best geographically distributed of the center-based types of providers, with over a quarter of sites being located in rural counties.



- Most center-based early care and education programs were non-profit entities, and non-profit programs tended to have lower fees for families yet offered higher quality and were more often accredited.** Non-Profit sites received higher quality ratings

primarily because their directors were more highly educated and both directors and staff obtained more in-service training on an annual basis.

- **Rural counties lacked access to center-based programs and accredited facilities.** The relatively few non-Head Start center-based programs available in rural counties were high quality; however, rural counties had fewer accredited sites, sites managed by religious organizations, or sites serving high-income families. Generally, there was a lack of quality early care and education programs in rural counties because of the greater reliance on home-based forms of care (see Figure 2). Additionally, rural staff earned less than staff in other counties.



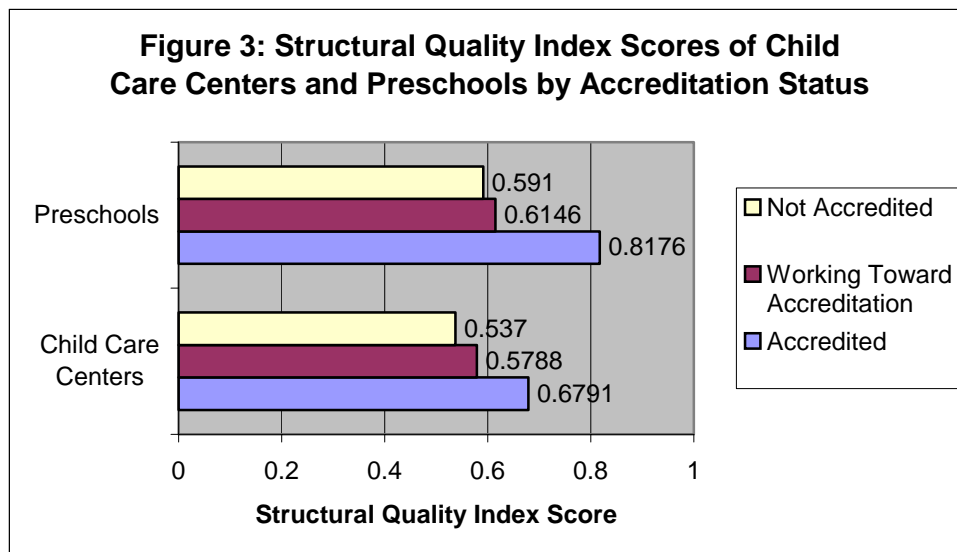
- **High-income families appeared to choose higher quality center programs but lower quality homes.** In this sample, fewer center-based sites served predominately high-income families than expected; however, those that did serve high-income families tended to be of high quality, had more highly educated staff, and were accredited.

Conversely, home-based sites serving predominately high-income families tended to have staff with lower educational backgrounds and to be of lower quality than were sites serving low- to middle-income families. Thus, it was not clear what criteria higher income families used to choose home-based services for their children, but it did not appear to be based primarily on the educational background of staff.

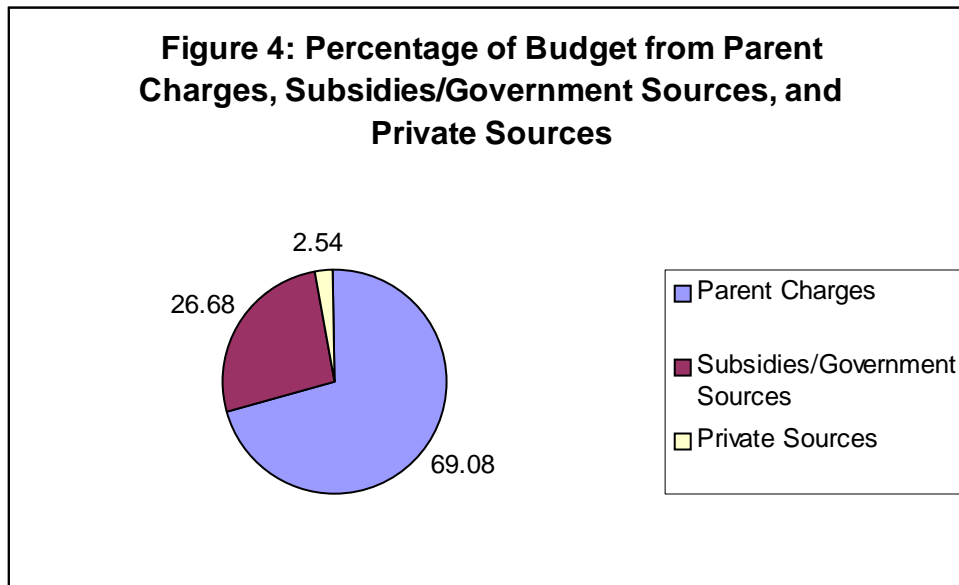
- **Center-based early care and education providers tended to be of higher structural quality and charged higher full fees than did home-based programs.** Child care centers and preschools charged higher full fees than did home-based care, and full fees were higher for higher quality and accredited programs. To offset the cost of quality, high-quality sites offered more direct financial assistance to families than did low-quality sites. Also, staff tended to earn more in center-based sites than in home-based settings. Interestingly, although center-based staff had more education than home-based providers, both staffs generally had equal amounts of experience working with children.
- **Center-based programs provided more planned curricular experiences and programs for preschoolers that relate to improved school readiness than did home-based programs.** While over 90% of child care centers, Head Start sites, preschools, and group homes reported that they used a written manual, program guide, curriculum, parts of a curriculum, or written lesson plans to plan what they do with preschoolers, only about half of family homes and legally unregulated providers used written sources to plan activities. Moreover, few providers, except for Head Start, worked with public schools regarding transition issues; more center-based providers engaged in these kinds of activities than did home-based providers. Finally, more center-based providers used

