



Executive Summary

COMMUNITY CHILD CARE RESEARCH PROJECT

CHILD CARE FOR WORKING POOR FAMILIES: QUALITY, CHILD DEVELOPMENT, AND PARENT EMPLOYMENT OUTCOMES

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Purdue University

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While the effects of child care quality on low-income children and parents are well documented, little is known about how local communities are providing child care to low-income working families in the wake of welfare reform in the mid-1990s. The three-year Community Child Care Research Project examined child care for young children used by low-income working families in four Indiana communities (Marion, Lake, Allen, and St. Joseph counties). The project was funded by the U.S. Department of Health and Human Services/Child Care Bureau and conducted by researchers at Purdue University. Sources of the research data were parent focus groups, interviews with community child care leaders, structured observations and assessments of 307 children in their child care settings, and questionnaires completed by parents and caregivers.

Participants in the Community Child Care Research Project were volunteers in a non-random research sample. Therefore while the results accurately describe the experience of these low income working families and their child care providers, they cannot be confidently generalized to the broader population of low income working families in these Indiana cities or elsewhere.

Indiana offers a unique context for examining child care issues. Although many center-based and home-based child care providers are regulated by the state, a high proportion of child care providers are legally exempt from licensing. Indiana child care regulations exempt child care centers from licensing if they operate as “child care ministries,” programs operated by a church or religious organization that is tax-exempt. Another reason for abundant exempt child care in Indiana is that home-based child care providers are not required to be licensed unless they care for six or more unrelated children (with one provider). Family child care homes are licensed for six to sixteen children. In addition, many child care subsidy and quality improvement spending decisions are made at the county level. For these reasons, Indiana provides a unique opportunity to examine how differences in communities may play a role in the availability and quality of care.

THE OBJECTIVES OF THE RESEARCH WERE TO:

1. Describe child care for young children (6 months to 6 years) used by low-income working families in the four communities.
2. Assess the quality of child care used by low-income working families.
3. Determine if there are variations across four Indiana communities for low-income working families in the types and quality of child care used.
4. Determine if developmental outcomes for children and employment for parents in low-income working families are linked to the quality level of child care they use.

KEY FINDINGS

Low-income Working Families and Their Child Care Providers

1. The typical parent participating in this study was a woman, a single parent with two children, working full time, and earning less than \$18,000 per year, but not receiving Temporary Aid to Needy Families (TANF). Because it was not possible to randomly sample low-income working families, this study relied on a volunteer sample. Therefore the research results will not exactly represent the general population of low-income working parents and children in these communities. Compared to 2000 census population data for low-income families with at least one child under the age of 6 in the four communities, this sample reported a higher education level, a greater percentage of single parents (57% compared to 42%), and a greater proportion of African-Americans. However, this large sample of low-income working families provides valuable new information about members of a vulnerable population. With the welfare reforms of 1996, federal policy has encouraged personal responsibility and economic self-sufficiency. The families in this research were doing just that—working, going to school, and taking care of their children, with little or no government assistance.
2. The typical child care provider in this study was a 39-year-old woman with a high school diploma and some college credit, with about 10 years of child care experience, providing care without a specialized professional credential in early childhood education or child development. Caregivers of preschoolers were twice as likely (52%) to have specialized education in early education and care as caregivers of infants and toddlers (25%).

Child Care Issues in Four Communities

3. Availability of licensed child care and voucher subsidies to help low-income families pay for child care varied across these four communities, according to official state records. Licensed child care was least available in Allen County and most available in Marion County. Marion County had the largest waiting list for voucher subsidies to help low-income families pay for child care, while Lake County reported the shortest waiting list.
4. Selected child care leaders interviewed in the four communities identified several problems in providing child care

for children from low-income working families, including: insufficient funding for child care subsidies, low quality care (especially for infants and toddlers), concerns about the growth of legal yet unregulated child care, and a lack of available child care services during evening hours or for sick children. Community leaders also mentioned strengths and challenges specific to each community.

5. A large proportion of low-income working parents reported in focus groups and surveys that their primary reason for using child care was to work or attend school. Most parents surveyed expressed satisfaction with their current child care arrangements—85% thought the quality of their child care was “perfect” or “excellent.” However, parents also identified child care problems: concerns about the cost, quality, and safety of out-of-home child care; heavy reliance on friends and family members for primary or back-up child care; and lack of flexibility in child care and work schedules, especially for evening employment, sick children, or during holidays or school vacations.
6. More than one-third of the low-income working parents in this sample reported missing at least some work or school in the past month because of child care problems. A small proportion of mothers received assistance from their employers: finding child care (13%), financial assistance (8%), pre-tax accounts (17%), or allowing employees to take sick time to care for an ill child (53%). Fathers generally reported lower levels of child care assistance from their employers. Fathers in the sample in St. Joseph County reported the highest levels of employer flexibility, and fathers in Lake County reported the lowest levels.

