

early report

UNIVERSITY OF MINNESOTA



Minnesota Round Table 2001

Child Care: The Role of Higher Education in Policy and Practice

On Friday, May 4, 2001, six nationally distinguished scholars and 135 audience members convened at the Radisson Metrodome Hotel near the University of Minnesota's Minneapolis campus for the 20th Minnesota Round Table titled "Child Care: The Role of Higher Education in Policy and Practice." Audience members included University of Minnesota students, faculty, and staff, as well as policymakers, child care providers, and parents from around the region and the state.

Over the years, the Minnesota Round Table has brought to-

gether scholars and practitioners devoted to young children and their families and challenged them to address questions salient to ensuring optimal early childhood development. The Round Table's unique format facilitates integration of insights gained from research, policy, and practice and promotes visionary suggestions for future directions. At times, the Round Table format prompts panelists to voice unusual or unpopular perspectives on controversial issues. The result for audience members and panelists alike is a thought-provoking and insight-

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2001 Round Table scholars (left to right): Jill Uhlenberg, Carollee Howes, Deborah Ceglowski, Scott McConnell, Richard Chase, and Rachel Connelly. (See *Sitting at the Round Table*, pp. 2-5)



Panelist Deborah Ceglowski, moderator Scott McConnell, and panelist Richard Chase

ful interaction that stimulates new thinking on the issues.

This year's Round Table moderator, Dr. Scott McConnell, Professor of Educational Psychology at the University of Minnesota and Director of the Center for Early Education and Development (CEED), described the Round Table format: "We think of the Round Table as a discussion among our invited experts but with hundreds of their closest Minnesota friends eavesdropping on their conversation!" He invited the panelists to "take risks and offer visions that are sometimes rare in traditional academic settings."

The 2001 Round Table was sponsored by the Center for Early Education and Development (CEED); the Irving B. Harris Training Center for Infant and Toddler Development (University of Minnesota); the Minnesota Department of Children, Families, and Learning; the Minnesota Child Care Resource and Referral Network; and the Minnesota Association for the Education of Young Children (MNAEYC). To begin the Round Table, each panelist described his/her involvement with research, policy, and practice in child care. Each of the two sessions, one in the morning and one in the afternoon, presented the panelists with two issues and several questions to address in their conversa-

tion. The topics for discussion were introduced by colleagues representing educational institutions, state-wide programs, the Minnesota Department of Children, Families, and Learning, (Minnesota State Department of Education). Audience members asked questions at the end of each session and the panelists gave closing remarks at the end of the day.

The following comments were taken from the day-long conversation between the panelists. In some cases quotations have been re-phrased and/or moved to articulate the speaker's position on the topic. A complete, verbatim transcript of the 2001 Round Table is available. Contact CEED at 612-625-6617.

Sitting at the Round Table

Scott McConnell, Ph.D., is a Professor and Coordinator of the School Psychology Program in the Department of Educational Psychology, and Director of the Center for Early Education and Development at the University of Minnesota; in addition, he is an Adjunct Professor of Child Psychology at the University of Minnesota. Dr. McConnell received his Ph.D. in Educational Psychology at the University of Oregon in 1982 and is a certified School Psychologist. He currently serves as the Co-Director of the Early Childhood Research Institute on Measuring Growth and Development (<http://ici2.umn.edu/ecri/>), a five-year research, development, and dissemination effort to build

procedures for describing young children's growth and development over time and to design interventions that support optimal rates of development. He has published articles on the assessment and treatment of social behavior deficits, social competence, school adjustment, and academic performance, including development of early literacy skills and other developmental competencies. Scott and his wife Ann are parents of two children, Nora (age 11) and Reid (age 9).

Deborah A. Ceglowski, Ph.D., is an Assistant Professor in the Department of Curriculum and Instruction at the University of Minnesota, and Principal Investigator of the CEED Head Start Project. She has 20 years of experience as an early childhood teacher, parent educator, day care director, and member of the Head Start training and technical assistance network. She studies the impact of policies on children, families, and early childhood programs and has taught a course in qualitative research methods. Dr. Ceglowski's publications include a book titled *Inside a Head Start Center: Developing Policies from Practice*, which was awarded the Outstanding Qualitative Dissertation Award from the American Educational Research Association. Dr. Ceglowski recently completed a year-long study with three Minnesota Head Start programs to investigate how the programs provide full-day services to Head Start families and the impact on families moving from welfare to work. She completed a research design for the Minnesota Department of Children, Families, and Learning to study the quality of

Minnesota's child care system and is now the Principal Investigator of a three year study of the quality of child care, part of the Minnesota Child Care Policy Research Partnership funded by the Child Care Bureau and the Minnesota Department of Children, Families, and Learning.

Richard Chase, Ph.D., of the Wilder Research Center (<http://www.wilder.org>) in St. Paul has 20 years of experience working with diverse community groups and government agencies to design and carry out useful studies and to establish ongoing systems that help programs improve and measure their success. Dr. Chase is a generalist with considerable experience evaluating community-based prevention and capacity-building programs for youth and families, and helping organizations focus on results. He holds a doctorate in American Studies from the University of Minnesota.

