

A Snapshot of Quality in Minnesota's Child Care Centers:
A Report of the Minnesota Child Care Policy Research Partnership
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BRIEFING PAPER



A Snapshot of Quality in Minnesota's Child Care Centers

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The Minnesota Child Care Policy Research Partnership

The Minnesota Child Care Policy Research Partnership (MCCPRP) is a collaboration among Minnesota state agencies, counties, child care resource and referral agencies and researchers. Coordinated by the Minnesota Department of Human Services, the partnership brings together researchers and policymakers from the Minnesota Department of Employment and Economic Development (formerly the Department of Economic Security), county child care units from Anoka, Becker, Brown and Hennepin Counties, the University of Minnesota, Child Trends, Wilder Research Center, the Minnesota Child Care Resource and Referral Network (CCR&R) and several national researchers. The goal of this broadly based partnership is to foster sound research on child care issues of relevance to policymakers at the state, local and national levels.

Funding for the Minnesota Child Care Policy Research Partnership is made possible by a grant from the U.S. Department of Health and Human Services, Child Care Bureau (Project Number 90YE0010) with additional support from the Minnesota Department of Human Services.

The research agenda of the Partnership is designed to answer critical questions about how affordability, quality and accessibility of child care affect outcomes for families and children. A key objective is to enhance understanding of child care quality as it relates to various state policies, including the level of state subsidies, tiered reimbursement and quality regulations or standards. The broad research questions include:

- What is the quality of child care in Minnesota? What supports are needed to improve and maintain quality child care?
- How do parents and children describe their experiences with child care?
- How many providers meet criteria for high quality care? Where are they located?
- When parents receive child care assistance, what types of care do they use? What types of jobs do they have? How much do they earn? How long do they keep their jobs?
- How does child care assistance influence the availability and price of child care?
- How does the quality of child care vary for different groups, including families receiving subsidies and families from various cultural groups?

The Minnesota Child Care Policy Research Partnership is conducting six interrelated studies which will be available online at: http://www.dhs.state.mn.us/main/groups/children/documents/pub/DHS_id_008779.hcsp.



Summary of Research Findings

Recognizing the substantial number of children using center-based care in Minnesota and the convergence of research showing that the quality of children's early care and education is linked to developmental outcomes that are important for children's early school success, the Minnesota Child Care Policy Research Partnership conducted the first statewide observational study of quality in child care centers. The primary objectives of the study are to inform policymakers about the level of quality observed in child care centers; the characteristics of programs providing higher quality care; and the resources needed by child care centers to improve quality.

Nationally recognized observational tools were used – the Early Childhood Environment Rating Scale-Revised (ECERS-R; Harms, Clifford, & Cryer, 1998) and a rating of each teacher's interaction style with the children (Arnett Caregiver Interaction Scale; Arnett, 1989) – to document activities and interactions and to track quality benchmarks in 100 randomly selected classrooms serving children 3 to 5 years old in child care centers across Minnesota. Directors and teachers were asked to provide information about their centers and about themselves to learn more about their professional background and their perceptions of the resources needed to provide high quality care and education. A companion report containing more detailed findings from the observational tools and surveys used in this study and describing their relevance for early childhood care and education programs is also available (see Doerner & Tout, in press).

How do the measures of child care quality used in this study relate to licensing standards?

The environment rating scale used in this study (ECERS-R) offers a set of quality benchmarks that can be used to both assess and build high quality programs. The ECERS-R has been used in numerous research studies as a valid and reliable indicator of quality that is linked to children's outcomes. The ECERS-R can also be used as a program improvement tool with which programs identify where their current practices fall on a continuum of quality and use the benchmarks to set goals for quality improvements.

