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EXECUTIVE SUMMARY

Child care quality, accessibility, and affordability are critical concerns for families, especially those experiencing poverty. In Ohio, child care quality is regulated and monitored through Step Up to Quality (SUTQ), a tiered rating system that compensates providers with additional funding as they earn more stars (1-5). For those providers that accept publicly funded child care (PFCC) from the state, participation in SUTQ is required as of July 1, 2020. Yet, there are still many programs across Ohio that are not yet SUTQ rated.



To understand these unrated providers' plans as they approach this deadline, we emailed a survey to child care providers who were unrated at the time of the study (April 2019). Results indicated that a majority of the programs were already in the process of or planning to submit for entry into SUTQ over the next year; however, 11% of unrated survey participants said they planned to stop accepting PFCC. Just 1% said they planned to close. Survey participants also indicated that some of their primary concerns were related to the education and professional development (PD) requirements for staff. Finally, although most programs had utilized assistance in applying for SUTQ and found it helpful, about 10% of programs were not aware that assistance was available.

Background

The long-lasting positive effects of high-quality child care are well established through several multi-generational studies (Campbell et al., 2014; Heckman & Karapakula, 2019; Yoshikawa, Weiland, & Brooks-Gunn, 2016). For example, the Carolina Abecedarian Project (ABC) and the Carolina Approach to Responsive Care (CARE), two of the most well-known and rigorous experiments on the effects of high-quality preschool, found that participants experienced better health, education, and income at age 35 compared to children who did not get ABC/CARE (Campbell et al., 2014).

Child care accessibility and affordability are critical concerns for families, perhaps now more than ever. Access to high-quality child care is important, especially for families in low-income households, as children from these backgrounds are at risk for falling behind their middle-income peers on school readiness (Brooks-Gunn & Duncan, 1997; Ferguson, Bovaird, & Mueller, 2007). Caregivers have a number of options when seeking care for their children. For eligible families, subsidized child care may be available from the federal, state, or city government. Increasing access to child care for low-income families through subsidies is beneficial for child development and it allows caregivers to participate in the workforce. For instance, studies show that access to publicly funded child care is related to longer employment and increased earnings (Goerge et al., 2009; Ha, 2009). This paper focuses specifically on what Ohio refers to as PFCC, or publicly funded child care, a funding stream that flows through the Ohio Department of Jobs and Family Services and is available to families at 130% or less of the federal poverty line (and then on a sliding scale up to 300%). Based on our calculations, about 5,400 programs in Ohio accept PFCC (Ohio Department of Education & Ohio Department of Jobs and Family Services, 2019).

Statewide implementation of the Step Up to Quality (SUTQ) program began in 2006. SUTQ is a five-star quality improvement rating system implemented through the Ohio Department of Education (ODE) and the Ohio Department of Jobs and Family Services (ODJFS). The goal of SUTQ is to increase the quality of early child care programs available across the state through identifying programs that exceed licensing regulations. The standards for SUTQ are based on domains shown to be related to improved outcomes for children. The domains include: learning and development, administrative and leadership practices, staff qualifications and PD, and family and community partnerships.

Legislation passed in 2012 requires all early childhood education programs receiving PFCC to apply for and receive acceptance into the SUTQ system by July 1, 2020. At the time of publication, with the 2020 deadline pending, many programs across the state of Ohio have not applied to be SUTQ approved. If these programs do not participate in SUTQ by the July 2020 deadline, there may be a reduction in the access to child care for families in low-income households (Koury, O'Leary, Logan, Uanhoro, & Justice, 2019). This paper attempts to examine the plans of providers that are not yet in the system and thus at risk for no longer being able to accept PFCC as a subsidy.



Research Aims

AIM 1: What do unrated, PFCC-accepting programs intend to do in regard to the 2020 mandate (e.g., apply before the deadline, stop accepting PFCC)?

AIM 2: What are the challenges to applying to be SUTQ rated for child care providers?

AIM 3: What assistance, if any, have child care providers utilized for applying for a SUTQ rating?



Method

Participants

Participants were 149 licensed child care providers in Ohio that have a PFCC agreement that were not currently participating in SUTQ as of April 2019, according to data from ODJFS. A majority of participants were child care centers (66%), whereas 3% were Family Child Care Type A Homes (i.e., seven to 12 children cared for in the provider's personal home), 30% were Family Child Care Type B Homes (i.e., one to six children cared for in the provider's personal home), and 1% were unreported.