Types of Child Care Used

7. The most common types used as primary child care by this sample of 307 low-income working families were licensed child care centers (38%) and licensed family child care homes (24%). Other types were child care ministries (16%), Head Start (9%), unlicensed family child care (8%), and relative care (5%). Twenty percent (20%) of the children started in child care soon after birth, and more than 75% of the children in this sample were enrolled in some type of child care by age 8 months. Infants and toddlers were slightly more likely to be in family child care homes, and preschoolers were more likely to be placed in child care centers.

8. Licensed family child care was used at a high rate by the sample families in Lake County (43%), while center-based care was more often used by the families in Marion and St. Joseph counties (57%). Families in the sample from Allen County used a more balanced distribution of types of child care.

Child Care Quality

9. Despite parents' high ratings of their child care quality, quality levels as assessed by our trained observers of all types of care used by our sample of low-income working families in these four communities were relatively low. Using widely accepted quality scales, the overall average level of child care quality was rated below "good," and just above "minimal." Almost half of the children in this sample attended child care that may not provide experiences and environment thought to be important for development. Approximately 25% of the classrooms or homes observed fell below "minimal" quality. The highest levels of overall or global quality were found in Head Start and licensed child care centers or preschools, while the lowest levels of quality were observed in child care ministries, licensed family child care, unlicensed family child care, and relative care.
10. In general, licensed child care in this sample was of significantly higher overall quality than unlicensed care. Child care for preschool age children was of higher quality than child care for infants and toddlers in both center-based and home-based settings. Child care quality for infants and toddlers was rated at the minimal level or below in all types of settings, in all four communities. The lowest mean quality levels of care for infants and toddlers were observed in unlicensed settings and in Lake County sample.
11. In general, child-adult ratios in the child care settings in this sample complied with National Association for the Education of Young Children (NAEYC) guidelines. Caregivers in center-based child care and all forms of licensed child care reported more general and specialized education than caregivers in home-based or unlicensed care.
12. The quality of relationships between parents and child care providers, as reported by both, was generally high, especially in home-based child care. However, in home-based child care settings, caregiver relationships with infants and tod-

dlers were significantly less positive than relationships with preschool age children. This age difference was not found in center-based settings. Head Start centers and licensed child care centers/preschools were observed to have higher caregiver sensitivity than other settings. The highest levels of caregiver responsive interaction with infants and toddlers were observed in Head Start, relative care, and licensed child care centers/preschools. The lowest levels were found in licensed family child care. In general, licensed family child care tended to be the lowest of all types of care in several process quality assessments (e.g., caregiver sensitivity; caregiver responsive interactions with children), especially for infant/toddler care.

Child Care Quality and Children's Development

13. Many children in this sample scored below established test norms in areas of cognitive and language competence. Among children under 3 years, more than 80% were below test norms in key aspects of cognitive competence. Among children 3 to 6 years, 80% scored below test norms in receptive language.
14. Using a number of different quality and child development measures, the quality of children's child care was found to be associated with their cognitive, language, and social-emotional development, even after controlling for mothers' education level and children's age. These associations between child care quality and children's development were found for both infants/toddlers and preschool children. In general, these findings did not vary by community, nor by type of child care setting.

Specific Results for Infants and Toddlers:

- When overall child care quality (measured with ECERS-R or FDCRS) was higher, infants and toddlers also scored higher on early learning skills (visual reception, fine motor, receptive vocabulary, and expressive vocabulary).
- When caregivers of infants and toddlers had specialized education in child development or early childhood education, infants and toddlers were rated higher in social-emotional competence by their parents.
- When caregivers were observed to be more sensitive in their interactions with children (positive, warm, and non-punitive), infants and toddlers also scored higher on early learning skills.

- When caregivers were observed using more complex language with infants and toddlers, the children were also rated higher on measures of social-emotional competence by their parents.

Specific Results for Preschool Age Children:

- When overall child care quality was higher, preschool age children also scored higher on early cognitive, language, and academic skills (i.e., FACES preacademic tasks and receptive vocabulary).
- When caregivers used more complex language with them, preschool age children also scored higher on early academic skills.
- When parents rated the quality of the parent-caregiver relationship more positively, children had more positive academic attitudes as assessed by parents and caregivers and were higher on measures of social-emotional competence as assessed by parents.
- With the exception of Head Start and relative care, when caregivers rated the parent-caregiver relationship more positively, children were rated higher on social-emotional competence by caregivers.
- When caregivers rated the caregiver-child relationship more positively, children also were rated higher on social-emotional competence by both parents and caregivers.