In contrast, licensing standards represent the floor of quality by defining the *basic* practices and materials needed to keep children safe and healthy. The minimum standards are not options for programs but *operating requirements* with which all licensed centers must comply. In most cases, the standards for centers outlined in state statute (Minnesota Statutes, Chapter 245A, the Human Services Licensing Act) and promulgated in "Rule 3" (Minnesota Rules, parts 9503.0005 to 9503.0170, the child care center licensing rule) would be classified at or below the benchmarks for minimum quality in the ECERS-R.

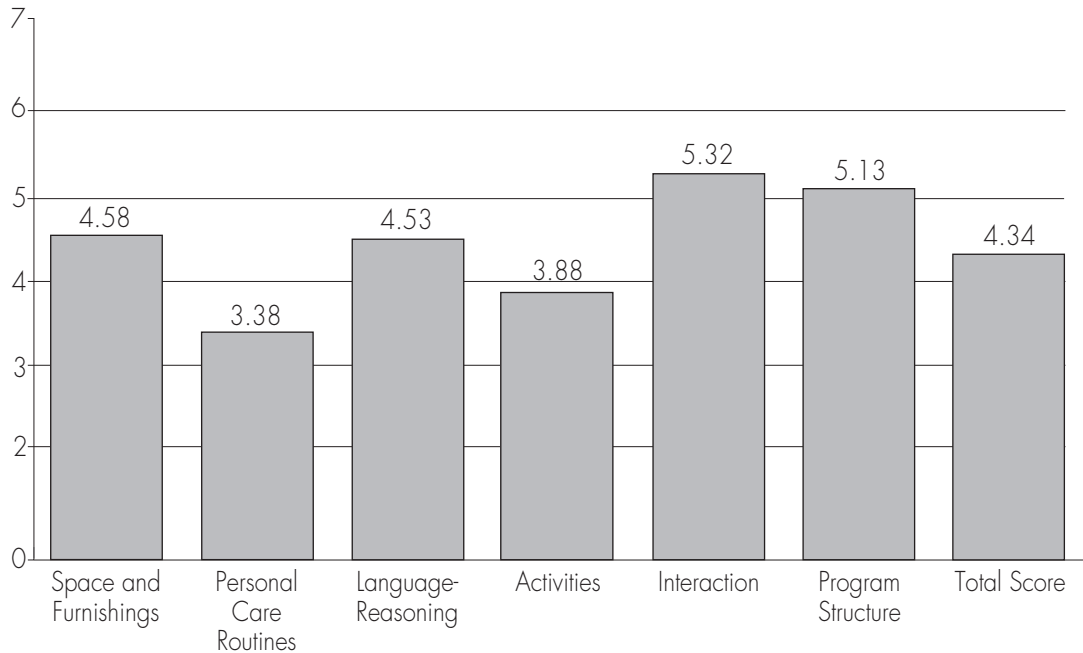
This study was *not* designed to evaluate the effectiveness of licensing regulations but rather to assess the level of quality care and education provided in Minnesota's child care centers. Do the observed environments and practices meet the basic requirements identified in the ECERS-R at the Minimum level? Do they go beyond minimum levels of care and education to reach the developmentally appropriate practices outlined at the Good level? Or, are they rated as providing an Excellent level of care and education that can support and promote children's optimal development?

What is the level of quality observed in Minnesota's child care centers?

- Scores on the ECERS-R Total indicate that, on average, overall quality in classrooms is above Minimal, but does not meet the requirements for Good quality. Scores reveal variation across centers. One-quarter of centers had Total scores indicating Good quality, while 4 percent fell below Minimal quality on the Total score.

The average Total score was 4.34, indicating overall quality above Minimal, but not meeting the requirements for Good quality, according to the ECERS-R. Overall, one-quarter of centers had Total scores indicating Good quality (a Total score of 5.0 to 7.0 on the ECERS-R), 71 percent of centers had scores indicating quality at the Minimal level (a Total score of 3.0 to 4.99), and 4 percent of centers scored in the Inadequate range (a Total score of 1.0 to 2.99).