Recent research projects include —

- Statewide household survey on child care (Minnesota Department of Children, Families, and Learning)
- Needs and resources assessment for the St. Croix Valley
- Health surveys for Washington County and St. Paul's West Side
- Statewide staffing study for early childhood and school-age child care programs

Recent evaluation studies include —

- Hmong youth programs to prevent crime and substance abuse (Hmong American Partnership)

- Child maltreatment prevention programs (Minnesota Department of Health)
- Golden Eagle, an American Indian youth resiliency program (Minneapolis American Indian Center)

Rachel Connelly, Ph.D., is an Associate Professor of Economics and Director of the Women's Studies Program at Bowdoin College, in Brunswick, Maine. Connelly received her Ph.D. in economics in 1985 from the University of Michigan in Ann Arbor with fields in labor economics, economic demography, and econometrics. Her area of research is at the intersection of demographics and labor markets.

She has published articles on the effect of broad demographic trends on labor market decisions and on the economics of child care. In addition,

she is currently working on issues related to women's status, education, and migration in rural China. Her research on child care considers both sides of the market — the demand for child care on the part of families with young children and the labor supply of child care workers. Recent projects related to child care include a study of the value of employer-sponsored child care and a

set of papers using recent data from the Survey of Income and Program Participation looking at the relationships among marital status, employment status, child care use, and welfare reciprocity. She currently serves as research consultant to the Minnesota Child Care Policy Research Partnership.

Carollee Howes, Ph.D., is a Professor in the Department of Education in the Graduate School of Education and Information Sciences at the University of California at Los Angeles. She received her Ph.D. in Developmental Psychology at Boston University in 1978 and did postdoctoral studies in the Department of Social Psychiatry at Harvard University. She joined the UCLA faculty in 1981. Dr. Howes is currently on the leadership team of the National Center for Early Development and Learning (NCEDL) funded by the United States Department of Education, Office of Research and Improvement (1995 to 2003). As well, she is part of the National Early Head Start Research Consortium. Her research and publications concern the development of social and effective relationships with parents, other adults, and peers. A second line of research is on child care policy. She and her partner, Karen Brodtkin, live in Venice, California. They have three grown children and a granddaughter.

Jill Uhlenberg, Ph.D., is an Assistant Professor in the Department of Teaching at the University of Northern Iowa (UNI) in Cedar Falls. In addition, she is the current President of the National Coalition for Campus Children's Centers



Marie Johnson, Training Coordination Specialist, Community Action Council — Child Care Resource and Referral, Lakeville, Minnesota, and Scott Clift, Cultural Dynamics Site Coordinator, Early Childhood Resource Center, Minneapolis

(www.campuschildren.org), “The Voice for Children on Campus.” Dr. Uhlenberg received her Ph.D. in Early Childhood Education at the University of Iowa in 2000. In addition, she is Coordinator of the UNI Child Development Center, a full-day laboratory program for children (ages 0-5) of students, faculty, and staff, where she is involved in the preparation and supervision of early childhood education undergraduate and graduate students. Dr. Uhlenberg serves on local Child Care Resource and Referral Advisory and Training committees that develop and implement training for child care centers and home providers in the area. She

is involved in qualitative research about young children in group settings and has been a presenter at local, state, and national conferences on a wide variety of issues related to programming for young children. Jill and her husband John are the parents of four grown children.

The Four Issues Addressed at the 2001 Round Table

1. Families in the child care system, present and future
2. Quality care
3. Education and training of child care providers
4. The role of higher education in research and policy

Issue 1. Families in the Child Care System, Present and Future

Introduced by Deb Swenson-Klatt, Child Care Research and Evaluation Specialist, Minnesota Department of Children, Families, and Learning

Multiple economic, social, and political contexts surround the reality and the possibility of child care in the United States. These contexts help determine where children spend their time, who cares for them, how families find and pay for care, and how child care providers are trained and compensated for their services. What does research tell us about the current status and future needs of the child care system in the United States? What do we know and what do we still need to learn?

Q: What decisions are families making about child care, and what factors impact those decisions?

Chase: When the Wilder Foundation did our household survey of child care, we didn't ask parents what kind of child care they were using. We didn't want them to

start with predetermined categories but rather to talk broadly about where kids spend their time, with whom, in what settings, at what costs, why they're doing it, and so on. We found that the most common type of child care is relative care. An interesting pattern emerges and correlates with the age of the child. It starts with grandpar-



Panelists Richard Chase and Rachel Connelly

ents and goes to siblings and then to more self-care as children become older.

Howes: For years I defined child care as any kind of care by someone other than the parent who is usually responsible for

the day-to-day care of the child. This definition does not include self-care. One recent national study used fathers as part of child care, which strikes me as problematic because, usually, when fathers provide care, they do so during part of the day

60 percent of women with children under the age of one are in the labor market. At the same time, the occupational segregation rates and wage differentials between men and women are still very high. These facts impact decisions about who will exit the labor market to take care of the children.

