

**Addressing the Lack of Quality Child Care for Infants and Toddlers in Ohio**

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## **Introduction**

Ohio has a severe shortage of quality child care centers and providers that serve infants and toddlers, especially for low income families. The importance of early childhood (birth to five or kindergarten entry) has risen in public saliency in recent years; however, programs and funding are often directed towards prekindergarten and preschool. Infants and toddlers are often forgotten despite there being a demonstrated greater need for infants and toddler intervention than preschool (Heckman, 2012). The following sections investigate the most efficient and feasible options for addressing the shortage of care in Ohio's communities. Programs to recruit and educate teachers while in high school, incentivize teachers to stay at the same center, and provide resources to family care providers offer promising methods to improving the quality and increasing the quantity of infant and toddler care in Ohio.

## **Public Problem and Background**

Ohio is a child care desert for infants and toddlers. A child care desert is defined as an area where there is less than one child care spot for every 3 children. In Ohio, there is only enough care for 24.1% of the state's youngest population (Jessen-Howard et al., 2018). Of the relatively few child care spots that are available, 75 to 80% of child care centers and family home providers do not provide enough attention and positive experiences to support healthy psychological development (Berks & Meyers, 2016, p. 228). The infant and toddler care crisis in Ohio is not a problem of quantity *or* quality, but both. There is severe shortage of even mediocre care.

In the state of Ohio child care centers and family home providers can choose to participate in the state's accreditation program, Step Up to Quality. Providers that participate are

ranked on a five-star scale. Depending on the curriculum used, teacher credentials, and staff to child ratios that are followed, centers accumulate points that correlate to the number of stars they receive. For providers that accept Publicly Funded Child Care (PFCC) their reimbursement rates are determined based on how many stars they have. As of July 1<sup>st</sup>, 2020, participation in the Step Up to Quality program will no longer be optional for providers that receive state funding.

Providers that accept PFCC must have at least one star in 2020 and three stars in 2025 (Candisky, 2018).

While the Step Up to Quality mandate is an attempt to improve the quality of care provided to Ohio children, simply raising the requirements isn't enough to create an improvement. The problem is not that providers are not held to a high enough standard, but that they do not have enough to work with. The mandate was announced in 2012 (Evans, 2018). Providers have had nearly seven years to become accredited, and yet only 1 out of 4 providers that accept PFCC is star rated. With July 2020 fast approaching and the accreditation process lengthy, it is clear that not all centers will meet the deadline. If the mandate went into effect now, approximately 23,000 children would be left without care in Franklin County alone (Candisky, 2018). As it is unlikely that all centers will become star rated in the next 18 months, the shortage of child care for infants and toddlers is expected to worsen. Policy makers need to search for a solution to the growing child care shortage.

### **Policy Solution Alternatives**

The core of quality infant and toddler care is strong child caregiver relationships. The environment, class size, and family engagement are also important, but the relationships a child has with their caregivers are the foundation that everything else is built upon. If the state wants to address the quality of care provided to their youngest residents, then their priorities should focus

on the people that provide that care. High turnover and poor wages are characteristic of the industry. This constant churn and the poor quality of caregiving staff at many centers mean that infants and toddlers do not form the secure attachments that are needed for strong social-emotional development (Reidt-Parker & Chainski, 2015).

### **Option 1: Recruiting and Educating the Child Care Workforce**

Even if the state decided to spend money to build brand new facilities that could serve the thousands of children in need of quality child care, the problem would still not be solved because there is not enough staff to work at these facilities. The child care field is known for little pay, a stressful work environment, and underappreciation, all things that don't bode well for recruitment. With the recent changes to education requirements, staff now need expensive degrees to be lead teachers and administrators. The field no longer has the advantage of being accessible to nearly all with a high school diploma. However, despite its many shortcomings, it is an industry that is receiving a lot of attention. People are realizing that something needs to be done about the salary and respect that early childhood educators receive.

A Child Development Associate Credential (CDA) is a certification that child care professionals can receive after performing field work, taking courses, and passing a final test. CDAs come in specialized tracks based on a person's employment setting and the age of the children that they work with, such as infant/toddler or preschool. Obtaining a CDA is an important stepping stone in an early childhood educator's professional development. CDA programs take place at community colleges, some high schools, online, and through nonprofits. CDA credit can be transferred to obtain an associates or bachelor's degree (Council for Professional Recognition, 2017).

State dollars invested in Infant/Toddler CDA programs for high schoolers address two public problems: a lack of quality child care and workforce development. Programs like this exist, but they have not been conducted on a coordinated large scale with the unifying goal of recruiting more competent people to enter the early education field (U.S. Department of Education, 2015). While the impacts are beneficial, they are not immediate. It will take time for the students to enter into the workforce and for the program to build in size. In the meantime, the shortage of care will persist. However, this is not a reason to abandon the program as no solution will be an overnight fix.

### **Option 2: Reducing Turnover and Improving Retention**

States like North Carolina have tackled the turnover problem by using state funds to incentivize teachers to remain at the same center and pursue higher education. Through the state's Child Care WAGE\$ Program, qualifying teachers are given a salary supplement every 6 months, provided that they work at the same early education and care program. Prior to the WAGE\$ program, the full-time teacher turnover rate in North Carolina was 31%. In the 2017 fiscal year, the turnover rate for WAGE\$ participants was only 16% (Child Care Services Association, 2017).