Executive Summary Figure 1. Average ECERS-R Subscale and Total Scores



■ **Interactions and Program Structure were areas of strength observed in classrooms.**

Average scores were above five on two ECERS-R subscales: Interaction (5.32) and Program Structure (5.13), indicating that many classrooms are meeting Good quality benchmarks in these areas. Examples include staff and children having warm and respectful interactions; non-punitive discipline; children actively involved in solving conflicts; program structure allowing children’s interactions with each other to be positive and cooperative; and classrooms with a balance of structure and flexibility in the daily schedule.

■ **Scores on Space and Furnishings and Language-Reasoning were approaching Good.**

Classrooms were generally clean, well-lit and ventilated, with child-sized furniture in good repair. Programs had sufficient gross-motor equipment for children to practice a variety of skills. However, the safety of the area and equipment used for gross motor play was of concern. Observers rated the adequacy of the cushioning under the climbing equipment, the potential for entrapment on equipment, “pinch-points,” and the distance between different pieces of equipment. Nearly two-thirds of centers were rated as Inadequate on this aspect of the environment.

Children were involved in many conversations with staff throughout the day and were often encouraged to give longer, more complex answers. Children had access to materials encouraging communication with teachers and other children. An area of concern was a low frequency of informal reading (that is, spontaneous reading or reading that is not part

of group activities), and a lack of observed concrete activities that help children understand logical relationships or concepts (for example, describing the concept of size while playing with blocks of different sizes).

■ **Activities and Personal Care Routines were problematic.**

The scores on Activities (3.88) and Personal Care Routines (3.38) were just over the requirements for Minimal according to the ECERS-R. Numerous areas of concern were identified on these subscales. For example, handwashing by staff and children was infrequent and inconsistent. A variety of indoor and outdoor safety hazards such as loose electrical cords, heavy objects that could be pulled down by children, or easy access to the road or unsafe walkways were observed in a majority of classrooms and outdoor play areas. And, the variety and accessibility of classroom activities in art, music, math, science and dramatic play did not meet Minimal standards on the ECERS-R in a number of classrooms.

While there are many positive aspects of classrooms, the majority of centers are missing opportunities to provide the level of care that can best support children's health, safety, and development.

What characteristics of centers are linked to Good quality?

- The 25 percent of Minnesota's centers with a classroom that achieved an overall rating of Good on the ECERS-R stood apart from the others on a number of key characteristics, including:
 - More likely to employ a higher proportion of staff that have attained a Bachelor's degree
 - More likely to employ a lower proportion of staff whose highest level of education was high school or a Child Development Associate (CDA) certificate
 - More likely to offer higher wages (though this difference is correlated with staff's level of education, and Good quality centers were also more likely to hire staff with more years of education)
 - More likely to be accredited than other centers
 - More likely to be part of a multi-service agency
 - More likely to use a formal curriculum
 - More likely to report having used curriculum specialists and on-site consultants/mentors.

- Good quality centers did *not* differ from other centers on other characteristics, including:
 - Geographic area was not linked to quality.
 - Enrollment of children receiving Child Care Assistance (CCAP, Minnesota's child care subsidy program) did not differ in Good quality centers compared to other centers.

Findings from quality improvement studies indicate that there is not a single track to quality, though there are common resources that all providers, programs and communities should have available to them as they work toward higher quality. Opportunities for professional development, adequate compensation, strong financial and program supports, and a commitment to quality are examples of resources that are critical to the production of high quality care and education.

What resources are needed to provide higher quality child care?

Directors and teachers described their perspectives on the resources and supports needed to improve and maintain quality in their programs.

- Directors identified three resources they would find helpful in improving program quality: funding to improve program operations (additional money and other forms of financial assistance, including grants, loans and scholarships), support from CCR&R agencies and other early childhood professionals and training/continuing education opportunities for staff.
- Given the resources to make quality improvements, directors would first target facilities, next curriculum and activities, and then education and training of staff.
- Directors would like additional training for themselves and their staff on a broad range of specific topics (for example, science, sign language and music), on challenging behaviors/behavior guidance, and on general teaching strategies.
- Teachers would improve their classrooms by purchasing supplies, toys, or materials; increasing the size of the classroom space and improving the facilities; and decreasing the child:staff ratio.

