

Child Care Workforce in Minnesota

2006 Statewide Study of Demographics, Training and Professional Development Summary

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Summary

Study purposes and methods

The Minnesota Department of Human Services commissioned this study of the child care workforce in Minnesota to inform the design of the child care professional development system and to ensure that professional development opportunities are inclusive of and accessible to all providers. The study provides updated information about the size, stability and the demographics of those serving children in licensed family child care homes, child care centers, preschools and school-age care programs. It also assesses needs and motivations for participating in training and professional development opportunities.

The Minnesota Child Care Resource and Referral (CCR&R) Network provided a data file of all the current providers and center-based programs. Researchers stratified the providers and programs by metropolitan area and greater Minnesota and then randomized the lists.

The study included surveys with 354 randomly selected licensed family child care providers and an over-sample of 149 American Indian, Hmong, Latino and Somali licensed family child care providers; a two-part survey with 328 center-based programs and 1,162 directors and teaching staff; and nine focus groups with 77 providers and teachers. Details on sample sizes, response rates and strengths and limitations of the study samples are in the Introduction to the full report.

The randomly-selected licensed family child care providers were surveyed by telephone from June through October 2006, with the over-sample surveyed from December 2006 through March 2007. Surveys were conducted in English, Hmong, Somali and Spanish.

The center-based program survey had two parts. First, directors were mailed questionnaires with business reply envelopes to gather program-level data, as well as pertinent information about the director. Researchers then worked with center directors to distribute and collect individual self-administered questionnaires for center staff to gather their demographic and training characteristics. The center-based program and staff survey started in July 2006 and continued until the end of January 2007.

From June to September 2006, researchers also conducted nine focus groups with 77 licensed child care providers as part of a larger study of Minnesota's child care workforce regarding training experiences, barriers to training, and training needs. The focus groups were purposely not representative of the child care workforce as a whole, but intended to complement the information gathered from the child care workforce survey.

Some program and demographic characteristics and the experience and training levels of family child care providers were available from CCR&R administrative data and merged with the survey data. Researchers also reviewed and analyzed data from a CCR&R district-level training needs assessment.

Size and stability of the child care workforce

Estimated size of child care workforce in Minnesota

Minnesota has an estimated 12,334 licensed family child care providers and center-based programs. Most licensed family child care homes (61 percent) are located in greater Minnesota, while most child care centers (68 percent) and school-age care programs (65 percent) are located in the seven-county metropolitan area. Preschools are about evenly split between greater Minnesota and the metropolitan area.

The estimated size of Minnesota's child care workforce is 36,500, which includes about 14,700 providers and paid assistants in the licensed home-based workforce and about 21,800 staff in the center-based workforce, including 2,050 directors, 9,150 teachers, 5,000 assistant teachers and 5,600 aides.

The estimated 5,500 teachers in child care centers are mostly (83 percent) full-time staff (35 or more hours per week). Fewer of the 1,460 teachers in preschools (34 percent) and the 2,200 teachers in school-age programs (48 percent) are full-time staff.

Staffing stability and turnover rates

According to the Minnesota Department of Human Services, the rate of licensed family child care business turnover in Minnesota was 15 percent in 1999, 16.4 percent in 2005, and 12.5 percent in 2006.

For the full year prior to this study, 84 percent of child care centers had some type of staff turnover, followed by school-age care programs (66 percent). Fewer preschools experienced some type of staff turnover in 2005 (39 percent).

Aides in child care centers have the highest mean turnover rates (30 percent), similar to 1999 turnover rates.¹ The turnover rate for aides in preschools (18 percent) and school-age care sites (19 percent) is lower than the turnover rates in 1999 (about 32 percent). Turnover rates for assistant teachers in centers (21 percent), preschools (10 percent) and school-age

¹ Comparison data from 1999 cited throughout this report are from Chase, R. (2001). *Staff Recruitment and Retention in Early Childhood Care and Education and School-age Care*. St. Paul, MN: Wilder Research.

care sites (17 percent) is also lower than the turnover rates reported in 1999 (about 32 percent). As in 1999, the lowest mean turnover rates are among program directors.

