

iaaeyc Iowa Association for the
Education of Young Children



2023 Iowa Child Care Workforce Study



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EXECUTIVE SUMMARY

Iowa's child care providers are committed to work they find meaningful, and the majority would like to remain in the field as long as possible. Unfortunately, as with many other states in the US, we are struggling with severe child care challenges in staffing, including high turnover rates and low compensation that are sending many providers to other employment. We need to implement solutions that help recruit and retain high-quality child care providers so that Iowa's youngest children have the care they need while their families are working. Critical solutions require quality data to inform decision-making.

The purpose of this 2023 Iowa Child Care Workforce Study was to generate a deeper understanding of who Iowa's child care workforce is and the challenges they are facing. Using a comprehensive approach including statewide surveys, in-depth focus groups and interviews, and a thorough review of administrative databases containing information about our workforce, this report provides highlights and recommendations designed to inform critical solutions for Iowa.

Working in partnership with an advisory group comprised of representatives from Iowa's Department of Health and Human Services, Child Care Resource and Referral, Iowa Workforce Development, and Early Childhood Iowa, the study team at I2D2 developed and collected information from home- and center-based providers including over 5,000 voices using diverse data collection methods. Findings revealed three main themes: First, provider compensation is too low to support a sustainable workforce and a raise in compensation cannot be affordably paid for by the families in care. Through every data collection approach, compensation (including benefits) was identified





as the primary limiting factor to a sustainable child care business. Recommendations for sustainable approaches to raise compensation for providers are provided, and a call to action for statewide investments is included in this report.

Second, providers need more readily accessible information about existing programs that are available to support child care businesses including effective models of recruitment and retention. There is currently no common place where this information exists, and many providers are unaware (or misinformed) about how they might advance their work.

Lastly, to better monitor and inform comprehensive solutions to our child care challenges we need more regular and reliable data about the workforce. The review of administrative data systems identified opportunities to use some data that is already collected, and also highlighted opportunities to improve these data over time. Reliance on survey and focus group feedback is useful, but costly and time intensive. Future work would benefit from advancing access to the administrative data systems that could be integrated in strategic ways to monitor our investments and program or policy changes.

Several key recommendations and concrete action steps were developed in collaboration with the project advisory group. These include finding sustainable ways to raise child care provider compensation and provide access to benefits (including potential redirection of more costly but less sustainable public supports), advancing professionalization of the field and improving work environments, improving communications about successful child care models and access to workforce supports, and building more routine ways to collect and analyze workforce data to track and monitor our efforts.

Background

Iowa's child care providers are committed to work they find meaningful, and the majority would like to remain in the field as long as possible. Unfortunately, our families, child care providers, and employers as a whole are facing severe child care challenges, not unlike those in other states across the US. Iowa is among states with the highest rates of all parents (or the only parent) in the home who are also working (76%), and Iowa has a very low unemployment rate with many employers seeking additional workers (U.S. Census Bureau). Providing high quality child care for the over half a million children in Iowa under the age of 12 (with 236,000 under age 5) has been recognized as one of the biggest challenges to growing Iowa's economy.

Governor Kim Reynolds launched a strategic Child Care Task Force comprised of public and private stakeholders across the system to identify potential solutions for Iowa's child care challenges. Recommendations from that Task Force included strategies to (1) guide businesses' assistance for employees accessing child care, (2) assist child care providers in efficiently managing their business and overcoming regulatory barriers, (3) facilitate families' access to high quality child care, and (4) invest in the child care workforce (Office of the Governor of Iowa, 2021). The Child Care Task Force, created at a time of heightened attention to challenges facing many businesses to ensure an adequate



workforce, reflects one of many ongoing efforts to identify and implement diverse strategies to strengthen Iowa's child care system.

Multiple initiatives to strengthen Iowa's child care system and enhance child care quality have been undertaken over the last quarter century. In the early 2000s, researchers and state child care administrators from Iowa partnered with peers from Nebraska, Kansas, and Missouri to form the Midwest Child Care Research Consortium (MCCRC) designed to examine overall quality and availability of child care across the four states, as well as factors contributing to quality (Raikes, 2004). This work revealed severe shortages of child care availability and accessibility and overall poor levels of quality across Iowa. In response to this early work, Iowa first implemented a Quality Rating System (QRS) in 2002. Several efforts since that time have strengthened the use of QRS and related quality improvement efforts. Recently, state leadership launched a revised rating approach - Iowa Quality for Kids (IQ4K) in April 2022. This advanced quality rating

and improvement system outlines five levels of quality that programs can achieve and includes a continuous quality improvement system, implemented by Iowa's Child Care Resource & Referral (CCR&R) partners, that guides child care programs to assess their current performance across all areas of programming and develop a plan to increase the overall level of program quality. As of July 2022, 4,661 child care programs were listed with Iowa's CCR&R system. These programs include 2,237 Registered Child Development homes (572; 21% participating in IQ4K); 564 Child Care Homes; 362 Department of Education Preschool Centers (51; 14%), and 1,498 Licensed Child Care Centers (618; 41%). Participation in IQ4K provides child care programs consultation and guidance on program quality, as well as financial incentives for achieving higher levels of quality.

Investments in the child care workforce have been ongoing as well. Notably, both the T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood Iowa® and Child Care WAGE\$® Iowa programs are now available statewide. These are evidence-based programs licensed and housed by the Iowa Association for the Education of Young Children, a National Association for the Education of Young Children affiliate, developed by the Child Care Services Association (2023). T.E.A.C.H. is a comprehensive scholarship program that can assist child care providers to

earn degrees, certifications, and credits that can then facilitate participation in the WAGE\$® program. T.E.A.C.H. provides support for education, compensation and retention of the child care workforce. WAGE\$® is an evidence-based salary supplement program designed to stabilize the child care workforce by boosting the earnings of individual providers with demonstrated commitment to the field. WAGE\$® also supports stability in the field and continuity of care for children by slowing the rate of teacher turnover. Together, these programs provide a step toward enhancing the qualifications of our child care workforce and, in turn, their salary capacity.

To better inform these ongoing efforts, a statewide child care workforce study was conducted in 2016 to understand the



21%
Registered Child
Development Homes

14%
Department of
Education Preschool
Centers

41%
Licensed Child
Care Centers

**Participate in Iowa
Quality for Kids**

current state of Iowa's child care workforce (Iowa Association for the Education of Young Children; Iowa AEYC). The study included a survey of center directors designed to describe the child care workforce demographics, education level, and duration of service in the field; working conditions and wage averages for child care providers; and participation in the QRS system. Recommendations from the 2016 study included increasing funding for and participation in the T.E.A.C.H. and WAGE\$® programs to address the low compensation and high rates of turnover for child care providers, requiring a minimum level of education (associate's degree) for child care directors, increasing incentives for QRS participation, and increasing reimbursement rates for child care assistance.

Given recent investments in Iowa's child care system, including emphasis on quality and workforce improvements through the Governor's Child Care Task Force, there was a need to revisit the state of Iowa's child care workforce. The current Iowa Workforce Study was conducted in 2022-2023 to provide a description of Iowa's child care workforce as of 2023. Three goals guided the study, including: (1) extend and compare findings from 2016 study, (2), understand more about home-based providers (who were not included in the original 2016 study), and (3) focus on understanding more about incentives and retention strategies that have been successful and/or could be expanded to support our ongoing challenges. Specifically, both center-based and home-based child care providers were surveyed in 2022 and included in focus groups to better understand the strengths and needs of this workforce. Additionally, a set of focus groups and structured interviews with center directors in early 2023 emphasized understanding recruitment and retention strategies. This diverse approach afforded opportunities to compare the motivations, working conditions, and commitment to the field between a variety of child care providers across the state of Iowa.



METHODS

Throughout this report we use the term “child care workforce” to include anyone who provides direct care or runs a business providing care in either home or center-based settings for young children while parents are working. To comprehensively study the child care workforce in Iowa, data collection was done in three stages, each with a different method and sample (see Figure 1). First, an online survey was developed to capture responses from past and current workers in all types of roles and settings. Second, a set of focus groups with home-and center-based child care providers was conducted during the 2022 Iowa Association for the Education of Young Children (Iowa AEYC, an affiliate of the National Association for the Education of Young Children) fall institute. Third, an additional set of focus groups and structured interviews was conducted with child care directors. Taken together, these methods and samples provided information from different participants in the field, providing a complete view of the state and needs of the Iowa early child care workforce.

Statewide Survey For All Providers

An online survey was distributed to the Iowa workforce, broadly defined to include current and past workers in a variety of positions and types of programs. The questions were developed based on findings from the 2016 survey and current stakeholder priorities, particularly capturing the experiences of home-based providers. A pilot of the survey was tested internally and with external stakeholders and revised accordingly to ensure accuracy and ease of completion. Between August 16th and September 9th of 2022, the survey opened statewide and was distributed online using information about the workforce from Iowa’s Early Childhood and School Age Professional Workforce Registry (I-PoWeR), the state’s workforce and training registration system. Participants were compensated after completing the survey with a gift card.

FIGURE 1. NUMBER OF PARTICIPANTS BY DATA COLLECTION TYPE

Aug–Sep 2022	Oct 2022	Feb 2023
<ul style="list-style-type: none">• All workers• Home & Center (4,282 participants)• Online survey• State-wide	<ul style="list-style-type: none">• ECE providers• Home & Center (26 participants)• 4 focus groups• At Iowa AEYC fall institute	<ul style="list-style-type: none">• Center directors (37 participants)• 8 focus groups• 3 interviews

Respondents were asked about their personal characteristics, family characteristics, program and service use, engagement with the field, and their needs to remain in the field. The survey also included opportunities for open-ended responses, which provided rich qualitative data to shed further light on the unique experiences of providers across the state.

In total, 4,282 current or past child care providers answered the survey, showing high engagement of respondents and providing a representative sample of the workforce. Importantly, there were at least two respondents from each of Iowa's 99 counties.

Provider Focus Groups

To supplement learning from the provider survey, the team conducted a total of 4 focus groups over the last weekend of September 2022 during the lunch break of the 2022 Iowa AEYC Fall Institute (convenience sampling). Recruitment information was posted on Iowa AEYC's social media in advance of the institute and printed in the program. The team also displayed a poster of the recruitment information at the institute and invited people during the transition to lunch.

A total of 26 participants were recruited for the focus groups. There were two groups with center-based directors and educators comprising a total number of 9 participants. Among them, one participant mentioned it was hard to find her fit since she represents a center that serves school-age children. An additional 17 providers participated in two home-based focus groups. Among them, only 1 participant claimed that she no longer works as a home provider, but she had been a provider for years.

Focus group discussions were recorded, transcribed, and coded. Transcriptions were coded and grouped revealing four main themes: (1) pay (i.e., financial

compensation), and the WAGE\$® program; (2) other benefits including insurance, retirement, and paid leave; (3) education, professional development, and the T.E.A.C.H. program; and (4) commitment to the field/reasons for staying in the field. Each theme was analyzed using NVivo (a qualitative analysis software). Inductive subthemes emerged under each theme. The subcategory in which the quote was organized is included with the quote.

Director Focus Groups

Focus groups were also conducted with a sample of center-based program directors to capture perspectives from administrators. A list of active licensed center-based programs was retrieved from the Iowa Department of Health and Human Services website in January of 2023. Directors were originally invited via email to participate using a stratified targeted approach to recruit a representative sample across three criteria areas: whether they accept child care assistance (CCA) or not, if their county of service is rural or urban, and based on their QRS



participation. While program size was not a formal strata, programs of varying sizes (<50 to 100+) were invited. Unfortunately, initial recruitment yielded a low response rate, thus stratification of the sample was relaxed and any willing respondents were included (See Appendix C for a full report of the focus groups).

A total of 37 directors representing 37 different programs participated in 8 focus groups in February 2023. The focus groups were conducted via Zoom, recorded, and transcribed for analysis. In the final minutes of each focus group, participants were provided with a short online survey to answer questions specific to the number of staff they had, minimum education requirements for various staff positions, and pay and benefits for each staff position.

Director focus group data were coded using deductive themes informed by the prior survey and provider focus groups collected in the Fall 2022. Each theme was analyzed across the director focus groups and subthemes emerged under each theme. The coding team then met to compare codes and subthemes, and determined that related, but unique themes were required to best organize data from the administrator focus groups compared to the themes that were found from the provider groups. The coding scheme identified the following major themes in the director focus group data: (1) financial compensation and the WAGE\$® program; (2) other benefits (e.g., health insurance, retirement investments); (3) recruitment, retention, and long-term commitment to the field; (4) Education, T.E.A.C.H., and succession planning; and (5) emerging additional topics.

Administrative Data System Review

In addition to the above data collection, a series of data discovery sessions were conducted to understand more about the potential of future efforts to use administrative data in support of statewide child care studies. Given the costly and time consuming nature of survey and focus group work, this effort aimed to determine feasibility and opportunity for capitalizing on sets of data that already exist. This work involved the identification of relevant data systems, structured interviews with data stewards, and the creation of recommendations and next steps that aligned with findings from the current data collection efforts.



RESULTS

The following summary provides details about what was learned across all the data collection approaches for the 2023 Iowa Child Care Workforce Study. This summary captures highlights that are synthesized from across the child care provider survey (see Appendix A for full details of survey findings), the home- and center-based provider focus groups (see Appendix B for full details of focus group findings), and the center-based administrator focus groups (see Appendix C for full details of the administrator findings). Appendix D provides details about the data discovery process and recommendations for future administrative data integration to support workforce improvement efforts.

The survey and focus group findings are summarized across four main topic areas:

- Who is our child care workforce?
- What are their primary reasons for working in child care, and why do they leave?
- Wages and compensation are not enough.
- Education promotes stability in the field.

Who is Our Child Care Workforce?

The provider survey (See Appendix A) sampled over 4,200 workers across child care homes and centers to get a general idea of who is providing care for our youngest Iowans. Results suggest several patterns that help us understand who they are; where they work; their training and education background; and their financial status including compensation, access to benefits, and use of other public services.

Access to benefits through their job was also assessed through the provider survey (see Table 1). These data highlight important differences between home- and center-based providers, and between those that are married or unmarried. Providers working in centers received more benefits overall, compared to those in home settings, however home-based providers more often report paying for professional development compared to providers in centers.

TABLE 1. PERCENT OF PROVIDERS REPORTING ACCESS TO BENEFITS THROUGH THEIR JOB

	Center	Home
Health insurance	44.1	13.2
Dental insurance	33.6	7.1
Paid time-off	70.1	49.5
Paid sick days	43.8	36.5
Professional development	26.6	31.1
Tuition/college courses	14.8	12.8
Retirement	39.6	16.5



Child Care Workers

- 96% female
- 86% white
- 98% primarily speak English
- 46% unmarried (with only 12% divorced, separated, or widowed)
- 23% have no college experience (with only 2% still in high school)
- 48% of provider respondents in the survey reported having an associate's degree or higher



Use of Other Public Supports

- Over 50% of providers report that they have used at least 1 public benefit to support their family (e.g., Medicaid/Hawk-I, WIC, SNAP, CCA)
- Over 30% of providers are currently receiving Medicaid
- Unmarried providers and those working in home-based settings are more likely to report using public services to meet their needs



Employment Status

- 56% working full-time and 12.5% part time
- 20% of providers are self-employed
- 54% have been in their current position in child care for 5 years or less; with most of those between 0-3 years
- 17% have at least one other paid job in addition to their child care job, and this was highest among home-based employees (with 28% having additional jobs)
- Most are center-based employees (66%) or owners (3%), with 25% owning or working in child care homes
- Most provide care for children ages 0-5, with 34% reporting they provide care for school-aged children



Financial Status

- While 54% of providers report they are "getting by alright," over 22% indicate they are having some financial difficulties
- 53% have an annual household income below 200% of the federal poverty line for a family of 3 (i.e., less than \$50,000/year), which is the average household size for a child care provider in Iowa
- Over 80% of unmarried providers have a household income under \$50,000/year, with 55% of them under \$30,000/year
- Perceived financial well-being varies by marital status, with 28% of non-married members of the workforce reporting financial strain
- 17.5% of providers reported having a second job

Within the home-based provider group, most married respondents receive health insurance (69%) and dental insurance (64%) through a spouse or partner, while unmarried providers most often use governmental supports (61% and 59%, respectively).

Retirement benefits appear to be the biggest gap for providers across all provider types. Overall, most providers do not have retirement benefits, including 82% of unmarried home-based providers and 61% of all providers in center-based settings (regardless of marital status).

“If you lose the good assistants then all of the work is on the leads and then they burn out and then they leave. I have two amazing assistants that I would literally die without... I was so excited that they're finally getting paid more, please make them not quit.”

What Are Providers' Primary Reasons For Working in Child Care, and Why Do They Leave?

Overwhelmingly, providers report seeing their work as meaningful and seeing themselves as contributing to children's development and families' well-being as primary reasons they are in the field. Across data sources and provider types, a strong commitment to children and families was evident.

“It's not just providing quality childcare. It's also providing the relationship with the families, the trust, and that extra support.”

[Home-based provider, Focus group 1001]

“I'm a lifer.”

“So am I, because what you receive back from it far outweighs the pain that you get. We have a love for the children.”

[Center-based provider, Focus group 0930]

Although one quarter of providers reported being in their current position for a year or less, more than half have been in their current position for over 5 years. 30% of respondents have been in their current position for 10 or more years. Administrators frequently commented on a core group of teachers who had worked for them long-term.

The juxtaposition of high turnover of individuals entering the field or new positions and high commitment for those that make it through the first few years highlights the importance of supporting the initiation phase for providers entering the workforce. Frequent turnover within individual programs and across the field, a churning of sorts in the workforce, has multiple costs. In addition to the financial impact of hiring and training new individuals regularly, it is impossible to establish a high-quality, well-trained workforce if a third of



that workforce is doing introductory training at any given time. Further, turnover among child care providers has a negative impact on the children in care (Cassidy et al., 2011) and the other staff.

Of those who have left the child care workforce, better compensation and benefits were identified as key for them being able to return to the workforce. Administrators corroborate this and identify low pay and challenging work as reasons for their current recruitment challenges. In addition to pay and benefits, former providers report they would return to work in child care if they had locations closer to their homes, better transportation to work locations, and better work environments.

“I have a lot of staff that have been here for years and years and years, which makes it really nice. The parents enjoyed that, and some of my staff even had the parents back in the day.”

[Administrator 202]

“One thing about my staff they’ve all been here a long time, I don’t have a very big turnover. They’re a great bunch of gals. I appreciate them everyday.”

[Administrator 503]

“We have staff that come in but leave after a few weeks, just can’t handle it.”

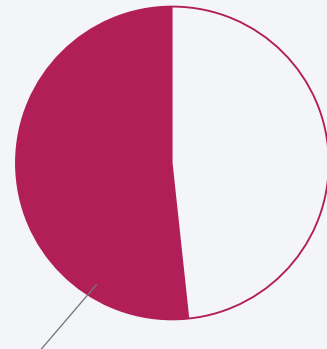
[Center-based provider, Focus group 0930]

“Yeah and if you lose the good assistants then all of the work is on the leads and then they burn out and then they leave. I have two amazing assistants that I would literally die without... I was so excited that they’re finally getting paid more, please make them not quit.”

[Center-based provider, Focus group 0930]

Retention in the Field of Child Care

- 89% of providers say they would choose this career again
- 78% report they stay in child care because their work is meaningful
- 62% plan to stay in the field as long as they are able, with more married providers and more home-based providers compared to unmarried or center-based
- Over 20% of providers say they are unsure if they want to stay in child care, or that they will stay until another event occurs (e.g., better job, become parent, children reach school-age)



52% of those who left said they would have stayed but compensation and benefits are not enough.

“I think it helps if you have another income. I am the only income so that’s hard”

*[Center-based provider,
Focus group 0930]*

“Too many difficulties [taking CCA], you know, it’s a very difficult decision. Do they deserve quality care? Yes. But does my family deserve to eat? Yes.”

*[Home-based provider,
Focus group 1001]*

“I do feel like we have to increase our hourly starting pay to compete with places that we lose staff to. Around here it’s Casey’s. So a gas station will start off their employees at a higher rate than us. Also, fast food, but then we do have some that we lose to some blue-collar jobs in this area. So, like factory assembly line work that starts off a lot higher that I don’t think we could ever compete with in the, you know, \$20 to \$25 range.”

[Administrator 602]

“I would say our biggest issue is our starting pay for our area. We start out at \$10, and then the teachers get \$10.25 an hour to start, so that’s our biggest concern. I’m lucky right now that I just happen to have a great group of people I work with, who show up every day, but when one does call in sick, or they need time off, it’s hard. I get pulled from room to room wherever I need to fill in.”

[Administrator 704]



Wages Are Not Enough

Across all data collection efforts, compensation was identified as the primary concern for sustaining our child care workforce. This section will outline specific findings about provider compensation, differences in compensation and benefits among types of providers and between 2016 and 2022 surveys, administrators’ criteria for raising wages, and perceived financial stability of providers (see Table 2).

A key finding of the study was that low wages are inhibiting workforce supply and stability, which in turn is directly decreasing program capacity to enroll children. Home-based providers report an average hourly wage of \$10.52. Center-based classroom staff—teachers and assistant teachers—report an average hourly wage of \$14.97 and \$12.68 respectively, whereas directors reported an average hourly wage of \$19.79.

Nearly 16% of home-based providers indicate they are facing financial trouble, with only 21% indicating they feel like they are financially managing well. Center-based employees, including administrators, perceive slightly better financial well-being with 15% reporting facing difficulties and 23.5% managing well. Providers currently in the workforce state that it is hard to make ends meet without a second job or a second income to support a household.



“ I’m lucky right now that I just happen to have a great group of people I work with, who show up every day, but when one does call in sick, or they need time off, it’s hard. I get pulled from room to room wherever I need to fill in. ”

TABLE 2. MEDIAN HOURLY WAGE OF CHILD CARE PROVIDERS BY EDUCATION LEVEL AND PROVIDER TYPE

	Median hourly wage	Associate’s degree or more	Some college but no degree	High school or less
Whole Sample (N=2,270)	\$14.00	\$15.50	\$13.50	\$12.38
Home-based owners (N=289)	\$9.09	\$10.00	\$9.54	\$7.27
Center Based (N=1,981)	\$14.25			
Director	\$19.00	\$20.00	\$17.78	\$17.00
Assistant director	\$16.82	\$18.25	\$15.00	\$15.00
Teacher	\$14.70	\$16.00	\$14.00	\$13.00
Assistant teacher	\$12.50	\$13.00	\$12.50	\$12.00

TABLE 3. COMPARISON OF FINDINGS FROM 2016 IOWA WORKFORCE STUDY

	2016 ^a	2022
Median income, Child Care Director	\$35,506	\$41,163
Median income, Child Care Teacher	\$18,720–\$24,960	\$31,137
Average income, Public School Teacher	\$54,470	\$59,581 ^b
Median female income, full time, IA	\$36,522	\$36,116 ^c

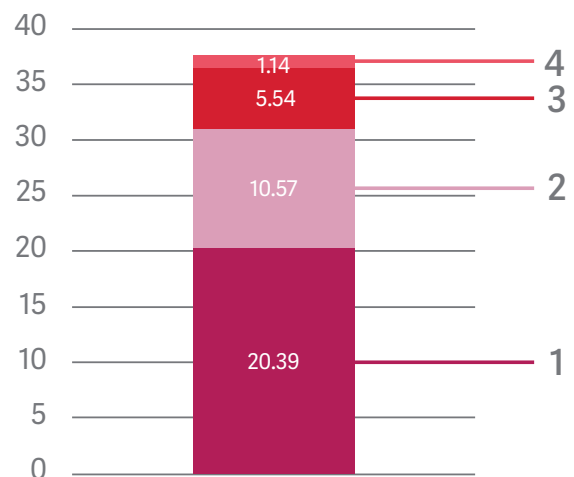
Note: In 2016, median income for teachers was reported in terms of median high end of pay scale and median low end reported by directors, whereas in 2022 median reflects the actual median income reported by teachers themselves

Sources: ^aIowa Workforce Study, 2016; ^bNational Educational Association Research, 2022; ^cUS Census Bureau American Community Survey, 2022

While results suggest wages have increased since the previous workforce study (see Table 3), providers and administrators continue reporting that these wages are insufficient to sustain a quality child care workforce.

Further, evidence suggests that providers making these wages rely heavily on other public services to meet their needs. In fact, 36.8% of providers report accessing one or more public benefits (e.g., Medicaid, child care assistance, supplemental nutrition assistance) to support their household (see Figure 2).

FIGURE 2. NUMBER OF PUBLIC SERVICES CURRENTLY USED BY CHILD CARE PROVIDERS





How Wages Are Determined

A set of hybrid focus groups/interviews and surveys of 37 administrators were used to glean further information regarding how initial salaries were set and how employees could earn higher wages. When asked in focus groups how administrators determined starting salaries of staff, education was the most mentioned characteristic of the employee, and approximately half of centers reported obtaining increased education as a way in which teachers move up the pay scale within role. However, this is likely underselling the value of education for career and salary advancement, as indicated by the minimum education levels directors reported hiring in for different positions. While no responding administrators required degrees for assistant teachers, 35% required an associate’s degree or more for lead teachers (10% requiring a bachelor’s or more). Thus, additional education holds both the potential to increase pay within a role, but also opens opportunities to advance into better paid roles (see Figure 3).

Of the 37 administrators interviewed, only 2 reported differential wages by age of children served, with teachers of preschool-age children paid the highest average salary.

“ You know there’s a Subway that’s opening up by us, and it’s going to start at \$14 an hour. And people can say what they want. ‘Oh, no nights, no weekends.’ It does not matter if they can’t pay their bills. They’re going to go to the job that’s going to pay their bills and that’s just a fact, and I can’t fault them for that...They have to be able to pay their bills. ”

FIGURE 3. MEDIAN HOURLY WAGE REPORTED BY TEACHERS AND ASSISTANT TEACHERS BY DEGREE HELD

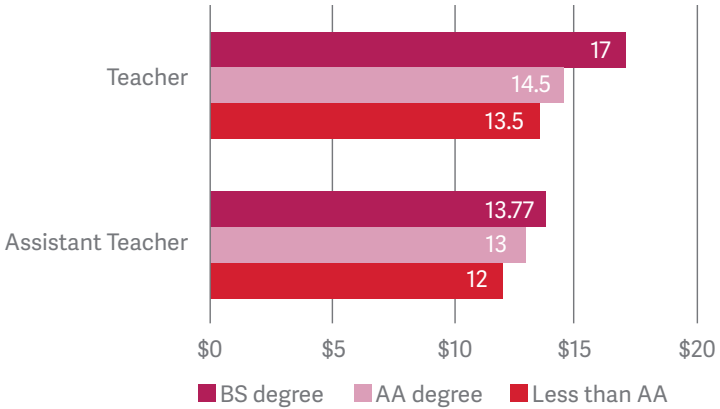
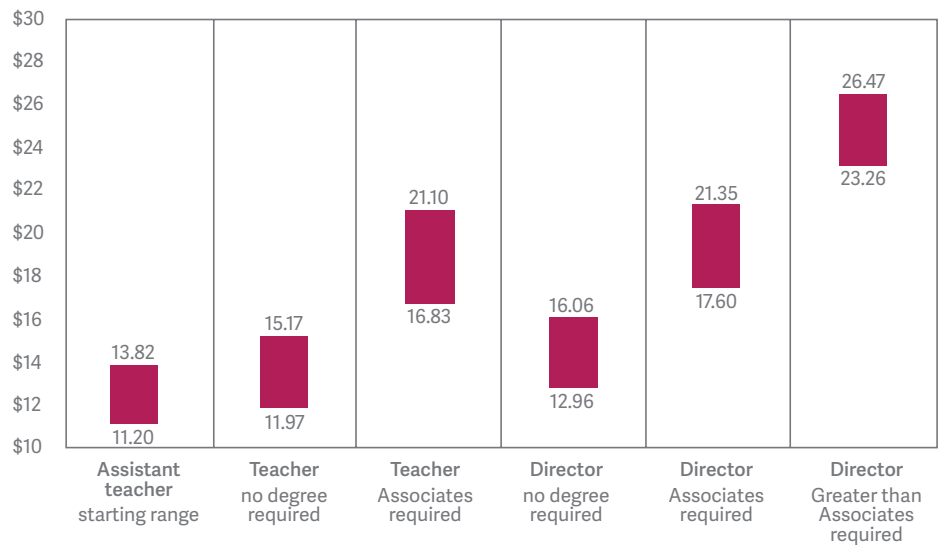


Figure 4 and Table 4 display median hourly wages as reported by child care providers by type/degree and by age group served, respectively. These data may best illustrate the confluence of how education and experience influence provider job roles and the ages they serve, and the most complete picture of variability across providers.

For example, among teachers the highest median hourly wage is for preschool lead teachers, which includes some teachers in child care classrooms partnered with the statewide voluntary preschool program (SWVPP). This would require that teacher to have a bachelor's degree. State funding for the SWVPP is not reliant on parent fees, so it is logical to assume compensation is better. Child care providers in school age programs are the most likely to be younger, part time workers with limited education, including high school students.

FIGURE 4. STARTING WAGE RANGE BY CENTER'S DEGREE REQUIREMENT



Note: Range was calculated using mean low end of salary range reported and average high end of salary range reported; *the majority of centers responding reported requiring an AA degree, with just a 3 requiring a BS, so these categories were collapsed.

TABLE 4. MEDIAN HOURLY WAGE BY PROVIDER TYPE AND AGE SERVED

	Median Hourly Wage	Infant/Toddler	PreK	Multi-Age & School Age
Teacher	\$14.70	\$14.00	\$15.00	\$14.00
Assistant teacher	\$12.50	\$12.00	\$12.50	\$14.00



Existing Salary Support Programs

Administrators and providers alike were quick to express appreciation for recent enhancements to salary support programs during focus groups. More than half of administrators who participated in focus groups reported individuals in their center receiving WAGE\$®, and 21% of center-based teachers reported that they participated in the WAGE\$® program. While many expressed the benefits of these programs, they also noted limitations of these approaches as long-term solutions.

“Well, I thought it was a great thing. It’s been a great thing for my long-term staff. What I ran into was staff leaving immediately after they got that bonus, within 2 to 6 weeks.”

[Administrator 401]

“The WAGE\$® check—your amount is tied to what your centers’ IQ4K or QRS level is, and I am not a fan of that. I feel like if you are college educated and working in a low-paying field, that the amount of your checks should not be based upon what it is that your administration can pull off for a level because there are barriers to IQ4k and there are barriers to QRS including the trainings and things like that if you can’t afford for your staff to do them afterwards, because technically, if they’ve worked 40 hours, that legally should be overtime, that you’re paying them to do those trainings. So if you can’t do that, or afford to do that, then that can be a barrier for some centers that might not be able to get a higher

IQ4k or QRS level rating so but there’s still college-educated staff working at a license center. So I would like to just see the you know, if you’re working at a license center and you’re college educated that you’re eligible for that.”