Program staff are calling for very basic financial supports, education and training opportunities, and connections with others in the early childhood field to improve the quality of their programs.

What steps could be taken to improve child care quality in Minnesota?

Identifying action steps for centers, the child care and education field, families, communities and policymakers is critical for developing quality improvement initiatives and garnering continued support for ongoing efforts. While this study focused specifically on child care centers, note that many of the steps are applicable to licensed family child care as well.

Recommended steps that centers serving preschool-aged children could take to improve quality include:

- Conduct a program assessment using the Early Childhood Environment Rating Scale-Revised or another comparable tool to identify individual strengths and areas of concern as a first step toward quality improvement.
- Contact the local CCR&R agency for information on available grants, training and technical assistance.
- Contact Healthy Child Care America to schedule a visit with a health consultant who can provide advice on health and safety practices.
- Apply for facilities grants from the local CCR&R agency to expand or upgrade problematic features of the center or outdoor space.
- Explore options for accreditation through the National Association for the Education of Young Children or other accrediting bodies.

Recommended steps that the early childhood care and education community could take to improve quality:

- Develop support networks that include on-site consultation and curriculum specialists who can assist programs with quality improvement.
- Develop training approaches focused on program assessment and improvement so that programs have the tools to initiate their own assessment. Recent efforts by Minnesota's school-age care programs provide a good model for doing this (for example, the Program Improvement and Accreditation Project housed at the Minnesota School-Age Care Alliance).

Recommended steps that families and communities could take to improve quality:

- Learn the indicators of high quality early child care and education programs.
- Ask questions of the center director or board members regarding quality issues.
- Support quality improvement and accreditation efforts in local child care programs.

Recommended steps that policymakers and funders could take to improve quality:

- Support the development and coordination of quality improvement initiatives that target the areas of concern identified in this report, including activities and personal care routines.
- Support the development and coordination of quality improvement initiatives that provide financial and technical support for program improvement planning.
- Use findings to inform development of child care quality indicators for a consumer education initiative, a voluntary quality rating system and/or voluntary standards for child care programs.
- Continue support of T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood® (and other scholarship programs) and R.E.E.T.A.I.N. (Retaining Early Educators Through Attaining Incentives Now).
- Continue to make funds available for facility improvements and loan forgiveness.
- Support initiatives to assist programs in becoming accredited.
- Support one-on-one professional development and quality improvement strategies such as the provision of on-site consultation and curriculum specialists. The Spectrum of Care project at the Greater Minneapolis Day Care Association is an example of this type of strategy.
- Continue to measure quality in child care centers, track changes over time and measure the impact of quality improvement initiatives.

This report and a briefing paper are available from the Minnesota Child Care Policy Research Partnership at http://www.dhs.state.mn.us/main/groups/children/documents/pub/DHS_id_008779.hcsp.



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Coordinated by the Minnesota Department of Human Services, the Partnership brings together researchers and policy-makers from around Minnesota along with several national researchers.

Anoka County Community Action Program

Becker County Human Services

Brown County Family Services

Child Trends

Hennepin County Children and Family Services Department

Minnesota Child Care Resource and Referral Network

Minnesota Department of Employment and Economic Development

Minnesota Department of Human Services

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For more information on the Minnesota Child Care Policy Research Partnership, its studies and research materials, check our Web site or contact (651) 296-7970. This information is available in other forms to people with disabilities by contacting us at (651) 282-5329 (voice). TTY/TDD users can call the Minnesota Relay at 711 or 1 (800) 627-3529. For the Speech-to-Speech Relay, call 1 (877) 627-3848.



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