

KENTUCKY STARS FOR KIDS NOW PROCESS EVALUATION

Evaluation Brief #8

Findings from the Kentucky Early Care and Education and School- Age Care Household Survey

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www.kentuckypartnership.org/starsevaluation

The Process Evaluation of Kentucky STARS for KIDS NOW was initiated by the Kentucky Department for Community Based Services, Division of Child Care to provide an examination and assessment of existing STARS components and to provide a basis for recommendations to improve STARS implementation statewide.

Kentucky is unique nationally in its investment in a process evaluation to address a set of comprehensive questions about the functioning of its QRIS after operating for over a decade.

The Evaluation questions and activities focused on five broad, interrelated components of STARS:

- The quality standards and measurement strategies
- The rating structure and process for assigning STARS levels
- The technical assistance provided to promote improvement
- The outreach methods to promote STARS to providers and to parents
- The collaboration, coordination, and administrative processes most supportive for STARS.

The Evaluation was conducted by Child Trends, a nonpartisan research organization located in Washington DC. The Evaluation was supported by funds from the American Recovery and Reinvestment Act provided by the Kentucky Cabinet for Health and Family Services, Department of Community Based Services, Division of Child Care.

A series of Evaluation Briefs were created to provide summaries of the key findings. These Briefs include:

- [Executive Summary of the Kentucky STARS for KIDS NOW Process Evaluation](#)
- [Kentucky STARS for KIDS NOW Process Evaluation: Overview of Methods](#)
- [Providers' Perceptions of the Kentucky STARS for KIDS NOW Rating Process](#)
- [Technical Assistance Provided to and Received by Kentucky STARS for KIDS NOW Programs](#)
- [Collaboration and Coordination in the Kentucky STARS for KIDS NOW Technical Assistance System](#)
- [Alternative Rating Structures for Kentucky STARS for KIDS NOW](#)
- [Evaluation of Kentucky's Child Care Resource and Referral System](#)
- [Findings from the Kentucky Early Care and Education and School-Age Care Household Survey](#)

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FINDINGS FROM THE KENTUCKY EARLY CARE AND EDUCATION AND SCHOOL-AGE CARE HOUSEHOLD SURVEY

INTRODUCTION

Early care and education and school-age care arrangements in Kentucky play an important role in the lives of children under 12. Children participate in these diverse settings while their parents work or before or after school. They may be cared for by family or friends, some of whom receive payment and some who provide free care. They may be cared for in Head Start programs or child care centers in their community. They may be cared for by licensed family child care providers who offer care in their home.

The purpose of this Evaluation Brief is to provide information on the patterns of early care and education and school-age care arrangements used by families in Kentucky, how they found their arrangements, how families perceive the settings they use, and how they pay for the arrangements. The goal of collecting and presenting this information is to provide the Kentucky Department for Community Based Services, Division of Child Care (DCC) with a portrait of child care use in Kentucky that can be used when developing child care policies and programs.

OVERVIEW OF CONTEXT

Overall, Kentucky has approximately 850,000 children under age 14. One-third of these children are under age 5. Many of these children have parents in the labor force. Nearly 63% of all parents with children less than 6 years of age are in the labor force, as are 67% of parents with children ages 6 to 17 years. Over half (55%) of all women age 16 or older participate in the labor force. The median household income is just over \$40,000 per year, and approximately 18% of the population is below the poverty level.

Early Care and Education Arrangements in Kentucky

According to the 2011 Kentucky Child Care Market Rate Survey, there were 2,816 licensed and certified facilities in Kentucky (Rous, Singleton, Hooks, Booth & Gross, 2011). These facilities include Type 1 (child care centers) and Type 2 (large group child care homes) and certified family child care homes. At the time the Market Rate Survey was conducted, there were also 1,620 registered, non-licensed providers in Kentucky. In addition, Head Start Program Information Report data indicate that there were over 17,000 Head Start/Early Head Start slots available for eligible children in Kentucky.¹

Across all facilities, approximately 33% report providing care to children with disabilities (Rous et al., 2011). Nearly three-quarters (73%) of facilities report serving diverse children. Statewide, the racial/ethnic background of diverse children in child care facilities was reported as 11.5% African-American, 3.2% Hispanic, 1.5% Asian, 5.7% multi-racial and 8.8% other.

¹ http://www.clasp.org/admin/site/publications_states/files/HSDData2010KY.pdf

A Focus on Quality

STARS for KIDS NOW is Kentucky's voluntary Quality Rating and Improvement System (QRIS) which provides quality ratings of programs to parents to help support child care decision-making as well as offering technical assistance and supports to facilities to help improve the quality of care available in Kentucky. STARS for KIDS NOW enrolls Type I and Type II facilities as well as Certified Family Homes. As of September, 2011, approximately 40% of eligible facilities are participating in STARS.