[Administrator 403]

There were other challenges shared about these programs, including a hesitation to relying on them as a short-term fix to a larger problem. When asked directly how they had used recruitment and retention bonuses to recruit new staff, most directors were clear that they had chosen not to. Some of the reasons for hesitation included the six month wait to receive a bonus and fear that they would make promises and then the money would dry up and not be available. A general hesitance with short term or add on programs was also clear. Similar resistance was expressed about recent changes to adult-child ratios in care settings. Most administrators who commented (unprompted) on ratios explained that their programs had not changed to the new ratios, primarily to maintain quality in their program and their staffs’ working conditions. These findings suggest that financial investments and policy efforts may be more effectively allocated to increasing wages and, in turn, increasing the number and stability of staff so that programs may fully enroll to their desired capacity.

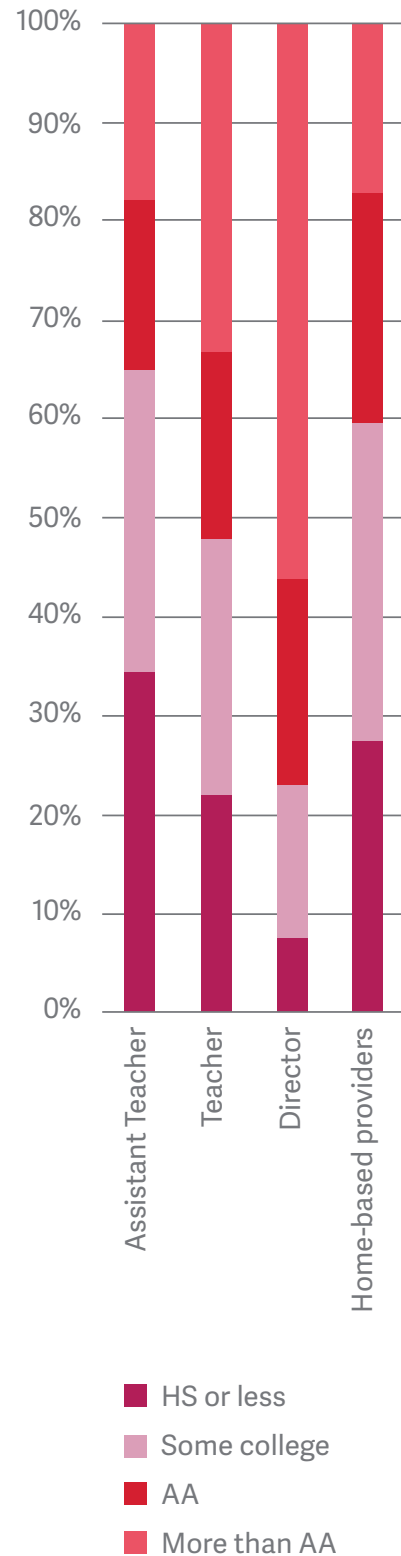
Education Promotes Stability in the Field of Child Care

As mentioned in the previous section, education is a key determinant of hourly pay and in determining appropriate roles for hiring. Of the 37 administrators who participated in focus groups/interviews, 13 indicated requiring an associate’s degree or more for classroom lead teachers, and 30 indicated requiring an associate’s degree or more for a director position. Child care providers who responded to the survey reported on their education level and role (see Figure 5). Among directors, 56.3% hold a bachelor’s degree or higher, and 33.2% of classroom teachers hold a bachelor’s or higher. Among assistant teachers, 35% hold an associate’s or higher. Education level for home-based providers varied, with about 40% reporting having an associate’s degree or higher. Of all child care providers, 11.46% report having completed a CDA.

Regarding further training, 47% of providers surveyed reported interest in taking further college courses related to early care and education; 12% report current enrollment in college coursework related to early care and education. Of those not interested in more courses (see Figure 6), 46.4% indicated not seeing any benefit for them. This percentage was particularly high among participants with high school or less (52%) and some college but no degree (54%), even though only 17% and 18.3%, respectively, reported achieving their education goals.

Respondents to the survey were encouraged to indicate barriers to participating in more coursework. Cost of courses (76.3%) and timing of when courses are offered (40.4%) were the most common barriers to accessing additional courses. It’s worth noting that 10-11% of respondents indicated child care cost and availability as barriers. Child care providers who indicated having taken any college coursework were asked to indicate all of the supports that were helpful to them in completing college coursework (see Figure 7). Family support (72%) and financial aid from the school (52%) or T.E.A.C.H. (36%) are the most important supports for completing coursework.

FIGURE 5. EDUCATIONAL ATTAINMENT OF PROVIDERS BY ROLE



Participants in the provider focus groups were quick to indicate an interest in further training and professional development apart from college coursework. This was particularly true for providers who saw themselves as in the later years of their careers (note - these focus groups were conducted at the Iowa AEYC annual institute, so the participants had all sought out professional development enough that they were attending. See Appendix B for full details of the focus group approach and findings).

FIGURE 6. REASONS WHY PARTICIPANTS ARE NOT INTERESTED IN MORE COURSES, BY EDUCATION (PERCENT)

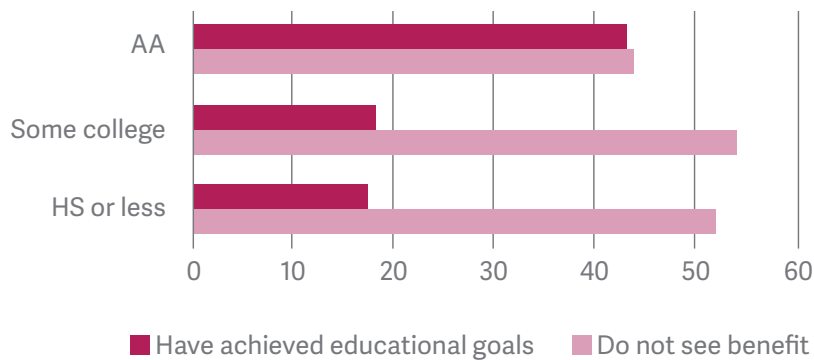
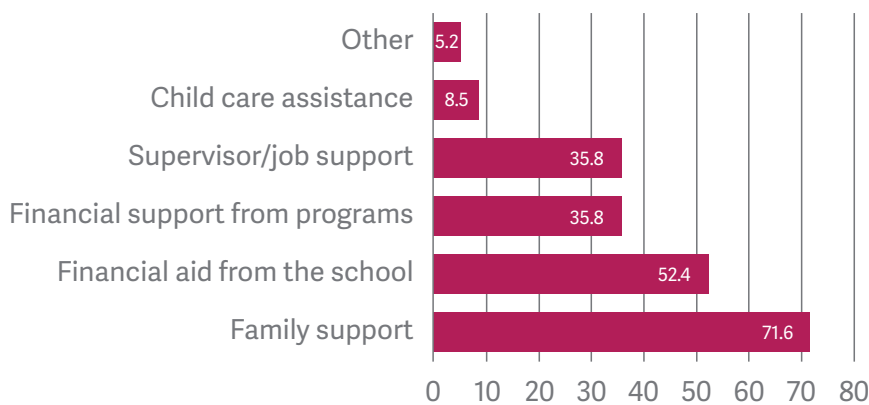


FIGURE 7. WHAT SUPPORTS WERE HELPFUL TO YOU IN COMPLETING COLLEGE COURSEWORK? (PERCENT)



“ [T.E.A.C.H.] It is an excellent program, there were days I feel like I was sinking and I could call my counselor and they would be like “nope girl you’re doing good, just keep it up” you know because you have a lot of doubts about yourself, especially at my age, going back to school. And having that back up and that help. ”

“I don’t want to go back to school. I’m 45... My life is too crazy and chaotic right now, but I love to take CCR&R classes and stuff like that to still learn...I have learning disabilities. And so, I get test anxiety until I don’t do very well on tests, but it’s not that I don’t know the material, it’s just I bomb tests and so when I take these other classes, I learned things but I don’t have to be necessarily tested on it and so I feel like I can learn a little bit easier and relax a little bit more. So, I like to do more of that kind of training and in my life right now, that’s the kind of training I want. I don’t want to go back to school.”

[Center-based provider, Focus group 0930A]

“Being in the field as long as I have, going back to school is probably not an option. At this point, I’m 3 years from retirement but I do like to go to this kind of training, also just because it helps keep you up-to-date on things that are going on.”

[Center-based provider, Focus group 0930A]

“We’ve utilized both programs here. And I do like about T.E.A.C.H. that there’s also some requirements, as far as staff sticking around if you participate, and so we’re able to, you know, retain those staff, and there’s some raises. And there’s different options you can pick as far as the T.E.A.C.H. program. But we’ve definitely seen benefit from that. They’re able to come back and share some things they’re learning, and some of their classes and implement that into the classroom, which is a great thing.”

[Administrator 101]

“[T.E.A.C.H.] It is an excellent program, there were days I feel like I was sinking and I could call my counselor and they would be like “nope girl you’re doing good, just keep it up” you know because you have a lot of doubts about yourself, especially at my age, going back to school. And having that back up and that help.”

[Center-based provider, Focus group 0930]

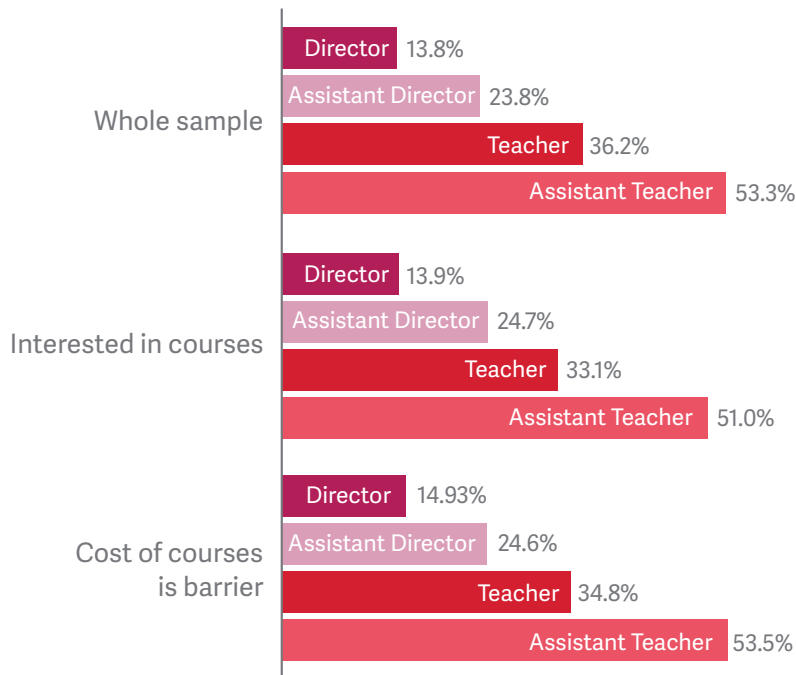
“I think the T.E.A.C.H. program was really good about providing support, they give you hours to be off the clock but you don’t take a cut in pay. And then the bonuses, like for student teaching I had to take off 5 months, like I couldn’t work at all for 5 months, not that it covered my salary but they gave me a big bonus when I finished. They did give me a big bonus to try to make up the lack of hours that I had, and I think without that taking time off to go to school, financially doesn’t make sense for a lot of people. And I am married, and if we didn’t get that bonus [it would have been hard].”

[Center-based provider, Focus group 0930]

T.E.A.C.H. as an Education Resource

Providers and administrators alike emphasized the value of the T.E.A.C.H. program. Administrators reported it was helpful in practical ways including teachers bringing back to the center what they learn in classes, and in meeting education requirements for quality rating levels. Providers further highlighted that the program not only helped them afford courses, but also gave them resources and support in navigating college registration procedures or periodic discouragement.

FIGURE 8. RESPONDENTS REPORTING THEY HAVE NOT HEARD OF T.E.A.C.H.



A large proportion of survey respondents were unfamiliar with the T.E.A.C.H. program (see Figure 8). Most notably, more than half of assistant teachers who were interested in courses and identified cost of courses as a barrier to further education also indicated they were unaware of the T.E.A.C.H. program. Given that assistant teachers, on average, have less education than teachers, they are prime potential beneficiaries of the program.



CONCLUSIONS AND RECOMMENDATIONS

Findings from this study were discussed with the Iowa Workforce Advisory Team across three separate meetings in March – May 2023. The group reviewed the findings in light of their experiences with child care providers and in the context of current statewide initiatives and efforts to address Iowa’s workforce. The group unanimously agreed that in the context of a statewide workforce challenge across sectors and service areas, we need to find and implement solutions for our child care providers to recruit and retain staff; *Iowa businesses cannot be productive if their workers do not have access to child care, and our child care providers cannot provide care if they cannot find staff.*

The following five recommendations were generated based on findings from this 2023 Iowa Child Care Workforce Study that also reflect national recommendations (Center for the Study of Child Care Employment, 2020):

1. We need to find sustainable ways to raise the wages of our child care workers.
2. The child care workforce needs access to benefits such as health insurance, paid leave, and retirement supports.
3. Ensure members of the child care workforce have a good work environment.
4. Ensure Iowa has a robust system for collecting ongoing data about the needs of the workforce.
5. Clarify misunderstandings about current programs that exist in Iowa to support child care businesses.



1. We need to find sustainable ways to raise the wages of our child care workers. The workforce is the foundation upon which the child care system is built. We must take care of those caring for our state's children in recognition of the critical work they do building brains and supporting our state's economy so the broader workforce can participate in the labor market. Child care is a broken market – parents cannot pay more but providers need to make more money to stay in the field. The cost of care must be recognized and addressed.

As learned through this study, wages are a driving force for individuals to stay in the field. Increased wages will decrease reliance on public assistance programs and increase retention in the field. Increased retention will alleviate staffing issues and allow programs to fill empty classroom slots which will ultimately increase program revenue.

Action:

- Strive towards pay parity with the K-12 system for teachers with equivalent qualifications.
- Continue to move towards professionalizing the early care and education workforce. Higher qualifications are a means to increased knowledge, skills, and tools to support effectiveness and a means to access higher income.

- Implement cost of care analysis. Move towards tying Child Care Assistance (CCA) rates to the cost of care and away from the market price of child care with the understanding that families of young children can't afford to pay more for care.
- In the short term, continue to align CCA rates with most current market rate study. CCA is an important part of the funding structure for child care.
- In the long term, consider moving away from a parent pay only model and towards one that identifies a cost per child modeled after the K-12's system of funding students.

2. In addition to competitive wages, the child care workforce needs access to benefits such as health insurance, paid leave, and retirement supports.

Action:

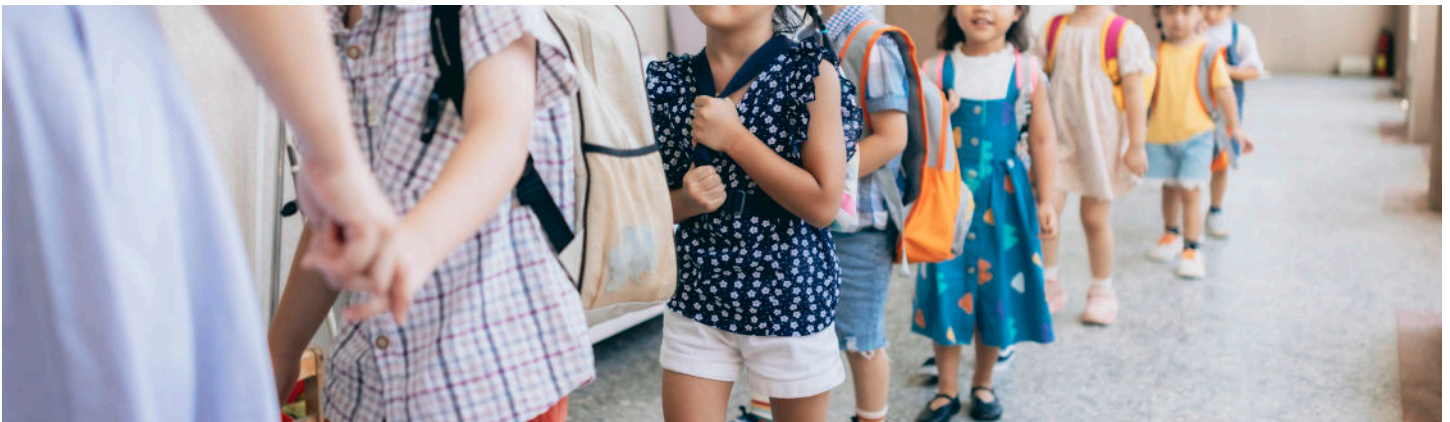
- Consider statewide support for education about, access to, and implementation of benefits that include but are limited to health insurance, dental insurance, short term disability insurance and retirement benefits.

“I have a lot of staff that have been here for years and years and years, which makes it really nice. The parents enjoyed that, and some of my staff, even had the parents back in the day.”

3. **Work to ensure members of the child care workforce have a good work environment.** This should include opportunities for ongoing professional development, policies and practices that support adequate onboarding, sufficient staffing, paid planning time, and the opportunity to shape the climate of the work place.

Action:

- Support business/workplace culture and best practice. Consideration should be given to entities already conducting this work who could offer increased quantity and robustness of these services.
- Collect and disseminate widely more information about successful ways providers are recruiting and retaining staff. It was clear there are success stories that have been implemented, but they are currently shared through word of mouth and not celebrated or replicated in any scalable way. If we work to highlight, document, and systematize efforts that ARE working, we may be able to support more child care businesses in the long-run. Pilot projects are also in place that could be taken to scale (e.g., child care subsidy pilot, shared services investments, and T.E.A.C.H. and WAGE\$® programs), but we need more efforts dedicated to showcasing, sharing, and generating replicable plans that can be sustained beyond the pilot efforts.





4. Ensure Iowa has a robust system for collecting ongoing data about the needs of the workforce.

In the absence of accurate data, policy makers only have anecdotal information and hypothesis to inform policy decisions. Without quality comprehensive data, it's impossible to answer key policy questions, much less develop estimates of the level of public funding needed to recruit and retain a qualified ECE workforce. The data discovery process in this project identified opportunities to capitalize on data that is already collected across disparate systems, and bring it together so that we have a more comprehensive understanding of the workforce.

Action:

- Identify a work group to garner executive leader support and dedicated data system team member time to gather these workforce data, integrate them, and use them for longitudinal child care workforce studies. Such work can evaluate the impact of efforts to support the workforce in a more cost effective and efficient way than surveys and focus groups.

“ I do like about T.E.A.C.H. that there’s also some requirements, as far as staff sticking around if you participate, and so we’re able to, you know, retain those staff, and there’s some raises. And there’s different options you can pick as far as the T.E.A.C.H. program. But we’ve definitely seen benefit from that. ”

5. We need to clarify (mis)understandings about current programs that exist in Iowa to support child care businesses. Findings from the survey and focus groups aligned to suggest that many providers are unsure or unaware of programs like T.E.A.C.H. or WAGE\$® to support their workers. Furthermore, some are leery of using programs that have a short duration or may have perceptions of time limits or funding limits. Providers want long-term solutions not add-ons that may not persist beyond an immediate use.

Action:

- Identify an entity that can warehouse all supports available to the workforce in one place to ensure greater access and understanding.



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Thank you to the thousands of child care providers and administrators who gave us their time and feedback to generate this report. Their courage to share openly and honestly about their experiences is invaluable. We also appreciate the time and consideration of our Advisory Group that helped shape the study approach and ensure we had important voices at the table throughout the work.



For full details of this study, plus comprehensive appendices with all results, explore the online version from the QR code.

Suggested Citation: Rouse, H.L., Lippard, C., Abraham, T., Betancur, L., Li, D., & Watson, T. (2023). *2023 Iowa Child Care Workforce Study*. Report Prepared for the Iowa Association for the Education of Young Children. Iowa's Integrated Data System for Decision-Making. Ames, IA.



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Education of Young Children


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Iowa Workforce Study

Appendix A

Child Care Workforce Survey

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SUMMARY OF FINDINGS

A survey of over 4,200 home- and center-based child care providers in 2022 revealed several themes about the experiences and needs of Iowa's workforce. The following major findings were identified.

Compensation and Wages

- Higher wages is one of the main needs that providers require to stay in the workforce long term.
- 53% of providers live in households with incomes below \$50,000, putting them below the 185% federal poverty threshold for a household of four (which was \$51,338 for 2022¹).
- The economic situation of unmarried providers is more difficult. Over 80% of unmarried providers have a household income of less than \$50,000, while 55% are under \$30,000 per year. In contrast, over 20% of married providers reported a household income of at least \$100,000.
- Teachers and assistant teachers in child care programs have significantly lower wages than teachers with their same level of education providing care in the K-12 system.
- 52% of providers not currently in the field said they would like to be working in the field and the most common reasons for leaving were low wages and lack of benefits.
- Although 46.5% of providers are not currently participating in any public service or benefit, over 50% of providers have to rely on at least one public benefit such as Medicaid, WIC, SNAP, CCA, Hawk-I, and others.

Benefits

- The majority of married home-based child care provider owners (~67%) receive health, vision, and dental insurance only through their spouse, while unmarried owners rely on governmental benefits.
- Only some center-based and full-time providers receive benefits through their employer: 52% receive health insurance, 44% receive retirement, and 39% receive dental insurance.

Commitment to the Field

- Over half of providers would choose the field and their position again if they had to start over.
- 62% of providers said they want to stay in the field as long as they're able.
- Nearly 80% of child care providers said they are in the field because they feel their work is meaningful and that is the most important support keeping them in their job.
- Salary, benefits and professional opportunities are challenges to remain in the field. In fact, only 22% of providers say they stay in their position because the salary or because of the benefits.

¹ Office of the Assistant Secretary for Planning and Evaluation. (2022). 2022 Poverty Guidelines. <https://aspe.hhs.gov/sites/default/files/documents/4b515876c4674466423975826ac57583/Guidelines-2022.pdf>

Education, T.E.A.C.H. and WAGE\$

- Unfortunately, T.E.A.C.H. and WAGE\$ were also the least known service among the survey respondents, with 37% of providers reporting they have never heard of them.
- Workers in teaching positions also have less awareness of the existence of these programs in comparison to providers in administrative positions.
- Professional supports and wage supplement programs like T.E.A.C.H. and WAGE\$ have evidence that they are supporting the early childhood workforce to stay in the field.
- Among providers with a bachelor's degree or more, providers enrolled in WAGE\$ were 32% more likely to report they would stay in the field compared to their counterparts not participating in WAGE\$.

APPROACH TO THE SURVEY

Process

As one part of the comprehensive 2023 Iowa Workforce Study, an online survey was developed based on findings from prior surveys and current stakeholder priorities. Between August 16th and September 9th of 2022, the survey opened state-wide and was distributed online using information about the workforce from the I-PoWeR provider registration system. Participants were compensated after completing the survey.

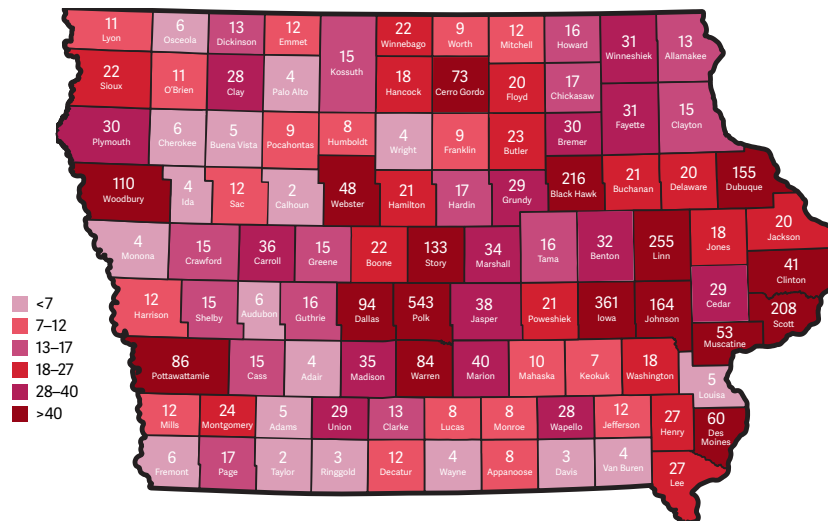
Survey Content

Providers were asked about their personal characteristics, family characteristics, program and service use, engagement with the field, and their needs to remain in the field (see Appendix A.1 for a full list of survey questions). The survey also provided rich qualitative data to shed further light on the unique experiences of providers across the state.

Sample

In total, 4,282 current or past providers in the early care and education field answered the survey, showing high engagement of providers and providing a representative sample of the provider workforce. Importantly, there were at least two providers from each of Iowa's 99 counties (see Figure 1).

FIGURE 1. NUMBER OF SURVEY PARTICIPANTS BY COUNTY



As shown in Table 1, 96% of the survey respondents were female, 52% were married, and 98% had English as their primary language. Although the majority of providers were white (86%), 5% were Hispanic, and 5% were Black. The remaining 4% were multiracial or from other underrepresented groups. The providers also showed socioeconomic diversity, with 53% of providers reporting household incomes of less than 185% of the Federal Poverty Level, which was \$51,338 for a family of four in 2022².

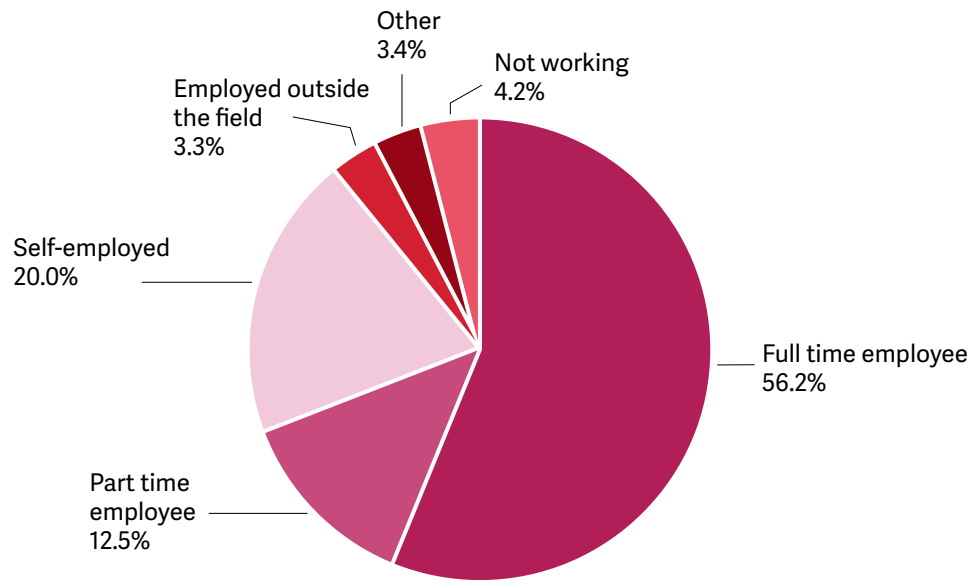
² Office of the Assistant Secretary for Planning and Evaluation. (2022). 2022 Poverty Guidelines. <https://aspe.hhs.gov/sites/default/files/documents/4b515876c4674466423975826ac57583/Guidelines-2022.pdf>

TABLE 1. CHARACTERISTICS OF SURVEY RESPONDENTS

	Percent or M(SD)
Female	96.3%
Race	
White	86.4%
Hispanic	4.7%
Black	4.8%
Multiracial	2.0%
Other	2.0%
Marital Status	
Married	54.2%
Divorced	10.3%
Never Married	32.4%
Separated	1.5%
Widowed	1.7%
Education	
Post-graduate degree	5.0%
Bachelor's degree	23.9%
Associate's degree	19.3%
Some college but no degree	27.8%
High school degree or equivalent	20.9%
Currently in high school	2.2%
Less than high school degree	0.9%
>\$50K annual household income	47.4%
English primarily	97.8%
People in household	3.1 (1.6)

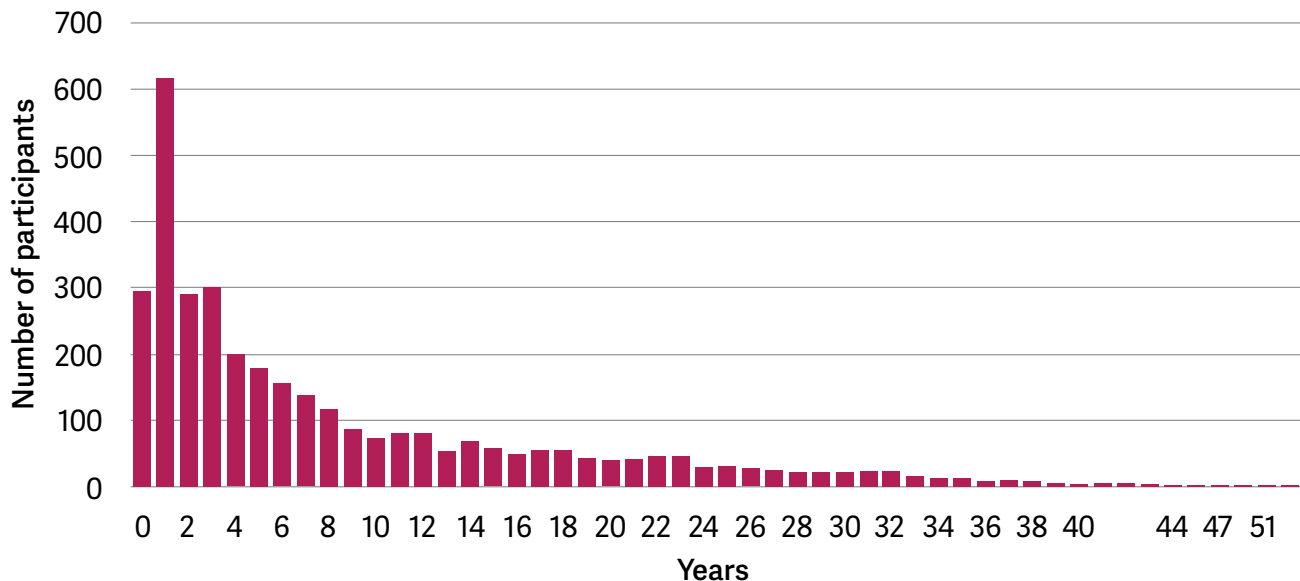
Survey results also revealed that a majority of providers (56%) worked full time as employees (see Figure 2). However, this number also indicates that a large percentage of providers are in other arrangements or schedules. Specifically, many are self-employed (20%) and part-time employees (13%). Some of the respondents also said they were working outside of the field (3%) or not working (4%).