Howes: You also have to think about the culture of the family. All members of poor families are working. There isn't a grandma at home or an aunt or a sister who can take over. These families don't use the formal child care system, but it's much less romantic than our notions of "relative care."

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while mothers work, and then mothers provide care while fathers work, but mothers' care is not defined as child care.

Connelly: One definition revolves around the facilitation of women's employment. The majority of parental caregivers are mothers who are worrying about whether they can take care of children and have a career at the same time. Men expect to have children but don't expect it to be a problem. Over

Chase: Another issue is "non-standard hour care," which is care before seven in the morning or after six at night or on weekends, so it's non-standard working hours. Our survey found that half of Minnesota kids are in child care during non-standard hours. Relatives are such a common provider because they are available during hours when formal care systems are not.

Ceglowski: Families select from those choices available. Researchers are sometimes biased when thinking families should choose from the formal system of licensed centers or homes.

Chase: Our study showed that low-income households fare much worse in the current child care system with regard to availability, stability, and cost. They're paying way too much of their income (up to a third). They change arrangements more often. They have less choice.

Howes: We recently completed a study comparing different types of providers in terms of their ability to construct a positive, sensitive, secure attachment relationship with children. We found that relative caregivers were no more able to do this than non-relative caregivers. Some grandmothers are too overwhelmed and don't really want to be taking care of the child. Some child care workers are too underpaid and don't have enough training to do it. Being a relative does not ensure the ability to form secure attachment relationships with children.

Connelly: It's really important not to over-romanticize relative care. In our study of factory workers, we found that many families who had relatives available chose the formal child care system. They enjoyed the reliability of the formal system and the lack of familial obligation associated with using relative care. It can

be difficult to know whether families choose relative vs. non-relative care for reasons of availability, cost, quality, or other reasons. And we must remember that taking care of children is really hard work. As family income increases, parents are less likely to use parental care. This is not because they love their children any less. It's because child care is work. They're using their increased income to buy themselves some time not providing care themselves.

Chase: In the Wilder study, we asked parents why they chose the type of child care they use. Relative care was chosen based on flexibility and trusting the provider. The formal child care system was chosen based on location and on the perception that centers provide more stimulating environments to meet children's developmental needs.



Panelist Rachel Connelly; Anthony Pellegrini, Professor, Educational Psychology, and CEED, University of Minnesota, Twin Cities; and Deb Swenson-Klatt, Child Care Research and Evaluation Specialist, Minnesota Department of Children, Families, and Learning

Issue 2. Quality Care

*Introduced by Avisia Whiteman, Research and Evaluation Specialist,
Minnesota Department of Children, Families, and Learning*

Research is beginning to tell us about children's experiences in child care. We are starting to have definitions of good quality care. Based on the research, what is the best way to make sure that quality child care is provided?

Q: What are children's experiences in care, and what does "quality" care mean?

Howes: Some children experience warm, trusting relationships with caregivers and opportunities to engage with other children. They learn how to share resources and how to engage in fairly complex social play. They have good materials with which

days, we take care of children. Child care is an environment for kids to develop and succeed.

Howes: Another interesting result of our studies is that practices can vary widely while still providing good quality care. We observed one African American academy that teaches two-year-olds through drilling numbers, letters, and phonics. At first glance, this approach seems to be exactly the opposite of what is

Another interesting result of our studies is that practices can vary widely while still providing good quality care.
— Carollee Howes

to play. Other kids experience barren asphalt playgrounds and nobody that they can trust. They get covert microaggressions that are based on race and gender. They get boring things to do, the same things day after day. This variability exists in all types of settings, whether formal or relative care.

Chase: We need to direct public attention to the fact that child care (even formal child care) is not a facility. We have to change the language from day care to child care: We don't take care of

developmentally appropriate. But the program had our very highest scores on all warmth, social, emotional, and relationship measures. Although they were using drills, what was most salient to the children was the adults' concern, commitment, and passion for children and for creating spaces that value and respect children. The kids were bouncing up and down over phonics, having fun and laughing. In the final analysis, it wasn't much different in tone than playing in the garden and learning about earthworms.

Connolly: Interestingly, when you talk to parents, you find out that what they think is good quality care is the same kind of care that developmental psychologists say is good care. The problem is, how do you work with communities to increase the quality of care that children are getting?

Howes: We must think in terms of a threshold, a base level of quality below which we don't want any child to fall. The hard part is identifying that level. Our studies show that children in relatively cheap and easily available "good enough" care don't benefit from the care over the long term. But children receiving the next higher level of quality care accumulate benefits. Every child deserves very good care and yet some children need it more. These are the children whose parents can least afford the quality care. The fact is, most children are in "good enough" but not really good care. Are we satisfied with this?

Chase: We also have to wonder whether or not "quality" means that an environment has to be "just like home."

Howes: Sometimes parents don't want care like home. Advocates for children have to admit that sometimes replicating the home environment is not in the best interests of children. Often, though, wanting something "just like home" is a matter of congruence between the language spoken at home and the language used by the care providers.

Chase: It's often more than language. Our research shows that parents want the provider to raise their child the same way the family raises the child. It is about using the same kinds of discipline and rewards, and it is about the kinds of things the children are exposed to, a whole mix of things and much more than speaking the same language.