developmental assessments to measure their participants' progress than did the home-based providers.

- **In child care centers and preschools, accreditation related to increased structural quality.** Accredited child care centers and preschools scored higher on the Structural Quality Index than sites working toward accreditation and sites that were not accredited (see Figure 3).



- **Although the subsidy rate approached the full-fees charged to parents, full-fee charges and subsidy payments did not meet all expenses associated with operating early childhood care and education programs.** Full fee charges accounted for only 69% of the operating budgets for sites, and the other 31% of the budgets came from subsidies and government/private grants (see Figure 4). The subsidy rate approximated full-fees for 10-hour days.



- **When sites had higher fees, they reported less difficulty meeting operating expenses.** Sites serving predominately high-income families charged more, paid their staff more, and reported less difficulty making ends meet. More low- to medium-quality sites indicated difficulty making ends meet. Child care centers reported the most difficulty meeting operating expenses.
- **Salaries were fairly low for all early care and education staff, and benefits were few, particularly in homes.** In fact, the biggest issues that sites cited in attracting new staff were low pay for center-based programs and inadequate benefits for home-based programs.
- **Staff turnover in early care and education programs varied with quality and the income of the families served.** While the average turnover was 19%, it neared 33% in low quality sites and 21% in sites serving predominately low-income families (as opposed to an average of 12% in sites serving predominately high-income families).
- **Center-based staff indicated more training needs, actually received more training, and were more highly connected with the Pennsylvania child care training system**

than home-based staff; however, most providers reported several barriers to attending and benefiting from training. Over half of center-based providers received training through the Pennsylvania child care training system, and they rated the state training system as the second most helpful source of training for them (behind on-site training). However, over half of all providers indicated that lack of funding and inability to afford training were significant barriers to attending training. Home-based providers generally participated in less in-service training and reported less need for training than center-based staff, and it was not clear who provided training to home-based providers who had reported receiving it.

- **Sites needed more training in behavior management and working with children with disabilities; however, there were concerns that training was too elementary.** On average, 75% of sites indicated that they needed more training in the discipline of children, and in fact, 71% of child care centers and preschools excluded or threatened to exclude a child for aggressive behavior in the past two years. Additionally, over half of sites reported that they sought assistance to deal with aggressive behavior problems. Over 96% of center-based programs and 56% of home-based programs reported caring for a child with disabilities, and 68% of providers said they wanted more training in caring for children with disabilities. However, 63% of providers reported concerns that the training they had received was too elementary, which must be considered when developing training to address their needs.

CONCLUSIONS AND RECOMMENDATIONS

- **To improve quality for low-income children, the Commonwealth should consider expanding Head Start** so it and its collaborating organizations can operate full-day,

full-year, and for more eligible children. In Pennsylvania, Head Start showed the highest structural quality, has the best educated directors and staff, serves more children with disabilities than other types of programs, is geographically well distributed especially in rural areas, has an established administrative infrastructure, and has national standards and a monitoring system. Yet Head Start is primarily a part-day (3-6 hours per day) part-year (does not operate in the summer) program, and only half of the income- and age-eligible children in Pennsylvania are enrolled. Therefore, in its current configuration, Head Start is insufficient to meet the needs of many low-income families who must be engaged in employment or related activities full-time all year given current federal proposals.