FIGURE 2. EMPLOYMENT STATUS OF SURVEY RESPONDENTS



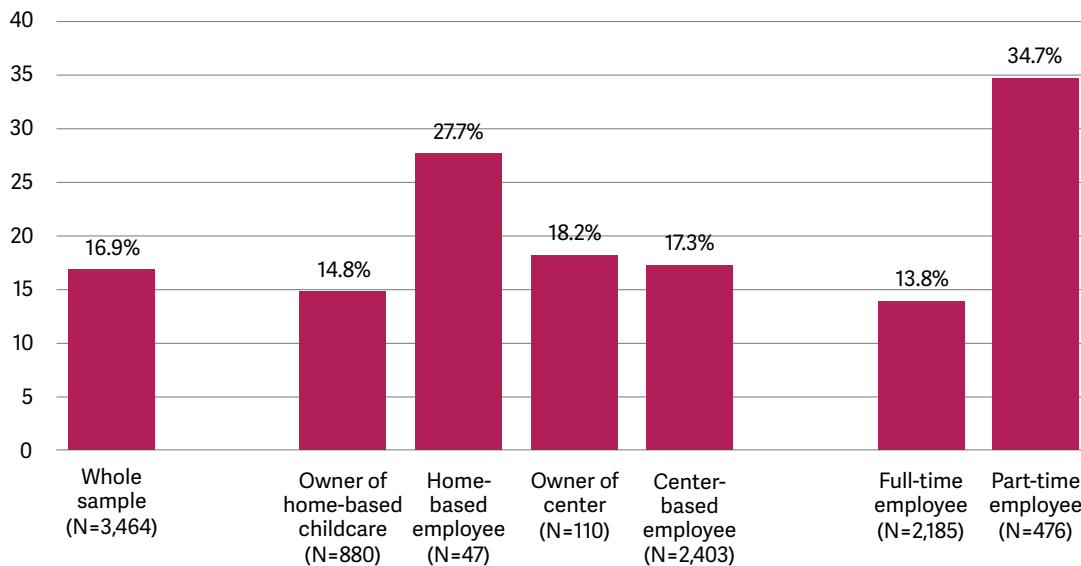
As seen in Figure 3, among those respondents currently working in the field, providers were largely new to their position, with the majority (54%) being in their position for 5 years or less. This finding suggests that the majority of the provider workforce does not have a long tenure in their position and that turnover may be large.

FIGURE 3. PARTICIPANT'S NUMBER OF YEARS IN CURRENT POSITION



Respondents also reported on whether they had other paid jobs. Figure 4 shows that 17% of all participants said they had other paid jobs. Unsurprisingly, this percentage was higher among part-time workers where 35% had additional paid jobs (compared to 14% among full-time workers).

FIGURE 4. PARTICIPANTS WITH OTHER PAID JOBS



WORKFORCE SURVEY FINDINGS

Early care and education (ECE) workers provided rich information about their personal and professional knowledge of and participation in services, access to benefits, intention to obtain more education, and the needs they require to stay in the ECE field. The large number of respondents in the survey allowed the team to analyze data by relevant subgroups. Thus, this report provides information about overall responses across the survey respondents, as well as differences that were found among families relative to marital status, educational level, and type of ECE setting.

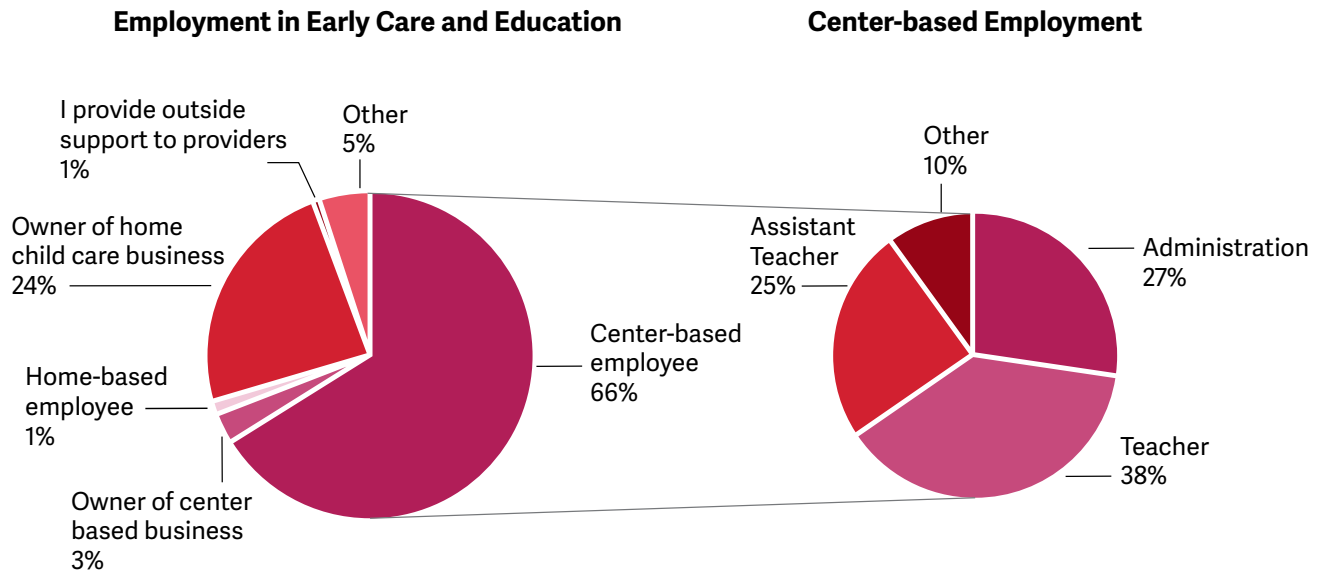
The results are divided into four sections. First, a description ECE providers according to socioeconomic status including household income, marital status, education, and access to benefits. Second, we provide a deep look into the use of and respondent's view of T.E.A.C.H and WAGE\$. Third, we examine the job benefits and income wages.

Who are Iowa's Early Care and Education Providers?

Employment in Early Care and Education

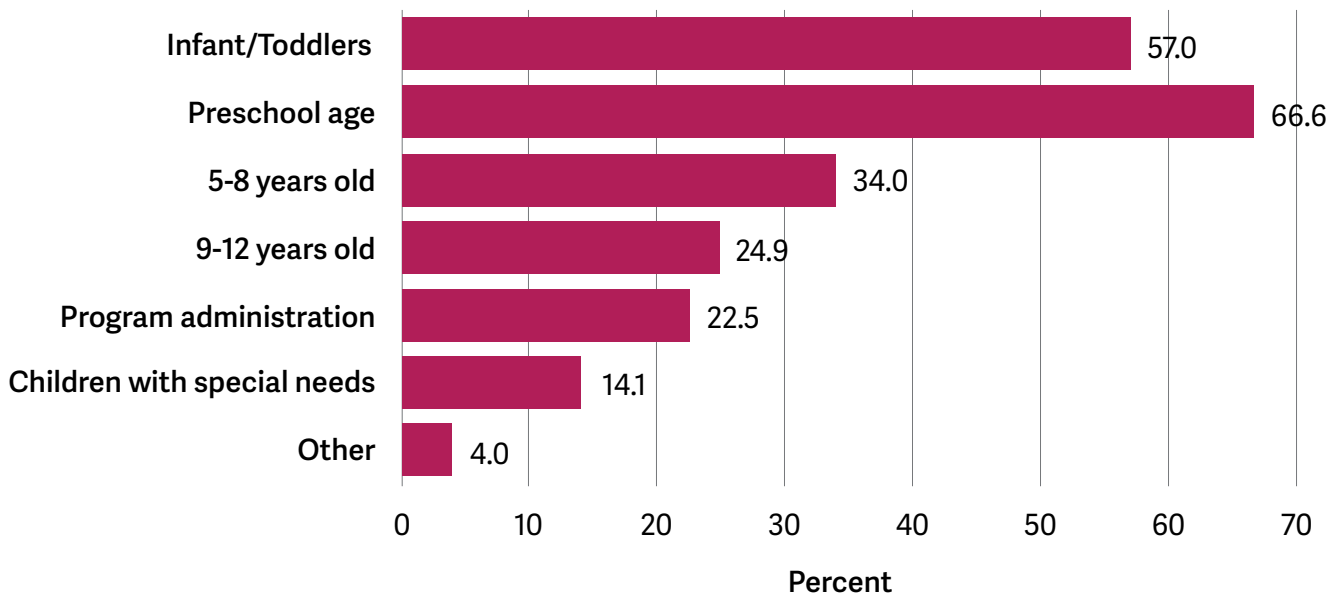
Iowa's early care and education workforce is composed of professionals with economic and educational diversity. Figure 5 shows respondents' type of employment within the field of early care and education. Two-thirds of the respondents are center-based employees (66%) and one-quarter are home-based owners (25%), indicating these two groups compose the majority of the ECE workforce.

FIGURE 5. EMPLOYMENT IN EARLY CARE AND EDUCATION



The survey also inquired about the age group that workers care for (see Figure 6). The majority of ECE workers care for toddlers or preschool-aged children, with over 34% of respondents reported they work with children in the elementary system.

FIGURE 6. ALL AGE/TYPE GROUPS THAT WORKERS CARE FOR (N=2,602; NON-EXCLUSIVE CATEGORIES)



Working Conditions in Early Care and Education Programs

Wages

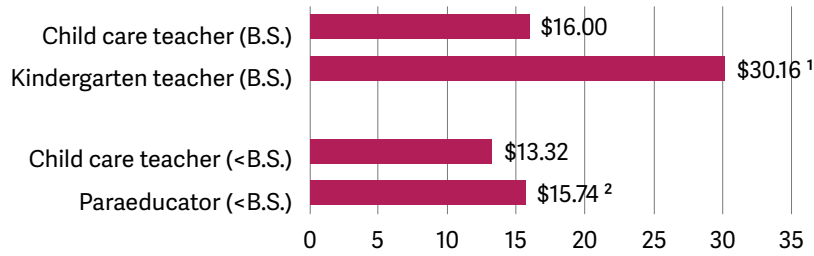
Administrators and center care providers (i.e., teachers) were also asked about their wages. Although some are paid yearly and some by the hour, results are presented as an hourly rate for comparisons purposes (see Table 2). Owners of home-based settings reported earning the lowest hourly wage (\$10.52), while directors and assistant directors in center-based settings earn the highest (\$18.11-19.79). Results also showed that providers with higher education had higher hourly pay.

TABLE 2. HOURLY WAGE (N=2,270)

	Hourly Wage
Whole sample (N=2,270)	\$14.00
Home-based owners (N=289)	\$9.09
Center-based (N=1,981)	
Director	\$19.00
Assistant Director	\$16.82
Other administrator	\$16.61
Teacher	\$14.70
Assistant teacher	\$12.50
Other center staff	\$13.13
Education	
Associates degree or more	\$15.50
Some college but no degree	\$13.50
High school or less	\$12.38

Regarding the wages of teachers specifically, data shows that higher education is associated with higher wages (Figure 7). Workers with a bachelor's degree receive higher wages than their less educated co-workers. However, the hourly rate of teachers in the early care and education field is much lower than the rate in the k-12 system. Teachers or assistant teachers with a bachelor's degree are paid almost 47% less than kindergarten teachers. These results suggest that efforts to increase income and training in the early child care and education field are desperately needed.

FIGURE 7. MEDIAN HOURLY WAGE BY EDUCATION LEVEL COMPARED TO OTHER EDUCATORS



¹ Median hourly rate in 2020 of kindergarten teachers. Retrieved from: Center for the Study of Child Care Employment. (2020). Early Childhood Workforce Index 2020, Iowa. University of California, Berkeley. <https://cscce.berkeley.edu/workforce-index-2020/states/iowa/>

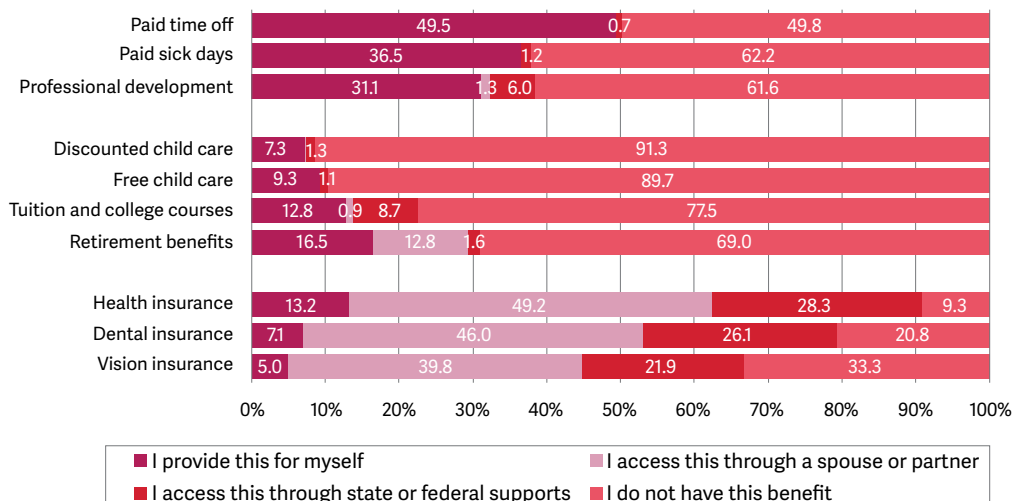
² Mid-range hourly wage in 2021-2022 for elementary paraeducators in a large suburban school district. Retrieved from: Iowa City Community School District. (2022). Paraeducator Benefits 2021-2022.

Employment Benefits of Owners of Home-Based Care Settings

Questions about benefits were collected separately for home-based owners and all other respondents. Home-based owners are self-employed and thus, may have the option to provide benefits for themselves or access benefits through spouses or through government programs. As seen in Figure 8, the benefits of home-based owners can be divided in three groups depending on what way they receive these benefits.

- Paid time off, paid sick days, and professional development are reported by home-based providers as most often self-provided.
- Discounted child care, free child care, tuition and college courses, and retirement benefits are the least reported benefits accessed among home-based owners, with 69%-91% reporting no access to these benefits. Among these, retirement benefits are the most accessed with 17% of owners providing it to themselves and 13% accessing it through a spouse.
- Health, dental, and vision insurance are the most accessed benefits, though the majority of providers say they have these provided through a spouse or through state or federal programs.

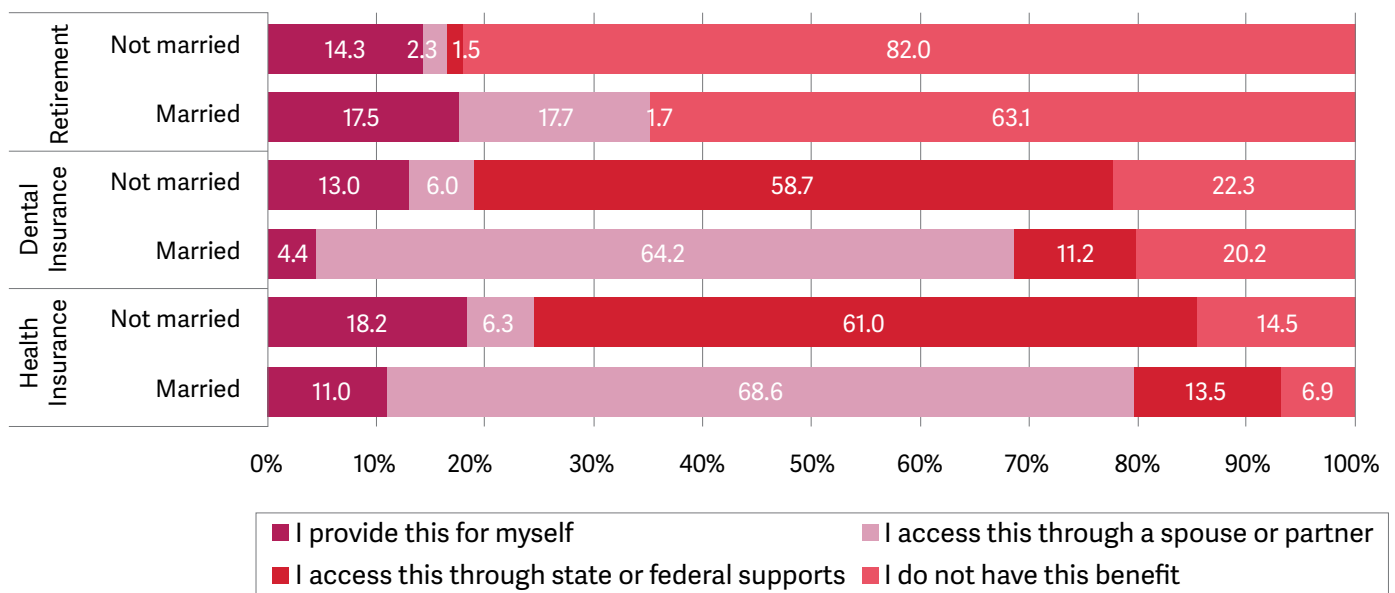
FIGURE 8. HOME-BASED OWNERS' ACCESS TO BENEFITS (N=857)



Considering those benefits that were often accessed through either a spouse or state or federal supports, there are stark differences between married (68.8%) and unmarried (31.2%) home-based owners. As Figure 9 shows, most married respondents access health insurance (69%) and dental insurance (64%) through a partner, while their non-married peers most often access them through governmental supports (61% and 59%, respectively). Finally, most of the home-based workers reported that they do not access retirement, and this number is higher among unmarried respondents. This is due to the fact that 18% of married providers obtain retirement through their spouse.

Retention and career longevity may be addressed through reduction of barriers to benefits and supports. Responses indicate that marriage is an advantage when it comes to benefit access. The majority of home-based owners are married (68%) and this result suggests that marriage is a main vehicle to access benefits and maintaining a child care business. Unmarried providers or providers without spousal support may view the child care field as unattractive and difficult to maintain a career in long-term.

FIGURE 9. ACCESS TO BENEFITS BY MARITAL STATUS AMONG HOME-BASED OWNERS (N=844)



Employment Benefits of Center-based Employees

Table 3 shows the employment benefits that early care and education employees receive through their employer (including only center-based employees). Paid time-off is the most common benefit, with 70% of workers receiving it. The least received benefit was funding for education (15%). All other benefits were received by 27%-44% of providers. Notably, administrators more often received each of the benefits in comparison to teachers. Expectedly, full-time providers receive more benefits than part-time workers. However, between 20% and 30% of providers with a part-time schedule receive benefits of paid time-off, paid sick days, discounted child care, and professional development.

TABLE 3. EMPLOYMENT BENEFITS THAT WORKERS RECEIVE THROUGH EMPLOYER

	Whole sample (N=2,568)	Role		Schedule	
		Teaching (N=1,558)	Administrator (N=685)	Full-time (N=2,177)	Part-time (N=466)
Paid time off	70.1	67.7*	81.8*	77.3*	32.9*
Free or discounted child care	44.4	41.8*	56.1*	48.7*	27.3*
Health insurance	44.1	42.3*	53.9*	51.5*	11.9*
Paid sick days	43.8	40.2*	54.2*	47.8*	24.0*
Retirement benefits	39.6	37.4*	47.9*	44.2*	16.1*
Dental insurance	33.6	31.3*	43.1*	38.9*	5.4*
Vision insurance	28.1	26.2*	35.9*	32.2*	5.4*
Professional development	26.6	22.8*	41.8*	28.4*	19.5*
Funding for education	14.8	14.7	18.0	16.5*	7.3*
None	11.9	13.4*	4.7*	6.2*	33.7*

* Indicates that differences between subgroups (i.e., adjacent column within the same row) are statistically significant

Socio-economic Situation of Iowa’s Early Care and Education Providers

Household Income and Economic Situation

Table 4 presents household income of ECE providers by marital status, type of setting, and role. Findings from this survey indicate that a majority (53%) of child care workers live in households with incomes below \$50,000, putting them below the 185% federal poverty threshold for a household of four.

Table 4 also presents the income level by sub-groups and shows whether differences between subgroups are statistically significant (indicated with *). The economic situation of unmarried workers is more difficult than that of married workers. Over 80% of unmarried providers have a household income of less than \$50,000, while 55% are under \$30,000 per year. In contrast, over 20% of married workers reported a household income of at least \$100,000. Additionally, more home-based caregivers are in a higher income level than center-based ones.

TABLE 4. PERCENT PARTICIPANTS BY HOUSEHOLD INCOME LEVEL

	Whole sample (N=4,061)	Marital Status		Type of Setting		Role	
		Married (N=2,175)	Not married (N=1,886)	Home-based (N=905)	Center-based (N=2,488)	Teaching (N=1,554)	Admin. (N=670)
\$150,000 or more	3.3	5.2*	1.1*	2.1*	3.7*	2.8*	5.4*
\$100,000 to \$149,999	10.6	18.3*	1.7*	14.5*	8.8*	5.8*	17.0*
\$90,000 to \$99,999	5.4	8.7*	1.5*	6.6	5.2	3.4*	9.1*
\$80,000 to \$89,999	6.5	10.3*	2.1*	7.2	6.4	5.5*	9.7*
\$70,000 to \$79,999	7.2	11.3*	2.6*	8.8*	6.6*	6.8	6.9
\$60,000 to \$69,999	6.9	9.5*	3.8*	9.1*	6.2*	6.0	7.2
\$50,000 to \$59,999	7.5	9.1*	5.8*	11.6*	6.8*	6.3	7.6
\$40,000 to \$49,999	8.6	8.1	9.3	10.4*	8.0*	6.4*	11.5*
\$30,000 to \$39,999	12.2	8.2*	16.9*	12.2	12.5	12.3*	14.5*
\$20,000 to \$29,999	14.3	6.5*	23.3*	9.6*	16.3*	19.6*	7.9*
\$10,000 to \$19,999	10.3	3.0*	18.7*	5.2*	12.0*	15.7*	2.4*
Less than \$10,000	7.1	1.9*	13.2*	2.6*	7.6*	10.0*	0.9*

* Indicates that differences between subgroups (i.e., adjacent column within the same row) are statistically significant

Respondents were also asked to provide a subjective assessment of their economic situation. As shown in Table 5, 54% of respondents feel they are “getting by alright,” whereas 22% indicate they have financial difficulties of some kind. Similar to findings about provider income, the assessment of a household’s situation is better among married than un-married providers.

TABLE 5. ASSESSMENT OF HOUSEHOLD’S ECONOMIC SITUATION (N=3,947)

	Whole sample	Marital Status		Type of Setting		Role	
		Married (N=2,207)	Not married (N=1,904)	Home-based (N=926)	Center-based (N=2,508)	Teaching (N=1,554)	Admin. (N=670)
In deep financial trouble	1.3	0.8*	2.0*	0.4*	1.4*	1.5	1.5
Not managing very well	8.1	8.7*	16.7*	9.9*	13.6*	15.2*	11.2*
Having some financial difficulties	12.4	6.3*	10.0*	5.6*	9.1*	10.2*	6.7*
Getting by alright	54.0	53.8	54.8	62.4*	52.3*	50.6*	55.8*
Managing quite well	17.8	7.6*	4.3*	4.5*	6.3*	6.2	6.6
Managing very well	6.1	22.7*	12.2*	17.1	17.2	16.3	18.3

* Indicates that differences between subgroups (i.e., adjacent column within the same row) are statistically significant

Note: Numbers represent percentages within each column, which may not sum to exactly 100% because of rounding.

Use of Social Services

Although 46.5% of respondents are not currently participating in any government-assisted social services, over 50% of respondents reported they have had to rely on at least one public benefit such as Medicaid, WIC, SNAP, CCA, or Hawk-I at some point. As shown in Figure 10, the most used service is Medicaid (30%). In addition, results show that WIC (34%) and SNAP (24%) are the social services more often used in the past but not currently.

FIGURE 10. USE OF SOCIAL SERVICES (N=3,803)



Table 6 shows receipt of social support services by relevant subgroups of respondents. Medicaid, SNAP, and CCA are used more often used by home-based providers than center-based ones and by unmarried workers than married ones. Medicaid, SNAP, and CCA are more often used by respondents reporting some (or many) financial problems.

TABLE 6. CURRENT PARTICIPATION IN SOCIAL SERVICES BY SUB-CATEGORIES

	Marital Status		Type of Setting		Role		Financial Situation		
	Married (N=2,207)	Not married (N=1,904)	Home-based (N=926)	Center-based (N=2,508)	Teaching (N=1,554)	Admin. (N=670)	Managing well (N=908)	Getting by alright (N=2,208)	Financial problems (N=684)
Medicaid	19.0*	39.4*	36.7*	26.7*	29.3*	20.8*	15.3*	28.5*	48.0*
Hawk-I	11.0	9.0	11.5	10.0	9.3*	11.6*	6.8*	10.4*	14.1*
WIC	5.3	7.3	6.3	5.8	6.4*	3.9*	3.7*	5.4*	11.9*
SNAP	3.4*	14.4*	10.0*	7.9*	8.8*	4.4*	2.8*	7.6*	19.2*
CCA	5.8*	11.6*	16.8*	6.4*	6.8	5.0	5.3*	8.5*	13.6*

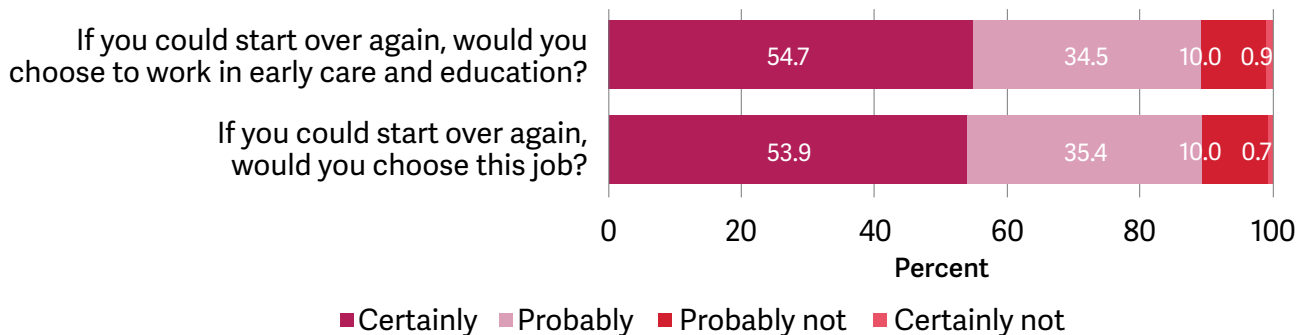
* Indicates that differences between subgroups (i.e., adjacent column within the same row) are statistically significant

Retention in Early Care and Education

Intention to Persist in the Field

Around 54% of respondents indicated they certainly would choose to work in the field and in their current position if they could start over again (see Figure 11). However, around 11% of respondents said that they certainly or probably would not choose the field or their position again.

FIGURE 11. PERCENT RESPONDENTS WHO WOULD CHOOSE THE ECE FIELD AGAIN (N= 4,125)



Similarly, 62% of respondents said they want to stay in the field as long as they are able. Notably, this percentage was slightly larger among married respondents and those in administrative roles (compared to teaching) and those who were home-based owners (compared to center-based providers). Still, over 20% of respondents said they were unsure or that they will stay in the field until a specific event occurs.

TABLE 7. PERCENTAGE OF RESPONDENTS WHO PLAN TO REMAIN IN THE FIELD

	Whole sample (N=3,675)	Marital Status		Type of Setting		Role	
		Married (N=1,996)	Not married (N=1,679)	Home-based (N=929)	Center-based (N=2,528)	Teaching (N=1,559)	Admin. (N=675)
As long as I am able	62.0	64.8*	58.6*	67.2*	59.7*	57.3*	64.9*
Until a specific life event occurs (e.g. parenthood, child reaches school age)	11.4	12.0	10.7	11.5	11.6	12.1	9.9
Until an opportunity for advancement in ECE comes along	6.0	5.3*	7.0*	2.9*	7.2*	7.8	6.7
Until a more desirable job comes along in a different profession	4.1	2.9*	5.5*	2.4*	4.8*	5.2*	3.6*
Until I am ready to return to school for further education	2.1	0.7*	3.8*	0.9*	2.7*	3.2*	1.3*
Until a more desirable job comes along in the same profession	2.04	1.4*	2.9*	0.3*	2.7*	2.7	1.8
Plan to leave as soon as possible	0.68	0.7	0.7	0.7	0.6	0.8	0.3
Unsure	11.7	12.4	10.8	14.2*	10.8*	10.9	11.4

* Indicates that differences between subgroups (i.e., adjacent column within the same row) are statistically significant

Why are Providers in the Field of Early Care and Education?

Workers were asked to select the support that keeps them in the field. Figures 12 and 13 show the answers from employees and home-based owners, respectively.

As seen in Figure 12, nearly 80% of child care providers (excluding home-based care owners) said they are in the field because they feel their work is meaningful and that is the most important support keeping them in their job. Additionally, two thirds of respondents said that they stay because co-workers are friendly. These results suggest that among workers, emotional and social circumstances are the most important. In spite of this, salary, benefits and professional opportunities are challenges to remain in the field. In fact, only 22% of respondents say they stay in their position because the salary or because of the benefits.

Similarly, only 16% of respondents indicated they stay in the field because of the opportunities for advancement. In fact, while 47% of all providers report they want more professional coursework, they also reported significant barriers to accessing these courses. The primary challenge to getting more education is the cost of courses (76%), followed by working while courses are being offered (42%).