Q: *What does accountability look like for child care and how do we ensure quality?*

Ceglowski: Research shows four indicators that are related to good outcomes for kids: low teacher/child ratio, small group size, better compensation, and teachers with better formal education. Ensuring these indicators of quality means struggling with two opposing notions about children. On the one hand, people believe that child care is the responsibility of



Panelists Jill Uhlenberg and Carollee Howes



Front row: Carol Weber Rohde, Executive Director, Resources for Child Caring, St. Paul; Sharon Henry Blythe, Executive Director, Greater Minneapolis Day Care Association; Daryl Coppoletti, Research and Evaluation Specialist, Greater Minneapolis Day Care Association

Back row: Nancy Sackett, Social Services Supervisor, Anoka County; Joan Granger-Kopesky, Supervisor, Social Services Day Care Unit, Dakota County

parents. The other notion is that children are a public good. Another issue is that of resources: We can't demand outcomes as measures of good care without providing the resources necessary to achieve those outcomes.

Connelly: To gain the societal resources to ensure quality child care, it seems necessary to define child care as part of the educational system. We have to convince people that education begins in infancy and that there is nothing magical about the age of five years. Redefining child care as education also means professionalizing the child care workforce. This will lead to higher salaries and better quality care.

Howes: Accountability is absolutely necessary. Only 60% of the National Association for the Education of Young Children (NAEYC) accredited centers met the research standards of "good." We say we have a self-regulating system and we regu-

late ourselves, but we don't train our regulators, we don't hold them to an objective standard, and we let friends accredit other people's programs. Maybe we're just too kind in this field and maybe, in fact, there are some programs and some teachers who shouldn't be doing it. There may be some providers who shouldn't be doing it. There may be some grandmas who shouldn't be doing it.

Ceglowski: Accountability needs to be broader than child outcomes. We need a broad definition of outcomes which is more inclusive than a list of things that kids will be able to do at a given age.

Howes: Outcome measures also need to take into account all the children who come from very difficult life circumstances into our programs. You absolutely have to measure change considering where the child started, not only what they've achieved, which may not look "good" on your outcome measures but is still much better than day one.

McConnell: It's important for us to remember there's a difference between what's easy to count and what's important to count between indicators and outcomes. Indicators are easy to count. What they indicate should be an important measure of quality that is harder to measure than the indicator. My hunch is that the level of formal education of child care workers is not really an action variable causing better care to be provided. But

level of education is easier to measure than observing someone for three weeks to see how they interact with kids.

Howes: A good example of easy to count is “turnover.” Harder to count is quality of relationships. Turnover is a quick and dirty

is important for their children to be good members of their families and communities. This is the notion of family-centered child care where the family and the provider form a partnership and both have responsibilities. Most of all, they talk to each other.

There’s a balancing act between parents’ needs to have control over their child’s life and society’s need for children to be part of a growing society and the notion of children as a public good. — Rachel Connelly

measure that talks about stability of relationships but it really doesn’t get all the way there.

Chase: Similarly, there is a difference between speaking a language and being culturally competent or culturally supportive. Outcomes for kids under age six should be simple and developmentally appropriate. The standards have to be developed from the bottom up with the involvement of the parents. Parents are not often involved in these kinds of discussions by researchers and policymakers on what these standards should be.

Howes: Why do they have to be involved?

Chase: Because it’s their children.

Howes: Aren’t they *our* children, too?

Chase: Certainly. But the parents are too often left out of professional and research definitions of “our.” Then the “experts” tell them what’s good for their children as opposed to parents being involved in defining what

Providers don’t set policies at the center without consulting parents. Parents communicate what’s going on at the home. Family-centered care brings the family into the care setting.

Connelly: There’s a balancing act between a parent’s need to have control over their child’s life and society’s need for children to be part of a growing society and the notion of children as a public good. The idea that we are all stakeholders in that development is an important one. It is, in fact, the justification for public funding of education. Again, I ask the question: What is so magical about age five?

Chase: When we talk about children as a public good, it becomes our obligation to figure out what’s best for them and make sure all kids get it. If we really thought kids were a public good,



Patty Finstad, Executive Director of the University of Minnesota Child Care Center, Twin Cities; Carol Weber Rohde, Executive Director of Resources for Child Caring, St. Paul



The 2001 Round Table attracted 135 participants from diverse professions.

we wouldn't have such low-paying wages and such high turnover, and we would ensure that every child and family have equal access to quality care.

Q: What are some strategies for mobilizing the public's will and resources toward ensuring quality child care?

Howes: (responding to audience suggestion of launching a Madison Avenue-quality advertising campaign): It's very important for researchers to work with people who know how to talk to the rest of the world.

Uhlenberg: The majority of people in this country don't have children in child care. Most of them don't know they want to support quality child care because they haven't thought through what it means for the future.

McConnell: Might policymakers and the public perceive early childhood services differently if

they thought of it more as educational and less as custodial?

Uhlenberg: Exactly. Part of the challenge is that child care *is* perceived as less than early childhood education. We need to convince people that caring for young children has important developmental and educational impacts on these children.