By incentivizing teachers to remain at their current employer and supplementing their low salary, the state would improve the child care retention rate and consequently improve the quality of care provided to infants and toddlers. While North Carolina's program has proven benefits, the program is only helpful if it is able to secure consistent funding. The program does not build infrastructure; if the program dies its benefits die with it. With frequent changes in government leadership, it is likely that funding for such a program could be cut before it is able to create lasting change.

### **Option 3: Investing in Family Care Providers**

When parents are faced with the choice of what care is best for their child and family, many consider an in-home care or family care provider. Family care providers care for a group of typically 5 to 7 children in their own home. Many families prefer them because they often keep more flexible hours, cost less, and families can build a stronger relationship with one caregiver. A challenge that keeps many from becoming a family care provider is that they must now be a caregiver, child care administrator, and a businessperson. A CDA or college degree in child development does not prepare a person to run their own small business. Many people have the desire and ability to open their own home-based centers if given the proper tools.

Investing in family care providers by improving the resources available to them would lead to an increase in women owned business, more available child care spots, and improve the quality of care provided. Family care providers solve the problem of high turnover, as the only change in caregiver would occur if a provider went out of business. Also, if run efficiently, home-based care can solve the issue of poor pay for teachers and caregivers as there is such a smaller amount of overhead when compared to a child care center.

Companies like Wonderschool are capitalizing on the unique potential of home-based care. Wonderschool offers training and software to teachers that start their own in-home preschools in exchange for 10% of their tuition. Wonderschool works with private pay providers in California and New York, but a similar program could be devised by the state for providers that accept Publicly Funded Child Care in Ohio (Shulman, 2017). There is already a partial infrastructure in place with nonprofit organizations, like Action for Children that provide resources and trainings to families and providers.

## Policy Recommendation and Implementation Strategy

The alternatives discussed in this paper offer three unique solutions to tackle the same problem of limited and poor-quality child care for Ohio's youngest residents. Options 1 and 3 attempt to change public behavior through capacity building, whereas option 2 incentivizes teachers to remain at their current employers. Below, the alternatives have been organized using a goals and alternatives matrix.

### *Goals and Alternatives Matrix*

Alternative Name	Increase Quantity	Improve Quality	Political Feasibility	Implementation Feasibility	Total
Status-Quo	1	1	5	5	12
Education	3	3	3.5	3.5	13
Turn over	2	4	2	4	12
Investing in Family Care Providers	4	3	2.5	3	12.5

The alternatives were evaluated based on how many infant/toddler spots they would create and the extent to which they would improve the quality of care provided. This is measured via increased staff education and lowered turnover, as the quality of care is dependent on the quality of staff. The program's ability to be politically feasible and successfully implemented by the bureaucracy has been considered. A program that is great in theory, but impossible to put into practice has no value. The cost of the program relative to its impact has been taken into account in its political feasibility score.

### **Effectiveness**

In terms of increasing quantity, option 3 would be most successful because it would directly create additional child care spots. Option 1 would increase quantity in the long term but would do relatively little in the near future. Replicating North Carolina's program would have little effect on the amount of child care spots as it focuses on keeping people in the field rather

than recruiting new people to join. While option 2 would do little to create more child care spots, the program would greatly improve quality by reducing turnover. Options 1 and 3 would have similar outcomes on improved quality because they both target staff education and training.

### **Feasibility**

Because the cost per participant is the highest for option 2 it received the lowest political feasibility score. Option 1 received a high political feasibility score because it combines the already supported vocational training for high schoolers with necessary workforce development for the child care industry. In regards to implementation feasibility, option 2 is very feasible because an identical program has already been put into practice in North Carolina. Option 3 would be a unique program to the public sector, so it is expected that there would be a greater learning curve when developing the program. All three alternatives have their merits, but when taking into consideration all evaluative criteria, option 1 is the best solution.

### **Implementation**

Implementing this type of program would require a coordinated effort on the parts of school districts, community colleges or nonprofits, early education programs, the Ohio Department of Education (ODE), and the Ohio Department of Jobs and Family Services (ODJFS). To successfully implement this type of program, funds need to be secured to incentivize school districts to open CDA training programs. Funds should be adequate, so the program does not present itself to be a burden, but as an asset to the district. The program should prioritize low income high schools as the students there better reflect the community and culture of the infants and toddlers that the program is trying serve. Child care centers that would be willing to host students for their 480 hours of field work need to be identified. As there is already a database of all licensed child care centers, and every center has an ODJFS licensing specialist

assigned to them, this should not be a challenge. Centers that participate in the program should be rated at least 3 stars, so students learn the standard that is required when the final Step Up to Quality mandate goes into effect in 2025.

### **Conclusion**

The issue of poor and limited infant and toddler care in Ohio is not a problem that is going to solve itself, nor is it one that only troubles the parents of children in need of care. When children win, everyone wins. Low income children who do not receive a bright start in life are more likely to be sentenced to prison for a violent crime, repeat a grade, and drop out of school (Heckman, 2012). This is an issue that affects the entire community. Encouraging and preparing more people to go into this field is a step in the direction of improving the lives of Ohioans now and in the long-term.

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