In addition to STARS for KIDS NOW, the Department for Community Based Services, Division of Child Care administers the Kentucky Partnership for Early Childhood Services which includes the Child Care Resource and Referral agencies. A variety of professional development services are also available to support child care providers in improving their training and education.

Access to Early Care and Education and School-Age Arrangements

The Kentucky Department for Community Based Services, Division of Child Care also administers the Child Care Assistance Program (CCAP) which provides subsidies to eligible children to attend child care arrangements while their parent(s) work or participate in education or training. In State Fiscal Year 2010, over 43,000 children were served by CCAP with expenditures of over \$160 million.²

METHODOLOGY

Survey Background

As part of a broader process evaluation of Kentucky STARS for KIDS NOW, requested by the Kentucky Department for Community Based Services, Division of Child Care (DCC), the Kentucky Early Care and Education and School-Age Household Survey (the Household Survey) was conducted in part to inform STARS about how families understand and use STARS. Results can inform more effective marketing strategies to increase participation in STARS. The Household Survey will also serve to inform DCC on how families use non-parental care, their awareness of resources available to them, aspects of child care selection, parent perceptions of care, how families pay for child care, and basic child and family characteristics of those families using child care in Kentucky. Findings will provide information to program administrators and policy-makers that can help them better serve families and their child care needs.

Households were selected through a random digit dialing system described in more detail below. Interviews were conducted by the Kentucky Survey Center using Computer Assisted Telephone Interviewing (CATI) programming. There were 501 interviews completed, and each respondent received a \$10 Walmart gift card as a thank you for their participation.

Survey Development

Items in the survey were adapted directly from four state and national household surveys related to child care and child care decision making. These instruments include:

² <http://chfs.ky.gov/dcbs/dcc/ccap.html>

- Paths to Quality: A Child Care Quality Rating & Improvement System for Indiana (January, 2009)
- Minnesota 2009 Household Child Care Survey (April, 2009)
- Minnesota Child Care Choices Survey (July, 2009)
- National Household Education Survey (2005)

Nine key “modules” or research questions were identified based on these four surveys and the priorities of DCC as key topics for inclusion in the survey instrument. Items from each module were identified in the four surveys and were compared and considered. Items were chosen that addressed the key research questions in a clear, efficient manner that was consistent with other items in the survey. Items were adapted if necessary to align with the Kentucky context. The modules, which align with the sections of this Evaluation Brief, were as follows:

1. Selecting the focal child (7 questions)
2. Care Outside the Home (37 questions)
3. Awareness of Resources (9 questions)
4. Child Care Selection (8 questions)
5. Perception of Current Care (4 questions)
6. Paying for Child Care (5 questions)
7. Resources Used (3 questions)
8. Child Characteristics (9 questions)
9. Family Characteristics (14 questions)

Sampling

Respondents were contacted using a modified, list-assisted Waksberg-Mitofsky Random-Digit Dialing method (RDD) giving every household telephone line in Kentucky an equal probability of being contacted. Households were screened for eligibility (Children 12 or under who had been in non-parental care in the past month). Calls were made from April 25 – July 29, 2011. Up to 15 attempts were made to each number in the sample. In addition, up to 10 scheduled call-backs were made to those we reached at an inconvenient time, and one refusal conversion was attempted. The basic disposition results of the surveys are in Table 1:

Table 1. Results of Random-Digit Dialing (RDD) process

Outcome of Contact	
Interviews completed	501
Refused (eligibility undetermined)	3,053
Not Eligible	10,117
Total Number of Contacts	13,671

The Kentucky Survey Center went to the original call records of all numbers called to determine what percentage of those with *known* eligibility status were in fact eligible. This turned out to be a very small percentage. When this factor was applied to cases of *unknown* eligibility, an accurate response rate can be calculated. This is well known strategy in survey research and is generally regarded as an accurate method when a survey involves extensive eligibility screening. The AAPOR Response Rate 3 was 44.6%. The margins of error for a sample of this size is \pm 4.4% at the 95% confidence level.

Households from all 15 Area Development (AD) Districts in Kentucky were included in the sample. The breakdown of respondents by AD District is presented in Table 2.