Howes: We have to figure out our common language. When children have a trusting, secure relationship with an adult, they use that relationship to organize their learning. As a social developmentalist, I am far more interested in how relationships shape learning than I am in thinking about learning or education as separate from relationships.

Chase: It gets complicated because when we talk about child care, we're talking about children as old as age 14. What do you call the after-school programs? They clearly cannot be called "early childhood education." Plus, with the phrase "early childhood

education,” you have that image of little toddlers sitting in rows of chairs and desks and you have this other issue of parental involvement. One big reason that some parents aren’t involved in schools is because of the bad experiences that they had in school. If you try to get

providers last year didn’t make any profit; of those that did, annual profit was just over \$11,000. So if it is not a labor of love, what is it? They’re not staying in it for the money, and family providers often cite the stresses on their own families as reasons for stopping.

Wilder’s research shows that 15% of the family child care providers last year didn’t make any profit; of those that did, annual profit was just over \$11,000. So if it is not a labor of love, what is it? — Richard Chase

them to send their toddlers and pre-kindergarten kids to something they think is school, you’ve really got an uphill battle. How do we increase parental *and* public involvement in promoting quality environments for *all* kids, environments which support the relationships that *every* child of *every* age needs to learn and grow?

Connolly: There was a study in Florida of businesses who employ parents using state-subsidized child care. When the study results were presented to the employers, business owners realized that they were benefiting from the state’s subsidizing low-income women’s child care. All of a sudden, they became child care advocates.

Chase: It’s also important to recognize the tremendous resource we have in our providers. Many wonderful providers cannot stay in child care because of the money. Wilder’s research shows that 15% of the family child care

Howes: We also need to address the issue of sick children in child care. Many centers have policies that sick children have to leave the center, which puts a tremendous strain on parents. In some communities there are centers that only take sick children, but at very high cost. In fact, there is no reason for sick children not to be in child care most of the time, particularly when we are talking about common colds and respira-



Panelists Jill Uhlenberg, Carollee Howes, Deborah Ceglowski, and moderator Scott McConnell

tory illnesses. Centers need to have quiet rooms for children with these mild illnesses so they can rest and recuperate, but they needn't send children home. The sick children have already infected all the other children.

Chase: This is a workplace issue, not a child care issue. If you don't have jobs with benefits, then parents can't take time off to care for sick children. We know from the Wilder household survey that 75% of parents say

their usual back-up plan when their child is sick is for a parent to stay home or to go home from work, often at the sacrifice of pay or even their jobs. This is an issue about more humane workplaces. Even if a child could stay in some form of care while sick, is that really the best place for a sick child to be? Wouldn't we rather have sick children at home, receiving loving care by a parent whose parental role is supported in the workplace?

Issue 3. Education and Training of Child Care Providers

Introduced by Kelly McKown, Child Development Faculty, St. Paul Technical College

High-quality training for child care staff is one of the essential components of quality care for young children. Should there be a differentiation between preservice training, inservice training, and professional upgrade? What does the research say about content of training? Where is training currently provided? What are the benefits and incentives for training in a low-wage field? How can we address the staffing crisis in child care? What can higher education do to prepare child care staff for their responsibilities and to support their ongoing educational needs?

Q: *What are the incentives for training and how do these interact with the economics of being a child care provider? What kind of training do providers currently receive?*

Connelly: People respond to incentives. Child care wages are low. As a result, we have high turnover rates. Compared to other jobs with the same educational level, child care workers earn the lowest salaries. But how do you *explain* the fact that people *are* child care workers, given how low their wages are? There must be some nonpecuniary benefits. If you can make those better, you have another incentive for

training. Child care teachers like to be good teachers. They can be convinced to participate in educational programs if they can feel more competent as a result.

Chase: In our staff turnover study, family child care providers said they left the field because of too much time with the kids and too much isolation. They said things like, “I need to talk to an adult,” “I need to have more connections.” So the same reasons that get them into the field eventually burn them out and get them to move on.

Howes: When we ask providers and teachers if they like their jobs, overwhelmingly the answer is yes. What do they like about their jobs? They like working with small children and having autonomy to decide what to do on a moment-to-moment basis. We also ask if they feel they have enough training and knowledge to work with children. Mostly, the answer is no. They find working with children to be difficult and getting worse, and they want more training. As for what kind of training providers prefer, it turns out that they like trainers who are child care providers themselves. They also comment that they get bored at trainings. Most importantly, most providers want to stay in the field but cannot afford to do so. We used to ask how much of an increase in pay it would take for them to stay in the field. People replied with such small amounts that we really didn’t want to publicize the findings.

We were afraid that people would pay attention.

Chase: It’s interesting that better training tends to correspond to public early childhood programming. Teachers in the publicly funded settings like Head Start have better benefits and pay. Consequently, you get lower turnover, better equipped teachers, and better quality. It seems to require public resources to stabilize the system.

Howes: According to the national data sets, most providers get some post-high school education, but it’s not a two-year degree or a six-month program.