The mean turnover rates for teachers overall (all types combined) are 20 percent in child care centers, 18 percent in school-age care sites and 6 percent in preschools. In 1999, these rates were 23 percent in child care centers and preschools, and 20 percent in school-age care sites.

Demographics of the child care workforce

Licensed family child care providers are nearly all female, with an average age of 42. Ninety-four percent are White. Fourteen percent report employment in addition to child care. The other jobs are primarily part time, averaging about 14 hours per week.

Among center-based teachers, child care center teachers have an average age of 35, and 89 percent are White; preschool teachers have an average age of 43, and 98 percent are White; and school-age program teachers have an average age of 34, and 92 percent are White.

In center-based programs, assistant teachers and aides are more diverse than teachers and directors with respect to race, ethnicity and language, particularly Spanish, and have shown the only apparent increases in diversity since 2000. The increased diversity appears mostly due to an increase in the percentage of staff self-identifying as multi-racial.

Among center-based teachers, 21 percent of those in child care centers, 18 percent in preschools and 23 percent in school-age programs report employment in addition to child care. The other jobs are primarily part time, averaging about 13 to 16 hours per week.

Child care experience

Licensed family child care providers and preschool teachers have a few more years of child care experience, on average, than center and school-age teachers.

Licensed family child care providers have worked, on average, 14 or 15 years in the early childhood or school-age care and education field, about four years longer than reported in 1999. They have been licensed family child care providers for an average of 11 or 12 years. Preschool teachers have worked, on average, about 15 years in the early childhood or school-age care and education field, and have worked in a center-based program for an average of 10 years.

Center teachers have worked, on average, about 11 years in the early childhood or school-age care and education field and have worked in a center-based program for an

average of about 10 years. School-age care teachers have worked, on average, about 10 years in the early childhood or school-age care and education field, and have worked in a center-based program for an average of 8 or 9 years.

Ninety-one percent of school-age teachers, about three-quarters of center teachers, about 62 percent of preschool teachers and 44 percent of licensed family child care providers say they have experience serving children with special needs.

Early childhood education

Degrees and certificates completed

Among licensed family child care providers, about 24 percent have bachelor's degrees or higher, including 10 percent having child-related degrees. In 1999, 7 percent had early childhood college degrees. Among center-based teachers, 45 percent in child care centers report having bachelor's degrees or higher, including 34 percent with child-related degrees; about 78 percent in preschools report having bachelor's degrees or higher, including 68 percent with child-related degrees; and 55 percent in school-age care programs report having bachelor's degrees or higher, including 40 percent with child-related degrees.

Eighteen percent of center teachers report having Child Development Associate credentials or CDAs, followed by 14 percent of school-age program teachers, 10 percent of preschool teachers and 3 percent of licensed family child care providers.

Among center-based directors, 67 percent in child care centers report having bachelor's degrees or higher, including 45 percent with child-related degrees; 81 percent in preschools report having bachelor's degrees or higher, including 73 percent with child-related degrees; and about 59 percent in school-age care programs report having bachelor's degrees or higher, including 46 percent with child-related degrees.

Continuing early childhood education

Twenty percent of licensed family child care providers report completing any continuing education college classes in child development or early childhood in the last 12 months, with a wide range of hours and a median number of 8 or 9 hours.

As reported by center-based teachers, the percentage completing any continuing education college classes in child development or early childhood in the last 12 months is as follows: 50 percent in child care centers, with a wide range of hours and a median of 30 hours; 43 percent in preschools, with a wide range of hours and a median of 17 hours; and 51 percent in school-age programs, with a wide range of hours and a median of 14 hours.

Child care training

Child care training completed in past two years

On average, child care center teachers report completing 65 hours of training related to child care in the past two years, followed by 59 hours for school-age program teachers, 43 hours for preschool teachers and 28 hours for licensed family child care providers.