FIGURE 12. SUPPORTS THAT KEEP CENTER-BASED PROVIDERS IN THEIR JOB (N=2,595)

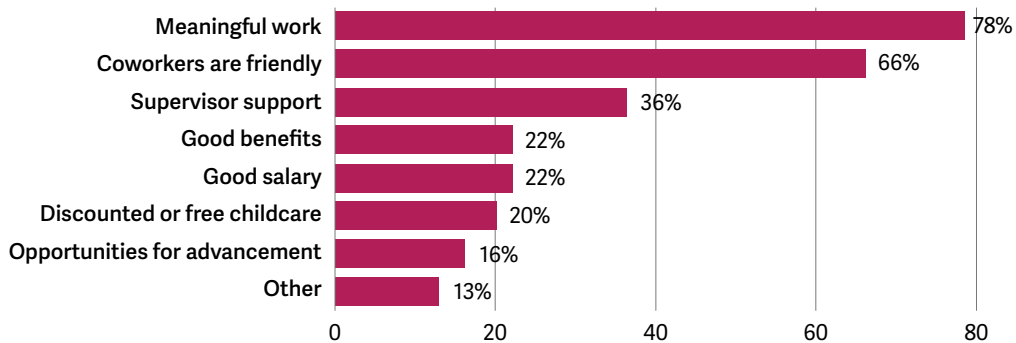
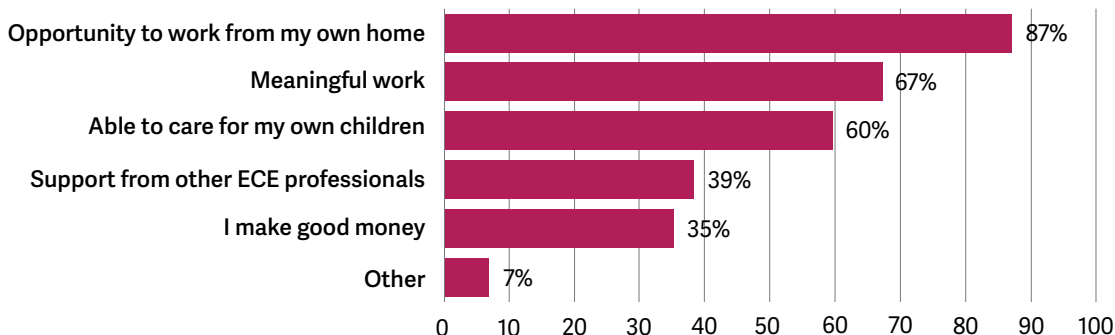


Figure 13 shows that 67% of home-based owners also feel that early care is meaningful work. However, they also endorsed reasons more practical in nature, such as having the opportunity of work from home (87%) and being able to care for their own children (60%).

FIGURE 13. SUPPORTS THAT KEEP HOME-BASED OWNERS IN THEIR JOB (N=883)



Why are They Leaving?

Evidence from this survey indicates that providers are leaving the early child care and education field due heavily to compensation. For example, among respondents who are not currently working in early care and education, 52% said they would like to be working in the field and indicated that compensation and benefits were important reasons for leaving.

Information from former workers align with those of current workers, whose responses suggest they have hard times meeting their needs. In fact, 53% of the total sample live in households with incomes below \$50,000, putting them below the federal poverty threshold for a family of three.

Given that 46% of the home- and center-based providers reported that they are single, it is important to note the significant gaps related to income for this group. Among single respondents, 80% reported a household income of less than \$50,000, while 55% are under \$30,000 per year.

Given these numbers, it is no surprise that early childhood workers overwhelmingly reported compensation as the primary need for them to stay in the field. The following are some of the comments provided by survey respondents when asked what could be done to help them stay:

[That] "pay becomes more and recognition for all the hard work teachers do on a daily basis that go unnoticed"

"Raise in wages would be nice"

"Better pay for employees and supports"

"Better pay!"

"Higher pay"

"Better salary"

"More salary"

"Better wages, insurance and retirement fund"

"Increased financial support"

"Better pay with health insurance"

Additionally, responses noted the challenges of working multiple jobs, recognition of professionalism in the field, mental health supports, and adequate reimbursement from CCA.

"More money from CCA and on time payments from CCA"

"Mental and Financial support"

"Living Wages. Recognition of the Professionalism required for this career, opportunities for advancement and recognition"

"A salary that you can live off of and not have to work more than 1 job."

"While I am paid better than most in my field, I still live paycheck to paycheck. I am trying to save up to afford a car, but this is difficult"

T.E.A.C.H. and WAGE\$: Supports for Improving Retention

Professional supports and wage supplement programs like T.E.A.C.H. and WAGE\$ help the early childhood workforce to stay in the field. Unfortunately, as shown in Table 8, T.E.A.C.H. and WAGE\$ were the least known services among those listed, with 37% of respondents reporting they have never heard of them. Additionally, it seems like workers in teaching positions also have less awareness of the existence of the programs. This remains true even among teachers who say they are interested in more education. This evidence suggests that developing strategies for reaching teachers may be necessary to make them aware of the programs.

TABLE 8. PARTICIPATION IN T.E.A.C.H. AND WAGE\$ BY JOB ROLE

	T.E.A.C.H.			WAGE\$		
	T.E.A.C.H. sample (N=3,833)	Teaching (N=1,554)	Admin. (N=670)	WAGE\$ sample (N=3,857)	Teaching (N=1,479)	Admin. (N=628)
Currently participating	5.3	7.6*	4.0*	17.4	21.4	22.8
Participated in the past	8.6	7.4*	11.7*	4.4	3.3*	6.1*
Applied but didn't receive it	1.0	0.9*	1.9*	2.7	2.7*	5.9*
Heard of it, but never participated	47.4	41.2*	63.3*	38.2	28.9*	45.5*
Never heard of it	37.7	42.9*	19.0*	37.3	43.7*	19.8*

When the data is analyzed by sub-groups (Table 9), it was found that workers who are newer in the field are less likely to participate in WAGE\$, as most of the providers participating are between ages 30 and 60. Workers who have been in their position from 5-20 years participate more (25-27%) than other respondents (12-17%). These findings may provide an immediate opportunity for outreach to new employees in the field to increase their knowledge of these programs.

TABLE 9. PARTICIPATION IN T.E.A.C.H. AND WAGE\$ BY YEARS IN CURRENT POSITION

	Years in current position					
	0-1 (N=878)	2-4 (N=750)	5-9 (N=628)	10-14 (N=334)	15-19 (N=248)	20+ (N=426)
T.E.A.C.H.						
Currently participating	3.5	7.2	7.0	9.3	7.3	2.4
Participated in the past	4.6	6.1	9.2	15.0	15.3	13.9
Applied but didn't receive it	0.9	0.9	1.9	0.9	0.4	0.9
Heard of it, but never participated	40.0	47.6	48.4	50.3	56.1	62.2
Never heard of it	51.0	38.1	33.4	24.5	21.0	20.7
WAGE\$						
Currently participating	11.6	18.9	27.2	25.2	24.8	17.4
Participated in the past	2.7	4.0	4.4	4.1	4.0	6.7
Applied but didn't receive it	2.5	3.4	3.8	3.3	1.2	2.8
Heard of it, but never participated	31.9	37.6	35.9	42.6	48.0	50.8
Never heard of it	51.2	36.1	28.7	24.9	22.0	22.7

As seen in table 10, providers currently participating in T.E.A.C.H. or WAGE\$ are more likely to express they will stay in the field as long as they are able.

TABLE 10. INTENTION TO STAY IN THE FIELD BY PROGRAM PARTICIPATION

I plan to...	T.E.A.C.H.			WAGE\$		
	Currently participating (N=196)	Participated in the past (N=304)	Never participated (N=2,902)	Currently participating (N=654)	Participated in the past (N=140)	Never participated (N=2,631)
Stay as long as possible	62.8	71.7	60.1	65.6	70.0	59.9
Other	37.2	28.3	39.9	34.4	30.0	40.1

The relation between higher likelihood of staying in the field and WAGE\$ participation remained true even after accounting for years in the field, marital status, and education. There were, however, some differences by education (shown in Table 11). Among participants with some college but no degree, workers were almost twice as likely (94% more likely) to stay in the field if they participated in WAGE\$. Furthermore, as shown in Table 11, among workers with a bachelor’s degree or more, respondents enrolled in WAGE\$ were 32% more likely to report they would stay in the field compared to their counterparts not participating in WAGE\$.

TABLE 11. INCREASED LIKELIHOOD OF STAYING IN THE FIELD AS LONG AS POSSIBLE

	Likelihood if participating in WAGE\$
High School degree or less	2.85
Some college but no degree	1.94
Associate’s degree	1.14
Bachelor’s degree or more	1.32



Iowa Workforce Study

Appendix A.1

Survey Questions

Block 1. Employment.

1.1 First name [All participants; open text]

1.2 Last name [All participants; open text]

1.3 Age [All participants; open text]

1.4 What is your employment status related to early care and education (i.e., child care, preschool, daycare, early childhood education)? [All participants; multiple choice]

1.5 Please tell us more about why you are not currently working in early care and education. What factors influenced your decision (e.g., wages, schedule, personal preference, home responsibilities). [Participants not currently working in the field; open text]

1.6 Would you like to be working in the early care and education field currently? [Participants not currently working in the field; yes/no]

1.7 What would make it possible for you to return to working in the early care and education field? [Participants not currently working in the field; open text]

1.8 Place of Employment (name and address) [Part- and full-time employees; open text]

1.9 Date you started in this position [Part- and full-time employees; date selection]

1.10 If self-employed, what business or program name do you use? [Self-employed; open text]

1.11 If retired or not currently working in early care and education, when did you last work in early care and education? (Month and year) [Participants not currently working in the field or retired; date]

1.12 If retired or not currently working, what program did you last work for? If you were self-employed, please enter your program/business name or "self-employed". [Participants not currently working in the field or retired; open text]

1.13 Which of the following best describes your current employment in the early care and education field? [Part- and full-time employees or self-employed; multiple choice]

Block 2. Demographics. [Block shown to participants currently working in the field]

2.1 Are you Spanish, Hispanic, or Latino or none of these? [Multiple choice]

2.2 Choose one or more races that you consider yourself to be. [Multiple choice]

2.3 What is your gender? [Multiple choice]

2.4 Information about household income is very important to understand the financial well-being of the

workforce. What is your yearly household income before taxes? [Multiple choice]

2.5 Which of these best describes how your family is doing financially these days? [Multiple choice]

2.6 What is your home ZIP code? [Open text]

2.7 Please specify your primary language. [Open text]

2.8 Please list any other languages spoken fluently. [Open text]

2.9 What is your marital status? [Multiple choice]

2.10 Please tell us how many people live in your household, including yourself, at least 50% of the time. [Multiple choice]

Block 3. Education. [Block shown to participants currently working in the field]

3.1 What is the highest level of school you have completed or the highest degree you have received? [Multiple choice]

3.2 What was your major or focus of study for each completed degree (e.g., associates in business, bachelors in early childhood education)? [Participants with associate degree or higher; open text]

3.3 Have you taken any CDA coursework? [Multiple choice]

3.4 Do you hold a current Iowa teaching license? [Multiple choice]

3.5 People have many reasons for not moving from initial to standard license. Why did you not move to a standard teaching license? [Open text]

3.6 Please check any certifications or endorsements you have or had in the past. [Multiple choice]

3.7 Do you have a para-educator certification? [Multiple choice]

3.8 Are you currently enrolled in college coursework related to early care and education? [Yes/no]

3.9 Have you taken any other college level coursework, such as credit hours beyond a completed credential or degree? [Participants with less than an associate degree; yes/no]

3.10 On what topics? If known, how many courses or credit hours? [Participants with less than an associate degree; open text]

3.11 What supports were helpful to you in completing college coursework? [Participants with less than an associate degree; multiple choice]

3.12 Do you have interest in taking additional college courses? [Yes/no]

3.13 People have lots of reasons for not wanting to pursue further education. Please check any that apply to you. [Multiple choice]

3.14 What are challenges to you taking more college courses (choose all that apply)? [Multiple choice]

Block 4. Salary and benefits. [Block shown to all employees and self-employed]

4.1 Job title [Open text]

4.2 Job role [Multiple choice]

4.3 Please indicate which your work pertains to (check all that apply). [Multiple choice]

4.4 How much are you paid? [Open text for amount and multiple & Multiples choice for frequency]

4.5 About how many hours do you work a week? [Slider]

4.6 How many months a year do you work? [Multiple choice]

4.7 Please check all of the benefits available to you from your employer in your current position. [Multiple choice]

4.8 Do you work any other paid jobs? [Yes/no]

4.9 If you work other paid jobs, please tell us where you work and approximately how many hours per week you work additional jobs. [Open text]

4.10 Tell us more about your work place. Please check any of these you typically get at work. [Multiple choice]

4.11 What is the greatest challenge you are facing in your current job? [Open text]

Block 5. About your program. [Block shown to home-based owners]

5.1 What motivated you to start your family home child care business? [Open text]

5.2 What do you find most challenging about being a family home provider? [Open text]

5.3 When did you start providing care as a family home provider (month and year)? [Date]

5.4 Please indicate which groups of children you work with currently. [Multiple choice]

5.5 Do you work any other paid jobs? [Yes/no]

5.6 If you work other paid jobs, please tell us where you work and approximately how many hours per week you work additional jobs. [Open text]

5.7 Do you regularly pay yourself? Think of this as money set aside to pay for you and your family's needs, not your business. [Multiple choice]

5.8 Which best describes your income from your family home child care business? [Multiple choice]

5.9 Typically, how much do you pay yourself? [Open text for amount & multiple choice for frequency]

5.10 About how many hours do you work a week? [Slider]

5.11 How many months a year do you work? [Multiple choice]

5.12 Home child care providers have many ways of managing benefits typically associated with employment for large companies. For each type of benefit below, please indicate which description best fits how you manage the benefit.

5.12.1 Health Insurance [Multiple choice]

5.12.2 Dental Insurance [Multiple choice]

5.12.3 Vision Insurance [Multiple choice]

5.12.4 Retirement benefits /pension (401K, etc.) [Multiple choice]

5.12.5 Funding for professional development [Multiple choice]

5.12.6 Funding or reimbursement for tuition or other costs for college courses [Multiple choice]

5.12.7 Paid sick leave [Multiple choice]

5.12.8 Paid time off (other than sick leave) [Multiple choice]

5.12.9 Discounted child care [Multiple choice]

5.12.1 Free child care [Multiple choice]

Block 6. Tell us about staying in the ECE workforce. [Block shown to all workers currently in the field]

6.1 What led you to work in early care and education? [Open text]

6.2 How long do you plan to remain in your current position? [Multiple choice]

6.3 If you could start over again, would you choose this job? [Multiple choice]

6.4 If you could start over again, would you choose to work in early care and education? [Multiple choice]

6.5 What supports in your program keep you in this job? Please choose all that apply. [Part- and full-time employees and self-employed; multiple choice]

6.6 What supports in your program keep you in this job? Please choose all that apply. [Home-based owners; multiple choice]

6.7 What supports external to your program do you need to stay in this job? Please choose all that apply.

[Multiple choice]

6.8 What would encourage and/or make it possible for you to remain in the early care and education field long term? [Open text]

6.9 For each of the below programs, consider you and your family's personal use. Then pick the best response.

6.9.1 Child Care Assistance (CCA, subsidy) (i.e., do any of your dependents/children qualify and receive CCA to pay for their child care) [Multiple choice]

6.9.2 Medicaid (i.e., Title 19) [Multiple choice]

6.9.3 HAWKI health insurance [Multiple choice]

6.9.4 Supplemental Nutrition Assistance Program (SNAP, food stamps) [Multiple choice]

6.9.5 Supplemental Nutrition Program for Women, Infant, and Children (WIC) [Multiple choice]

6.9.6 TEACH [Multiple choice]

6.9.7 WAGES [Multiple choice]

6.9.8 Are there other programs (e.g., TANF/cash assistance, rental or energy assistance) that you have applied for or participate in? [Open text]

6.10 Are there barriers to you or your family accessing programs that you would participate in if you could?

Please explain. [Open text]

Block 7. Final question.

7.1 Is there anything else you would like to tell us about working in early care and education in Iowa?

[Open text]



Iowa Workforce Study

Appendix B

Provider Focus Groups

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SUMMARY OF FINDINGS

To supplement the individual providers' survey and the review of administrative datasets, we determined additional input from providers of the child care workforce was necessary. We conducted four in-person provider focus groups that were conducted at the Iowa Association for the Education of Young Children (Iowa AEYC, an affiliate of the National Association for the Education of Young Children [NAEYC]) annual training institute in the fall of 2022. Transcripts from audio recordings of the focus groups were generated, checked against recordings, and deductively coded using a pre-defined list of codes to efficiently identify relevant common themes based on findings identified from the prior provider survey. Primary themes from the provider focus groups included:

- Retaining staff is the biggest challenge and directly impacts the number of families who can be served. Better pay is critical for retention.
- Administrators value benefits but struggle to provide them, leaving many staff to access health insurance through spouses or government assistance.
- Providers are committed to the children and families but feel unrecognized as professionals.
- T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood Iowa® is a valuable resource for those who use it, but not everyone is interested in more training and education.

APPROACH TO THE FOCUS GROUPS

Procedures

The ISU Data and Analysis Team (here forward referred to as "the team") led the development of the focus group strategy, key questions, and facilitator guidelines, with input from the Iowa Workforce Study Advisory Committee. Additionally, members of the team recruited participants and facilitated the groups.

To supplement learning from the provider survey, the team conducted 4 focus groups with a variety of child care providers during the 2022 Iowa AEYC fall institute to create a representative sample and expand on provider needs.

Sampling

Convenience sampling was conducted at the Iowa AEYC fall institute. Recruitment information was posted on Iowa AEYC's social media and in the program. The team also displayed a poster of the recruitment information at the institute and invited people during the transition to lunch. A total of 26 participants were recruited across the four groups. We had two groups with center-based providers, which include center administrators and teaching staff, with a total number of 9 participants. Among them, one participant mentioned it was hard to find her fit since she represents a center that serves school-age children. An additional 17 individuals

participated in the two home-based providers focus group interviews. Among them, only 1 participant claimed that currently she no longer works as a home provider, but she had been a home-based provider for years prior.

Analysis

Each theme was analyzed using NVivo qualitative analysis software and includes a short analysis description with examples of quotes from the discussions. Following the initial analysis, a program type-specific analysis was conducted, illustrated by prominent quotes reflecting strengths, barriers, and suggestions. The subcategory in which the quote was organized is included with the quote. Codes were then organized under deductively identified themes based on the quantitative data collected through the provider survey (see Appendix A): (1) pay, financial compensation, and the WAGE\$® program; (2) additional benefits like insurance; (3) education and T.E.A.C.H; (4) PPP/COVID funding; and (5) commitment and reasons to remain in field.

THEMES AND RESULTS

Compensation

Recruitment and retention of staff was the most significant challenge the child care workforce faces in Iowa currently, and it was directly related to the low economic compensation received by providers. The biggest challenges for recruitment were low hourly wages and lack of benefits for the demanding job. Many administrators and child care providers reported being understaffed to the point it limited the number of children they could enroll. Many reported they were in competition for employees with local fast-food chains and retail stores that could pay higher wages than the child care program. Some administrators address staffing needs by relying on high school students, part-time employees, and parents whose children receive a discount on tuition. The WAGE\$® program and other recruitment bonuses were mentioned; however, the challenges in obtaining these and uncertainty of ongoing funding made many administrators hesitant to use them for recruitment.

In terms of retention, many providers discussed both long-term loyalty and quick turnover. Administrators emphasized their longer-term staff as critical to surviving the past few years in the field, especially since the start of the COVID-19 pandemic. Contrastingly, administrators also commented on new employees working for a day or week and never returning, possibly due to the disparity between the wages and the responsibilities of the job. Respondents emphasized that the work is difficult and taxing including that challenging behaviors have increased among children.

Low economic compensation was a common complaint among center-based providers. Providers mentioned two unfortunate pathways they rely on for extra support which include having a second job or relying on an earning spouse for money. Relatedly, providers also complain about the unfair contrast between their level of education and their salary. Similarly, home-based providers struggle with covering their expenses with the payments made by families or from state subsidies through child care assistance (CCA). Home-

based providers do their best to balance the high cost that families pay for child care with their expenses by receiving CCA and applying for grants, but these resources are not enough.

Recruiting and retaining staff is the biggest challenge

"Staffing. Staffing, hiring. I would say that's the biggest challenge right now."

[Center-based provider, Focus group 0930A]

[A problem is] "consistency of the teachers of, you know, of people get into this thinking so it's just, it's going to be easy and they don't realize how much time and effort and some people come in just a minute for a paycheck and you can tell the people that are in it just for their career and then our people that are there just for a paycheck."

[Center-based provider, Focus group 0930A]

"We did recently have a guy that was hired and quit on the same day."

[Center-based provider, Focus group 0930A]

"Yeah we have staff that come in but leave after a few weeks, just can't handle it."

[Center-based provider, Focus group 0930]

"I had staff go into labor, while she was at this conference, a month early and I'm screwed. I didn't want her to have her baby a month early, we have to get back to (City) I don't have a plan for Monday. I had a plan for November but not today."

[Center-based provider, Focus group 0930]

"People are leaving the field because lack of support."

[Home-based provider, Focus group 1001]

"What I am hearing from them (providers) is they are leaving and becoming unregistered because of how they are being treated."

[Home-based provider, Focus group 1001]

Problems in staff retention translate into serving fewer families

"Good thing but bad thing that enrollment seems to be increasing but finding staff and having enough room with all the center's closing in our area. Okay... before and after school. We stayed completely full all the time. So it's good thing but not a good thing."

[Center-based provider, Focus group 0930A]

"We could put 50 more kids in our center tomorrow if we had the staff."

[Center-based provider, Focus group 0930]

"Probably the big thing [inaudible] is that so many providers have quit. So many home providers, so many rooms in childcare centers,

are closed, parents are really struggling to find any care, let alone wanting to shop around for what they've been getting. The best care is like any here at all because they need to go to work. And that creates the snowball of, I can't find care. So I can't work in this job, so then I have to stay home. And now we don't have the money that we were counting on. It's a huge problem, you know childcare providers are getting inundated. It's very difficult."

[Home-based provider, Focus group 1001]

Fair compensation is an important issue across center- and home-based providers

Child care providers in centers need better wages

"I would like to see some way that we can compensate at a decent wage so, half my teachers have second jobs or if they're lucky and married to someone with a better job and we just always feel like we are down here. We were heroes for a month and then now we are just back down. Even the wages went up, we try to boost our wages up, but then the whole world went up so we were still at the bottom ya know? And if we could get some kind of incentive for people to come into the field because I think that's a real, a lot of our really good people have left the field because well I want to start a family I want to do this. I can make more at McDonald's, and the hours are better, it's less work. A lot less work. We work so hard.

[Center-based provider, Focus group 0930]

"I think it would have to be the salary that's the number one that keeps [coming up]. I mean my situation is different because it's not full time for me. So even to retain, even to retain high school, you're going to have to pay, you know, at least you know cuz that's who I have, you know, there's not a lot of benefits other than you're done by 6 o'clock and you don't have to work weekends and you know, I mean other than that there's not really."

[Center-based provider, Focus group 0930A]

"I think it helps if you have another income. I am the only income so that's hard."

[Center-based provider, Focus group 0930]

"And how many jobs where you have two masters' degrees where you get paid as little as we do. It's kind of a joke actually."

[Center-based provider, Focus group 0930]

"No it's terrible I have more education than all of my friends and they make more money than I do. And they sit in an office. And they don't get puked on or all that other fun stuff. Or bit."

[Center-based provider, Focus group 0930]

"We talked a lot about how teachers don't make enough money and teacher supply all their classroom supplies...I was like let's talk about childcare. We make a lot less than teachers. We have no benefits. We don't have health insurance. If we do, we're paying for it out of our own pocket. It's not very good. And we're paying for every single thing that we provided for the children. So yes, childcare is expensive...I make \$50 last month, I am not making money."

[Home-based provider, Focus group 1001]

"Yeah and if you lose the good assistants then all of the work is on the leads and then they burn out and then they leave. I have two amazing assistants that I would literally die without, because they're both better at my job than I am. That's why I was so excited that they're finally getting paid more, please make them not quit."

[Center-based provider, Focus group 0930]

Home-base providers have problems balancing serving families and receiving fair payments that cover their expenses

CCA raises additional complications

"The way the funding is provided for home provider sector. That has come up about COVID, it is not necessarily done very well as it should be."

"Families that have a really difficult time to pay. And pay on time. Because they have to have every child piece [for] CCA."

[Home-based providers, Focus group 1001]

"That to me, is the biggest problem because providers, when you take child care assistance for me, it's almost a third less of what I'm getting paid by the other parents.

[Home-based provider, Focus group 1001]

"I have too many families who can't afford it"

[Home-based provider, Focus group 1001]

"I don't think that it should come out of the parents pocket if they have qualified at the rate that they qualified. If that's the level of poverty that they are at, and I think the state could have picked it up, I don't think that it's something that we should say, 'parents, you qualify with your very low income. This is what you're entitled to, but not really. You have to pay for more."

[Home-based provider, Focus group 1001]

"Too many difficulties, you know, it's a very difficult decision. Do they deserve quality care? Yes, but does my family deserve to eat? Yes."

[Home-based provider, Focus group 1001]

"That's the trick right there, we are offering them the opportunity for quality child care or we saying, you're low-income, you don't deserve the qualities that this program over here offers. So you're going to have to go to the lower price program because otherwise you have to pay the difference..."

[Home-based provider, Focus group 1001]

"And the income was if your 25% CCA, you can have 25% CCA for the first round and automatically qualify for every round after that if you didn't get rid of your CCA kids in there. And you also said these money can be use for mental [health] care. So, then you say you don't deserve mental [health] care because you made too much money. You just made a little bit than you did before but not enough to pay for mental health."

[Home-based provider, Focus group 1001]

"I need more funding."

[Home-based provider, Focus group 1001]

"This is a broken window, yes but do you have the money to fix those things? Cause you are not going to enroll people if you didn't look good from outside."

[Home-based provider, Focus group 1001]

"It was a problem that I had kids that left and I was also in the same spot. I was holding spots for kids that were going to start in early 2020, which is what I've always done, but the 2019 income was down. And so, then 2020 comes and they give us a little bit of stabilization and the kids started. So, it's like we just above and none of the stabilization were available."

[Home-based provider, Focus group 1001]

"I got myself in trouble a few times because I am a little frustrated...I have sent 20 of emails and letters, and phone calls to our governor, DHS ... the biggest problem with the way, the stabilization funding was dispersed, was the fact that they didn't say they excluded a lot of providers because I went off of income and it wasn't like I said in the level it was for your lost money during covid-19 but during 2019."

[Home-based provider, Focus group 1001]

"Well they did. But for me in 2019 I lost a family of 3... So my income in 2019 was really low. So when you compare 2019 to 2020 I made a whole \$1,800 more, even with the stipends so that they gave us not obviously enough to do anything for my program. We got the stipends in 2021 as well. Which are bigger, so my income was more than my 2020. So, it completely exclude me. I pretty much put those stipends back to my program but because I have 3 children of my own...I can only do [deduct] like, 32 to 35% of what I buy for child care, because my own child played with it. Due to the way taxes work, that excluded me. So my friend up the street, who has a child care not on the street but in town, she didn't have kids at home so she can deduct 100% of anything she buys. So right there that left out a lot of providers with young children. And that was because my income was so high? Because me kids are in

Hawki. I don't make that much money. We have a successful program but I don't make lot of money. I mean that was a really big frustration for me and I think due to all of my emails...we were able to get one round of the stabilization grants and they did open up the last round. That got cut That's super frustrating too. A lot of people. I am sure these centers are really upset because that was a big stress that emails errors happened."

[Home-based provider, Focus group 1001]

"And the other day, the other big issue was the providers were taking the money and then retiring or going out. [...] you know? They are taking away the money and they are waiting, closing the program, they shutting down, How was that stable, our childcare crisis...it is not you just throw funding at them and they close. But those who are committed and working hard."

[Home-based provider, Focus group 1001]

"We provide diapers, we provide anything extra when we do field service, we don't charge parents enrollment and all that stuff. So alternately I

made the decision that I was going to put it out there and see where the conversation went with my families. If I got a bunch of backlash I was going to back out and just pretend it didn't exist and I put it out there in July and it didn't take effect until September to give them time to say. This is what's going to take us back to your going, to have this out-of-pocket expense that you were responsible for paying me for it and it honestly is went really well. Actually, the few parents that I thought I would have to hound and chase money for it. I haven't had to chase it once or if it is has been paid. We get paid on Friday, but I can't get it to you till Saturday is there any way you can work with that, but they've been like, they're worried about losing daycare, because they know, it sucks that they are paying. That little bit of a gap because they know they can't afford to pay that whole amount. So paying the \$20, \$30 that I'm asking, is way less than what the whole amount of what DHS helping them. So it's gone really well for us. We haven't had too much of backlash.

[Home-based provider, Focus group 1001]

Benefits

While some providers from center-based settings receive benefits through their jobs, many other full-time providers in the center- and home-based settings do not receive benefits. Providers report to receive benefits such as health insurance through their spouse or governmental supports. Furthermore, retirement benefits are most often not received at all. Some providers compared themselves to educators in the k-12 field or in other states, where benefits are provided for child care providers. These results suggest that for child care providers, the lack of benefits may be a reason to leave the field or the area.

Alternatively, a few providers who hire predominantly teachers and staff under the age of 26 (and thus, under their parents' insurance), noted that additional benefits were not advantageous for their recruitment and retention. Instead, they noticed that increased wages were more important for these child care providers.

Administrators have problems providing benefits, but they know it's important

"Because I work in [the] school system. They also having problems retaining paras for the classroom and so they have made some positions that are dual positions that they would work for the daycare before and after school and then they can put them on a full-time and also retain them as paras. My other staff, unfortunately, are only 2 hours in the morning and 3 hours in the afternoon. So basically, it's high school college kids who it fits in their schedule. So, they do not qualify for full-time."
[Center-based provider, Focus group 0930A]

"One of the programs a friend of mine here told me about is that Kentucky now paid child care for anyone in child care. Which would be awesome because the last two candidates that I had that were great someone else could offer free child care or reduced. Where we can't because to offset with our benefits, we are all in the boat together so we can't say you guys can pay half price and you guys can't."
[Center-based provider, Focus group 0930]

Some providers receive benefits at work

"And I do [have health insurance] I have before I came here, I did the [inaudible] for low-income people with the government."
[Center-based provider, Focus group 0930A]

"At the center, we are making more. We do have dental, we do have health. So it is, it is a lot better."
[Center-based provider, Focus group 0930A]

[My benefits are]... "from my job, just because of the organization I work for" [is a hospital].
[Center-based provider, Focus group 0930]

"I have a 401K where they match me 3%, then I have health insurance but it's pretty bad. And I tried to add my husband onto my health insurance because he is self-employed and it would be 1000 dollars a month to add him to mine so that isn't doable. That is frustrating because we are almost 40, we need health insurance."
[Center-based provider, Focus group 0930]

"Ours offers it but we pay for the insurance, I'm on my husbands."
[Center-based provider, Focus group 0930]

Some child care providers report they have no access to benefits through their work

"Personally, I just had to rely on, like, the cheap or free clinics, or just didn't go... And, you know, most of them either were still covered them have parents or they were covered under their spouse."
[Center-based provider, Focus group 0930A]

"I am almost there [retirement] obviously, being in it for 34 years. Here's the flip side to staying in the field...I have not a very large retirement go to, I don't have insurance. I will be doing it probably for another 20 years. It's kind of scary because you will be in 80s. I love the job enough; I am

going to do it. But I also put myself in the corner where I can't really get. Because where I gonna go to build retirement now? What type of the job that I am going to get paid to the point for the insurance? I really don't know; it was just tough."
[Home-based provider, Focus group 1001]

"We make a lot less than teachers. We have no benefits. We have, you know, we don't have health insurance. If we do, we're paying for it out of her own pocket. It's not very good."
[Home-based provider, Focus group 1001]

Commitment to the Field

Providers emphasized their strong commitment to the field. Providers highlighted their own personal commitment to the field and the widespread sentiment that their role is meaningful for the children and families they work with. Many providers feel that they provide stability and resources to children that may not get them at home and indicate that is why their heart is in child care.