It’s a course here and a course there. We don’t know if those courses are in a vocational school or if they’re in a community college, if it’s a course that’s given by the local resource and referral agency or if they get college credit for it.

McConnell: Content is another issue. What kind of content are people getting when they train in this non-systematic way?

Howes: I’m fearful that a lot of the content is based on a developmental approach of ages and stages, an inventory of what kids do at each age, which is not very exciting and not the kind of thing that I think will help practice.



Kelly McKown, Child Development Faculty, St. Paul Technical College, Twin Cities



Julia Icemen,
Teacher Aide,
Baby's Space:
A Place to Grow,
Minneapolis

Ceglowski: Minnesota has been struggling to identify the core things that people need to know in child care. Yet child care is diverse, so people in different settings identify different types of content. A center-based teacher wants one kind of training while a home care provider wants something else. We do have some national

models that have been used for better and worse. There is a credential called the Child Development Associate creden-

ing through inservices while they already work in the field. States regulate how much training and formal education is required, and it varies from state to state. My reading of the research data says that all this is very well and good but you need a B.A. to be an effective teacher or provider. The data tells us this over and over again. But the reality is that most providers do not have a four-year degree.

Ceglowski: And they need a B.A. in a certain area. It's not that they need a B.A. in physics, which is a story I heard a few weeks ago.

Minnesota has been struggling to identify the core things that people need to know in child care. Yet child care is diverse, so people in different settings identify different types of content. — Deborah Ceglowski

tial that originated in Washington and is now associated with the National Association for the Education of Young Children. This credential organizes content into a core of knowledge and specific competency areas.

Q: *What are the effects of better training on the quality of child care provided?*

Howes: One thing we've found in our studies of providers is that there's very rarely such a thing as preservice. Most people start taking care of children in some setting and then go back to school. Most people start train-

McConnell: We're happy to have people enrolled in the bachelors licensure programs, but they now get licensed to teach up to third grade in the state of Minnesota. With this system, they have a choice of going into child care or into formal education, a system that has tenure after three years and great benefits. In some ways, we are upping the ante when we train people well and market forces prevent us from impacting the child caring system.

Uhlenberg: The four-year degree prices people out of the low-wage child care market. Even though we have a large number of people majoring in early child-

hood education, most of them are double majors in elementary education. They take early childhood in order to be more marketable to school districts. Very few of them have a goal to be a home care provider with their B.A. degree.

Connolly: One way to think about this question is, “If I could change the whole system, what would I do?” It makes sense to me that if you pay higher wages, you end up with a professional workforce. It requires political will to make big changes like that. The other way to ask the question is a marginal way: “If you had a thousand dollars, what would you do to get the biggest impact?” We need to engage in both levels of conversation. In my opinion, if you have a little bit of money, the answer is not to fund people in four-year institutions even if that’s the right answer for the big-change question. Maine is giving scholarships to people to go and get degrees in early childhood education, but you have to wonder how long they stay in early childhood education before they go to the elementary schools. I wouldn’t put \$1,000 into training in four-year institutions; I’d rather put it into a two-hour safety course or make sure there are fire extinguishers, or that all providers know infant CPR. Maybe you put it into respite so that providers can get a break or attend training sessions.

Ceglowski: Well, I’m giving you \$500 for that and I’m taking

the other \$500 and putting it into professional development that entails credit and is somehow also tied to compensation for people. I am not an advocate of any more two-hour trainings. We haven’t paid enough attention to creating a professional development lattice. In the long term, I think that’s where we want to go.

Howes: We’ve spent a lot of time going backwards and forwards on this whole argument of profession-alization and compensation. I’m not willing to play the game that says if only we train them, then they’ll be professionals and then they’ll get their pay. In some ways, we have been our own worst enemies on this. Because there is such a shortage of care, providers and families need them— or employers need the families to have the providers, and everyone wants low-cost care— we’ve been lowering the requirements. Florida increased their regulations over a six-year period so there would be a Child Development Associate (CDA) teacher for every 12 children. But they lost most of their B.A. staff as they gained their CDA staff. California started out requiring a masters degree to work in its center-based programs during the second World War. Now we’re down to some courses in commu-



Amy Sussman-Stillman and Terrie Rose, Coordinators, Irving B. Harris Center for Infant and Toddler Development, University of Minnesota, Twin Cities



Panelist Rachel Connelly

nity college, not even an A.A. degree. That's not good enough. People who work with children under five must have the ability to reflect and think in the abstract. This is what the B.A. stands for. We must have adequate compensation.

We have to set our standards high enough. Middle income parents and affluent parents are just going to have to pay a lot more to build the system that all children deserve.

Connelly: But they're not going to do it unless they believe that it matters. You have to convince parents that children need to be educated by an educated person.

Howes: Calling ourselves professionals does not make us professionals. Getting education, getting training, and acting like

professionals is what makes us professional. Getting paid for it is absolutely essential.

Uhlenberg: It's also important to think about parents as consumers of child care. Most people are not child care consumers for very long. Over your parenting life span, the years that you have to be a child care client are very brief. Part of our challenge is the lack of continuity in the population who cares about what's going on in this field.

