

Using the Evidence:

Policy Implications of the Latest Minnesota Child Care Research

The Minnesota Child Care Research Partnership Forum (CCRP)

March 3, 2006

8:15am – 12:30pm

Cowles Auditorium, Humphrey Institute, University of Minnesota

After the panel presentation, participants discussed their ideas and questions about child care over lunch. The following notes synthesize these lunchtime discussions:

Family Choices and Market Forces (e.g., statements related to cost, parents, access, etc...)

Cost

- Family care is big in Greater Minnesota.
- Employer-paid child care: Businesses with lower income employees may not have resources to invest like larger businesses.
- All day kindergarten that cost money will create two classes, must have scholarships.
- Is “free” care really free, considering what might be bartered/exchanged?
- Workforce issues with FFN: subsidy income for grandma, relatives who may have no other marketable skill.

CCAP

- Some of change from FFN to CCAP is social belief that centers are more educational. Need to look at this overall and for immigrant community.
- Reality of CCAP cuts, rate freeze
 - Centers losing resources and enrollment; many are closing.
 - Providers looking for help sustaining continuity of care as parents drop in and out of eligibility for subsidies.
 - Likely to be more cuts this session or next.
 - Cuts undermining whole system, health costs.
 - Some apathy due to the belief that poor education is good enough for the low wage jobs available for U.S. kids; good job going overseas anyway.
- How can we change that CCAP-cutting trend?
 - Educate the public to see what a strong program this can be.
 - Use the economic competition argument. Show that kids in other countries are performing better academically and can compete more in the global marketplace in part because they get universal pre-K!
 - Question: Should funders focus on improving FFN care so more CCAP families stay with it or just focus on center as that is where CCAP families seem to want to go?
 - Fund CCAP similar to financial aid for college.

ACCESS

- Parents want:
 - Continuity of dependable care
 - Safety, love and education
 - Educational component (per calls to the R&R call center)
 - “Qualified/quality” centers (assumed to be better regulated and more open)
 - Participation of grandparents
 - Consistency with family’s cultural traditions
- But the reality is:
 - All studies show less access to quality care, less ready for kindergarten because of more use of FFN care, frozen CCAP, accredited centers available for so few children.
 - Issues surrounding self care / lack of school-age care choices – particularly middle school kids.
 - FFN arrangements make it difficult to have a backup plan.
 - Parental difficulty finding special ed child care
 - Business side of child care underrated, may be reason people leave the field:
 - Provider has too many roles: teacher, caretaker, bill collector

Quality, Quality Enhancement, and School Readiness (e.g., QRS, FFN outreach, provider education, accreditation)

QRS

- Funding needed for Quality Rating System (QRS).
- MNAEYC has an accreditation task force in partnership MCCA, MNSACA, MFFCCA.
- QRS considerations:
 - Rating still needs to be based on relationships.
 - Quality care indicators vary – not as easy as consumer’s report.
 - Accreditation can be expensive, difficult to achieve. New teachers may have difficulty, causing high rate of turnover.
 - Specific qualities of accreditation: How many good center and family programs out there may not be accredited, but may share many of the qualities of accredited programs? Aren’t the various ways of becoming accredited limited and only one way of getting to high quality?
 - Careful not to elevate the “star” rating as the only indicator of a good place.
 - Cost to providers – can they afford to pay for it (training etc)?
 - The feeling among surveyed providers that it’s very subjective – based on who you know, for instance.
 - Will providers with higher ratings charge more?
 - Consider salaries and benefits, as well as quality.
- Head Start children: How ready are they for kindergarten, considering the variability of Head Start programs in Minnesota and how parents of HS children must wrap-around care?

- English Language Learners (ELL) families:
 - What priorities do they want for their child care?
 - Are ELL issues/needs represented in Quality Rating System?
 - Language and literacy skills are different from (or broader than) English language and literacy skills.
 - Need to also think of speaking a language other than English as a strength, not just something to be fixed.

FFN

- Parents need to know what quality is and why it is important – the weaknesses in FFN care mirror typical weaknesses in our own homes.
- FFN outreach through other organizations:
 - Faith-based organizations, such as Norma Borgland & Congregations Concerned for Children.
 - Head Start (but difficult because of cutbacks for home visiting).
- Licensure for FFN: Do they want it? Why? Food program incentives and waivers.
- Consider training accessibility, especially for grandparents, who may not be able to get out to “meetings.”

Provider Education:

- Components:
 - Funding, technical assistance, and training for all areas of early childcare.
 - Build on R & R’s provider training
 - Input from ECFE teachers about what’s developmentally appropriate and reasonable to expect in terms of literacy skills.
 - On-site evaluators and coaches, for on-the-spot feedback.
 - Standardized scoring system (or maybe a weighted one if this is allowed under statutes) for providers to get money from R & Rs.
 - Teach holistic approach to understanding and meeting children’s needs: vocabulary use and style of talking to children; relationship and connectedness; understanding of child’s temperament, environment, family dynamics.
 - Consideration of issues like immigration and poverty
 - Combine parent and provider messages about quality.
- Education access for:
 - Day care providers. In some places, preschools are going into Family Day Care Centers to provide services one or two hours a week.
 - Parents and grandparents together, to increase consistency of care and discipline. Perhaps child care providers could help offer parent education opportunities (e.g., bring in speakers).
 - FFN providers, possibly through other organizations, kits (especially literacy kits). Need funding support for this.