Some providers use their own income, time, and emotional resources for the children. Center and home based providers indicated they use their own money or free time looking for educational materials for the children, mostly books.

The importance and demanding nature of their work contrasts with feeling unrecognized for their job. Many providers express inconformity with opinions expressed by their own families and parents they serve. Providers indicated that their job is only seen as “babysitting” instead of a profession. Child care providers also feel the level of educational attainment does not match the recognition given. Finally, home-based providers expressed needing time off for mental health or personal matters, but parents do not seem to recognize their needs.

Some providers are fully committed to stay in the job and know their work is very meaningful

“I’m a lifer.”

“I plan to retire from the field.”

[Center-based provider, Focus group 0930A]

“This is my first 43 years. So I will be retiring in the next few years.”

[Center-based provider, Focus group 0930A]

“I plan to stay in it as long as my body will allow me to, I’ve had two knee replacements already and so you know, as long as my knees will hold out, I plan on staying.”

[Center-based provider, Focus group 0930A]

“So am I, because what you receive back from it far outweighs the pain that you get. We have a love for the children.”

“I’m gonna retire at my current job, hopefully not too far down but I’ve got some time.”

[Center-based providers, Focus group 0930]

“Just once I figured out this was my thing, I was just committed.”

[Center-based provider, Focus group 0930]

“I’ve tried to leave, I can’t. It’s where my heart is. And.... I don’t even know how to describe it.”

[Center-based provider, Focus group 0930]

“When I came to it, my heart wasn’t really early childhood. I do [it] because I care for early childhood, and I took that as my personal backpack. So, if I could be that child’s advocate, that’s what I will be. Many forms, with the family, with the school, with the public, and any form I can. And then, most importantly, I love them with everything I have in my body. Because we do best, we love them. When I go to childcare, there’s nobody gave me a hug when I arrived. There was nobody went to comfort me when I was scared. That’s our job. That’s what we do.”

[Home-based provider, Focus group 1001]

“That’s the reason I started childcare. I actually was fired from a long-term job that I had for years and years for no reason, but that’s another story. And a friend was going back to work and she said can you care for my children? And the children were in a broken family, and I thought if

I can take her children and one of other children that she was caring for, at least the stability would be for the majority of the day, as opposed to the broken home they were in. So, I can provide that stability, 5 days a week for 8-10 hours a week. That then would at least give a little help to the child. So that's why I start the childcare and why I stay and continue is to provide stability for it."

[Home-based provider, Focus group 1001]

"But for providers like me in my forties, hopefully I can have another 20 years. And there are not very many young one and we need to be like come on!"

[Home-based provider, Focus group 1001]

"So I just think that home child care is so important because these kids need like as much one-on-one, like security that you can give them."

[Home-based provider, Focus group 1001]

"I got a lot of discussions about this is last year cause there are days that I am very extremely frustrated with. We have a lot of kids that are DHS involved with case workers in the ball is dropped and I get very frustrated when I see them put in those situations that ultimately, they could have prevented. So then it makes me look

at like I'm doing what I can hear, but when they leave outside of these doors, after being put in dangerous situations and then my questions are then, what am I doing to benefit this child from those dangers outside of here? At least I know, at least 8 to 10 hours a day that they are in a safe loving environment, that they are accepted and getting the affection and love that they deserve. And knowing that they're getting meals, are getting the balance stuff that they needed. They are not getting it home and that they're lacking at home keeps us doing it."

[Home-based provider, Focus group 1001]

"I am currently working on my elementary ed bachelors. I plan to stay in early childhood because I see the importance of it. We have talk about it over and over and over again. A child's brain develops 80% of development before the age of 5. But we don't value it."

[Home-based provider, Focus group 1001]

"And children reap the benefit of it. It's not just providing quality childcare. It's also providing the relationship with the families, the link trust. And that extra support."

[Home-based provider, Focus group 1001]

Some providers use their own financial, time, and emotional resources for the children

"A lot of your teachers, even though we don't get much pay, you take what you make and you put it back into your kids because you're constantly spending money, it something to have to go to the store and buy supplies and stuff because it's something you want them to experience. So, you go on and you step out and you do it on your own."

[Center-based provider, focus group 0930]

"Books, I'm always ordering books. Hundreds of dollars' worth of books."

[Center-based provider, Focus group 0930]

"We partner with our local library. We just write grants and say like, we want these, and then they do it. Plus, I just go to the library a lot."

[Center-based provider, Focus group 0930]

"I go to consignment stores. Being a teacher, I thrift, I go and buy books."

[Center-based provider, Focus group 0930]

"We already provide a service for free so we bank on other services that are free, we also have a lot of partnerships and I think that is a good thing, we partner with the rec center and the park down the street and the city helps us."

[Center-based provider, Focus group 0930]

Still, providers feel unrecognized for the job they do and for the toll on mental health they take

"People look at child care teachers, they have them down at the bottom of the job ladder. We aren't professional, you're a babysitter. Your job doesn't matter, you're just watching the kids. Unless it's the people you're serving, they get it at the time, but I think they forget, they age out of us."

[Center-based provider, Focus group 0930]

"My mother-in-law still says that I work at a daycare. No, it's a school."

[Center-based provider, Focus group 0930]

"The children, that's our future, and if you lose all your teachers, you're losing that future."

[Center-based provider, Focus group 0930]

"And how many jobs where you have two masters' degrees where you get paid as little as we do. It's kind of a joke actually."

[Center-based provider, Focus group 0930]

"No, it's terrible I have more education than all of my friends and they make more money than I do. And they sit in an office. And they don't get puked on or all that other fun stuff."

[Center-based provider, Focus group 0930]

"Just [because] we do things in our home doesn't mean we are not professional as a business. And also, academically. Especially in smaller communities, it's very difficult to say okay I am finishing my master, so yes, we work from home. And my kids are really smart just as public schools are, we met certain milestone the time at home. So, my data and my information isn't support it within the district, because I am not the public. I am not the center. We are private. I am not overseen."

[Home-based provider, Focus group 1001]

"Problems in lacking support for worker burnout and self-care in such a physically and mentally demanding work is uniquely significant for home providers, which will impact their childcare

quality and the business sustainability. Taking day-off and mental health support is needed."

[Home-based provider, Focus group 1001]

"One thing that there should be more of is, as others have said, is the mental health support, it is physically demanding for this job, knowing all these children situations out side of daycare, and everything was going on. And it's not only us that needs the resources that sometimes, it's the parents too."

[Home-based provider, Focus group 1001]

"How can a provider that's open 7 to 5, get into a doctor that's only open 'till 4, without taking the day off which then jeopardizes 10 other families."

[Home-based provider, Focus group 1001]

"Thinking about taking care of me. If I have to take a day off, I have to take a nap. Do you want to stress that little stressed out person, freaking out on your kids? You need that day."

[Home-based provider, Focus group 1001]

"I think talking to the parents, understand the importance of having that time off, we need to take a break. We need to, you know, sometimes take a week vacation because it gives us that rest to recharge and come back to being about ourselves. Because, we try to take a week twice a year. you know, by the time it's 6 months up. I'm ready to throw in the towel, I'm exhausted. I'm stressed. And I just need that time too. I don't know why...so it takes me a little bit and making sure the parents understand we need that, needed that day to do that. So, then we feel guilty for taking that day."

[Home-based provider, Focus group 1001]

"I've had parents going, 'Why are you taking off?'...Well, it's not your business but I need a physical...I need a day off for that."

[Home-based provider, Focus group 1001]

Thus, a supportive and collaborative environment is fundamental

"We are new to the Des Moines area. So the place where I work has been really welcoming and I know the people that I work with are very good at helping me with, you know, "this is how we do things" because I was, I came from a very small center to now a very big center and so things are done a little bit different."

[Center-based provider, Focus group 0930A]

"We kind of have that, XX is my associate, we talk to each other. It helps a lot that we are close in age, it wouldn't be the same if I had someone who was really young in the classroom with me. I feel more comfortable talking about. She probably understands more because she's lived it whereas the younger person doesn't have the experience."

[Center-based provider, Focus group 0930]

"And for me my director, we pretty much partner through running the center and we always say two half brains make a great whole brain so we've got each other because there is a lot you need through the hospital, monetary benefits and leadership."

[Center-based provider, Focus group 0930]

"I really like the agency I work for. It sounds really corny but it's really like a family. Like I've worked at the same agency for 16 years, like I started working there when I was a baby. I'm well respected, I've been promoted several times, they sponsored me for the T.E.A.C.H. scholarship, the second I finished student teaching I got

promoted. First as a director and I got the 4-year-old spot I got my big girl shoes and could teacher 4-year-old preschool. They really respect all the hard work that you do no matter what level you're at. As an assistant I was given a lot of responsibility because I was really strong and they just kept building me up."

[Center-based provider, Focus group 0930]

"When I joined the board of ISCCA, when that was the round, I wanted to just to be the unregistered provider, like be a voice for the unresisted provider. And then I got in the board and I was so inspired by everybody that by the next board meetings, I was registered in food program. I was so inspired by people and I love the Facebook group and we have a new family childcare chapter and we got to zoom in for class meetings. Because we need each other. In my town, we have a group of providers, we have providers night out. We get together, we do like a window for Christmas we have kids coming to do a craft like that. Like we are family together. And we think what we need to put together, that for now is for each other."

[Home-based provider, Focus group 1001]

"We have a Hawki child care providers network and at one point we had 40 members. And we will meet monthly. And we would share crafts. We would have training. We have some DHS approved trainings. I mean it was wonderful."

[Home-based provider, Focus group 1001]

Education and T.E.A.C.H.

Throughout the interviews, many providers discussed the value of T.E.A.C.H. as a resource, though mostly from center-based providers. This suggests the program may need to expand its reach to be utilized by more home-based providers who may be interested. Center-based providers report T.E.A.C.H. helps them advance to administrative roles. Additionally, T.E.A.C.H. can provide continuing education that enhances skills related to children and child care through second or third degree opportunities. In addition to enhanced skillset from the T.E.A.C.H. continuing education opportunity, T.E.A.C.H. addresses providers' financial burdens to access

education: if a provider must miss work to continue their education, that is lost compensation. T.E.A.C.H gives providers a bonus to make up their missing hours that allows them to go for courses without a cut in payment. One home-based provider reported she wants to pursue a master's degree if she can participate in the T.E.A.C.H program. Another home-based provider received her degree through T.E.A.C.H at 41 years old and this helped her pursue a career working in a community college.

Several center-based providers report they appreciate the kindness and support they get from their supervisors and counselor in the T.E.A.C.H program. Many providers are nontraditional learners that may struggle with traditional college teaching styles. In T.E.A.C.H, they experience a supportive relationship and slower pace with a cohort that encourages their continued engagement and participation.

However, not everyone is interested in traditional degree-seeking opportunities, some are interested in certificates or other trainings to advance their skills and employability. Some of these providers report that when they used T.E.A.C.H some of the courses are not relevant with their situation nor do they address day-to-day challenges that they feel are applicable. Some experienced technical issues during online classes that undermine the efficiency of the trainings. The following are some example quotes about each of these issues relevant for this subtheme.

Teachers decide to go back to school later in life, some using T.E.A.C.H. and they think it had a positive impact in their life

"I got a PFA in print making, absolutely worthless, so I went back to school, worth it".

(Moderator – 'what kind of supports allowed you to make that decision?')

"The T.E.A.C.H program"

[Center-based provider, Focus group 0930]

"I have three degrees, first one was in museum studies. Then I have a master's in elementary, and then I have my master's in early childhood through the T.E.A.C.H. program through northwestern."

[Center-based provider, Focus group 0930]

"I was also an adult college person and it allowed me to move up to an administrative role which I really enjoy."

[Center-based provider, Focus group 0930]

"I'm almost glad I did it as my second degree, because if I did it when I was you know, 19, I don't know if I would have...you have to be really

mature to be a teacher. Even in the teacher education program you have to go to class at 8 and not look like you've done anything fun that night before. So, I don't know if I'd done very well if I'd been a normal age college student and acted the way I did in college. But I was very responsible the second time."

[Center-based provider, Focus group 0930]

"I always like learning more curricular stuff. I get excited really easily so if I have a new game or a new strategy to teach a new school I'm like YES, which is why me and 5-year-olds vibe. Being a teacher is like playing tennis, you can keep getting better no matter how old you are I get motivated and excited really easily so I'm already excited about the million things I wrote down from the first session. I've got these new math games, love math games...I think that's why I'm a teacher. Teachers like school. And you have to keep learning in order to keep up with the kids

because education is changing so much what I learned in 6th grade they're learning in 3rd grade so you have to keep that education going. I love it, I didn't think I would. I didn't think I'd like it, I thought you're too old. But I've enjoyed it, getting back into the classroom and it's like, ok I'm a big girl soaking in all the sponge, but it helps me to better understand the kids. So that's very important and that's why I keep going."

[Center-based provider, Focus group 0930]

"And like accreditation stuff. Not that accreditation is fun. For my school, the higher accreditation we are, the more government reimbursement we get. We have QRS 5, we are NEUC accredited. Those take a lot of work and time and money and understanding but it really did, it made all of us better."

[Center-based provider, Focus group 0930]

"I think the T.E.A.C.H program was really good about providing support, they give you hours to be off the clock but you don't take a cut in pay. And then the bonuses, like for student teaching

I had to take off 5 months, like I couldn't work at all for 5 months, not that it covered my salary but they gave me a big bonus when I finished. They did give me a big bonus to try to make up the lack of hours that I had, and I think without that taking time off to go to school, financially doesn't make sense for a lot of people. And I am married, and my husband, if we didn't get that bonus [it would have been hard]."

[Center-based provider, Focus group 0930]

"When I went into the field, I knew that I probably wasn't likely to stay for my entire life. [At the point] when T.E.A.C.H. was offered to me, I decided to do T.E.A.C.H. And so through T.E.A.C.H., I got my associate's degree at 41, in 2020. And I am off to my bachelor's degree with the idea of I want to work in a community college."

[Home-based provider, Focus group 1001]

"If they want to give me a master's, that's what I want to do my master's. T.E.A.C.H program."

[Home-based provider, Focus group 1001]

Supervisors' and counselor support is important for T.E.A.C.H. participation

"I'm actually currently getting my CDA right now. So the daycares, they're not paying for it, but T.E.A.C.H. pays for it. Yeah, I used to be like I'm terrified of college, because I have like developmental stuff I'm not good at education. But through T.E.A.C.H. my supervisor encouraged me to take this particular new course, but of course they call that cohort and they were encouraging me to take this because it's made specifically for people who either struggle with college classes or who do need that, like slower pace, or need that like one-on-one interaction with teachers. So as far as training goes like, yeah, I'm getting my CDA."

[Center-based provider, Focus group 0930A]

"[T.E.A.C.H.] It is an excellent program, there was days I feel like I was sinking and I could

call my counselor and they would say "nope girl you're doing good, just keep it up" you know because you have a lot of doubts about yourself, especially at my age, going back to school. And having that back up and that help."

[Center-based provider, Focus group 0930]

"My counselor was super kind to me, like I was always screwing things up, like not registering in time. There is a lot of paperwork, it's not a strength of mine and she would just say don't worry I'll fix it, she never made me live up to standards that I was supposed to do she would just fix it for me which was great because I was really busy."

[Center-based provider, Focus group 0930]

Some participants are not interested in college but are interested in certificates or other training

"I don't want to go back to school. I'm 45... my life is too crazy and chaotic right now, but I love to take like CCRR classes and stuff like that to still learn...I have learning disabilities. And so, I get test anxiety until I don't do very well on tests, but it's not that I don't know the material, it's just I bomb tests and so when I take these other classes, I used to like I learned things from him but I don't have to be like necessarily tested on it and so I feel like I can learn a little bit easier and relax a little bit more. So, I like to do more of that kind of training and in my life right now, that's the kind of training I want. I don't want to go back to school."

[Center-based provider, Focus group 0930A]

"Being in the field as long as I have going back to school is probably not an option. At this point, I'm 3 years from retirement but I do like to go to this kind of training, also just because it helps keep you up-to-date on things are going on. What I would like to see more is school-age specific trainings because a lot of times, I sit here for a long time, and they're talking about infants and toddlers in car seats. Do you know formula? And it's like my youngest kids 5. So, we like to see more school age specific training."

[Center-based provider, Focus group 0930A]

Providers feel that some of the courses offered are not relevant

"What I would like to see more is school-age specific trainings because a lot of times, I sit here for a long time, and they're talking about infants and toddlers in car seats. Do you know formula? And it's like my youngest kids 5. So, we like to see more school age specific training."

[Center-based provider, Focus group 0930A]

"I was actually just in a class of my very first class, which was the environmental class. And I was getting frustrated with training it offered. The last Institute we had license like last year, I took the same class and it was all online. And they had technical issues for about 20 minutes and then they only did the class for another like 15 minutes and then shut off. And like they had marketing themselves on the website like Pre-K relevant, but then we took the class it was all middle school, high school. So, I kept asking questions, you can't like hey how can I apply this? Cause we talk about conservation population control. And I was like, how would you apply this? So, I can figure out how to apply this to a 2 yrs old and three-year-old child to Pre-K classroom, how would you make it practical?"

[Center-based provider, Focus group 0930A]

"I'm on WAGE\$®. I'm on T.E.A.C.H. I am actively working to improve my quality, but you're punishing me for it. So, if you're going to push for the bachelor's fantastic. I think it's a great. But you have to support these four [inaudible] who are working for it and show them and let them know that you appreciate them because there's so many providers. I talked to [my counselor] like I'm done. I am not doing any more. So, I just quit or drop my registration. And drop my QRS. And it's sad because the quality provider has done a lot."

[Home-based providers, Focus group 1001]



Iowa Workforce Study

Appendix C

Administrator Focus Groups

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SUMMARY OF FINDINGS

To supplement the individual providers' survey and center- and home- based provider focus groups, we conducted several focus groups with center administrators to obtain additional information about workforce recruitment and retention strategies. This appendix reflects the 8 in-person provider focus groups as well as 3 individual interviews conducted with directors who could not participate in the focus groups, for a total of 37 participants. Transcripts from audio recordings of the focus groups and interviews were generated, checked against recordings, and deductively coded using themes and subthemes identified from prior survey and focus group work (see Appendices A and B, for more information).

Primary themes from the administrator focus groups included:

- Higher pay is critical to recruiting and retaining enough employees to be adequately staffed, and parents cannot be the source of the additional funds. Current salary supplement programs, such as WAGE\$ and recruitment and retention bonuses have the potential to help meet this need but are not doing so at this time.
- Providing benefits such as health insurance and retirement is financially challenging for programs so most do not offer these. Free or reduced-cost child care is a more frequently offered and utilized benefit.
- Administrators have been struggling to recruit staff since the onset of the COVID-19 pandemic, and the low wages and lack of benefits is not helping. Administrators have been hesitant to use state financial support and incentives as recruitment tools because they perceive the funding could become unavailable with little notice.
- Education is a key factor in determining pay. There are programs to assist with helping providers advance their education, and these can be key supports for advancing their compensation.
- Unprompted, many administrators shared that recent changes made to adult-child ratios and age requirements for child care providers were not beneficial and not utilized in their centers.

APPROACH TO THE FOCUS GROUPS

Procedure

The ISU Data and Analysis Team (here forward referred to as “the team”) led the development of the focus group strategy, key questions, and facilitator guidelines with input from the Iowa Workforce Study Advisory Committee. Additionally, members of the team recruited participants and facilitated the focus groups.

To supplement learning from the Iowa Workforce Study provider survey, the team conducted focus groups with center-based program administrators followed by a short survey. The target sample was 50 administrators representing 50 programs. A total of 37 child care program administrators representing 37 programs participated. In February 2023, 8 focus groups and 3 individual interviews were conducted via Zoom, recorded, and transcribed for analysis. In the final minutes of each focus group, administrators

were provided with a Qualtrics link to answer questions specific to the number of staff they had, minimum education requirements for various staff positions, and pay and benefits for each staff position. Participants and members of the team remained online during survey completion so members of the team could answer questions and provide technical assistance as needed.

Sampling

The team determined three criteria on which to stratify the sample of programs to invite to the focus groups—Acceptance of child care assistance (CCA) or not, rural or urban county, and QRIS participation and rating (does not participate, 1-3 stars, 4-5 stars)—resulting in 12 possible combinations (referred herein as strata). A list of active, licensed –center-based programs was retrieved from the Iowa Department of Human Services website on January 31, 2023. Proportion of providers fitting in each strata was determined and then used to inform sample selection from the full list. Note that every category was assigned a minimum of 2, thus, some strata are overrepresented, and others are slightly underrepresented. Programs were randomized within strata, and then identified for invitation based on the random order with additional consideration to program size. In other words, although program size (under 50 children, 50-100 children, more than 100 children) was not a formal strata, programs of varying sizes were invited prior to a multiple of a single size. Once programs were identified for an invitation, an email address for program administrators was retrieved through the CCRR public search website. Administrators were contacted and invited to participate via email. Early recruitment yielded a low response rate; thus, stratification of the sample was loosened such that strata informed who was sent invitations to participate, but any willing respondents were included. Initial strata goals and final participant characteristics are displayed in the table below.

TABLE 1. SAMPLE SIZE BY ORIGINAL RECRUITMENT COMBINATION

	CCA YES		CCA NO	
No QRS participation	Urban: 8 (of 12)	Rural: 5 (of 9)	Urban: 2 (of 3)	Rural: 1 (of 4)
Participation in QRS	Urban: 9 (of 7)	Rural: 8 (of 7)	Urban: 1 (of 4)	Rural: 3 (of 4)

Note: Initial strata goals are presented in parentheses, and were separated by QRS levels 1-3 and 4-5; however, participants from large, multi-site programs represented varying QRS levels. Further, participant report and administrative records differed for QRS level in some cases, likely due to transitions from QRS to IQ4K. Administrators whose programs participate in QRS were approximately evenly split across high-rated and lower-rated programs, with those representing multiple sites representing both high and low-rated sites.

Analysis

Prioritized themes for coding were originally based on the provider survey data collected in Summer 2022 (see Appendix A) and the Fall 2022 focus groups (see Appendix B), and included financial compensation, benefits, and commitments to the field. However, given the unique nature of these interviews and the purpose to better understand how they recruit and retain their own staff, unique themes were required to best organize data from these administrator focus groups. The final coding scheme identified the following major themes: (1) Financial compensation & WAGE\$ program; (2) other benefits (e.g., health insurance, retirement investments); (3) Recruitment, retention, & long-term commitment to the field; (4) Education, T.E.A.C.H., and succession planning; and (5) topics emerging from participants.

The following summary provides a description of each major theme, with relevant subthemes and exemplar quotes provided.

THEMES AND RESULTS

Higher Pay is Critical

Administrators recognize that increasing wages is crucial to being fully staffed and employing high-quality staff. They make decisions about starting rates and salary increases based on the position the employee is being hired for, education, and experience, and increase by an annual cost of living increase when possible. However, they know the wages for employees in their program are lower than other businesses and organizations across the education continuum. For example, many participants commented that their staff (who do not have two-year or four-year degrees) make less an hour than employees at local gas stations, grocery stores, and other retail stores. Participants who spoke of hiring employees with more education recognized that they were competing with the public school system, and simply could not offer the same pay.

Participants were also quick to discuss that increased staff pay could not be funded by the parents. In many cases, the point that teaching staff needed higher pay and families couldn't pay any higher tuition was made in the same statement. Some participants shared that they had increased tuition to raise pay rates in the past year or two to help attract employees, and that they had hit the maximum amount that parents could or would pay.

In terms of salary supplement programs such as WAGE\$ and recruitment and retention bonuses, administrators had mixed perspectives. WAGE\$ was generally spoken of favorably, as a way to compensate more educated employees when the program could not increase hourly pay. Administrators found WAGE\$ to be relatively easy for them to complete their part, and the smooth process made them more positive overall about WAGE\$. One concern that was highlighted, often in conjunction with a conversation about the transition from QRS to IQ4K, was the link between WAGE\$ and center QRS/IQ4K participation and rating. Participants expressed concern that the WAGE\$ bonus an individual receives is tied to program-level efforts, decisions, and even equity barriers to achieving a high QRS/IQ4K level. Retention and recruitment bonuses

received a more mixed response, with administrators citing inconsistency in the application process and time to receive bonuses as a challenge. Administrators highlighted that they did not use these bonuses as a recruitment tool because they would not be available to employees right away and because they (the administrators) feared changes to the program or funding that might make it unavailable at some point. Generally, administrators saw the recruitment and retention bonuses as a nice extra for employees who qualified but not necessarily part of their toolkit for recruiting and retaining high-quality staff.

Administrators Want to Pay More

"I'll do anything to get my staff up to the wage that you know they deserve. When you talked about wages, of what we could do or what we would give, I would at least love to give every single one of my staff above what they make at McDonald's and Target to start with."

[administrator 101]

"[Other businesses say] I can't find any workers, because my workers can't find childcare. So somebody needs to step up to the plate and help these childcare centers provide childcare, and the only way we can provide it is to offer a living wage to our staff. It has always been very embarrassing to me that the vast majority of my staff, who are single parents, qualified for food stamps."

[administrator 605]

"I would say our biggest issue is our starting pay for our area. We start out at \$10, and then the teachers get \$10.25 an hour to start, so that's our biggest concern. I'm lucky right now that I just happen to have great group of people I work with, who show up every day, but when one does call and sick, or they need time off, it's hard. I get pulled from room to room wherever I need to fill in."

[administrator 704]

"I'd pay them what they deserve, and even more if I could. But I don't. They're mission-minded so they're coming here for a reason. Then they want to work, and I get that. But it's also nice to say your mission minded, but we're gonna pay you what you deserve also. So, I couldn't even, I can't even give you an answer to say this is what I would like to pay them. I'd like to pay them with

what's comparable and what they deserve. But doesn't happen right now"

[administrator 104]

"I do feel like we have to increase our hourly starting pay to compete with places that we lose staff to. Around here its Caseys. So a gas station will start off their employees at a higher rate than us. Also, fast foods as well, but then we do have some that we lose to some blue-collar jobs in this area. So, like factory assembly line work that starts off a lot higher that I don't think we could ever compete with in the, you know, \$20 to \$25 range."

[administrator 602]

"If they can go to any fast-food place, HyVee, any number of other places, and get paid significantly more per hour. Now the downside is, they may have to work nights, weekends, things like that, but it's just when they have expensive rent, because the cost of everything has gone up, or just their grocery bill, whatever they're gonna potentially take the higher paying job, even if it's less desirable hours, because they need the money, so I can't really compete with that. And that's hard."

[administrator 604]

"You know there's a Subway that's opening up by us, and it's going to start at \$14 an hour. And people can say what they want. 'Oh, no, nights, no weekends.' It does not matter if they can't pay their bills. They're going to go to the job that's going to pay their bills and that's just a fact, and I can't fault them for that. I understand the very real reality of not being able to pay their bills so as much as I can try and sell it, and say no night, no weekends, no holidays. It's, for me, I don't even

think it's really a true factor for them. They have to be able to pay their bills."

[administrator 601]

"We just basically start all of ours at a flat rate. We do 3 month performance raises, and then we do the cost of living yearly. And yes, it was very hard to get people in here. We went through turnover like mad, the first year that I was director. And yeah, you can go to McDonalds, and get paid almost twice what we pay for what we do. So I get it all."

[administrator 803]

Families Can't Foot the Bill for Additional Pay

"To do our wage, this last wage increase that we did, we had to raise parent tuition, and pretty soon we're gonna, I mean everybody, I'm preaching to the choir, but you know, we're gonna price parents right out of out of child care, because nobody, I mean, it costs a college education almost to send your kids to daycare."

[administrator 801]

"I think, I mean, like was mentioned before, it's kind of hard now that these staff have had that extra income so then, all of a sudden not have it [if WAGE\$ ended]. And so, I think, like with we mentioned before, our tuition would have to rise. And then you're raising it too high for families, and then you're losing families, and it's just a vicious cycle to try to kind of balance all that, for sure."

[administrator 804]

"But our church helps us. They support us financially and so that's kind of how we get by. Otherwise, there's no way that we would be able to stay open without our church help and funding."

[administrator 703]

WAGE\$ Program, Recruitment, and Retention Bonuses, & Other Salary Support

"I feel that we've hired some staff, knowing that they have that opportunity to get WAGE\$. And

if we were to lose that, I would say we definitely have to potentially increase our wages for those you know really, bottom line, bottom, tier staff. Otherwise. I mean, I think our program would still run, cause we did it without WAGE\$ prior to. I think WAGE\$ is just the bonus like a bonus to them. Here's this, we recognize that you know you're in childcare. And here, we're gonna give you this bonus. So, I think that's the way my staff really look at it. They greatly appreciate it."

[administrator 101]

"Our problem with retention is that our twos and threes teacher, they're like 10 cents an hour too much [for WAGE\$] when you break their salary down, and then I think the biggest complaint is retention, like, like...for example, myself, I applied September 8 for retention bonus. I just received it 2 weeks ago. So, the processing time. It's very frustrating that you like encourage employees to apply for these things, and then it takes 6 months."