Training in core competencies

Respondents reported the training they have received in the past two years in core content areas or competencies as described in the Minnesota Core Competencies for Early Childhood Education and Care Practitioners and the Minnesota School-Age Core Competencies.²

Nearly all licensed family child care providers report completing health, safety and nutrition training in the past two years. Training on child growth and development is the next most common type of training (completed by 73 percent of licensed family child care providers), followed by training on how to establish an environment that provides learning experiences to meet each child's needs, capabilities and interests (completed by 66 percent). The least common types of training include program planning and evaluation (25 percent), professionalism and leadership (25 percent), how to work with families and communities regarding early care and education (30 percent), and assessment and addressing individual developmental and learning needs (35 percent).

As with licensed family child care providers, center-based staff most commonly complete training on health, safety and nutrition; child growth and development; and learning environments and curriculum.

Child Care Resource and Referral (32 percent) tops the duplicated list of dozens of sources of core content training mentioned by licensed family child care providers, followed by counties (11 percent) and Providers Choice, Inc. (10 percent).

Of the dozens of sources of core content training mentioned, child care center teachers most commonly turn to local associations and other local sources (24 percent), their own

² Kurz-Riemer, K, editor. (September 2004). *Minnesota Core Competencies for Early Childhood Education and Care Practitioners who work with children birth through age eight and their families*. St. Paul, MN: Minnesota Association for the Education of Young Children in collaboration with the Minnesota Professional Development Council.

Kurz-Riemer, K, editor. (February 2006). *Minnesota Core Competencies for School-Age and Youth Care Practitioners who work with children age 5 through 12 and their families*. St. Paul, MN: Minnesota Association for the Education of Young Children in partnership with the Minnesota Professional Development Council and the Minnesota School-Age Care Alliance.

centers (16 percent), CCR&R (15 percent) and higher education (14 percent). These are also the most common sources of core content training for other child care center staff.

Of the dozens of sources of core content training mentioned, preschool teachers most commonly turn to local associations and other local sources (26 percent) and higher education (14 percent). These are also the common sources of core content training for other preschool staff.

Of the dozens of sources of core content training mentioned, school-age care program teachers also most commonly turn to local associations and other local sources (22 percent), their own centers (16 percent) and higher education (15 percent). These are also common sources of core content training for other school-age care program staff. In addition, school-age program directors commonly receive training from Minnesota School-Age Care Alliance (MNSACA) (22 percent), and assistant teachers commonly receive training from their school districts (36 percent).

Professional support and development

Eighteen percent of teachers in centers and preschools, about 15 percent of teachers in school-age programs and 12 percent of licensed family child care providers report using a mentor, coach or consultant in the past two years. Twenty-six percent of child care center directors report using a mentor, coach or consultant in the past two years, the highest percentage of any type of center-based staff.

Ninety percent of licensed family child care providers have Internet access, up from 71 percent in the 1999 survey. Nearly all center-based teachers have Internet access.

About half (46 percent) of the licensed family child care providers report belonging to their county licensed family child care association, about a quarter (27 percent) to a local provider support group or network and about a quarter (23 percent) to the Minnesota Licensed Family Child Care Association (MLFCCA). Two-thirds of licensed family child care providers report one or more memberships in professional groups, the same as reported in 1999.

About a quarter of child care center directors and about a fifth of preschool directors report belonging to the Minnesota and the National Association for the Education of Young Children (MnAEYC and NAEYC). Fewer child care center and preschool teachers report belonging to MnAEYC (12 and 13 percent) and NAEYC (17 and 9 percent). The largest group of school-age directors (57 percent) and teachers (40 percent) report belonging to Minnesota School-Age Care Alliance.

Training motivations

Among licensed family child care providers, about half report that they are motivated to improve the quality of the care in order to generally help children, and about a third are motivated by licensure or regulatory requirements.