Comments about Action/Next Steps/Using these data

- Act now on what we know. Translate research into policy.
- Recruit community leaders to inspire community action.
- Plan for how to create right infrastructure in the right places.
- Advocate for more universal system: Financial aid form (not loans), allowing choice.
- Possible funding ideas. Government and business community, through:
 - Voucher system
 - Early ed grants and loans, using higher education system as model for this, with no central control
- Movement to restore CCAP funding through business investment; try to draw in businesses who are benefiting most through their employee's use of CCAP.
- Ensure continuity/stability by bridging program funding so providers and families don't lose slot while temporarily out of work.
- Use Ralph Nader's ideas about community benefits, e.g. college funds, mortgage payments, community perks, recruit child care providers, voucher system
- City resolutions to impact on child care, providers and children.
- Build legislative momentum toward next session re: E-12. (Changing the language around child care and pre-K.)
- Advocate funding for quality rating system and accreditation, with state role.
- Advocate expansion of ECFE for 2007 session.

Specific Questions About Studies and Suggestions for Future Research

- Research methods
 - We need longitudinal research
 - When surveying center providers need to include Head Start teachers as they work with low-income children and children of color
- Research questions about providers, cost and quality:
 - Look at subset of providers who are not accredited but funded through United Way and provide extra services.
 - Look at non accredited programs that achieve good ratings – what are the common characteristics or driving factors?
 - How stable were the arrangements of children in the study of accredited centers?
 - Which centers are closing – accredited or not?
 - Data from Way to Grow on school readiness
 - FFN: Who are the non relatives who provide care for free (and is it really free – what kind of exchange or obligations created)? In what ways are grandparents different from other FFN care? How do we outreach to FFN families? What is children's rate of exposure to second hand smoke in FFN care?
 - Community & FFN: Does FFN care provide benefits to the community? What is the role of child care in community? How do we support connections in the community, as child care providers? (St. Cloud child care center plays a role in connecting the parent – students to each other and community.)

- Business: Number of employers in Minnesota with on-site child care facilities. What types of employers are involved in supporting early care and education, and for what reasons? What can employers do?
- Why are costs of child care higher in Minnesota? (especially in the context of the quality study, with 71% at minimal rating)
- What is the importance of continuity of care?
- Social impact, culture and race issues:
 - Connections between self-care and drugs, teen pregnancy – issues
 - Assess level of literacy in child’s first language not just in English
 - Role of culture in child care
 - Class double standard: Poor moms need to work, but middle-class moms should stay home
 - Research shows children’s school success related to mother’s education level
- Questions about DHS study:
 - How high was the percent of poor kids?
 - How high was the percent of ELL?
- School readiness: Would like to hear more differentiation 0-2 and 3-5:
 - FFN care is mostly 0-2. Was research done with the 0-2 population?

Miscellaneous Comments

- Early childhood environment:
 - We haven’t failed – the world is changing – many more children in care.
 - Last 10 years we have developed a vocabulary and a vision.
 - Liked that Richard said “ECFFNE”.
- Possibility of open internet discussion to post? For a few hours and then to be answered.
- Valuable FFN data for policy, program development, program implementation and further evaluation
- Value of Research: Important, but frustrating because data seems intuitive.
- What’s happening elsewhere?
 - European countries offer parents opportunity to be paid and stay home.
 - In Illinois family child care providers recently unionized. This may raise the price up further, but it helps recognize the rights of providers. The response of IL providers to the contract vote was higher than just about any other profession that’s unionized.
- It was interesting how television was such a common theme for provider quality and home visits.

Comments and suggestions from Marty Zaslow in closing remarks

- How has Minnesota achieved increased awareness of CCAP? (A study of take up rates in Minnesota might be informative for other states because of national interest in low take up rates).
- Interest in QRS from low-income and non-English speakers points to necessity of making sure the QRS is accessible and useful to these groups.

- Why is there more use of centers by those on CCAP compared to other low-income families? Different hypotheses include: centers provide information about CCAP; parents know they want a center and so apply for CCAP because of the expense; CCAP increases options/real choice; CCAP provides information on different child care providers.
- Is self-care increasing in Minnesota for different income groups and for different ages (nationally it is middle class families that use self care for 10 to 12).
- Assumption is that QRS will change parents behavior, but it may also change the behavior of providers and licensing staff – see Witte study of Florida. Look at mechanisms by which quality and choices change.
- Research which strategies work and don't work for FFN
- Track changes in quality over time – replicate random sample design
- Include continuity of care in study of quality
- QRS should go beyond providing information to providing support for providers like on-site consultation and infrastructure to improve quality.