[administrator 603]

"In my dream world that child care facilities would also get a state per diem, like per child per day, like what the school districts get. So school districts get, you know, a little over \$7,000 per child per year from the state. So, why not do something like that similar for the childcare child? Care is such a crisis and everything. Let's instead of giving us money to build more centers that we can't even staff, let's [give] some money to the centers that are open and running and help them get staff, to retain staff, to keep positions open, so these families can get enrolled. I mean, I know there's a ton of centers in this area that are still not operating at full capacity. So, I mean if we got, you know, just for, say, \$3,000 per child, that we enroll, or that we have opening for I mean, that's money that we can send back out to increase wages for staff that might entice them more to getting into the early childhood field. Because right now nobody's going into it. So where are we gonna find staff"

[administrator 102]

"I think a benefit that did happen from Covid is that a light shown on child care obviously. And I see things changing, they're trying to make that, and definitely we're on the right track. We just need more. I think some of the programs that they've started are great. Like I said we, we have benefited from the WAGE\$ program. But just continuing to help us as centers bridge that gap between affordable child care, and being able to pay staff what they deserve. So, yeah, I, I think we're in the right direction. Hopefully. But just continuing."
[administrator 804]

"it's hard because they don't work quite enough hours to get the WAGE\$, and I think I could retain some of them. But we could just be open more. But the funding isn't there for that, either."
[administrator 402]

"Yeah, so I actually never used it [recruitment and retention bonus] as a recruitment piece because I just didn't know how long it would be here. And so I just kind of chose not to use it in that sense. I didn't want to promise somebody and then, like two weeks later, they said, "sorry, funding is gone and you don't have it anymore." So primarily what has happened is it's been mostly retention for me. And then the few people that have come on board, it's just kind of been a surprise, a nice perk for them."
[administrator 504]

"And I said, 'Hey, like this is such a positive. And I'm so glad we're doing this. But, like the system is not working', and I'm not the only director that feels like we're turning a positive into a negative at this point because we're getting these workers and we're saying, you're gonna get this bonus. But like 50% of my 25 staff that turned it in have got it, and the other ones have been waiting 5, 6, 7 months."
[administrator 403]

"The WAGE\$ check—your amount is tied to what your centers, IQ4K or QRS level is, and I am not a fan of that. I feel like if you are college educated and working in a low-paying field, that

the amount of your checks should not be based upon what it is that your administration can pull off for a level because there are barriers to IQ4k and there are barriers to QRS including the trainings and things like that if you can't afford for your staff to do them afterwards, because technically, if they've worked 40 hours, that legally should be overtime, that you're paying them to do those trainings. So if you can't do that, or afford to do that, then that can be a barrier for some centers that might not be able to get a higher IQ4k or QRS level rating so but there's still college-educated staff working at a license center. So I would like to just see the you know, if you're working at a license center in your college educated that you're eligible for that."
[administrator 403]

"Well, I thought it was a great thing. It's been a great thing for my long-term staff. What I ran into was staff leaving immediately after they got that bonus, within 2 to 6 weeks."
[administrator 401]

Variety of Ways Starting Pay is Determined or Employees Move Up the Pay Scale

"All of our pay rates are determined, based on the education. So, any raises based on the education. So, if they get bachelors, they're raised, their pay would go up and then off."
[administrator 101]

"So, we have a base rate, a pay, and then we look at education too, and age that they teach. Obviously, I have 3 sections of 4-year-olds and we participate in the statewide voluntary preschool program. So, not only do they have to have a 4-year degree, they have to have a degree in early childhood and a current Iowa license. So that would pay more than a teacher in my 2- or 3-year-old program, who may just have a 4 year degree with some early childhood background. So we have a base, and then we add on to that, depending on the requirements and education and that stuff."
[administrator 103]

“So our position rates are based on basically the position in which they’re in. So right now, we’ve just recently switched over to, for our early learning centers, we’re only hiring full time. So everybody’s full time, and then for our school age programs, of course those are only part time, because we do before and after school. And then I mean we only have one kitchen person, everything else we outsource, cater in for food, and then we have one admin person, an associate director, and then myself. So it’s basically it’s based on the position. And then, of course, years of service as they grow within. I have to say that we’ve got some staff that have been here for twenty-plus years.”

[administrator 102]

“So they get a 3% [annually]. Usually a 3% raise. We’ve done some different things because we realize our associate pay is pretty low. So, this year for the 2022 to 2023 school year, we did a like an incentive bonus thing. So when they sign their contract they got a \$500 bonus, and then, if they

stayed through the first half the year, they got another \$250, and then in May they’ll get another \$250, so like they got an extra \$1,000, this year, because we can’t, I mean we’re trying to compete.”
[administrator 603]

“We don’t really have a pay scale here, you know, we start our part-timers out at a certain rate, and then our full timers out at a certain rate and then it just goes up from there. So, if you’re a lead teacher, you get a little bit more. If you’re a lead teacher with an associate degree, then you get, you know, this much. If you have experience, then I even add a little bit more into that that kind of thing. I will say that our starting pay for part timers is \$11 an hour, and that’s actually pretty. It’s lower than most in the Des Moines area, but that’s what they’ve had to do to get the high school kids to come in and help, because like you can go flip burgers, for, you know, 13 or 14 bucks an hour and then so we don’t have any better?”

[administrator 802]

Benefits are Important, but Challenging to Provide

Administrators are aware that benefits are important, but they commonly have problems providing benefits because of the cost. A couple of program administrators indicated they were able to offer full-time employees robust benefits packages if the employees stayed with them for two or more years. In these exceptional cases, the program was tied to a larger organization where child care workers made up a small percentage of the employees receiving benefits. Administrators perceive that retirement funding and stronger supplement support for health insurance from the state government would be strategic both to recruit and retain people and get qualified people into the workforce.

Heterogeneity in the workforce and the needs of the workforce became apparent in conversations about benefits. Administrators generally talked about three populations—individuals under the age of 26 (including high schoolers) who tended to still access health insurance through their parents, individuals who were married and accessed health insurance through their spouse’s employment, and unmarried parents who primarily qualified for state-funded insurance. Administrators highlighted conversations with various employees about benefits. While some employees wanted access to benefits through employers, many prioritized having cash in hand. Where programs were offering health insurance benefits, in most cases it was only available to full-time employees, and employees also paid a portion.

Administrators had very little to say about retirement, recognizing that it was not within the scope of their program budgets to provide for retirement. One participant suggested access to IPERS or other state organized and supported retirement might help maintain retention in the field. Many directors felt their employees had to prioritize paying today's bills over saving for tomorrow's and guessed most of their employees did not have an outside retirement plan.

Free or discounted child care was an additional benefit discussed. Single parents were highlighted in these conversations on discounted child care. Some administrators expressed concern that these employees were receiving such a low wage that they were eligible for state insurance and benefits such as SNAP. For these workers, free or drastically reduced child care was a key reason for working in the program—if their child had free care while they were working, none of their pay went to child care. Other administrators specified recruiting (married or unmarried) moms of young children, including for part-time positions, because they could offer free or discounted child care when they couldn't offer the other benefits. Most administrators see their employee's needs for free or discounted child care for their own children and offer it as a key perk. However, they also recognize filling a spot with an employee's child reduces the tuition coming into the center. Given the timing of the focus groups, some groups discussed the proposed plan for all child care employees to qualify for state child care assistance subsidy regardless of income. Administrators expressed favorable opinions about this idea, as it would mean the state investing more to cover their employees' free or discounted childcare costs other than at the expense of the program's income.

Insurance

"Some of ours are either on their spouses because they're working somewhere else or don't have it or are getting it on their own."

[administrator 104]

"Our greatest competition is the University. At the beginning of the school year I was fully staffed. I've lost 4 staff to the university, and I can't even come close to being able to compete with them. Their positions aren't starting the wages aren't starting much more than us, but they get university benefits. So I'll never be able to compete with that."

[administrator 601]

"That has been a deterrent for staff is that our insurance that we offer to them is a very high cost. So it's there's nothing else that can make up for that."

[administrator 602]

"If you're a lead teacher, you do get 50% of your single insurance premium paid. So kind of a goal is to up that and to up it for all of our full-time staff."
[administrator 804]

"So we, we offer health insurance. We pay a \$150 a month towards their health insurance. It's health, vision, and dental, but because, as our agent says, they're all women of childbearing age, it's very costly, you know. Most of my employees, their insurance is like \$270 to \$280 a month. It's based on their age. And so we pay \$150 of that so they're still paying, you know, most of them roughly \$150 a month. The vast majority of my employees are still falling under their parents' insurance, but they're all right on that cusp, and they're going to lose that soon. So, we always have the conversation of it, you know. Should you do our insurance? Are you gonna look at marketplace? Those kind of conversations. But most of them end up qualifying for, like, the

Hawk-I program, or something like that through the State.”

[administrator 601]

“It’s a very robust benefit package that we do use as a recruitment and bargaining, marketing. But, you know, just say hey look at what you are getting. Those that choose not to take the health insurance...they’re on a spouse’s. We are hiring young adults, and so some of them are still on their parents’ insurance, or they say, “Oh, I’m young, I’m healthy. I don’t need it.” So they’re looking at the cost of health insurance, even though the agency pays for 80% and the employee pays for 20%, it still can be, you know, first time and young just realizing well, that’s what all these benefits cost up to that. They just choose not to enroll in benefits...it’s their choice, but those are the options in front of them.”

[administrator 201]

“Health insurance is a huge barrier. I mean every month when I talk to people about health insurance, I go around and count all the people in my building that don’t carry health insurance at all, because they, you know they choose not to, because they just can’t afford that. So, I would really like to see a health insurance benefit for them. I’ve never been a person that has felt like the government needs to step in and needs to solve all of our problems. But the system is broken, and parents cannot pay more.”

[administrator 601]

Retirement

“I don’t know exactly what the answer is, but I do agree that their probably needs to be some sort of government intervention, because, for example, we’re all licensed by the state. What if full-time people could get IPERS? I mean, maybe that’s something that should be looked into...I don’t know how that would work or what that would look like. But if people could have a viable retirement fund that would give them an incentive to stay in the field and stay in that job, that would be huge. And then, of course,

health insurance is another huge thing...if we can recruit people that will work full time because they know they get IPERS, we would be a lot farther down the road in not only recruiting and retaining people, but getting good people that we want to keep you know that are really motivated to stay in the field and have a reason to, so I mean, I don’t know. That would be a pretty big commitment. But if we’re really saying that we’re investing in child care in the state of Iowa, to me that would be a really good way to do it.”

[administrator 604]

“The [organization] is fortunate that with us, having more than just child care that we are actually able to offer all of our full-time employees benefits, I mean, of course, it’s split between employer employee paid for, and then also all of our employees. This is one of our biggest perks is that they’re given 12% into retirement, full time employees do not have to put a dime into it. So that is a big perk that we have. Once they hit the qualifications of being employed for 2 years, they started getting 12% in the retirement”

[administrator 102]

“I looked into a 401K and I don’t know if anybody would, you know...taking that money, they need that money right now. And to put it into something, my employees don’t understand that that will come back to you eventually. But they want the money right now.”

[administrator 202]

“Well, we don’t offer any benefits. Again, we’re a nonprofit, and we’re through a church. Most of my staff is older and married, like their kids are middle school or high school, so they are with their husband’s insurance, you know. I think it would be nice if we had some way to do some, you know, even if we didn’t have the health care, [offer] retirement because, I think, like just even empowerment. To have your own retirement separate from your husbands is important”

[administrator 603]

Free/Reduced Child Care

"I think that's kind of like a double-edged sword because most parents that work in child care, they're being paid a non-livable wage. So if they just applied for state [subsidy] anyways, they'd probably get it so like, you know, does it sound really great? And [are] there gonna be some people that maybe are married and are just over the threshold, or something, and could get it? Yes, absolutely. But we all know that the majority of the workforce right now is girls that are 26, and under that maybe are a single mom, because they just want to be with their baby. And you know they're probably making \$13 an hour, and they're going to, you know, receive state child care subsidy anyways, if they applied."
[administrator 403]

"We have kind of a mix of staff here. Most of them are, I would say, over 35, and most of them have been with me for several years, so we'd have very little turnover. But I really attribute a lot of that to the school that we're affiliated with, because we have some moms that work here and get discounts off their school. So that helps a lot."
[administrator 802]

"The thing is, like, for a while to keep staff we had to give staff kids free childcare which is not helping our bottom line."
[administrator 705]

"So, one of the things that I'm very interested in I've just heard rumblings about this, so I don't know what exactly it means. But the potential that full-time employees can be categorically approved for CCA for their children. And what does that mean? I don't know, but I've certainly lost plenty of staff who have said to me, I'm having a baby and by the time that I have to pay for my baby to go to the day care center, I'm making 50 bucks a week I might as well stay home, and so, if categorically approved for CCA means that their children are going to be free and it's not gonna cost them anything to bring their children to child care, we may have more young mothers re-entering the workforce. I've also lost families who have said, I can't afford not to work, but I can't afford to work this job that I love, because by the time I pay the child care... So again, I think categorically free, depending on what that means, may be a huge benefit for us."
[administrator 605]

"But I just want to chime into that because I that's how I keep a lot of my staff is because it is free daycare. You know. So when they come, you know, and they have one or 2 kids, and they don't have to pay daycare when they're with me."
[administrator 402]

Recruitment, Retention, and Sustaining the Workforce

Among the many challenges that administrators in the field face, recruitment, and retention are the greatest. While there is high demand for additional childcare, and administrators have the physical space to receive children, staff shortages obligate administrators to limit the number of children they receive. Administrators also indicated that often they need to take on additional roles such as janitorial work and classroom teaching support to account for labor they cannot hire.

Staff shortages and recruitment problems have been accelerated by the COVID-19 pandemic. For example, recruiting hourly staff to work in the afternoon hours, such as high school students, has become very difficult. Part of this challenge is associated with the taxing nature of the job in contrast with the low hourly pay and

lack of benefits. In fact, administrators are aware that the low pay and few benefits provided may be driving workers out of the field to either (1) less taxing jobs, such as gas stations or supermarket positions, or (2) school district positions, where more salary and best benefits can be obtained.

While administrators are aware that low-wages are a problem for retaining staff and that their workers may deserve more pay, they have difficulties providing their staff with a competitive wage without asking for more money tuition from parents. Some administrators currently rely on stabilization funds or grants for this. However, these are not consistent or secured every time. Overall, administrators suggested that retaining staff and balancing income is a difficult balancing act.

Despite the difficulties of the field, administrators stated that there are very committed workers. Some staff remain deeply committed to the field even through the difficulties that the COVID-19 pandemic presented, as they know their work is meaningful for children and families.

Impact of Staff Shortage

Limiting Enrollment

"So we have here, if we're fully staffed, about 25 staff right now, I have about 20 to 22 less full time than I need. Two classrooms closed. We kind of survived through the whole covid thing until the end of last summer, when we had a couple of people move out of town, couple of our long-term leaders who had to take jobs with benefits and higher pay, and we have raised our pay over the last two years, but we haven't been able to fill those gaps."

[administrator 401]

"And I'm in Davenport, and we have a waiting list of over 400 children who are looking for care, and I have 1, 2, 3, 4, 4, 5 of my classrooms that are not full because I don't have staff to be in ratio"

[administrator 102]

Moderator: "Gotcha. So your license capacity in terms of based on space would allow you to have more children. But you don't have enough adults to supervise those children."

[administrator 102]

"Correct, and we won't just hire anybody. So, we're still very picky on who we bring in, because we want quality care for our kids. But

and you know, then, on the other aspect, it's if we can't fill our spots. I mean my school age programs. There's not one school age program that's operating at capacity, because I don't have the staff. I mean, there are days that we get really close to having to close after school programming because our staff call off or are out sick or need a vacation day, or have something going on at their college that they need to be at or whatever it may be. So that's, I mean that's where we're sitting right now is, I mean, if we were fully staffed we would have well over, you know, we'd have close to a thousand children in our programs. And we're offering a little bit about 500 between before and after school and our 2 early learning centers right now."

[administrator 102]

"So our center is not at full staffing. We have capacity for 107 kids and obviously 10 teachers is not enough to cover that because we accept children from 6 weeks to 12 years of age. So, just with ratios, it's not enough, and we have been struggling with a shortage and staff or a shortage in people willing to apply or finding people since covid, actually. So, let's see, I would say, our biggest barriers are low pay and a lack of benefits."

[administrator 702]

Administrators in the Classroom and Other Duties

“Currently I’m doing the janitorial because, you know, [city] is a small community and we have 2 cleaning services or businesses in the town but they don’t have any employees. No one is working for them, so we can’t go through them. And you know, it feels like a vicious cycle, you know. I could get more kids if I had people that would work.”
[administrator 701]

“I think, within the last year, as a director, I’ve probably spent more time in the classroom than I have like in years combined...I end up in a classroom some days, you know, maybe just some days, just to help with breaks, or maybe some days, you know, we had three teachers that had the flu or something, and I’m in a classroom for a whole day. I go home. And I’m like, okay, well, not only my like, mentally tired, but I like. I’m also physically tired.”
[administrator 403]

“So this is my church. I’ve always known about this children’s center, and I happened to be on the Church Council when the previous director terminated her employment, in October of 2020, and that’s when I stepped in because I thought they’d find a director in a few weeks. I think the thing that I like you, [other participants], have ended up in the classroom too much, which means things don’t get done on this end like they should.”
[administrator 401]

Recruitment: Challenges Finding Staff

Most Challenging to Find Certain Types of Workers

“The problem that I’ve had with my staffing is in, is after the 3 o’clock hours, and it’s because of I never had any problem getting high school workers, especially cause we’re affiliated with like [high school] here in [city], and not very far at all a couple of minute drive. But the pandemic hit, and I can’t hire a high school staff to save my soul.”
[administrator 802]

“So I have a large staff, but yeah, it’s still I don’t know not what I would consider to be full. My biggest gap at the moment is like afternoon staff, like everybody knows that we’re open 6:30 to 6. No one has any interest in staying till 6 o’clock, and so that’s a challenge for us, and the staff that I do have. So that’s mostly high school students, so 16 and older that help us get our building to the end of the day. And then they do all the like cleaning and shutting down at the building, and all of that good stuff. As far as like full-time teachers, I think I finally gotten to full staff.”
[administrator 705]

“So, I don’t know if it’s just an area thing, but I’m hearing people say that they’re starting teachers at \$10 and \$12 and what not. But we’re in small town, Iowa, and just based off of, our staff are paid through child tuition, and if we were to raise child tuition anymore than we already have it at, I don’t believe we’d have a lot of interest, or a lot of continuing care. So our starting rate for those without education or experience in the field, it does land more around \$8 an hour. Obviously, we have staff members paid more than that. And currently our biggest draw for staff is that our center is offering free childcare for those staff members while they’re working. And yes, it does come. It hits the center hard, but we don’t, we haven’t found another way to cope with that, or to draw people in otherwise, because we don’t have health insurance, we don’t have retirement insurance or retirement benefits.”
[administrator 702]

Schedule Can be an Advantage and a Barrier

“But I do feel like in order for us to be competitive, even though we offer holidays off, some of our holidays are paid, but we offer no weekends. The latest you can work is 6’clock at night. I do feel like we have to increase our hourly starting pay to compete with places that we lose staff to around.”
[administrator 602]

"Well on the other part of no nights, no weekends, no holidays, is if you're a college student and you're an athlete on top of it. The hours that I need you to work may not work for you. And so you're probably going to have to work nights and weekends if you're going to have a job because we're a college town, too. And we used to get a lot of college students, and we don't anymore. I mean, we really, really struggle for staff. I could easily take another 65 children, maybe more. Combined my school age programs, but I can't find staff."

[administrator 605]

Nature of the Work is Challenging

"So you know, we filled a lot of these positions, and I've never had the experience like we're having this year. They're here for, you know I had one that, you know, lasted half a day, and then we broke for lunch, and they never came back. So again, it's just, I think, what everybody is hearing and experiencing now is just, you know, that worker shortage, you know, sadly. You know we pay higher than the fast foods and other places, but sometimes, when you look at the you know just the energy and desire it takes to work in early childhood, sometimes working at a fast food or a Casey's or someplace else, you know, even though it may be paying, you know about a

dollar or two less than what we offer them...that is more suitable to what they're like, what they want to do and deal with. Because challenging behaviors and mental health has certainly been an issue this year in classrooms."

[administrator 201]

Retention

"I've got a lot of teachers who are on low-income housing, so they can only have like 28 hours a week. They can't go any more than that, and that works for me. I can fill in those extra, the wonky hours. I've got a couple of high schoolers that do 3:30 to 5:30 Monday through Friday for the extra stuff, kids that volunteer because then later on they'll be 16 and able to jump in there but [took] 5 years at one center to finally get smooth."

[administrator 607]

Long-Termers

"Nobody's working here to get rich. They love kids and believe in our mission and those kind of things, too. So, we're talking about a little bit of different type of employee than someone who's looking at Target and just wants to, you know, punch in, punch out and then be done."

[administrator 103]

Education, Training, and Succession Planning

Administrators spoke of education as a key determinant of pay and increasing education as a primary method to increase pay. Administrators represented centers with a wide range of minimum education expectations: from those who employed current high school students to those who employed multiple degrees and licensed teachers. There were, however, administrators who expressed that education (e.g., “fancy degrees”) was not as important to them as experience and being a good fit for the center.

The T.E.A.C.H. program helped many providers, mostly adults older than traditional college age, further their education. Administrators saw benefits to the program in helping recruit people who wanted further their education and retain employees during their schooling and the required commitment period after. Administrators mentioned a desire to pay employees in lower positions more for the important work they do but felt limited (within their own budget and with access to programs like WAGE\$) for employees with only a high school diploma. Repeatedly, administrators acknowledged the benefit of T.E.A.C.H. requiring a time commitment beyond completion of the program. Administrators also saw the benefits the T.E.A.C.H. program brought to their programs. For instance, T.E.A.C.H. employees have implemented what they have learned from their classes into their own classrooms to boost quality improvement. Additionally, as employees earn additional education credits and credentials, centers are able to move up in quality rating systems or acquire accreditations. Administrators also praised T.E.A.C.H. for making a positive impact on most of its users’ individual lives, such as helping them get their diplomas and teaching license, and in turn, helping them progress in their careers to leadership positions and higher salaries. T.E.A.C.H. participants who advanced their education qualified for increasing WAGE\$ supplement rates. A few administrators did express challenges with needing to cap the number of employees they had participating in T.E.A.C.H. at a given time, and that occasionally, when someone in the T.E.A.C.H. program completed a program leading to licensure, they would then leave child care settings for public schools.

Administrators were asked about succession planning in an attempt to better understand how they are planning for future leadership. A few programs had a structured process in place, while others had no plan.

Education is a Key Determinant of Pay

“All of our pay rates are determined based on the education. So, any raise is based on the education. So, if they get bachelors, they’re raised, their pay would go up.”

[administrator 101]

“So we have a base rate of pay, and then we look at education too, and age that they teach.”

[administrator 103]

“We just changed our salary wage scale for our program...We start at a base rate of \$13 an

hour, and then we tell them as soon as you’ve completed CPR/first aid, mandatory reporter, and Essentials, you go to \$13.25. When you finish pathways and safe foods, \$13.50. When you’ve done the ERS scale related to your assigned age group and then you go to \$13.75, and if you’ve completed all of the trainings that I just listed plus PBIS or in a school age program, school age, social skills and school age matters are at \$14. If you have a CDA, you automatically start at \$14.50, and then our onsite supervisors automatically start at \$15.”

[administrator 605]

"All of our lead teachers are licensed teachers in the state of Iowa. So obviously our 4-year-old teacher has a higher salary, because that's part of the statewide free preschool program."

[administrator 603]

T.E.A.C.H Program

"We have. Yes, I have worked with gals who have went all through the T.E.A.C.H. program, got their endorsement, things like that. We do have multiple girls here on the WAGE\$ program as well with Iowa AEYC, too. So, our college educated gals do receive those checks based upon our IQ4K level every 6 months, and that is a huge benefit ... when your girls do get those CDAs and stuff, they will get those WAGE\$ checks. Then every 6 months as a bonus. Yep, depending on where they're in is so right now we have girls that get a \$3,000 check every 6 months from WAGE\$."

[administrator 403]

"And then I also have staff that have done T.E.A.C.H. as well...two lead teachers in our 3-year-old room, got her diploma through that program, and then I have the gal that teaches our voluntary preschool that's contracted through the state. She got her teaching license. She did her whole education through that so, and both of those gals have been with me since they were like 16. But not with me necessarily, but been here since they were 16. So, it's a good program."

[administrator 801]

"So, I do participate in the T.E.A.C.H. I actually did teach myself 14 years ago, when I started it. The benefits are, they get that release time. Their education is paid for, and most of it. It is also an incentive when we do interviews. You know, letting them know that we have this T.E.A.C.H. program; after 6 months we'd love to put you back to school. Get what you need for an education...And it is the big, big benefit to us is, we know we can't pay those lower end positions like the ones that only have the high school diploma. We can't pay them what they deserve

to be paid, so that is one of the benefits that we recruit with, when we are doing interviews and continuing as they are with us after 6 months we also do use that for recruitment WAGE\$."

[administrator 401]

"We've utilized both programs here. And I do like about T.E.A.C.H. that there's also some requirements, as far as staff sticking around if you participate, and so we're able to, you know, retain those staff, and there's some raises. And there's different options you can pick as far as the T.E.A.C.H. program. But we've definitely seen benefit from that. They're able to come back and share some things they're learning, and some of their classes and implement that into the classroom, which is a great thing."

[administrator 101]

Succession Plans and Leadership Building

"Okay, I would say that's part of our onboarding when we do get staff, I've been with our program for 14 years. And I started as a teacher associate, and I'm now the director. So, I definitely share that with the staff and give them like, you know, there's opportunity for growth in this program. This is what, you know, I went through as for the actual succession planning, we had procedures for every position of everything that they do, even down to my position, so that we can, you know if somebody happens to be gone or something happens we have procedures of all the little detailed items that they do. So we use that for the succession planning."

[administrator 101]

"No, again. We don't have people knocking down the door, and so to come work. No. There's none really, so like, if I would leave, then you know our board and our executive director would need to find someone else to fill that role."

[administrator 104]

"And we're in the same boat. There's no formal process either that our preschool board, and

then our church personnel committee would be responsible for filling my position-the executive, or the assistant director's position. So there's no formal plan in place."

[administrator 103]

"So my program does not have a succession plan. It's something that my, as a nonprofit, my board has talked about. But we haven't, we haven't done anything...Not that I'm all that and a bag of chips, but it would, if I left tomorrow, it would be hard pressed to continue. And I'm not planning on going anywhere. I have like 13 or 14 years before I can retire, so we'll get it at least that far, and then we'll see what happens."

[administrator 801]

"So, I am relatively new to the director role. I would say I took over in March of last year, so kind of how it worked for us as I was in the assistant director. There are 2 of us at my center, and we both applied for the job. We both kind of said that we were interested. If we hadn't been they would have, I'm sure, reached out internally to other people, but we both happen to be interested in the position. We both interviewed, and so that's kind of how I landed in my job. So, if I were to leave, I would say the same thing sort of would happen. I'm trying to promote from within and, see, I know some of our teachers who have been here 15 to 20 years and don't wanna leave the classrooms, but I know some of them do so. I would assume some of them are interested in seeing how the management office side of it all works, because it's kind of eye opening."

[administrator 805]

"We again are fortunate with the University to get a lot of interns, and actually one of our directors, one of our assistant directors, and our current, we call our office assistant, started as interns with us, and so that's definitely helped our administrative roles, I would say, if it weren't for that it would be hard, I think we've learned over

the years that sometimes the best teachers, just it's just a different role to be an admin role than it is in the classroom."

[administrator 804]

"I know here in the [organization] we tend to open it, these kind of positions, up to everybody outside and inside, and then they narrowed down who they wanna you know, who best fits. You know what they need. And then everybody has to interview. It's not just a given that you're gonna go from assistant to director, but at least, if she didn't get the job she would know enough about the job to be able to help transition that person in should she decide to stay. If she didn't get the job so...But it's never been a secret what I do, and I invite people to say, 'Hey, spend a day with me. You're more than welcome to see what I do,' and you know. So we just try to transition people, you know, and get everybody to know what everybody does, because it just helps for better understanding and better communication overall in that."

[administrator 802]

Unsolicited “Other”

Administrators routinely rely on a variety of care providers in order to staff their settings, such as stay-at-home moms, college students, and high school students. While this requires administrators to accommodate their needs and schedules, it also increases their available workforce. Notably, this workforce variety is reflected in how benefits are provided to workers. Specifically, there seems to be three typologies in which workers fit into. Some workers who are single mothers may require health insurance to be provided by the childcare setting or governmental supports; married workers may rely on their spouses to access benefits; and younger students access benefits through their parents.

Administrators criticized the recent changes in the regulations about teacher-student ratios. According to the newly approved regulatory, child care centers are allowed to have one caregiver oversee up to 7 two-year-olds and one caregiver can oversee up to 10 three-year-olds. The administrators expressed frustration with the new regulations as they may put even higher demands on the already burn out teachers while not solving the problems of compensation and retention. In fact, most of the administrators mentioned they choose not to follow these new ratios because they are both unsafe for children and too demanding on the teachers.

Heterogeneity Among Workforce

“I’m fortunate right now to have stay-at-home moms who just kind of want a side job, you know. So then when the kids kind of graduate out, then I’m searching every year, I’m searching for new staff. So, it is a problem. But I’ve kind of reached out to that outlet which has been really helpful for us, because a lot of these moms are professionals, you know. One has a doctorate. All the other ones have a 4-year degree. So, it’s been really helpful for me.”

[administrator 402]

“So, we’re able to recruit quite a few colleges students that are education majors, early childhood majors. It’s a perk. The downside is their schedules are challenging because they’re in class all at this same time.”

[administrator 604]

“I know I have other employees who, based on their rate of pay, or what they earn per year, they do qualify for state health insurance, and then others who are married, who have spouses, insurance that they’re held under. And then our one high school student obviously would still

qualify under her parents, plan. So that’s how we’re doing it. Currently.”

[administrator 702]

Changes to Teacher-Child Ratios and Group Sizes

“It was frustrating not too long ago, when a few of the changes that were made to help child care programs was to increase ratios and lower the age of people that can be unsupervised with children or be supervising children, and I thought that is not solving anything, and I have not adopted those ratios because I think it’s not appropriate. And so we still go 8 to one with threes instead of 10 to one, and I don’t hire anyone with less than at least a high school diploma.”

[administrator 604]

“I just sometime get frustrated with the ratio or the ratios that we have. I, since they bumped them, I just feel like it’s not feasible and you’re stretching staff thin, and then staff get frustrated and they need to tap out or take a break, because we have all these behavior kids and it’s just, it’s a lot. And then they don’t wanna stay in the child care for us. They wanna leave and go

find a better-paying job and something else that they could do and not go home stressed and not being able to give their time and energy into their families at the end of the day, because they're at the end of their rope so that's just something I would say."

[administrator 703]

"I just wanted to say that it was a good point that the new ratios, or it seems like that the child care initiatives that have come through recently are all just focused on boosting the amount of children in the center. When, if you're invested in creating more spots for more children and creating more quality, early childhood places, centers or home care, or whatever that's not necessarily the answer. That maybe the direction should be focused on assisting staff and that realm of things, rather than just focusing on how many more can we put in here, or how many more can we provide for? It's answering or solving one problem, while not solving the actual root of the problem."

[administrator 702]

"Don't burn out your teachers over more kids."