Roughly 67% of child care providers served all ages of children (infant to school age). Of those who did not serve all ages, 13% served infants, toddlers, and preschoolers; 8% served toddlers through school age; 7% served preschool and school age only; a little over 1% served only preschool and about 4% served only school-age children.

Most providers operated during the workweek (78%; e.g., Monday through Friday) and operated under traditional hours (71%; i.e., 7:00 am to 6:00 pm). Most providers offer full-year programs (94%). In addition to PFCC subsidies, 63% of child care providers received funding from private tuition. Participants represented 43 counties – about 49% of the counties in Ohio, with the largest percentages from Franklin (21.6%), Hamilton (14.2%), and Cuyahoga (8.1%) counties.

Procedures

We requested data on each provider in Ohio who accepted PFCC funding from ODJFS including provider names and email addresses for programs that have current PFCC agreements. The information we received was current as of April 1, 2019. A researcher-created online survey about barriers to SUTQ participation was sent to all child care providers (n = 2,645) that were accepting PFCC funding, were not currently SUTQ rated as of April 2019, and for whom we had a valid email address. Providers received two email reminders to complete the survey. The survey was available for completion for three weeks. Providers had the opportunity to enter their email address to be entered into a raffle for a \$25 gift certificate as an incentive for their participation. Out of the 2,897 programs across the state of Ohio that as of April 2019 were unrated and accepting PFCC funding, 2,645 unique emails were sent (some email addresses were incorrect or duplicates). Overall, 149 providers completed most or all of the survey items for a response rate of 6%.

Measures

Participants completed a survey on the challenges and assistance to participation in the SUTQ rating process. For the specific items on challenges, there were eight challenges presented to participants, including: being overwhelmed, cost of PD and education, effort, paperwork, eligibility, and internet or webpage difficulty. Participants responded to a binary item asking whether or not that they felt this was a barrier to their participation in SUTQ. There were five items about assistance for applying for SUTQ rating. These included: (a) if participants knew that assistance was available, (b) if they have the utilized the assistance, (c) what assistance they used, (d) whether it was helpful, and (e) whether there is anything not currently being offered that would be helpful (open-ended).

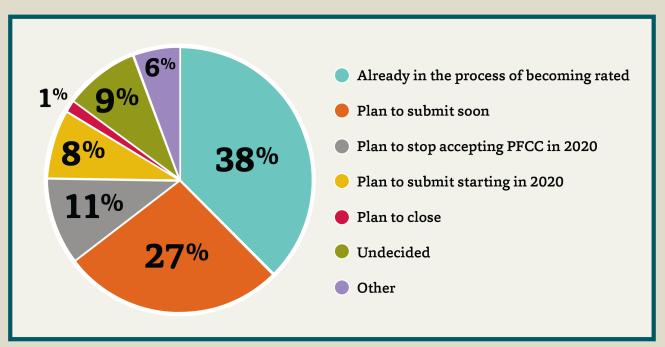


Results

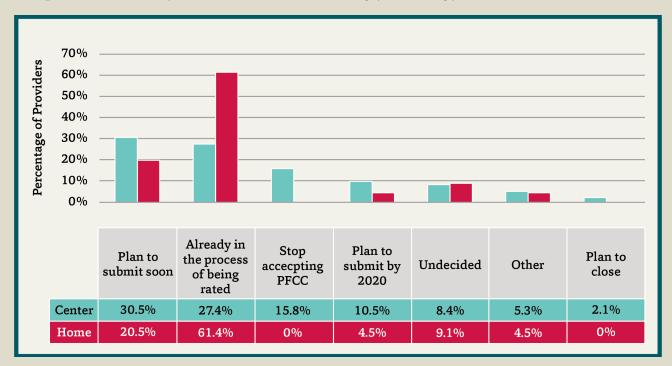
AIM 1: What do unrated, PFCC-accepting providers intend to do in regard to the 2020 mandate?

Essentially three-quarters (n = 103) of programs were already in the process of becoming SUTQ rated or were planning to submit the materials to become rated before the deadline (see Figure 1). Survey results suggest that 11% plan to stop accepting PFCC and another 1% plan to close before the deadline for the 2020 mandate. Roughly, 9% of programs (n = 13) were undecided at the time of the survey. Each of the eight programs (6%) who marked "Other" provided additional information that suggested they were either in the process of being rated or would be before the mandate. Altogether, our findings suggest that the majority of PFCC-accepting programs will pursue SUTQ rating in order to continue accepting PFCC subsidies.