Howes: One of the corporate child care systems which operates for profit markets a very expensive and upscale model. It has very well educated and trained providers. Some parents are clearly buying it.

Uhlenberg: Many of the campus centers provide better salary for better educated teachers. But, going back to what Richard said, it is the subsidy by the university that supports the quality.

Issue 4. The Role of Higher Education in Research and Policy

*Introduced by Nancy Johnson, Executive Director,
Minnesota Child Care Resource and Referral Network*

What are some barriers that you as researchers encounter when bridging academia, provider settings, and public policy? Research questions impact and are impacted by the public climate and public policy. Who should define the questions that researchers investigate? Should we strive for greater inclusiveness in the research process? How can practitioners and advocates for children and families in the field have a greater connection to the research that you do, and what are some specific suggestions for researchers to make sure that you are reaching out to parents and people in the field?

Q: *How do you balance the ethical quandaries of pursuing research as well as public advocacy and policy changes?*

Howes: When I work in community partnerships, one of the things we talk about from the beginning is the importance of framing the questions. I tell them that if there's some answer here that would make them extremely uncomfortable, then we probably should abandon the question or change it. From this angle, questions that follow the format of "does fill in the blank work?" go out the window because what if you find out that what you are doing does not work? Instead, we hone the questions and identify more specifically who does it work for, where does it work, how does it work, and how do we improve it? These questions are intriguing to answer and don't have such deadly consequences if you get the "wrong" answer.

Connelly: It's important for researchers to be objective because objectivity is an important gift we bring to the policy debate. You have to be careful about situations where the funder is telling you what you can find and what you can't find. As advocates, you all have to respect the independence of the researcher. I was in a situation like this where researchers were talking to advocates. I had the feeling that I was going to leave the room with tar and feathers

on me because I wasn't saying what this group really wanted to hear. There has to be room for independent research.

Howes: It's the responsibility of the researcher to be very careful about the integrity of research. I am vehemently opposed to releasing any findings before they're peer reviewed for the integrity of the research.

Connelly: There is value in having people who are doing research who aren't being paid by one of the stakeholders in the system.

Howes: I don't take money from people who are paying for the intervention to evaluate their intervention.

Cegłowski: I also think that because of the type of research I do, I often have to defend the integrity of my work: Do we have the same openness and space for rigorous qualitative work?

Q: *What role does collaboration play in your efforts as a researcher?*

Howes: I have always been someone by disposition who liked to hang out with practitioners and community people, the people we now call participants and not subjects in our research. Most, if not all, of my ideas about what I



Erna Fishhaut, former Coordinator of CEED

research have come through exchanges with practitioners and partners in the field and community people. You can't do good

sensitive clinical instrument and decide whether or not it was a good instrument. We didn't tell them how we were going to score

When we generate our research questions, we need to have dialogue, a give-and-take, a discussion about what are the important topics to be researched. Those sorts of exchanges only happen when the researcher leaves the ivory tower. — Carollee Howes

policy-related research unless you have those ways of communicating back and forth.

Chase: And there are still researchers who want to study the population as research subjects but not as partners in the research. If you're doing research with people, it's incumbent to engage them in the creation of the research questions.

Howes: Well, sometimes yes and sometimes no. There is a body of knowledge that the researcher brings to it that cannot be diminished. Yet it's absolutely important to engage in respectful and trusting relationships with the people with whom you're doing research. In one study we just completed, we were concerned about what characteristics of child care teachers helped contribute to the building of new positive relationships. We went to staff meetings to introduce the research. We told them we would be asking them questions about what they thought about the children and about themselves. We did not ask them to look over the very

it. We asked them if they would participate in a conversation around these topics. They signed informed consent.

Uhlenberg: What I would find interesting is once you have finished with the data gathering, then to ask those teachers their impressions.

Howes: We did. That's the next stage in the study. Many of the people with whom I do my current research subject our findings to review by stakeholders. We ask them to look at the findings, interpret them, and talk about the pitfalls of releasing these findings. That doesn't mean we change our findings. We don't shape our findings so that they're real sweet and nice.

Chase: As researchers, we are accountable to communities. I do think that's important, that we can't be separate. As Minnesota becomes more complicated and diverse, it's going to be even more difficult to figure out how to be inclusive. If we think we have a hard time now, it's only going to get harder and we should get started.

Howes: And of course, there are so many barriers to who gets to be a researcher, who gets access to the qualifications that allow you to be a researcher.

McConnell: A lot of the academic research is sort of doctrinaire. That is, it is informed by the work that's gone on before it, and it only informs the research that will follow it. It sort of exists in this little tiny world. Is it appropriate to have somebody say to me, "Don't study that anymore because we know enough about that. Instead, could you pay attention to this?"

Chase: If we want to engage communities, the public, and practitioners in evaluation research, we have to teach them the language first. In this process, it's most effective to use examples from their own daily work, ways that they do outcome evaluation and maybe didn't even know they were doing research. Most of what Wilder does is with community groups in order to give them information they need. For example, if a program is not working, we help them understand why and how to make it better. That's where the passion comes in. You can be passionate about putting the information to use and making improvements to practices while preserving scientific integrity and neutrality.