[administrator 705]

"So, I'll add a little to that. The changing of the ratio, that didn't help me at all, either. I can only have so many kids for the size of room that I have, which is what everybody else can have too. So, if my room can only hold 20, say, 12 kids changing the ratio for a 3-year-old to 10 does not allow me to take 20 kids. It allows me to leave that one teacher with 10 kids, which, who wants 10 3-year-olds. Can the state representatives come, spend a day, and a 3-year-old classroom with 10 of them, and tell me how that's... All it did was frustrate my staff, because now they can... Now, especially at the beginning and the end of the day, they are by themselves with 7 to 10 kids for those two age groups where before I had to pull in somebody else. And most days because of

our staffing, my 3-year-olds are running at 1 to 9, which is legal. I don't like doing it. I wouldn't want to be in the 3-year-old room with 9, 3-year-olds... but yeah, so that just that didn't help us at all."

[administrator 801]

"I know they just changed the ratios for threes and fours, and we as a school, decided not to increase the ratios as we just can't imagine ten 3-year-olds with one teacher. So, we're remaining with the 8:1 ratio. Then, we even do even less with our 4s as well, we do tend to do 10 with that. But we could do 12:1, I guess. That seems pretty scary."

[administrator 502]



Iowa Workforce Study

Appendix D

Data Systems Inventory and Recommendations for Use

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INTRODUCTION

Iowa faces a significant challenge in recruiting and retaining a workforce to serve our early childhood programs. To better understand this challenge and foster evidence-based solutions, we need to understand more about who our workforce is. This requires access to comprehensive, longitudinal data about child care providers and the systems they come into contact with. Currently, the best way to do this is through surveys and focus groups that solicit information from providers about their training, experiences, wages, and challenges in the field. No comprehensive administrative data system captures this information in a format conducive to answering important policy relevant questions.

In 2023 the Iowa Association for the Education of Young Children (Iowa AEYC, an affiliate of the National Association for the Education of Young Children [NAEYC]) sponsored a statewide early childhood workforce study. One explicit component of the study aimed to identify and inventory current statewide administrative data systems and datasets that could be leveraged to continue advancing workforce efforts. Of particular interest were existing systems with statewide coverage that collect data related to workforce characteristics, professional development, training, licensure, wages, employment history and changes, use of other assistance programs, and child care provider registries.

The current report provides details about the steps involved in identifying and documenting existing data and systems, cataloging specific data elements relevant to the childcare workforce, evaluating the strengths and potential limitations of each system, and determining where data from different systems might be combined to provide richer sources of information to answer relevant questions across systems and between children and the workforce that serves them. The value of this approach to connecting and using administrative data is that it could provide comprehensive, population-level information about child care providers in the workforce, progression in child care careers (education), how long they stay in certain jobs and why (retention), the wages they make over time in different positions (compensation), as well as create the possibility for a return-on-investment study to investigate relationships between wages, benefits, and use of public assistance.

Beyond potential use for single investigations, the data discovery process includes envisioning a pipeline of administrative data that could allow for the longitudinal study of workforce changes over time to understand the impacts of current or future workforce investments and to change course more quickly and easily if programmatic efforts are not reaching intended targets or contributing to intended outcomes. Such a data pipeline could be used to regularly address questions about the Iowa child care and education workforce, specifically, it could investigate how training and education lead to higher wages and greater retention in the field, and the subsequent contributions to higher quality of care and better child outcomes. Such information can then be used to improve access to and quality of our child care systems.

APPROACH

During late 2021 and early 2022, the Workforce Study Advisory Committee meetings included discussion to identify potentially relevant data systems and sources to include in the administrative data inventory process. Once identified as a system of interest, the committee also helped identify relevant data owners and contacts with whom the inventory team could meet. Initial meetings with data system owners and teams started in February and were completed in April 2022. Simultaneous with this project, the Iowa Department of Health and Human Services (HHS) systems experienced a significant amount of change, including leadership changes, investments in new technology, and a very large child care shared services¹ effort that includes commissioning the development and building of an internal operational data store to share real-time data between child care businesses and HHS. These developments at the state level impacted our opportunities to interact with state data teams in both positive and negative ways. Some systems we intended to engage with for this inventory process simply could not dedicate the resources needed to do so. However, through our team's involvement with the operational data store work, we have had more opportunities with some system teams to dig deeper and learn more about some of the systems than we would have through a single meeting as part of this project alone. The summary information presented below and the specific system descriptions provided reflect the information we learned from both our initial data discovery meetings and any additional meetings with specific system teams through March 2023.

¹ Early Childhood Iowa Phase I Shared Services & Child Care Task Force
<https://earlychildhood.iowa.gov/document/phase-i-shared-services-child-care-task-force>

TABLE 1. RELEVANT DATA SYSTEMS IDENTIFIED AND REVIEWED

I-PoWeR: Iowa’s Early Childhood and School Age Care Professional Workforce Registry
Iowa Department of Health and Human Services (HHS)
https://ccmis.dhs.state.ia.us/trainingregistry/TrainingRegistry/Public/
T.E.A.C.H. Early Childhood® Iowa
Iowa Association of the Education of Young Children (Iowa AEYC)
https://iowaaeyc.org/programs/teach/
Child Care WAGE\$® Iowa
Iowa Association for the Education of Young Children (Iowa AEYC)
https://iowaaeyc.org/programs/wages/
Unemployment, Wages, and Workforce Needs
Iowa Workforce Development
https://www.iowaworkforcedevelopment.gov
Workforce Innovation and Opportunity Act (WIOA)
https://www.iowaworkforcedevelopment.gov/workforce-innovation-and-opportunity-act-wioa
Labor Market Information Division (LMI)
https://www.iowaworkforcedevelopment.gov/labor-market-information-division
Laborshed Survey
https://www.iowaworkforcedevelopment.gov/laborshed-studies
Workforce Needs Assessment
https://www.iowaworkforcedevelopment.gov/wna
Occupational Employment and Wage Statistics (OEWS) Survey
https://www.iowaworkforcedevelopment.gov/iowa-wage-report
Iowa Child Care Resource & Referral (CCR&R)
Iowa Department of Health and Human Services (HHS)
https://iowaccrr.org/
KinderTrack Child Care Provider Licensing Registry
Iowa Department of Health and Human Services (HHS)
https://hhs.iowa.gov/licensure-and-registration
https://ccmis.dhs.state.ia.us/clientportal/providersearch.aspx

Prior to the initial data discovery meetings, we developed a semi-standardized protocol to collect specific information consistently across each of the data discovery conversations (see Section D.1). The general structure of our protocol was standardized to assess the 1) general description of the system, 2) historical timeline and development of the current system, 3) process of data collection, 4) major shifts or changes in the data collection that would impact longitudinal study (e.g., policy changes, expansion, etc.), 5) current use and analyses of the data, 6) types of identifiers or linkage elements that exist in the data, 7) strengths and limitations of the data, and 8) potential benefit of including data in an integrated data system (IDS) for ongoing or future work within departments or with other partners across departments. Within each of these broad topics, our protocol remained semi-standardized to collect consistent important information from each data system but also allow flexibility in the conversations to uncover where each data system differed in purpose, content, or scope.

In many cases, our data discovery meetings included real-time demonstrations of the data system and relevant components so we could understand how the data are collected and used. These conversations also included exploring potential use cases for their data and how their work aligned with other state priority projects. We then conducted follow-up research to access systems, where possible through public-facing portals or dashboards, download system documentation from public websites, and view training videos for data collectors. Where possible, we also collected data dictionaries and system documentation beyond the materials generally available to the public.

Follow-up to the data discovery meetings was an outline of legal auspices for each data system. This included reviewing federal guidance documents, existing state contracts, and Iowa code (where it exists in relation to the data system). Potential pathways for data sharing were then identified. Many of the systems are housed within state departments where legal data sharing is already happening, so a reasonably clear path could be found. In other cases, legal agreements among state departments were identified as a potential pathway to explore.

SUMMARY OF FINDINGS

The data discovery process identified several strengths and limitations that span across data systems related to their use for longitudinal studies of Iowa's child care workforce. The primary strength of the full catalog of data systems is the inclusion of unique characteristics and elements collected for specific purposes, that together, can provide a more complete picture of our workforce. Within all the data systems, many systems have staff working to check data, apply corrections when errors are detected, and dedicate effort to keeping data systems updated. Most of the systems are designed to collect data elements under restricted response options (e.g., pull down menus, click boxes, etc.) instead of relying extensively on the accuracy of open-ended text responding. System administrators and staff have also produced documentation for system data in multiple media formats to aid users to enter data correctly. Some of the data systems in our discovery offer simple solutions to linkage across data sources through use of a standardized unique identifier (e.g., state license number, social security number, etc.). Where such identifier keys are not included in systems we profiled, each system does collect and maintain a standard set of personally identifying variables (e.g., name,

date of birth, etc.) that can be joined successfully using probabilistic linkage methods. Importantly, each system also includes specific individual-level information (e.g., education level, county, family size, etc.) that differs in availability across all systems, but that can be used as confirmatory evidence in linking two systems that contain the same element.

Although the data systems involved in our discovery process possess numerous strengths, there are two primary limitations across all the systems, regarding holistically studying the child care provider workforce in Iowa. The primary limitations are likely not surprising and certainly not limited to administrative data systems focused on child care. First, it remains unclear whether the set of systems involved in our discovery would capture the full population of child care providers in the workforce. Data systems that primarily contain provider registries do not contain data from unlicensed or unregulated providers. Obviously, this limitation omits all the child care providers in Iowa operating in an unregulated capacity. In Iowa, Child Care Homes can operate unregulated if care is provided in the home environment to five or fewer children. This presents a potentially severe limitation to conclusions or recommendations developed about the Iowa child care workforce from studying administrative data that omits providers in this group. Beyond not appearing in registries of regulated providers, these unregulated home care providers are also less likely to appear in other system data. For example, unregulated home care providers who do not draw salary or register for unemployment insurance would not be included in workforce data on wages. Although these are a few specific examples, the larger implication of such limitations is the potential omission of other care providers where their exclusion is not known.

Second, the frequency and timing of data updates or corrections for any particular system is a limitation. In several cases, updates are not systematic (i.e., they happen when an update is known but not at regular or predictable intervals) and sporadic (i.e., when/if a provider decides to update information but not related to a prompt or use of the data). Efforts to request updates have helped in some systems, but incentivization for systematic profile reviews or routine data collections is not apparent. However, when we consider linking all data across these multiple systems, the timeliness and systematic updating of profile information may be less concerning as the combination across systems would be likely to catch any updates made in one system but not the others. Currently, it is not entirely clear how accurately dissimilar information across systems could be discerned as a needed update in one or more systems or an error only in the system where the dissimilarity appears. Alternatively, timely and accurate updating of non-profile information (e.g., hours, rates, capacity, etc.) are simply not solvable by combining data and do require some capacity to incentivize/require updates.

RECOMMENDATIONS

Given the rich sources of data explored during this process, and using the discussions with data owners about potential needs or uses of their data if it were combined with other sources, the following sets of use cases were developed. These do not comprise the full gamut of possibilities but highlight opportunities that may be of priority relevance for Iowa to consider as a use of integrated data from these systems.

Use Case 1: Compiling a comprehensive deduplicated list of child care providers in Iowa

While many sources involved in our discovery process maintain lists or registries of providers, the degree of overlap across sources is not fully known. In addition, each of the data systems that collect provider information do so at different intervals raising the likelihood of inconsistency across lists where changes or modifications have occurred for a particular provider. For example, a provider that changes name or location might first be updated in systems that directly feed registration or licensure information, but such changes may take time to be incorporated across systems. Alternatively, systems that perform updates based on direct interaction with providers could reflect changes in the shorter term before those changes are officially submitted and processed by a licensing registry. Finally, it is possible that provider changes are not eventually updated across all systems, leading to multiplicative records for the same provider simply due to unconsolidated data. Given these issues with data entry, updates, and modifications, effort to combine lists across multiple sources, with the employment of deduplication procedures could be useful, initially, for yielding a primary list of providers that is most up-to-date and accurate by using information contained in each of the relevant data systems involved.

Once a single deduplicated list of child care providers is available (and maintained with updates), a number of seemingly simple, yet currently quite complicated questions could be addressed. Primarily, a consolidated provider list would be immediately useful for determining the unduplicated number of active providers in the state. This active provider list could also be used to determine both where active providers are and where comparatively large proportions of providers are, or have become, inactive. With the creation of a single unduplicated list of providers that is maintained over time, and possibly constructed backward in time with existing auxiliary data in specific systems, longitudinal patterns of provider stability could be examined. For example, historic trends could be examined to determine where child care providers have decreased (workforce shrinkage) and potentially, in combination with future trend analysis, where the child care workforce might be growing.

To obtain an unduplicated list of child care providers, data would be necessary from the HHS KinderTrack Provider Registry System, the HHS I-PoWeR Iowa Early Childhood and School Age Care Professional Workforce Registry, and the HHS Child Care Resource & Referral system. Importantly, additional potential sources of information about child care providers in Iowa that were not part of the current data discovery should also be considered for inclusion.

Use Case 2: Identifying workforce decline in relation to child care need

Once developed and maintained to include updated information, a single accurate unduplicated list of child care providers could be used, in combination with other system data, to determine where providers are concentrated geographically in the state and where providers might be severely scarce or nonexistent. Specifically, through incorporation of additional statewide data (like the data currently housed in Iowa's Integrated Data System for Decision-Making; I2D2, including birth records or preschool enrollment), predictive analyses could help determine where future needs for child care are likely to be unmet before the

shortage of available care directly impacts families in need of care options. That is, trend in child care provider availability could be contrasted with trend in presence (both births and migration) of young children to identify geographies where need is likely to outstrip availability in the next year or years.

To examine workforce trends and develop forecasting estimates of families who will need care and where those families might be, additional data contained in the IDPH Vital Statistics system and in the DOE PreK and Kindergarten data systems would provide near-population-level information about how many unduplicated children in each birth year could be expected to require care in specific geographical areas of the state. Importantly, the use of both birth record information and PreK/K enrollment information would yield more refined estimates of need in that both native-born children appearing in the birth record and migrating children, who do not appear in the birth record but do appear in Pre K/K would be represented.

While inclusion of birth records and Pre K/K enrollment information would be a minimum requirement, any effort to estimate the number of young children in need of care within the state would be wise to include additional sources of information as well. Specifically, systems currently indexing the number of children receiving care (e.g., HHS Child Care Assistance; CCA, Iowa Head Start, etc.) would lend valuable information about children in the state that might not be captured in either the birth or school enrollment years, but who still represent children in need of child care in Iowa.

Use Case 3: Examining and quantifying the impact of participation in T.E.A.C.H. Early Childhood® Iowa (Iowa AEYC)

With its focus on compensation, retention, and ongoing education for Iowa's child care workforce, the T.E.A.C.H. data system provides quality data related to tracking which child care providers are using the system to further their educational attainment. However, the system does not systematically collect data about provider income over time. Such information would be useful to examine and quantify the potential impact of program participation on provider compensation/income increases over time. Specifically, combining data regarding T.E.A.C.H. participation over time with data specific to income as a child care provider over the same periods would allow for a longitudinal assessment of income trajectories for providers who participate in the T.E.A.C.H. program.

Combining T.E.A.C.H. participation data with lagged, but longitudinal, information about sector-specific wages from the Iowa Workforce Development (IWD) system could provide an interesting opportunity to answer fundamental questions about the impact of the T.E.A.C.H. program. For example, the combined data could easily be used to quantify the compensation benefit experienced by participants, but it could also be used to examine the lag between participation, credential completion, and corresponding wage increases. Specifically, such combined longitudinal data could yield an estimate of how long it takes for a program participant to see the corresponding increase in compensation from attaining new levels of education. Importantly, use of IWD employment codes would also allow disentanglement among all-source income, that could rise for other reasons, and income specific to child care provision, where the impacts of T.E.A.C.H. are expected to occur.

A further nuanced possibility could combine both T.E.A.C.H. and IWD data as described above with additional information from child care provider registry systems (i.e., an unduplicated list; see #1 above) to identify child care providers participating in T.E.A.C.H. and providers who are not participating in the program but who match on important demographic characteristics (e.g., education, years in the field, current position, etc.). Identifying close matches where very similar providers differ only in T.E.A.C.H. participation would lend heightened rigor to an evaluation of compensation outcomes and increase the validity of conclusions about differential wage trajectories that differ across T.E.A.C.H. participants and non-participants.

Use Case 4: Identifying and describing child care providers who leave the field

Indexing unduplicated counts of providers, geographic density/scarcity, forecasting gaps in child care availability, and examining programming specifically targeted to increasing compensation through ongoing education are all important pieces necessary to understand, sustain, and grow the child care workforce. However, a large unknown among child care providers focuses on why they leave the field. Answering questions about who leaves, where leaving is more/less common, and particularly, where those who leave are vital to understanding how to target such mechanisms in efforts to keep child care providers in the field and grow the field as the need for care expands.

Combining data sources that include an accurate, unduplicated, maintained (up to date) list of providers, quarterly wage data and occupation codes from the IWD system over time, and educational attainment data contained in T.E.A.C.H., the question of who leaves could be addressed in an informative way. One possibility is that poor compensation drives child care providers to other opportunities that simply pay more. Another possibility is that increased educational attainment, while working in the child care field, opens doors that facilitate moving on to better-paying endeavors within the field of early care and education more broadly (e.g., school-based Pre-K programs). If combined, these data sources could be used to examine wage stagnation as a correlate of leaving the child care field. The data would also be useful for examining whether the loss of child care providers is, unexpectedly, happening at both the lower and upper wage ranges of the field (i.e., those with stagnant low wages and those who are increasing employability through ongoing education). Finally, these data would help inform the nature of outcomes for those who leave the field. That is, do those who leave child care positions quickly see wage increases in other fields? If so, what fields are the primary competitors to remaining in child care positions? Finally, are there a few specific fields that seem to draw child care providers at higher rates, suggesting potential avenues for sustaining the child care workforce through efforts targeted specifically to elevating child care work relative to specific competing occupations?

CONCLUSION: WHAT WOULD IT TAKE TO ADVANCE AN INTEGRATED SOLUTION FOR PROVIDER DATA

This data discovery process identified multiple data systems with potential to inform a statewide approach to better understanding the needs of our child care workforce. It also prioritized a set of use cases that would demonstrate the value of this capacity by generating valuable information to inform state decision-making.

The following is a set of recommendations for steps necessary to bring these data together for this purpose.

- Identify a data stewardship group that would advise the data integration team in the process of collecting, integrating, and using these data. A process similar to I2D2's Community Advisory Group would be a good example for process and protocol, as it connects discussions to executive level decision-makers and includes relevant stakeholders at each phase of the work.
- Determine how priorities would be set and establish a funding plan for the work. This could include alignment of the work with existing funded priorities that may be in place to meet federal reporting requirements or are tied to other statewide initiatives like Shared Services or the building of the real-time operational data store to identify child care vacancies. Funds would be needed both for the initial development and data ingestion process as well as for priority analytics to address relevant questions. If the desire were to have annual/semiannual updates of statewide workforce information, for example, then a sustainable funding source should be identified.
- Extend current data sharing agreements with state departments to include the prioritized data systems, and develop new agreements where necessary. Most of the systems included in this review are part of a larger department that already has data agreements in place for integration and use within I2D2. This additional work would require a commitment from executive leadership to authorize agency legal teams to participate and amend those documents to include additional datasets.
- Reconvene the data owners and users for a level-2 data discovery process. This will help fill in any missing pieces about how data are collected or currently used, so a streamlined process for sharing, inventorying, and using an integrated system could take place.
- Commission departmental data teams to a short-term investment of time that will help build the data ingestion pipelines and routinize the work. The short-term investment will be beneficial for setting up processes that can then later be repeated without a lot of additional investments. This will require executive leadership authorization of time dedicated to work on data sharing, with estimates of time needed varied by data system.

APPENDIX D.1. DATA INVENTORY PROTOCOL

A1. General Description of the System

- What is the system?
- Why is the data in the system collected – for what purpose?
- What type of system?

A2. System Timeline

- When did the system/data collection begin?
- What system developments have occurred over time?
- What changes have occurred to what/how data are collected over key times?

A3. The Data Collection Process

- How are the data collected? (Paper, electronic, portal)?
- Who collects data from whom (self-entry, staff entry, etc.)?
- When and how are data entered into a database?
- Are data verified at entry – if so how?
- Any known fidelity or quality issues?
- How are data updated in the system over time (archived, deleted, overwritten)?

A4. Changes to Data Collection Over Time

- Have policy changes altered the data elements collected or collection process?
- Have enrollment or participation changes occurred historically – if so when? Why?

A5. How are the Data Currently Used?

- Internal analyses and/or reporting?
- External (government, public) reporting?
- External users (public access, websites, dashboards, etc.)?
- Data sharing with other entities?

A6. Types of Identifiers Collected?

- Program and/or Site?
- Provider, Teacher, Classroom?
- Family, Parent/Guardian, Child?
- Other (e.g., geography, existing within-system linkages, etc.)?

A7. Strengths and Limitations of the Data

A8. What Benefit Could an IDS Provide for Ongoing or Future Envisioned Work in Your Department or With Other Partners You Work With?

APPENDIX D.2. I-POWER: IOWA'S EARLY CHILDHOOD AND SCHOOL AGE PROFESSIONAL WORKFORCE REGISTRY (HHS)

Meeting Date	February 23, 2022
Attendees	Christine Lippard, Cass Dorius, Todd Abraham, Ji Young Choi, Laura Betancur Cortés, Heather Rouse
Interviewees	Erin Clancy, Child Care Program Manager, Iowa Department of Health and Human Services

General Description of the System:

I-PoWeR is a registry system created by the Iowa Department of Health and Human Services to track provider professional accomplishments and new learning opportunities. The system enables professionals working with young children and students to update their qualifications as well as aiding current providers who are searching for further training and professional development opportunities. The I-PoWeR system aims to help providers track completion of their approved training, find opportunities and gain access to HHS-approved training, and serve Iowa regulators and systems by tracking completion of required training and certifications for the Iowa child care workforce within a centralized paperless system.

Timeline and Historical Development:

The I-PoWeR system launched as a pilot release in 2019. The current system full rollout started in 2020 with the expectation that the full child care workforce should be in system at present (early 2022). All child care providers who have been active in the previous two years (2020 – 2022; now 2020 - present) would be represented in the system.

The Data Collection Process:

How are the data collected?

Each care provider requests a role category that is then approved by the provider's supervisor. After approval, a user profile populates wherein requestors can begin completing their profiles via an online entry portal.

Who collects data from whom?

Currently, all registered, licensed, and unregistered providers who accept Child Care Assistance (CCA) subsidy must create a login/profile in the I-PoWeR system.

When and how are data entered into a database?

In addition to self-entry of data via the portal, the I-PoWeR system also receives data from KinderTrack that is entered by HHS staff. Each user is required to enter education data and once entered, HHS staff review/approve the education information. Confirmation is indicated in the I-PoWeR system by a green check mark on each user's education profile page.

Are data verified at entry?

Employers must approve each user's role request. At this point, all data can be checked or verified but this step is not required. I-PoWeR staff do conduct regular checks for duplicated entries but checks are limited to exact matches on first/last name, gender, and DOB.

Employers can verify/validate the accuracy of reported employee benefits but validation is not required. I-PoWeR staff have considered possibilities to incentivize employers to verify/validate employment benefit information.

Known fidelity or quality issues?

Because some data are not editable, the possibility of duplication via multiple registrations is possible. Although checks for duplicate records are conducted, the checks are non-systematic and require manual effort. In addition, duplicate checks are conducted semi-routinely (e.g., monthly) but not on a continuous basis. All checks in the system for duplicated records rely on deterministic methods using comparatively few demographic elements. Common names and likelihood of matches on birth dates could lead to erroneous deletion of valid records, or at minimum, extended effort to manually confirm a suspected duplicated identity.

How are data updated in the system over time?

Once a profile is created, the user's name, DOB, and gender cannot be edited in the system. While the inability to update specific demographic information is helpful for tracking purposes, it does raise the possibility of a duplicated record due to an incorrect (or changed) entry on the original profile. User updates to their education records are self-determined such that there is no prompting to do so. However, I-PoWeR is an evolving single-record system in that when anything in a record is updated, the system overwrites the previous element(s) without an audit log of what was changed, or a process for restoration of the record before the change was made.

Changes to Data Collection Over Time:

Though I-PoWeR is a relatively new data system, a system-wide record updating process will begin once the system expands to include the new Iowa Quality for Kids (IQ4K®) ratings as part of Iowa's Quality Rating Improvement System managed by HHS.

How are the Data Currently Used?

Internal uses:

The manager of this system can get demographic summary reports (e.g. Beales code for urban vs. rural, roles, wages, demographics, benefits, etc.) and track educational advancement over multiple pulls. Cutting by login activity within date spans and time stamps on all separate pages are available. Also, I-PoWeR staff use system data to generate various workforce reports that can be tailored to specific time periods and/or categories of childcare providers.

External users:

Professional Development Organization staff can borrow training summaries and create their own, manage training schedule, enrollment and attendance.

Iowa regulatory agencies use the system to track professional development and training completions for childcare providers and educators across Iowa. Data are also shared with KinderTrack (HHS) that requires I-PoWeR registration by all licensed, registered, and unregistered providers who receive CCA subsidies on behalf of eligible children. Providers use the system to locate training opportunities and record all training completions and credentials that can be viewed publicly by child caregivers seeking provider services. Adult participants can use the system to search for and enroll in approved training as well as track training history.

What Types of Identifiers are Collected?

Profile creation generates a Contact ID that is unique numerical identifier that remains with each individual's record throughout the system. In addition to a static unique ID, participant names (first/last), DOB, and gender, are also available as identifying elements. Beyond basic demographic elements, the system includes personal emails, phone, home address, race/ethnicity, and optional work email fields that can be used for identification, deduplication, or linkage purposes. Additional information includes educational and work history elements (i.e., awarding entity, awarding state, issuing state, license issuance date) that, when included with basic demographics, could assist in confirming/disconfirming suspected duplicate records.

System Strengths and Limitations

Many fields (e.g., employment/role, etc.) are driven by pull-down or expansion response capabilities limiting ability to respond with open-ended text. Such structured response formats ensure standardized data relative to open-ended fields reducing error and effort in coding of response information.

The system includes a chronological record of educational advancement that would allow for examination of attainment trajectories within system, as well as potential linkage of attainment with compensation and/or retention in other systems.

Each 'page' in the data system is time stamped allowing for data pulls based on login activity windows (e.g., in last calendar year). Such fine-grained control over informational subsets reduces the effort and resources necessary to work with data over circumscribed periods, as the entirety of the data is not necessary to provide the extraction of interest.

A primary limitation of the I-PoWeR system is that there are no current requirements to update profiles on the part of users, or to verify benefits information by employers. Incentivization might help with employer verifications but lack of profile updating can lead to record creep, where some or all of the existing record is outdated and inaccurate.

A second potential limitation of the I-PoWeR system involves lack of clarity about how the system handles name changes (e.g., marriage/divorce). Because name fields are not editable under a specific profile, motivation to create a new profile following a legal name change certainly exists. An obvious outcome is increased duplication of records within system that may or may not be caught via the manual deterministic process in place. Perhaps a larger concern is the decreased ability to link individuals probabilistically across systems where name changes are both possible and occur as overwrites to the previous name field.

What Benefit Could an IDS Have for Ongoing or Future Envisioned Work in Your Department or With Other Partners You Work With?

I-PoWeR staff indicated that they had limited capacity to utilize system data to the fullest potential and those limitations present opportunities for IDS involvement to the extent that static data can inform current and future priorities. For example, yearly data ingestion to an IDS could reduce resources necessary for current analytic/reporting activities that then could contribute to expansion of annual reporting priorities through reduced strains on current capacity.

Staff also indicated the need to create/improve current data checking, cleaning, and deduplication processes. Partnering with an IDS could also use existing I-PoWeR data to develop a protocol for checking, identifying, and cleaning duplicated records, given the expertise in these areas within the IDS. IDS staff could also build a translatable software solution that could be implemented by I-PoWeR staff (e.g., VBA programming in Excel, MS PowerShell development, etc.) to systematize duplication checking, improve the accuracy of checking, and increase the efficiency of checking for duplicated records. An alternative to developing a portable deduplication solution could involve a routine transmission of data (e.g., monthly, quarterly, etc.) to the IDS where a deduplication process is performed with the deduplicated results returned to I-PoWeR staff.

Other Notes:

Strategies need to prompt participants to update data and to incentivize participants to complete information that they are not required to complete (e.g., benefits variables).

APPENDIX D.3. T.E.A.C.H. EARLY CHILDHOOD® (IOWA AEYC)

Meeting Date	March 9, 2022
Attendees	Heather Rouse, Cass Dorius, Todd Abraham, Ji Young Choi, Carla Peterson, Jessica Bruning, Laura Betancur Cortés
Interviewees	Ashley Otte, Director of Workforce Initiatives, Iowa AEYC

General Description of the System:

In tandem with the Child Care WAGE\$® Iowa program (see below), the T.E.A.C.H. Early Childhood® Program is intended to address compensation, retention, and ongoing education of the child care workforce in Iowa. T.E.A.C.H. (Teacher Education and Compensation Helps) offers scholarships to childcare professionals pursuing course credits toward specific early childhood credentials or degrees. Comprehensive scholarships support individuals through direct payments to colleges for tuition and reimbursements to learners for tuition, textbooks, and paid time away from work. Each T.E.A.C.H. awardee develops a contract that spans three semesters. Compensation models generally involve split costs between employers, Iowa AEYC, and the awardee but many combinations of support mechanisms exist.

Timeline and Historical Development:

Although connected in scope, the T.E.A.C.H. and WAGE\$ systems are separate data streams. Participants do overlap (approximately 26% in FY 2022) but all data are housed in distinct database environments. T.E.A.C.H. began in 2003 in Iowa and has undergone multiple iterations (5 nationally and 3 in-state). Although the system has evolved, only small changes have occurred, and core data collection has remained reasonably consistent. The program sees approximately 400 participants each year, with total cumulative data for approximately 2,000 – 2,800 individuals.

The Data Collection Process:

How are the data collected?

Data collection begins at the application process and continues through each tuition payment and reimbursement issued throughout the awardees contract.

Who collects data from whom?

Iowa AEYC staff collect, enter, and manage all data collected from child care and early education workers who participate in the program.

When and how are data entered into a database?

Initial data are entered at application. All subsequent data for direct tuition payments are entered each semester. Data related to reimbursement payments to the awardee are entered yearly after award settlement at the end of each calendar year.

Are data verified at entry?

Demographic data elements are required at time of entry into the system through application via an online portal. Other data fields that are not required are monitored for missing entry by quality control staff who attempt to update or fill missing fields.

Known fidelity or quality issues?