In order to examine any potential differences between provider type, we also examined whether the plan for the 2020 mandate varied by type of provider. We broke this down into center-based and home-based providers (there were only three Type A providers in our study). Overall, more than double the percentage of in-home providers were in the process of becoming rated compared to center providers (61.4% vs. 27.4%). It is important to note, although 17% of center providers expressed the intention to close or stop accepting PFCC subsidies, no home providers had those intentions (see Figure 2).



▼ Figure 2. Providers plan for the 2020 mandate by provider type.

Note. Centers (n = 95); in-home providers (n = 44)

AIM 2: What are the challenges to applying to be SUTQ rated for child care providers?

The majority of providers did not report experiencing any of the eight challenges listed (~66%). Of the remaining participants who did report having at least one of the challenges we listed, most reported between one and two challenges (~27%). As can be seen in Figure 3, the most frequently reported challenges was the cost of education or PD requirement for teachers (n = 42, 28%). The education requirement for SUTQ stipulates the degree level required for administrators, lead teachers, and in-home providers. There are approved alternative pathways for the education requirement, but the degree requirements are as follows. Based on the current SUTQ requirements, to be rated as a 1-star provider, center-based programs need an administrator to have a Child Development Associate (CDA) certificate and 50% of lead teachers are required to have a CDA. In-home providers are required to have a CDA. To be rated as a 4- or 5-star provider, centerbased programs are required to have an administrator with an Associate of Arts (AA) or higher in an approved related field and 50% of lead teachers are required to have an AA or higher. In-home providers are required to have an AA. For the PD requirement, to be rated as a 1-star provider, staff must attend 20 hours of Ohio Approved PD during the biennium. To be rated as a 4- or 5-star provider, staff are required to attend 30 hours of Ohio-approved PD during the biennium. The next most-reported challenge was feeling overwhelmed (combined 20%). Of those who felt overwhelmed, the additional information provided suggested it was mostly due to not knowing how to get started and the paperwork involved.

▼ Figure 3. Challenges to participation in the SUTQ rating system.

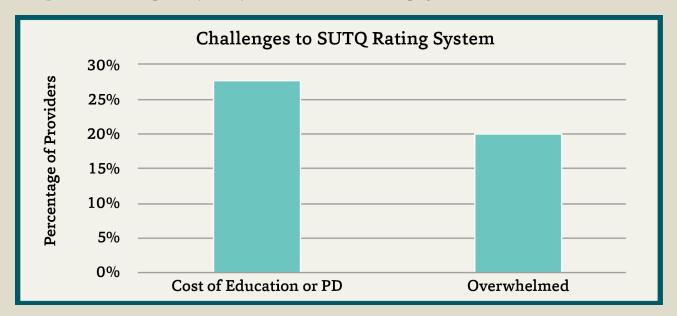
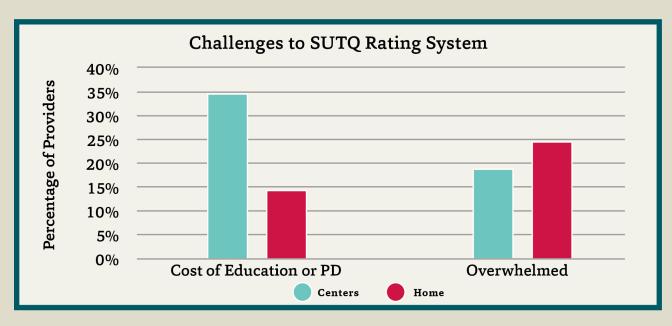


Figure 4 shows barriers by provider type. Center-based programs cited cost of education and PD among barriers more often than in-home providers. In-home providers cited paperwork more often than center-based providers. In-home providers often mentioned that they were the only person on staff, so it was challenging to do the paperwork and provide high-quality child care. Nearly 25% of home programs and 20% of center programs cited being overwhelmed by the process.

▼ Figure 4. Barriers to participation in SUTQ rating system by provider type.



Note. Centers (n = 95), In-home providers (n = 44)



AIM 3: What assistance, if any, have child care providers utilized for applying for a SUTQ rating?

Providers were asked if they knew that assistance for getting into the SUTQ system was available; of those who answered this question, 90.9% said yes. Of these, 78.2% had tried at least one option. Of 70 respondents who provided a response, community-based organizations that aim to support quality child care were the most reported resources. A little over a quarter of providers noted they had received either coaching, mentorship, or technical assistance but did not specify the source. Of those who received help, 96% responded that it was helpful.