Child Care Quality and Parent Employment

15. In this research sample, many low-income working families experienced challenges balancing work, schooling, and child care. A majority of male and female heads of household in the sample were employed or attended school or training programs 35 or more hours per week. Most worked standard daytime shifts. Approximately 15% more males than females reported working full time. Males tended to report working at their current employer longer than females, and females were more likely to report work interruptions due to illness or child care problems.
16. In general, there were few significant links between child care quality and parent education and employment outcomes. The type of child care setting or the community of residence did not contribute to parent employment or education outcomes. However, there was scattered evidence that families whose children were enrolled in higher quality child care settings also had more stable employment patterns.

CONCLUSIONS & ISSUES FOR FUTURE RESEARCH

The results of the Community Child Care Research Project provide new data describing the child care experiences of low income working families in 4 communities in Indiana. Because the study participants were volunteers rather than randomly selected, and because the research design was correlational rather than experimental, conclusions drawn from these findings necessarily have limitations. The findings cannot be confidently generalized to other low income working families and child care providers, nor can the links between child care quality and children's development be assumed to be causal. For example, while it is quite possible that higher quality child care does support better child development outcomes, it is also plausible that families whose children have more advanced levels of development found and used higher quality child care. Despite these limitations, the research results do represent the recent experiences of more than 300 low income working families, their children, and their child care providers. The results suggest a number of key issues that need further investigation by policy makers and researchers.

1. **Are children from low-income working families at risk for less than optimal development?** Many children in this sample scored lower than established norms in areas of cognitive competence. This is not unusual for children from low income families. The existing research literature suggests that both family and child care experiences influence children's development and school readiness. However the significant correlations we found between child care quality and children's abilities, even after controlling for maternal education and children's age, suggest that efforts to improve child care quality could have an impact on children's development. These findings did not vary by community or type of child care.
2. **Is child care obtained by low income working families of low quality?** The observed quality levels of all types of child care used by this sample of low income working families in four communities were low. Almost half of the children in this study attended child care that may not provide experiences and environments thought to be important for development. Educating parents about how to select good quality child care is important. However, there also appeared to be limited child care options for families, due to issues of affordability and accessibility of good quality care. Effective child care policies for low income working

families should take quality, availability, and affordability into account, so that good quality care is a realistic option for all children.

3. **Is there is a critical need to improve the quality of infant and toddler care for low income working families?** Child care quality for infants and toddlers observed in this research was low, using several quality measures, in all types of settings, in all four communities. Finding and affording good quality infant-toddler care may be especially problematic for young parents with lower education levels and lower wages, because they are least able to afford infant-toddler child care, which is typically more expensive than care for older children.
4. **Are new efforts needed to improve the quality of licensed family child care?** Even though licensed child care was generally of higher quality than unlicensed care, licensed family child care in this sample was observed to be low in overall quality and low in several aspects of process quality (e.g., caregiver sensitivity; caregiver responsive interactions with children)-- especially for infant/toddler care. The need for improvement in caregiver-child relationships in licensed family child care should be further investigated.
5. **Indiana should investigate quality levels in the rapidly growing number of child care ministries, currently license exempt.** Registered child care ministries are serving increasing numbers of children in Indiana. While this research observed a small sample of children in child care ministries, in general quality in these programs was lower than in licensed child care centers or Head Start. These results suggest the need for a more comprehensive look at quality of care in child care ministries, to determine the need for increased regulation to improve quality.
6. **Greater flexibility in child care and employment is needed for low-income working families to accommodate changing work shifts, non-traditional hours, and care for sick children.** Parents as well as child care leaders in this study pointed to the need for affordable and

accessible quality child care that provides more flexibility for low income working families, to accommodate challenging work and school schedules, job training, and child illness. Employers should also look at the possibility of increasing support and work schedule flexibility for workers who are parents of young children.

7. **It is important that the strengths and limitations of individual urban communities are recognized and incorporated when planning for improvements in child care quality for low-income working families.** Indiana provides a unique context for child care because many child care decisions are made at the county level. Even though many experiences of this sample of low income families were similar across these four communities, there were significant differences in the demographics of families, availability of child care, types of care selected, quality levels of specific types of care, and in the focus of county-level quality improvement initiatives. This suggests there are important individual community strengths and limitations in child care for low income working families, and that future initiatives to improve quality should account for these variations.

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