Howes: When we generate our research questions, we need to have dialogue, a give-and-take, a discussion about what are the important topics to be re-

searched. Those sorts of exchanges only happen when the researcher leaves the ivory tower.

Uhlenberg: The research that I normally do is action research — working with individuals or working with classroom teachers — working with individual children. The results are likewise small. But for the practitioner, they're every bit as valuable as some of the larger studies and may be more applicable in what they're doing on a day-to-day basis.

Q: *How do you ensure that policymakers and the public understand and use the research?*

Ceglowski: Recently we created some informational media. We hired a technical writer and a graphic designer to make the material accessible to the public. The process that was most



Panelist Deborah Ceglowski, moderator Scott McConnell, and panelists Richard Chase and Rachel Connelly

intriguing to me was people sitting around the table not once, not twice, but many times trying to figure out what were acceptable messages that were research-based and were still succinct enough to be understood by the public. I don't think that's a process that we as researchers engage in enough. We could learn a lot from our colleagues who do more marketing.

Chase: There's a concept in community organizing: Where's the self-interest? Self-interest isn't bad. Selfishness might be bad. Self-interest is not bad. When it's in their self-interest to get into child care, it happens. If it's in the employer's self-interest, it happens. You have to push self-interest as part of community organizing on behalf of families and kids.

Connelly: In the factories we studied in North Carolina, it was also about self-interest. We looked at how child care impacted decisions in a low-wage occupation. It was a very tight labor market with enough training costs that you don't want a revolving door of workers. A couple of the bigger companies decided it was worth putting a child care center into their facilities. But not all employers are going to go with the same response. That may be a good thing in terms of choice. If one factory offers the 401k while the other has the child care center, the workers can choose where to be employed. Self-

interest puts the benefits in place and self-interest selects the workers most likely to use the benefits offered.

Ceglowski: Policymakers aren't much different. Policymakers make decisions based on their own world views. They start with their own values, their family's values. Then they think about their community and constituency. What researchers think is not the priority in the policymaker's decision process, unless what we have to say matches what they believe. The quality of the research does not ensure that its results will be applied as good policy.

Chase: At the Wilder Research Center, our rewards are different than the academic world where you have to publish in journals to get advancement. We want to get our research findings out to the public because changing public opinion is the best way to change public policy.

Closing Remarks

At the conclusion of the day, Dr. McConnell asked each of the panelists to make one closing statement.

Jill Uhlenberg... We have a good body of research now about what quality looks like, what we should be expecting in child care, and my concern is how to take that next step and put it into action to get some policy that responds to that research and puts it into practice for the children.

Carollee Howes... I'm struck again by how much we struggle in this field and in this area to balance the needs of children and the needs of mothers and families and to do well for everyone. In some ways, that's almost an impossible task.

Deborah Ceglowski... I come away with reminders from the audience about things we need to keep in mind and also about doing more thinking on the complexity of the child care issue. It's hard, it's slippery.

Richard Chase... If we can conceptualize stadiums as a public good, certainly we can conceptualize children as a public good...

Rachel Connelly... I think these kinds of conversations, limited as they are, are very valuable and help us think outside our boxes.

Scott McConnell... I'd like to share this last thought with you: As a researcher who works with young kids in child care settings sometimes, although not in child care per se, and as a parent of two young kids and hopefully one day graduates of the child care system, it's clear to me from the conversation today and from my experience as a researcher and a parent that America is struggling with changing the way that we raise our young children and thinking about what the consequences of those changes are.



Mary McEvoy, former CEED Director, and Christopher Watson, CEED Coordinator

Mary McEvoy Recognized for Years of Service

Mary McEvoy, former Director of CEED, was honored at the 2001 Round Table for her seven years of service to the Center. Current Director, Scott McConnell, praised McEvoy for her energetic leadership on early childhood issues in the College and at the University and her success in bringing new visibility to early education and development issues, particularly among legislators and policymakers. Mary is now Chair of the Department of Educational Psychology at the University of Minnesota. She continues to work on projects sponsored by CEED.

CEED-Affiliated Projects

Positive Approaches to Problem Behavior for Young Children with Disabilities: Greater Minnesota Behavior Project

Contact: Judy Swanson, (612) 626-9528, swans114@umn.edu
<http://ici2.umn.edu/preschoolbehavior>

Early Childhood Research Institute on Measuring Growth and Development

Contact: Scott McConnell, (612) 624-6365, smcconne@tc.umn.edu
<http://ici2.umn.edu/ecri/>

Minnesota Infant Mental Health Project

Contact: Christopher Watson, (612) 625-2898, watso012@tc.umn.edu
<http://education.umn.edu/ceed/projects/infantmentalhealth>

Head Start Project

Contact: Deborah Ceglowski, (612) 624-2034, deborah.a.ceglowski-1@tc.umn.edu

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CEED provides information regarding young children (birth to age eight), including children with special needs, in the areas of education, child care, child development, and family education. CEED activities include research, training, and publications geared toward improving professional practices, supporting parents, and informing policy development.

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