The system does not currently use confirmation protocols to check/verify applicant demographic elements. In addition, user errors over multiple applications can result in possible duplication of records; quality control staff currently attempt to catch and clean such occurrences. Finally, staff indicated the potential for record duplication resulting from Head Start license numbers.

How are data updated in the system over time?

The T.E.A.C.H. system is cumulative single-record database that allows record updates. Updated records are added in the system so that original/previous records and data are not deleted or overwritten.

Changes to Data Collection Over Time?

Although the T.E.A.C.H. system has continued to collect core data elements consistently across national and state iterations, data collection has expanded to include in-depth information about 1st generation students and information related to equity and diversity starting in 2014.

How are the Data Currently Used?

Internal uses:

T.E.A.C.H. staff use system data to generate bi-annual and annual reports. One focus of internal reporting efforts focuses on workforce turnover rates. Recent data indicates comparatively lower turnover rates of 5% among T.E.A.C.H. participants.

What Types of Identifiers are Collected?

Basic demographic elements including name, DOB, current education, gender, and race/ethnicity are collected for each provider awardee. In addition, awardees provide license numbers and SSN information. Other elements collected that could be used as confirming or disconfirming information include educational background, incoming credentials at enrollment, and household/family size.

System Strengths and Limitations

A strength of the system is that awardees are required to provide their SSN and the system does not allow duplicated SSN entries. This internal check ensures uniqueness of the awardee record that is trackable across multiple applications and award cycles.

The system allows data pulls by specific dates, date ranges, or by contract periods (3 semesters). This functionality provides flexibility in coverage the ability to easily track record updates made by users over time.

One unique strength of the T.E.A.C.H. system is that it collects and maintains maiden names, where applicable. The maintenance of maiden names is exceptionally useful for longitudinal tracking and cross-system linkages, particularly with systems that do not maintain name changes but are likely to span substantially different periods of time.

What Benefit Could an IDS Have for Ongoing or Future Envisioned Work in Your Department or With Other Partners You Work With?

Iowa AEYC staff expressed interest in continued effort to identify where workforce turnover is occurring and possible explanations for variability in turnover rates across the state. Partnership with an IDS could provide resources to investigate geographical and transhistorical trends in workforce turnover as well as connection with external data sources that might speak directly to correlates of workforce variability.

Iowa AEYC staff also indicated that they have not yet directly integrated and compared WAGE\$ and T.E.A.C.H. as verification efforts. Although overlap estimates between the two related programs are available, systematic linkage between the two systems to examine parallel progression in education and compensation have not occurred. Connection to an IDS would provide resources and expertise in system linkage that could then provide a connected data stream to directly examine the interrelations between the two sister programs.

Finally, T.E.A.C.H. staff expressed some frustration over their ability to clearly assess what percentage of the total workforce their program is reaching. The limiting factor in such a determination hinges on lack of a comprehensive (and accurate) list or registry of all childcare providers and early educators in the state. Partnership with an IDS would present an opportunity to combine current data with that from other registry systems to obtain an unduplicated workforce roster that retains the most recent record for each identified individual.

Other Notes:

Iowa AEYC staff indicated a strong desire for process development of a connection between state registry systems and the T.E.A.C.H. database to produce an automated flagging indicator when any provider registers for employment.

APPENDIX D.4. CHILD CARE WAGES® (IOWA AEYC)

Meeting Date	March 9, 2022
Attendees	Heather Rouse, Cass Dorius, Todd Abraham, Ji Young Choi, Carla Peterson, Jessica Bruning, Laura Betancur Cortés
Interviewees	Ashley Otte, Director of Workforce Initiatives, Iowa AEYC

General Description of the System:

In tandem with the T.E.A.C.H. Early Childhood® Program (see above), the Child Care WAGE\$® Iowa program is intended to address compensation, retention, and ongoing education of the child care workforce in Iowa. WAGE\$ provides education-based salary supplements, or stipends, to low-paid early care and education providers working with children ages birth to five in regulated settings. WAGE\$ supplements are tied to education level and can be increased by attaining higher levels of education, with intended educational attainment support available through T.E.A.C.H.

Timeline and Historical Development:

WAGE\$ started in 2014 as a pilot project that is now entering its eighth fiscal year. Initially, the participants enrolled from 33 of the 38 counties where the program was available. In January 2021, the Governor's office directed funding to the program to support expansion to all 99 Iowa Counties. The program currently supports participants in 84 counties, as of FY 2022. As a result of increased funding and expansion efforts, the program was able to award 850 stipends in comparison to only 275 in the previous fiscal year. Continued funding through at least FY 2024 looks very promising. The WAGE\$ system currently maintains approximately 1,100 – 1,300 active records (as of 3/2022) that is likely closer to 1000 records once back-payment reconciliations are completed.

The Data Collection Process:

How are the data collected?

Data collection begins with the stipend application process. To be eligible, applicants must be employed at a provider service that is QRS rated and that accepts CCA eligible children. Once enrolled, eligibility and employment data are collected with reevaluation every 6 months.

Who collects data from whom?

Iowa AEYC collects, enters, and manages all data collected from child care and early education workers.

When and how are data entered into a database?

Initial data about the individual are collected at application. Employment status and stipend eligibility are collected initially and then verified every 6 months. If a stipend recipient changes employers, a minimum of 6 months in the new position is required to reestablish stipend eligibility.

Are data verified at entry?

Demographic data elements are required at time of entry into the system through application via an online portal. Other data fields that are not required are monitored for missing entry by quality control staff who attempt to update or fill missing fields.

Known fidelity or quality issues?

The system does not currently use confirmation protocols to check/verify applicant demographic elements. In addition, user errors over multiple applications can result in possible duplication of records; quality control staff currently attempt to catch and clean such occurrences.

How are data updated in the system over time?

The WAGE\$ system is a cumulative single-record database that allows record updates. Updated records are added to the system so that original/previous records and data are not deleted or overwritten.

Changes to Data Collection Over Time:

Although the WAGE\$ program has expanded over time, the data structure and types of information collected have not changed from the original version of the system.

How are the Data Currently Used?

Internal uses:

WAGE\$ staff use system data to generate bi-annual and annual reports. As with T.E.A.C.H., one component of internal reporting efforts focuses on workforce turnover rates. In comparison to the overall workforce, recent data indicates comparatively lower turnover rates of 18% among WAGE\$ recipients.

What Types of Identifiers are Collected?

Basic demographic elements including name, DOB, current education, gender, and race/ethnicity are collected for each provider awardee. In addition, awardees provide SSN and licensure information. Other elements collected that could be used as confirming or disconfirming information include educational background, incoming credentials at enrollment, and official transcripts. Due to program requirements, the WAGE\$ system also includes both current employers and any former employers for recipients who have received stipends previously.

System Strengths and Limitations

As with the T.E.A.C.H. system, WAGE\$ does not allow duplicated SSN entries. Data can also be pulled conditionally by dates and ranges affording similar benefits in terms of coverage and trackability. Finally, WAGE\$ affords the same unique contribution to linkage and tracking efforts through collection and maintenance of maiden names, where applicable. One potential limitation in the WAGE\$ system is the requirement of a 6-month employment period for eligibility. In such cases where a provider or early educator

changes employers, the system data would demonstrate a 6-month gap that could mistakenly suggest that the individual has left the workforce. Such gaps, though potentially not overwhelmingly common, could lead to an underestimation of the workforce at point-in-time assessments or over relatively short periods.

What Benefit Could an IDS Have for Ongoing or Future Envisioned Work in Your Department or With Other Partners You Work With?

Given the shared goals of the WAGE\$ and T.E.A.C.H. systems to improve education, compensation, and retention in the childcare provider and early educator workforce, the potential benefits or partnering with an IDS for the WAGE\$ system exactly mirror those describe in relation to T.E.A.C.H. (see above). A particular benefit for both systems is the possibility of direct linkage and evaluation of how the two programs work together, and independently, to meet shared goals. Both programs also would gain valuable insights about program outcomes and further potential expansion with information specific to who both programs are reaching. The ability to compare program enrollments with a known definite workforce registry would address those questions.

APPENDIX D.5. UNEMPLOYMENT, WAGES, AND WORKFORCE NEEDS (IWD)

Meeting Date	March 24, 2022
Attendees	Heather Rouse, Todd Abraham, Carla Peterson, Laura Betancur Cortés
Interviewees	Donna Burkett, Bureau Chief Iowa Workforce Development Wendy Greenman, Bureau Chief overseeing WIOA Michaela Malloy Rotert, Executive Officer and Workforce Program Coordinator Ryan Murphy, Director Labor Market Information Division

General Description of the System:

WIOA

The Workforce Innovation and Opportunity Act was established in 2014 under the U.S. Department of Labor and is implemented statewide by Iowa Workforce Development (IWD). IWD tracks participant level data for all individuals enrolled who received services from the agency or its partners. The WIOA is intended to link job seekers to occupational training, education and other support services that will eventually connect to employment opportunities and success in the labor market. In addition, the program aims to connect employers to the skilled workers they need.

The system currently contains weekly unemployment claims/amounts, and data related to employment after exit from WIOA program (2nd and 4th quarter median earnings), credential attainment, measurable skills gained, employment history, and employment goals. Barriers to employment are also tracked, including, displaced homemaker status, low-income status, disability status, ex-offender status, homelessness, foster status, English Language Learner status, low literacy, cultural barriers, migrant and seasonal farm worker status, within two years of exhausting TANF eligibility, single parent status, and long-term unemployment. Each unemployment claim requires a single application that includes linkage elements to connect multiple applications or other data sources. WIOA serves approximately 100,000 individuals a year (about 85,000 - 88,000 in 2022).

Labor Market Information Division

The Labor Market Information Division (LMI) was established by Iowa Workforce Development in the 1970s and has been providing labor market information to businesses, job seekers, and policymakers in the state ever since. Iowa Workforce Development, through the Labor Market Information Division (LMI), also maintains quarterly wage earnings for most employees in Iowa. Wage data are identified by social security numbers and include industry codes. Specific occupation within industry is not recorded. In addition, wage data are not collected from federal, student or religious employees and also not reported by those who are self-employed.

Laborshed Survey

In addition to the data sources above, IWD also collects survey data. The Laborshed survey is an anonymous response survey that assesses employment status, wages, benefits, industry, job searches, commute, happiness, and likelihood to switch employment. Area identification includes zip codes. The survey has been administered for 20-21 years, with only slight changes over time. Approximately 10,000 -12,000 individuals respond to the survey each year.

Workforce Needs Assessment Survey

Employers in Iowa are also surveyed annually to assess workforce needs. Specific content includes vacancies, retirements, challenges hiring, applicants, qualifications, and benefits. The employer survey is distributed to all employers on record, with five or more employees (approximately 45,000) and typically sees a 20%-25% response rate (9,000-11,000 respondents) each year.

Occupational Employment and Wage Statistics (OEWS) Survey

The Occupational Employment and Wages Statistics (OEWS) survey is distributed to two panels of employers (approximately 7,500 total) each year. Employer respondents provide the number of current employees in their organization/business, what roles/work their employees perform, and how much employees earn, both hourly and annually. Typical response rates have been good (70%-75%), though it is becoming more difficult to hit those rates in recent years. Data for worker titles from the OEWS are coded to occupation codes. Wage data from the OEWS are used to estimate hourly wages for the Iowa Wage Report <https://www.iowaworkforcedevelopment.gov/iowa-wage-report>.

Timeline and Historical Development:

The Occupational Employment Wages Statistics (OEWS) survey started collecting occupational wage data in 1996.

Since the LMI program was started by Iowa Workforce Development in the 1970s, it has given companies, job seekers, and state politicians in the state access to labor market data.

The Data Collection Process?

How are the data collected?

WIOA unemployment claims are submitted by individual workers. Wage data and specific survey data are submitted by employers.

When and how are data entered into a database?

Unemployment claims are reported and entered weekly. Wage data are collected quarterly. Survey data are collected annually.

Are data verified at entry?

Unemployment insurance wage records are manually checked by IWD staff and corrected where necessary. Business closures are verified by report of closure date to unemployment insurance. In some cases, businesses that are assumed closed due to no reported employees and no reported wages are investigated and verified as closed by IWD staff.

Known fidelity or quality issues?

Job posting boards are not perfectly deduplicated and could contain multiple postings for the same position. Accuracy is also impacted, though the extent is not fully known, by closed ads or reposted/reopened ads.

How are data updated in the system over time?

Changes to data records are tracked internally with change codes and change dates. Current records are identifiable, but previous records are also maintained allowing backtracking if necessary.

Changes to Data Collection Over Time:

The federal side of system started in the 1980s but transitioned to a new database in 2022. All data from the old system was archived and remains available for use.

How are the Data Currently Used?

Internal uses:

All data are used internally for periodic reporting, including annual reports that are made publicly available online. Various survey data are also used, in combination with data from other states, to update and define new occupational codes. Finally, survey data from employers are used to produce labor market forecast reports.

External users:

IWD maintains a job openings online dashboard for work seekers. In addition, the agency operates an industry projections data tool for public use with some filter capabilities. IWD has also entered into data sharing agreements with Iowa Department of Transportation to examine industry staffing patterns, the Iowa Department of Education to use student and wage records for program evaluation purposes, and other entities to examine U.S. Department of Labor program outcomes.

What Types of Identifiers are Collected?

Depending on the specific source of data and level of analysis, the IWD data streams include person-level identifiers such as name, DOB, race/ethnicity, gender, and SSN. The Laborshed survey also collects phone number and zip code. Employers also provide employee addresses. Employer-level data includes business ID numbers (EIN), location identifiers (parent and satellite locations of the same company), and industry codes.

System Strengths and Limitations

An obvious strength of the IWD data system is that much of the information is tracked with unique identifiers (SSN) and that wage data is reported directly by employers in real quarter-time. (Not self- or retroactively reported). Although the data only track wage earnings or unemployment claims in the state of Iowa, individuals are tracked over time, allowing for examination of work/unemployment trajectories, occupational changes, and career progression (as indexed by occupation and earned wages).

A second strength of the IWD data lies in the tracking of occupational codes and wage earnings for all instances each quarter for a given individual. Instead of collecting only the principle source of income or primary occupation, the IWD includes earnings for any paid work in any industry during a particular quarter period.

One potentially severe limitation, with regard to child care providers is the absence of wage earnings data for those who are self-employed. Wages earned by a home care provider running an independent business would not be reflected in the IWD data system, unless that provider was drawing a salary or had registered the business with unemployment insurance. Similarly, the specific definitions for student employment and religious employment could impact the availability of wage earnings data if individuals are working in the child care field under either condition (e.g., a student worker at a care center, a teacher at a religious-based preschool). While not a limitation of the IWD data specifically, a connected challenge is the inability to track individuals who work across the Iowa border in other states. This challenge is not unique to workforce participation. Many state data systems currently do not track use of other governmental, health and social services being accessed across state lines.

A second limitation of the data involves industry code information. Although industry codes are standardized and well-defined, they can be broad in some areas where multiple different specific occupations fall under the same umbrella industry code. For example, an individual working in a child care center, as identified by an industry code, could be working as a care provider, in an administrative role, in a support role, etc. This level of specificity is not available, as the industry code is tied to the employer, not the occupation.

Similarly, while wage data are reported cumulatively over quarters, the only time metric available is the quarter year split. As a result, assumptions are required to present wage earnings in expected annual salary (assuming quarter wages * 4), or in monthly earnings (assuming stable earnings and dividing quarter wages by 3). The data collected do not index whether employees are working full-time or fractional time, whether employees are temporary or seasonal, or whether employees are paid salary wages for a predetermined work period that differs from the traditional 40 hours/week model.

A final potential limitation is the ease with which businesses can be tracked over time. While business ID or Employer Identification Number could be used where available, tracking by business name presents potential challenges. In some cases, the actual business of interest is owned by a parent company (e.g., multi-site care

providers) or uses a corporate/legal business name. In these cases, the business of interest to track would be identified by the parent company name. However, in the special case of multi-site satellite businesses owned by the same parent company, geographic identifiers are available to delineate each satellite location as a separate business entity.

What Benefit Could an IDS Have for Ongoing or Future Envisioned Work in Your Department or With Other Partners You Work With?

IWD data could be used to assess turnover and/or occupational volatility through examination of individual child care workers over time. Identifying those who leave a particular employer but remain employed in the field could shed light on who is moving within the industry and where the industry is stable/unstable.

Similarly, an IDS is well suited to examine employees who leave child care employment and resume employment in a different industry. Although this could be accomplished to some degree only using industry codes and employer information, the addition of wage data would speak directly to whether child care providers are leaving the field for higher earnings, and perhaps more importantly, identify patterns that indicate what specific industries are pulling providers away from child care.

Within-system examination of upskilling and whether participation results in higher wages is certainly possible using only IWD data. However, connecting IWD data to other systems like T.E.A.C.H. provides an opportunity to evaluate outcomes following the incentivization for child care providers to pursue credentials and extended education. The connection of these two systems would inform questions of whether upskilling/credentialing materializes in higher wages (how long does the increase take), whether higher wages following upskilling/educational progress keep providers in the field (in the same positions), and whether upskilling/education increases opportunities to transition industries thereby indirectly leading to child care shortages, particularly in rural markets.

Other Notes:

Although business closures are tracked (see above), the reasons for closure are rather broad indexing mergers, consolidations, and sale, but no other specific reasons for closure (e.g., funding, market, etc.) are recorded.

APPENDIX D.6. IOWA CHILD CARE RESOURCE & REFERRAL (CCR&R)

Department/Agency	Iowa Department of Health and Human Services (through Iowa Child Care Resource & Referral; CCR&R)
Meeting Date	April 21, 2022
Attendees	Heather Rouse, Todd Abraham, Jessica Bruning, Ji-Young Choi, Cass Dorius
Interviewees	Cassie Reuter, Program Specialist Region 1 (NW), Emily Lamar, Regional Data Specialist Region 2 (NE), Linda Heckman, Data Specialist Region 3 (SW), Tiffany Ichelson, Regional Data Specialist Region 4 (Central), Tami Holms, Program Services Supervisor Region 5 (SE), Alisha Wiese, Data Analyst Region 5 (SE), Becky White, Regional Director Region 5 (SE)

General Description of the System:

CCR&R supports quality child care in Iowa through on-site and virtual consultation with licensed preschools, Child Care Centers, nonregistered Child Care Home providers, and registered Development Home providers under regulatory authority of HHS. CCR&R staff assist providers with state regulation compliance and improving the quality of child care they provide. In addition, CCR&R maintains data and information on child care providers to assist families in locating and connecting with child care services within the community.

Timeline and Historical Development:

CCR&R started in specific areas of Iowa in 1989 and expanded statewide in 1992, with the mission of serving communities, child care providers, and parents. The agency split into five regional offices in 1997 due to welfare reform impacts on child care. The first database system, NACCRRAware (National Association of Child Care Resource and Referral Agencies – now Child Care Aware America), was established in 1998. In 2011, the Iowa Department of Health and Human Services implemented a new statewide initiative that required all Child Care Assistance (CCA) applications and Child Development Home applications be submitted through CCR&R. In 2019, all parent referrals provided by CCR&R were centralized in Region 5. In February 2022, the existing NACCRRAware data system was migrated and the current NDS 2.0 (National Data System developed and maintained by WorkLife Systems) database was released.

The current system consolidated separate, but very similar, databases across the five regions. Before NDS 2.0 transition, each region used two separate systems to track data. The change to NDS allowed consolidation of 10 regional databases. All historic data were fully migrated to the new system and remain available for use.

What is the Data Collection Process?

How are the data collected?

Data are collected from providers electronically through an online portal or via phone and then entered manually by CCR&R data specialists.

Who collects data from whom?

All registered and licensed provider information comes from the HHS (KinderTrack) provider registry. Preschool information is obtained from the Iowa Department of Education. Additional data are collected from nonregistered homes and unlicensed providers via word of mouth and regional specialists' knowledge of the local care providers.

When/how are data entered into a database?

Data entry begins with a request from a community, from a provider through a consultant, or directly through HHS at licensure. Once initiated, a CCR&R data specialist creates the user profile and enters relevant minimum data. Once the profile is created, providers can access, update, and complete their information directly.

Providers can update their profile data directly in the NDS 2.0 system using the Provider Information Form (PIF). NDS uses an automated request for update to the PIF that is sent out at 90-day intervals (quarterly). Yearly requests are also sent to providers to update information. In addition to the automated PIF request, staff make direct contacts with providers to obtain information updates.

Programs that become inactive are retained in the system for five years. HHS verification that a program/provider is inactive is required for inactive status.

Monthly updates and new licensures from HHS (KinderTrack) are received as a .csv file by each of the five regional directors who manually enter any new data and update existing data as needed.

Parent searches can be conducted via phone, email, or directly through the referral website. Searchers can create an account that saves all relevant information and search history, or searches can be conducted under a general guest account. Guest account searches do not save specifics about the searcher but do record specific parameters of the search (e.g., location, age group, type of provider, etc.).

Are data verified at entry?

Cross validation of provider information obtained monthly from HHS is conducted manually. Updates by providers made directly to the NDS system are reviewed and approved by CCR&R staff. Inactivity status is validated by both CCR&R consultants and HHS list updates.

Known fidelity or quality issues?

In the previous system, data specialists across regions worked closely to develop data standards and definitions that were consistent for all regions. This consistency facilitated the transition to the new system leading to high fidelity of data elements across sites within the full system.

Providers are not tracked directly across facilities if they move. License numbers may stay the same for a home, but a new record ID will be produced. While detecting duplication and entity tracking remain possible, this process adds potential complication to those processes. Centers receive new numbers each time they enroll in the system. Programs with multiple sites do not receive a program level identifier that is attached to each site but linkage by program name or director could be possible. Region directors should be able to identify such clusters on a post hoc basis.

Openings for referral are not updated routinely and consistently, raising some concerns about variability and accuracy. In addition, response rates to automated PIF update requests are not necessarily known. Staff also recognize that nonresponse to the PIF cannot be confirmed as provider noncompliance or simply providers having nothing to update.

In the event that updated data are received independently by CCR&R consultants or staff but those data differ from monthly HHS KT update information, decisions about which source is correct are not standardized.

How are data updated in the system over time?

When data are changed or updated, change log entries are produced and can be viewed. Total number of historical updates to provider profiles is maintained in the NDS 2.0 system.

How are the Data Currently Used?

Internal uses:

Current reports (data sheets) are generated yearly in July. Current implementation of the NDS 2.0 system is moving toward point-in-time capacity to enable data sheet reporting capabilities and generation at any interval based on data currently in the system at that time. In addition, CCR&R staff generate yearly county data sheets that include county level child care data from the database. Summary information in each yearly report have also been used to produce 5- and 10-year trend reports.

External users:

Primary external use of CCR&R data involves families requesting referrals to child care providers. Those searching for provider services can contact CCR&R staff directly or perform their own searches of the provider database using the public search portal. Communities can also access summary data to assess current child care availability in their areas or to determine where expanded availability would be helpful. Finally, people working with providers, centers, and homes use information from the CCR&R system to determine average rates to charge for child care services.

What Types of Identifiers are Collected?

The CCR&R system collects and maintains provider-level identifiers including name, address, zip code, license ID, and current certificate, degree, and education credential.

System Strengths and Limitations

A clear strength of the CCR&R system is that data entry, maintenance, and management has a long history of consistency across regions. The effort to develop such consistency has not only translated to the current system data but also produced archival data before consolidation into NDS 2.0 that is still usable and comparable across regions.

The primary limiting issue with the CCR&R data centers on update frequency and provider compliance with update requests. Given uncertainty about whether nonresponse indicates noncompliance or simply lack of new information to report, nonresponse raises concerns about how up-to-date or accurate some of the information (e.g., vacancies, active providers, etc.) is within the system.

Because new records are produced even when a license number remains constant, and because multi-site centers are not directly identified as the same program, it is not clear how much deduplication and within-system linkage might be required for particular uses of the data.

What Benefit Could an IDS Have for Ongoing or Future Envisioned Work in Your Department or With Other Partners You Work With?

To ease staff burden and help redirect resources, an IDS could perform the monthly reconciliation between current data and updates provided by HHS KT. This would require monthly data uploads to an IDS system. Alternatively, like with I-PoWeR (see above), an IDS could use existing data to develop a solution to automate reconciliation and translate that solution into an accessible software environment for use directly by CCR&R staff. CCR&R is unique in that the system maintains provider availability and family need collected through the search portal and referral service. The combination of those data streams leads to multiple possible investigations into connections between care availability, demand for care services, and geographic alignment. For example, CCR&R provider information could be used to identify geographic locations where there simply is no available space (i.e., care deserts).

Similarly, use of provider and search data could be used in a density-disparity analysis aimed at identifying geographic areas where searches for care greatly exceed available care. Because CCR&R also tracks the results of referrals at the surface level, including which provider was chosen, these disparity analyses could be tied to the eventual outcome of referral (i.e., does the family eventually find a spot). From a supply standpoint, saved parameters of referral searches could identify specific features of the search that are connected to higher levels of disparity. Such findings could inform decisions by communities, existing providers, and potential new providers regarding what specific options for care are in most need.

Combining the elements of space availability, geographical area, and time allows for an examination to determine constant unavailability vs. sporadic unavailability vs. growing availability. The ability to identify volatility in available care leads to opportunities to examine outcomes of instability in terms of whether it reflects high turnover across employers, transition of providers out of the child care workforce, or geographic relocation of providers/businesses for other reasons. Indexing volatility in terms of active/inactive/active/inactive patterns of care availability also could connect directly to family (barriers to stable employment) and child outcomes (K readiness). Finally, volatility could be examined for potential impacts on providers that might connect occupational instability to barriers to career progression, corresponding wage increases, and as an eventual reason for leaving the child care and early education field.

APPENDIX D.7. KINDERTRACK CHILD CARE PROVIDER LICENSING REGISTRY

Department	Iowa Department of Health and Human Services
Meeting Dates	February 16, 2018; June 2022; January – March 2023
Attendees	Heather Rouse, Cassandra Dorius, Maya Bartel, Allison Gress, Todd Abraham
Interviewees	Tammi Christ, Mark Adams, Ryan Page

General Description of the System:

The Child Care Assistance subsidy program (CCA) in Iowa is operated through the KinderTrack (KT) system under authority of HHS. The system stores information about registered or licensed childcare providers in the state, as well as families that receive funding for child care through the Child Care and Development Block Grant (CCDBG) mechanism. The KinderTrack system includes both a portal interface where data are entered and a separate data warehouse where data are stored. The KT system was developed and phased in during fiscal year 2010, with complete transition to the KT system beginning in fiscal year 2011.

Provider information includes data on all registered or licensed childcare providers, including their capacity, hours of operation, rates charged, contact information, and household composition (if home-based). Child and family data includes information for families applying for CCA, approvals and renewals, child care provider schedules, child attendance, and subsidy payments.

The Data Collection Process:

How are the data collected?

The KinderTrack system houses information for the state of Iowa's child care provider registry, CCA subsidy applications and renewals, attendance data for children receiving the subsidy, and data related to payments and processing for subsidized care provided.

When/how are data entered into a database?

Data in the KT system reflects event data, meaning that there are multiple entries for each child reflecting family applications for assistance, determination of eligibility, selections of childcare, attendance in programs, subsidy payments for care, and re-authorization of eligibility. CCA family eligibility workers enter and process a family's application through KinderTrack. Iowa Workforce Development staff can input information into KinderTrack, using the HHS state ID.

Are data verified at entry?

KT does apply verification rules to daily data related to attendance and payment determinations. Provider data are verified as part of the licensing process.

Known fidelity or quality issues?

System migration before 2010 required double verification efforts that were not entirely successful. Data in the system before 2010 are considered to be lower quality and less suitable for use.

How are data updated in the system over time?

Data entry to the system occurs daily (family applications, provider applications) and at specified service period intervals (attendance, payments). Any new or modified data entered to KT creates a delta record that passes to the data warehouse each day. Delta records received by the data warehouse create a new active record. The previous record is time/date stamped and becomes inactive. The KT system is cumulative in that inactive records are maintained with the current active records. Importantly, inactive records are purged from the system periodically.

How are the data currently used?

Internal uses:

KinderTrack data is used for required federal reporting related to the Child Care Assistance subsidy program and fraud detection by families or providers. Data are also used between bureaus and departments for quality control purposes and internal projects.

External users:

KinderTrack data have been shared externally for research projects or grants where access is granted to parties who require broad information such as aggregated summary reports of frequencies or compiled lists of child care providers. Data are also shared across Iowa agencies for various purposes including program integrity assessments, creation of legislative service reports, and other Department of Management priorities. KinderTrack also feeds a publicly available child care provider search portal that allows individuals to tailor search criteria and obtain lists of providers and contact information that fit search needs.

What Types of Identifiers are Collected?

Each child, parent, and family receives a unique static ID at the time of application, which is used to link data tables in the system and track participants over time. However, new IDs are assigned in the event of new applications, changes in family structure, and/or lapses in services. Parent and child identifiers including names, DOB, gender, race/ethnicity, and SSN (in many cases) are collected. Family identifiers include member relationships and geographic elements. Provider identifiers include provider name, DOB, location, and license information.

System Strengths and Limitations

The primary strength of the KT data system is that it serves as the official child care provider registry for the state of Iowa. The system also includes expansive information for providers and families engaged with the Child Care Assistance subsidy program. Finally, the system structure designed to maintain inactive records

allows for the possibility of tracking entities as demographic information changes over time across other systems. However, the KT system import of existing CCA data and the process of assigning new family, parent, and child IDs under specific circumstances does produce some complication with regard to entity deduplication.

What Benefit Could an IDS Have for Ongoing or Future Envisioned Work in Your Department or With Other Partners You Work With?

Recent reports indicate that CCA has seen a 65% increase in denials and a 40% reduction in applications from FY19 to FY22. These changes suggest increases in income/wage earnings that put many families above the poverty cutoffs to either be eligible for CCA (denials) or leave families thinking they are not eligible for CCA (not applying). This raises an obvious question about whether families that were eligible for CCA before are simply no longer eligible due to income increases. Partnering with an IDS to connect CCA applicants over time with recent IWD wage data could shed light on multiple concerns. First, if denials are resulting from income requirements, are denied families just above the income/wage threshold (i.e., still in real need of assistance but just barely above the cutoff to receive it)? Second, if incomes are increasing for families that need child care, are incomes increasing for providers as well? Third, if providers' income is increasing, is cost of care increasing and if so, are those cost increases being passed on to families? Finally, if cost of care is increasing and families are seeing income increases that put them just barely beyond the eligibility cutoffs for CCA subsidy eligibility, is the net gain in wage earnings eliminated completely by the associated increase in higher costs of child care?

ACKNOWLEDGEMENTS

We gratefully acknowledge the help and support of the following individuals:

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