Table 2. Percent of sample from each Area Development District in Kentucky

Area Development District	Percent of sample (N = 501)
Purchase	4%
Pennyrile	5%
Green River	3%
Barren River	7%
Lincoln Trail	11%
Kentuckiana	6%
Northern Kentucky	5%
Buffalo Trace	3%
Gateway	8%
Fivco	8%
Big Sandy	11%
Kentucky River	8%
Cumberland Valley	9%
Lake Cumberland	8%
Bluegrass	5%

CHARACTERISTICS OF THE SAMPLE

Interviewers asked to speak with the individual in the household 18 years of age or older who was most knowledgeable about the children living there. The interview continued if the household included a child 12 years of age or under who has been cared for by someone other than a parent in the last month. Demographic information for respondents and children in the sample are presented in this section.

RESPONDENT CHARACTERISTICS

Age, race, ethnicity, & language

The majority of respondents (88%) were parents of the child being asked about in the interview. Most were female (82%) and, on average, were 37 years of age.

Ninety-two percent of respondents identified themselves as Caucasian, 5% African/Black American, and 1% Asian American/Pacific Islander. Less than 1% of respondents identified themselves as either Native American or Hispanic American. Respondents who identified most closely with 2 or more racial or ethnic groups comprised about 1% of the sample.

Nearly all respondents reported speaking primarily English in their household (98%). One percent reported speaking both Spanish and English at home. See Table 3.

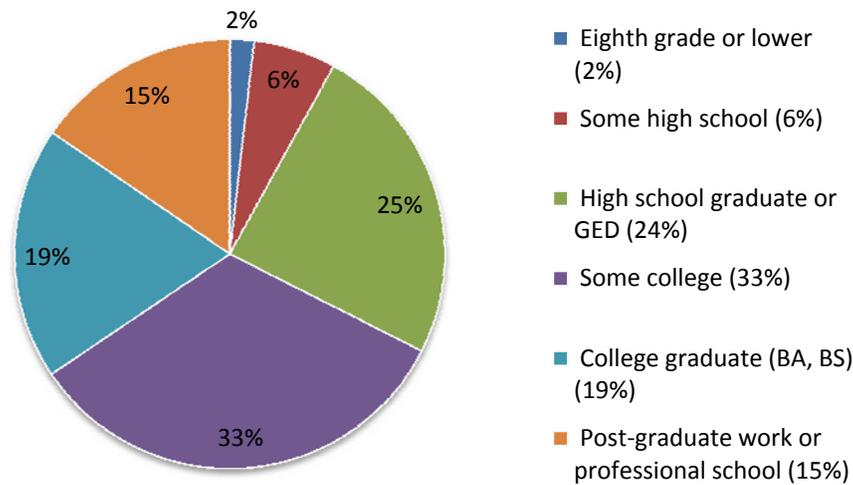
Table 3. Respondent demographics

	Percent of All Households (N = 501)
Relationship to the selected child	
Child	88%
Grandchild	9%
Stepchild	1%
Other relative	1%
Primary Race/Ethnicity	
Caucasian	92%
African/Black American	5%
Native American	0%
Hispanic American	0%
Asian American/Pacific Islander	1%
Bi-racial or multi-racial	1%
Other	0%
Primary Language	
English	98%
English and Spanish	1%
English and Urdu	< 1%
Other language	< 1%
Education Level	
Eighth grade or lower	2%
Some high school	6%
High school graduate or GED	24%
Some college (include 2 year or less degree or technical college)	33%
College graduate (BA, BS)	19%
Post-graduate work or professional school	15%
Other Residents in Household	
A spouse or partner	72%
One or more children age 13 or older	28%
Other relatives	12%
Non-relatives	2%
Regular Internet Access	
Yes	90%
No	10%

Education

One-third of respondents reported having a high school education or less. Another third reported completing at least some college and 19% earned at least a Bachelor's degree. Fifteen percent reported having attended or completed work in graduate or professional school (see Figure 1).

Figure 1. Highest level of education attained by respondent



Work Schedule

Nearly 70% of respondents reported working during the previous week. Twice as many respondents reported working the same schedule every week as compared to those whose hours varied on a weekly basis (n=159 vs. 80, respectively). Respondents worked, on average, 40.7 hours per week at all jobs combined (for those reporting more than zero hours). Just over half reported that their child's care needs influenced their choice of a job or work schedule in some way (55%). A similar percent of respondents said it was "somewhat" or "very easy" to leave work if their child got sick or needed attention unexpectedly (52%).

Income

Over half of respondents reported a total household income of less than \$50,000 per year, with 15% reporting less than \$15,000 annually. Twenty percent reported a total household income greater than \$50,000 and less than \$75,000 per year. Total household incomes exceeding \$100,000 were reported by 11% of respondents.