- **A public information campaign on the nature and importance of quality in early childhood services should be considered as a way to improve quality of and access to early care and education programs.** Parents would more likely pick quality if it were available, accessible, and affordable to each family.
- **Both parents and providers of early childhood services need additional financial support.** Early childhood services have always represented an exception to market forces, because they cost too much for parents to pay and they pay too little for providers to earn. The average full-fee for centers and preschools in Pennsylvania is \$5,950 for preschoolers, \$6,825 for toddlers, and \$7,425 for infants a year per child, and the average first-year teacher wage is \$17,250. While state subsidies are approximately at these full-fee levels, only 69% of a provider's budget comes from parent fees, the remainder from subsidies and government/private grants. In fact, a study by the Keystone Research Center (2001) recommended that Pennsylvania phase

- in a new approach to setting child care subsidies that is based on the actual cost of delivering quality care in each county. Clearly, support is needed for both parents and providers.
- **Early childhood providers operated by religious organizations that receive government subsidies should be held to the same standards of quality as providers managed by non-religious organizations.** The data show that centers operated by religious institutions are no better and sometimes of lower structural quality than those not operated by a religious institution. Religious institutions that receive government subsidies should be expected to provide the same quality of care as other providers.
 - **The quality of family, group home, and legally unregulated care that receives government subsidies should be improved.** Family, group homes, and legally unregulated care is approximately 20-25% less expensive than centers and preschools, but they are also lower in quality. Caregivers in homes have the lowest levels of education (88% do not have Bachelors degrees) and training (i.e., more than half of home-based providers profess not to need in-service training). Although parents should be able to choose whomever they wish to care for their young children, the State should require and provide training and financial incentives for homes that receive public subsidies to achieve a reasonable quality of care.
 - **A rating system, such as Keystone Stars, could encourage and recognize quality and financially reward its attainment.** The data show that centers and preschools that are accredited by professional organizations (principally NAEYC) are of better structural quality than those seeking but not yet attaining accreditation and those that

are not seeking accreditation. Thus, becoming accredited does not simply reward an already high-quality site with a certificate but actually encourages improvement in the quality of that site in the process. This finding supports the rationale for Pennsylvania's Keystone Stars, which should provide a recognizable "certification" to sites that they can advertise, and reward sites financially according to their level of quality.

- **In-service training should be made more relevant to providers' needs and more financially affordable.**
 - Providers report they need training in a variety of topics, especially behavior management (e.g., of aggressive children) and caring for children with disabilities.
 - Providers need more training on helping children make the transition to school.
 - In-service training needs to be appropriate and affordable.
- **Pennsylvania should work toward the National Academy of Science recommendation that every group of children in care should be led by a "teacher" who has a Bachelors degree in early childhood development, care, and education.** Currently in Pennsylvania, approximately 78% of center, 61% of Head Start, and 42% of preschool teachers and 82% of home-based staff do not have a Bachelors degree in any field. The general education of the classroom teacher is one of the single strongest correlates of beneficial child outcomes, especially when coupled with specific training in early childhood development, care, and education. The State should consider ways to financially encourage an educated and well-trained

staff, both by supporting individuals to obtain such education and by supporting providers to employ them.

FUTURE RESEARCH

There were important areas regarding early care and education providers that the research team would have liked to explore; however, given the short timeframe of the Task Force research, it was not feasible. Additionally, further questions became apparent after conducting the analyses reflected in this executive summary and in the full report. The following suggestions reflect issues to explore in future research.

- **Develop and maintain a periodic monitoring system that would document and guide continuous improvements in the varied types of early care and education providers.**

The data from this survey provided a baseline of the characteristics of early care and education providers in Pennsylvania and could be used to measure the impact of future initiatives and policy decisions and to identify new challenges confronting providers.

- **Evaluate provider needs and ability to adequately educate and care for young children with disabilities and behavioral health challenges.** Compared to findings in a 1989 assessment of providers, far more providers have children with special needs and/or behavioral health challenges in their care. A more thorough examination of the nature of the children's needs and how providers strive to address these needs is justified.
- **Examine the relationship between structural quality, as measured in this study, and classroom dynamics, as will be measured in the Penn State Quality Study.** It will be important to identify how the structural variables impact classroom dynamics to determine those aspects of quality that can or should be amended by legislative or regulatory changes to improve the overall quality of programs.

- **Evaluate the use of incentives and their impact on quality and staff turnover.**

Incentives can be geared to programs to improve quality (e.g., Keystone Stars) or to individuals (e.g., TEACH or loan forgiveness programs). As these methods are used to strengthen early childhood care and education programs, they should be evaluated to measure their effectiveness.

- **Periodically measure children’s developmental status to identify the impact of participation in different types of early care and education programs and of program changes.** Although this study (coupled with the Quality Study to be completed) will provide information about the quality of programs, it is necessary to measure the children’s progress to identify the critical variables associated with quality and how they impact child outcomes.