

Child Care Subsidies and the Stability and Quality of Child Care Arrangements

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**Maryland-Minnesota Research Partnership:
Early Care and Education Choices, Quality and
Continuity for Low-Income Families**

Child Trends and University of Minnesota
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Research Questions

- MD-MN Research Partnership overall objective:
Increase understanding of parent child care decision-making and the quality and stability of care arrangements, particularly for low-income families.
- Specific research question: How is subsidy receipt related to:
 - Stability of child care arrangements
 - Number of providers used concurrently
 - Quality of care



Data and Sample

- Longitudinal survey of parents in Minnesota
 - Low-income families, some of whom received child care subsidies
 - Focal child under age 6
 - 5 waves over 2-3 years (about six months apart)
- Matched program administrative data on subsidy receipt (98% match rate)
- 323 families in Wave 1



Analysis Methods

- Longitudinal data: we observe child care arrangement(s) and subsidy receipt in each survey wave
- Child fixed effects model:
 - Controls for observed and unobserved characteristics of families that don't change over time
 - Reduces selection bias
 - Control for family and child characteristics that change over time.

	Percentage receiving subsidy	N (obs)
Wave 1	37.5	323
Wave 2	39.6	250
Wave 3	42.2	218
Wave 4	38.8	196
Wave 5	33.6	146
Pooled	38.6	1133

Changes in Subsidy Receipt between Survey Waves (Percentage of children)

There was substantial movement in and out of subsidy receipt between survey waves.

Survey receipt is based on administrative data.

	Percent who exit subsidy	Percent who enter subsidy
Wave 1 to 2	31.6	21.1
Wave 2 to 3	24.7	19.8
Wave 3 to 4	21.8	12.7
Wave 4 to 5	24.6	5.9
Pooled	26.1	16.0

Measures

- Stability of care:
 - Change in child care arrangement between survey waves
 - Primary provider (used most often)
 - Any provider
- Number of providers
 - Include both subsidized and not subsidized
- Parents' perceptions of quality of care
 - Based on a factor analysis of parent responses to questions about the characteristics of care



Results I: Changes in Primary Provider between Survey Waves

- Many children changed primary providers between waves.
- However, in the Fixed Effects OLS model, subsidy receipt was **not** statistically significant, controlling for family and child characteristics.

Percentage who changed primary provider between the survey waves		
Subsidy status in first wave of pair	Not receiving subsidy	Subsidy recipients
Wave 1 to 2	62.5	46.9
Wave 2 to 3	60.3	40.9
Wave 3 to 4	52.3	38.5
Wave 4 to 5	58.8	36.8
Pooled	58.9	41.4

Results II: Number of Subsidized and Total Providers Per Child By Survey Wave

- Many children had more than one provider concurrently.
- However, in the Fixed Effects OLS model, subsidy receipt was **not** statistically significant, controlling for family and child characteristics.

	Subsidy Recipients		Not receiving subsidy
	Number of subsidized providers	Total number of providers	Total number of providers
Wave 1	1.08	1.73	1.84
Wave 2	1.07	1.72	1.70
Wave 3	1.11	1.93	1.72
Wave 4	1.07	1.66	1.89
Wave 5	1.06	1.71	1.90

Quality Factor Analysis: Survey Questions about the Child's Primary Care Setting

1. Please think about when [child] is at [primary provider] and choose the answer that best represents **the experience you believe [CHILD] is having there:**
 - The caregiver provides activities that are right for my child and fit my child's needs
 - My child gets a lot of positive, individual attention
2. **How often would you say [primary provider] does each of these things:**
 - Has teachers and caregivers with formal education and training to work with young children?
 - Provide a warm and caring environment with positive relationships between teachers and caregivers and children?

Responses for both sets of questions were (1) Never (2) Rarely (3) Sometimes (4) Usually, or (5) Always



Full List of 17 Questions about the Child's Care Setting Included in the Factor Analysis

Responses for both sets of questions were (1) Never (2) Rarely (3) Sometimes (4) Usually, or (5) Always

Please think about when [child] is at [primary provider] and choose the answer that best represents the experience you believe [CHILD] is having there:

- My child gets a lot of positive, individual attention
- My child likes the caregiver or provider
- There are lots of creative activities such as art, music, dance, and drama
- The caregiver provides activities that are right for my child and fit my child's needs
- My child is learning new things and new skills
- My child gets a chance to run around and play outside
- My child watches television more than one hour each day"

How often would you say [primary provider] does each of these things:

- Talk with you?
- Use a curriculum or planning tool for teaching?
- Have a lot of books and learning materials?
- Provide a warm and caring environment with positive relationships between teachers and caregivers and children?
- Help your child get along with other children?
- Track your child's learning and development using an assessment tool?
- Have teachers and caregivers with formal education and training to work with young children?
- Have staff that are warm and friendly with your child?
- Enroll children from different backgrounds, for example, race, ethnicity, and religion?
- Have caregivers or teachers who speak your family's native language with your child?"

Results of the Factor Analysis

- The distribution of parent responses tends to be skewed towards “always” responses, particularly for characteristics like whether the child likes the provider and whether there’s a warm environment. However, there was a substantial degree of variation across respondents for the different questions.
- The primary factor identified in the analysis, with an eigenvalue of 3.94, clearly identified elements of quality, with all variables entering positively with the exception of watching more than an hour of television.
- There are varying weights placed on the different indicators of quality, with creative activities, activities that fit the child’s needs, learning new skills, a curriculum, books, tracking of development, staff education, and diversity having higher weights.



Results III: Difference in Quality Factor When Receiving Subsidy and Not

	Center		Family child care		Family, friend, or neighbor care	
Wave	No subsidy	Subsidy	No subsidy	Subsidy	No subsidy	Subsidy
1	0.40	0.72	-0.11	-0.08	-0.63	-0.29
2	0.66	0.58	-0.36	-0.48	-0.47	-0.40
3	0.64	0.58	-0.18	0.38	-0.71	-0.47
4	0.69	0.42	-0.03	0.02	-0.68	-0.82
5	0.54	0.75	-0.06	-0.01	-0.65	-0.19
Pooled	0.58	0.60	-0.15	-0.03	-0.62	-0.44



Child Fixed Effects OLS Regression Model for Quality Factor (as dependent variable)

- Subsidy receipt is associated with higher quality factor score.
- After controlling for type of care, subsidy receipt still has a positive coefficient estimate.
- OLS model also controls for child age, number of adults and children (of different ages), employment status, and welfare receipt.

	Model 1	Model 2 including type of care
Subsidy receipt	0.540***	0.148*
Type of care (center omitted)		
Family child care	---	-0.645***
FFN	---	-1.073***

Summary of Results

- Stability of arrangements was not different when children were receiving subsidy or not.
 - Changes in provider were very common between survey waves.
- Children often had multiple providers, regardless of subsidy receipt.
- When children received subsidies, they experienced higher quality care (based on the characteristics of care reported by parents).



Conclusions

- Studying the relationship between subsidy receipt and outcomes such as quality and stability of care is challenging because of selection issues.
- There is a high level of instability and use of multiple providers regardless of subsidy receipt.
- This study confirms other work that finds that subsidies allow parents to access more formal care, particularly centers, and higher quality care.
- Whether the new CCDBG policies can increase stability or the quality of care will depend on complex interaction of parent preferences and constraints, provider availability and responses, and market forces.



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