To generally grow professionally and to improve their performance are the most common motivations for center-based staff, generally followed by an interest in a new or different topic.

In every focus group, participants described their primary motivations for involvement in child care training and education as emphatically child centered, with their interest in specific types of training directly linked to the needs of the children in their care.

Types of support, training or education desired

In all of the focus groups, participants most frequently requested training that would result in direct benefits to the children in their care. These included training to help them recognize emotional and developmental “red flags” that are outside the range of normal development, training on specific ways to support children with a wide variety of special needs and training on how to discuss a child’s needs with parents in a way that engages parents in solutions, especially children from troubled families or homes. The child care providers emphasized that in these types of trainings, they want to receive very detailed, action-oriented information about how to ensure positive outcomes for special needs children – what to do, when to do it and how to do it.

Similar to training needs identified in the focus groups, some teachers want training on how to work with specific needs of children and with specific age groups. For licensed family child care providers and center-based staff, reasons for preferring their favorite trainings include the information was helpful and something they can use with their children and the trainer was interesting and not boring.

Sources of training

Among licensed family child care providers, 85 percent report they have received some (64 percent) or all (21 percent) of their training in the past two years through CCR&R. Among teachers in center-based programs, 46 percent in child care centers, 30 percent in preschools and 41 percent in school-age care programs report they have received some or all of their training in the past two years through CCR&R.

A third of child care centers and 12 percent of preschools report that they do all or most of their training in-house, but most do at least some training in-house. Nearly all school-age programs do at least some training in house, including 45 percent all or most of it. Forty-four percent of child care centers, 14 percent of preschools and 51 percent of

school-age programs contract with CCR&R to deliver in-house training. Eighty-seven percent of child care centers, 80 percent of preschools and 90 percent of school-age programs say they encourage staff to use or attend CCR&R trainings.

Metropolitan area child care centers are more likely than those in greater Minnesota to do all or most of their training in house (40 percent compared with 23 percent).

Experience with Child Care Resource and Referral training

Among those who have received training through a CCR&R, 85 percent of licensed family child care providers, 75 percent of child care center directors and 51 percent of child care center teachers say they felt welcome, included or comfortable at the trainings. In addition, 93 percent of licensed family child care providers, 96 percent of center directors and 71 percent of center teachers report being very satisfied or somewhat satisfied with the training overall.

Among licensed family child care providers, center directors and center teachers dissatisfied with the training offered by CCR&R, the most common reasons are the location (58 percent, 25 percent and 12 percent) and the time of training (32 percent, 18 percent and 11 percent).

Center directors and teachers dissatisfied with CCR&R trainings most commonly attend trainings elsewhere because training is available at their centers (25 percent and 34 percent). In addition, directors say the trainings do not meet their specific needs or interests (18 percent), and teachers say they lack awareness about CCR&R trainings (29 percent) or they prefer to get college credits (14 percent).

Professional development problems and barriers

More licensed family child care providers report problems accessing affordable and quality professional development opportunities in this survey than in the 1999 survey. About a third report those are problems at least somewhat, compared with about a quarter who reported those were problems in the 1999 survey.

The most common barrier to training and education, identified by two-thirds of the licensed family child care providers, is the day and time when opportunities are available. Transportation (15 percent) and cost (14 percent) are other key barriers.

Finding affordable and quality professional development opportunities is a bigger problem for center-based staff, with more than half of the directors and teachers reporting it at least somewhat of a problem.

Cost and scheduling are also key barriers for center-based staff reported by child care center directors (33 percent and 19 percent), child care center teachers (22 percent and 21 percent), preschool teachers (21 percent and 16 percent), school-age program directors (24 percent and 22 percent) and school-age program teachers (25 percent and 17 percent). Another common barrier reported by center-based staff is finding the time to get away when they would prefer to spend time with their families.