Providers were also asked to comment on any other assistance that would be helpful in applying for a SUTQ rating. The comments generally fell into broad themes of additional training, funding, resources, and reduction in requirements. Five providers relayed the need for additional training. Other providers suggested that trainings should be held more frequently and closer to their site. Based on the question, it appears that the providers are suggesting that more trainings on applying to SUTQ would be helpful, but it is also possible that some providers are referring to PD training. Concerning funding, providers mentioned additional funding per child but also funding to support PD and materials. In regards to resources, some providers reported that it would be helpful to have a mentor to work with the provider through the SUTQ rating process (i.e., someone to check over the documents and aid in the completion). Providers also requested resources such as information about SUTQ, materials that make it easier to understand (e.g., not in legal speak), help with lesson planning, and one website that includes all related organizations (e.g., SUTQ, ODE, ODJFS, Ohio Child Care Resource and Referral Association [OCCRRA]).



Discussion

We are currently less than one year away from the July 2020 SUTQ rating mandate going into effect. Based on survey responses from 149 unrated child care providers, our data show that most providers are in the process of becoming rated or intend to submit soon. However, notably, 16% of center-based providers intend to stop accepting PFCC and 2% plan to close when the mandate takes effect in 2020. Furthermore, a substantial portion (9%) are still undecided as to their plans, indicating that outreach from ODE, ODJFS, and community-based organizations may be able to influence these providers' decisions going forward. It is important to note that this survey represents less than 10% of unrated childcare providers in the state at this time, and it is unknown as to whether respondents are representative of the entire population of unrated providers.

Notably, a majority of the participants reported not experiencing any of the eight challenges provided in the survey. For participants that did identify challenges, the most highly reported challenge was the cost of education and PD for teachers. Providers may see these requirements as adding to their already strained budgets without a clear return on the investment. Notably, the cost of PD and education was more likely to be reported as a challenge by center providers, perhaps due to having more staff to provide training to, whereas home providers were more likely to report being overwhelmed. This differentiation may suggest that different types of supports or outreach may be needed to address the needs of different types of providers. Providers that felt overwhelmed also uniformly reported paperwork as a barrier, suggesting that the bureaucratic process itself may be a challenge. Future assistance geared towards helping providers become rated should focus on assisting with the application process itself, so as to prevent providers from feeling overwhelmed.

Most providers reported that they had utilized assistance for getting into the SUTQ rating system and that the assistance was helpful. However, notably, 10% of providers reported not knowing that assistance was available and more than 20% reported that they had not utilized assistance. These findings suggest that it may be helpful to increase publicity of available resources or try new methods of outreach to these providers. Additionally, making assistance easy to access, both in terms of location and the timing of when assistance is offered, is likely to increase utilization rates. As more providers use these services, the number who are feeling overwhelmed may decrease. Finally, providers reported other ideas for

assistance that would be beneficial, including additional training, funding to support PD, and straightforward written materials.

Based on the findings we uncovered through our survey, we offer a few recommendations.



Recommendations

POLICY MAKERS

While many providers responded that they are in the process of or plan to apply for SUTQ, not all providers knew where to turn for help. More resources may be warranted for helping providers, especially given that the 2020 mandate is only the first deadline. By 2025, all programs receiving public subsidies must be 3-star rated. Thus, challenges navigating SUTQ and the barriers mentioned here are likely to continue. Policy leaders should also consider ways to make training and technical assistance available online, especially for providers in more remote parts of the state.

PRACTITIONERS

Practitioners should utilize the assistance and supports available. Providers that completed the SUTQ process can provide assistance to providers that are feeling overwhelmed or unsure of where to start.

Practitioners can also use the alternative pathways to meet the educational requirements for SUTQ. The alternative pathways include the Career Pathways Level (CPL) model, which provides a points system for quantifying professional growth. Points are assigned for formal education, experience, and credentials. Points are then used to determine the professional level attained.

RESEARCHERS

Researchers should continue to shed light on issues related to child care access, quality, and affordability, and localize their studies and findings wherever possible. In Ohio, many new research questions will emerge over time as the SUTQ system evolves and new mandates take effect. Special effort should be made to disseminate data and research for policy audiences (i.e., state elected officials, local representatives, members of early childhood advisory boards, and agency leadership tasked with overseeing quality programs).



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