Cost, time and location (which can add more time and costs) were the major barriers described by participants in all nine focus groups. Other barriers include problems with accessing full or cancelled classes, scheduling conflicts, language barriers, negative training experiences with poor-quality trainers or trainings that either did not deliver what was advertised or did not advertise a particular focus on a specific age group or type of child care provider and general disinterest because the child care provider is either dissatisfied with the training they have received to date or with the options that are currently available.

Key findings regarding American Indian, Hmong, Latina and Somali licensed family child care providers

On average, compared with licensed family child care providers overall, American Indian, Hmong, Latina and Somali providers tend to provide slightly more care per day, per week, and per year. Hmong and Somali providers tend to be newer to the field (average of about 6 years) and to the licensed family child care profession (average of about 4 or 5 years).

Nearly all Hmong licensed family child care providers report speaking and preferring to be trained in Hmong; 69 percent of Somali providers report a preference to be trained in Somali, and 19 percent of Latina providers report a preference to be trained in Spanish.

Higher proportions of American Indian (40 percent), Hmong (25 percent), Latina (42 percent) and Somali (20 percent) providers report using mentors, coaches or consultants in the past two years compared with licensed family child care providers overall (12 percent).

American Indian, Hmong, Latina and Somali providers, similar to licensed family child care providers overall, are motivated to improve the quality of their care to generally help children and to meet licensure or regulatory requirements. They also are motivated by wanting to learn more about behavior management and to support early literacy. These providers also expressed interest in training on behavior management; some American Indian, Hmong and Latina providers expressed interest in training on working with parents; and some American Indian, Latina and Somali providers expressed interest in training on business management.

American Indian, Hmong, Latina and Somali providers report feeling welcome and satisfied with CCR&R training. However, large proportions of Hmong providers report receiving no training from CCR&R (79 percent) and express a lack of awareness about CCR&R and its offerings (71 percent).

Key findings comparing metropolitan area and greater Minnesota child care centers

Child care centers in the metropolitan area are more likely than those in greater Minnesota to do all of their training in-house. Child care teachers in greater Minnesota complete more training hours, on average, than those in the metropolitan area and are more likely to be trained on child assessments.

Child care center teachers in the metropolitan area have higher wages and more experience, on average, than those in greater Minnesota. They also are more likely to have memberships in professional associations.

Key changes since 1999

Compared with data from previous studies of the child care workforce in Minnesota, licensed family child care providers are more experienced caregivers and have increased access to the Internet. Among center-based staff, turnover rates are lower, and diversity has increased among assistant teachers and aides.

Recommendations

Based on survey and focus group discussion results and discussion with the study advisory committee, researchers offer the following recommendations to ensure that the child care professional development delivery system is effective and that opportunities are inclusive of and accessible to all providers.

1. Implement an accountability process that ensures delivery of quality training through rigorous evaluation and regular assessment of trainers and the organizations responsible for training.

Perhaps more than anything, child care teachers and licensed providers want their professional development and training experiences to be worth the time and money. To that end, trainers should be rigorously evaluated or credentialed. In addition, the professional development system should be accountable to regularly assess and review the extent to which the training needs of the child care workforce are being met in each region of the state.

2. Implement and maintain a standard method for documenting completion of training hours by core content.

Even when providers and teachers keep a training record, categorizing their training experience by core content area is largely up to them. Ideally, the professional development system would have a registry of approved high-quality trainings categorized by core content and a method for recording completion of the training by individuals in the child care workforce. Documenting completion of training this way would require individual providers and teachers only to report their participation in trainings not included in the training registry.

3. Improve the quality of trainers and training content.

Trainers must engage training participants in ways that respect their time, culture and intelligence. Trainers must have recent experience working in a child care setting or with children in addition to degrees or other credentials, and must be able to effectively facilitate the learning of child care providers from a wide variety of backgrounds.

Trainers should provide innovative approaches and strategies for supporting child development, with a much heavier focus on specific skills and techniques for meeting specific needs of children, rather than on broad theoretical overviews. Providers requested a larger number and greater variety of training options on specific topics to ensure that they are able to choose those that are relevant to their particular needs, especially options for different age groups and different child care settings.

Providers and teachers want trainings to deliver new ideas and new approaches, not refresher courses, especially for experienced providers who have taken the same required course multiple times.

Providers and teachers prefer training methods that are interactive and include opportunities to apply and practice what they are learning. They also want handouts, examples and/or samples that they can try with children in their care. They tend to not like trainings that are didactic and that use videos as their main method.

4. Improve access to professional development and training opportunities.

Provide and publicize more local training options. Hold trainings on a regular basis in several regular sites in each district that do not require extensive travel. Offer a variety of dates and times for each training, especially for mandatory trainings and trainings in Hmong, Spanish and Somali languages.

Since nearly all providers have Internet access, support more online training options, especially as a way to increase the number of trainings available in remote areas and for

very specific topics or interests. However, do not increase online options at the expense of hands-on trainings, which most providers and teachers prefer.

If classes are offered evenings during the work week, start them after 6:30 p.m. to allow enough travel time, taking into account the usual child pick-up times.

Hmong, Somali and Spanish speakers asked for more trainings and a greater variety of trainings in their languages. In particular, these groups, along with American Indian providers, expressed interest in training on behavior management, early literacy and working with parents.

Increase financial assistance to improve access to required first aid and CPR training. Simplify the process and guidelines for training grants and scholarships, and provide support and training on how to prepare the grant application.

Because providers typically cannot be reimbursed for a training until after they have completed it, providers would like a different approach to training registration that does not require payment months in advance, which requires them to carry the cost of training personally until they can be reimbursed.

Finally, the use of relationship-based professional development, which includes on-site mentoring and coaching, should be encouraged, supported and eligible for receiving credit hours. At present, fewer than one in five providers and teachers report using a mentor, coach or consultant in the past two years. This training approach addresses issues of access while delivering training in ways that are attractive to child care providers and teachers (i.e., hands-on and specific to their language, cultural and other needs).

5. Improve information about training.

Provide Hmong, Somali and Spanish-speaking providers training calendars and newsletters in their languages and far enough in advance so they can make arrangements, to attend.

Ensure that training advertisements are an accurate representation of what will be offered in the training, including specific information about the training topic and the trainer, as well as the children's age group, type of child care setting, and types of activities that will be focused on in the training. When possible, training should be advertised directly to center-based teachers and aides rather than through directors to ensure timely notification.

6. Continue and support public and private efforts to enhance the knowledge and skills of the child care workforce.

While Minnesota has a highly experienced child care workforce, with providers and teachers averaging 10 or more years in the field, the educational achievement levels are not as high. For example, about a third of child care center teachers and 10 percent of licensed family child care providers have child care-related bachelor's degrees or higher.

One way to increase these educational levels is by supporting Teacher Education And Compensation Helps (T.E.A.C.H.), a scholarship program that helps child care providers earn a college degree in early childhood education or child development. The scholarship pays for a large portion of college tuition and books and also provides assistance with transportation and costs of hiring substitutes. Successful scholarship recipients also qualify for a pay raise or bonus upon completion of their scholarship contract.

In addition to encouraging the child care workforce to attain college degrees, efforts should be supported to inform providers and teachers about all the core competencies and to obtain training in all core content areas. The basics of health, safety and nutrition; child growth and development; and effective learning environments for young children are fairly well covered. More attention should be paid to encouraging providers to seek training in child assessments and lesson planning for individual developmental needs and trainings that involve working with families and communities.

7. Support public and private efforts to increase the diversity of the child care workforce.

The child care workforce has seen some small gains with respect to diversity in the past six or seven years. This study found that assistant teachers and aides in center-based programs are more diverse than teachers and directors with respect to race, ethnicity and language, particularly Spanish, and have shown the only apparent increases in diversity since 2000.

Encourage and support licensed family child care providers and center-based assistant teachers and aides from various cultural communities to attain more education, training and teaching responsibility while at the same time supporting the development of culture-specific center-based programs.