Household size & composition

In terms of household composition and size, the average household included between 2 and 3 people at least 13 years of age. Most respondents reported living with a spouse or partner (72%). In addition to the child 12 years of age or younger, 28% of respondents also lived with at least one child age 13 or older and 12% reported other relatives living in their same household. Nearly all respondents had regular internet access (90%).

CHILD CHARACTERISTICS

Respondents were asked the birthdates of each child in the household 12 years of age or younger, as well as if any of these children had a special need. A special need was defined as any physical, behavioral, cognitive, or medical need that required special attention or specialized

approaches. Any child age 12 or under identified as having a special need was selected as the focal child for the interview. In all other cases, the focal child was the child with the most recent birthday. In addition to child care information, basic demographic information was collected on each focal child (see Table 4).

Table 4. Child demographics

	Percent of All Households (N = 501)
Primary Race/Ethnicity	
Caucasian	89%
African/Black American	4%
Native American	0%
Hispanic American	1%
Asian American/Pacific Islander	1%
Bi-racial or multi-racial	4%
Primary Language	
English	98%
Spanish	0%
Other language	1%
Special Needs	
Doctor or health professional has indicated the presence of special need(s)	15%

Ethnicity/Race

Eighty-nine percent of focal children were Caucasian, 4% African/Black American, 1% Asian American/Pacific Islander, and 1% Hispanic American. Two or more races or ethnicities were reported for 4% of focal children. Nearly all focal children spoke English at home (98%).

Health Status

The majority of respondents considered their child’s health to be “very good” or “excellent” (26% and 60%, respectively). Only 1% felt that their child’s health was poor. Thirteen percent of respondents reported that their child had received a service, such as an Individualized Family Service Plan (FSP), Individualized Education Plan (IEP) or special education, for a special need within the previous 2 months.

Children with Special Needs

Fifteen percent of respondents indicated that they have been told by a doctor or health professional that their child has a special need, including any physical, behavioral, cognitive, or medical need requiring specialized attention. Of these children identified as having special needs, the most common need reported was Attention Deficit/Hyperactivity Disorder (30%). Other special needs included a physical impairment (18%), a speech or language delay (14%), a developmental delay (9%), Autism (7%), or some other health impairment lasting at least 6 months (7%). For 75% of children with special needs, their ability to learn was affected by their disability or disorder. Sixty-eight percent of children with special needs were receiving services,

the majority of which came from the child’s local school district (52%). Health care (44%) and early intervention providers (27%) were other commonly cited sources of services used by children with special needs. See Table 5.

Table 5. Type, effect, & service receipt for children with special needs

	Percent of Children with Special Needs (N = 75)
Type of special need	
A developmental delay	9%
A specific learning disability	5%
A speech or language delay	14%
Mental health concerns	4%
Blindness or another visual impairment	3%
An orthopedic impairment that may impede educational performance	2%
A physical impairment or disability	18%
Autism	7%
Attention deficit disorder, ADD, or ADHD	30%
Pervasive developmental disorder or PDD	2%
Another health impairment lasting 6 months or more	7%
Child’s special need(s) affects ability to learn	
Yes	75%
No	25%
Child receives services for special need(s)	
Yes	68%
No	32%

CHILD CARE USE IN KENTUCKY

This section presents data on the use of child care by type and by age group, as well as primary care arrangements and the use of multiple arrangements. Recall that families were only eligible for the survey if they used at least one type of non-parental care for a child age 12 years or under. For each type of care, respondents were asked if they used the care at least once a week during the past two weeks. Types of care included: School (K-12), before or after school care, center-based care (including Head Start, child care centers, and preschools), child care or babysitting in the home or in another person’s home, and self or sibling care. Respondents were also asked how many hours per week the focal child usually spends in each arrangement. If the respondents said “yes” to child care or babysitting outside of the home, follow-up questions tried to discern whether the family used licensed family child care arrangements.

Number of child care arrangements

Respondents were asked what child care arrangements they used for all of the children age 12 years or under in the household. Fourteen percent use just one child care arrangement for their children, 44% use two arrangements, 31% use three arrangements, and 12% use four or five arrangements for their children (see Table 6). The average number of arrangements used in households was 2.44. The number of arrangements used did not vary significantly by income level.

Table 6. Number of child care arrangements used for all children in household

Number of child care arrangements	Percent of all households (N = 501)
One	14%
Two	44%
Three	31%
Four	8%
Five	4%
Mean number of arrangements, including all children	2.44

Use of all types of care

Table 7 shows the types of care arrangements used for the focal child, by age group. Overall, the most common care arrangement was K-12 school (46%), followed by Family, Friend, and Neighbor (FFN) care in the child's own home (41%), and child care in another person's home (39%). Twenty percent of respondents reported using some type of center-based child care arrangement.

The largest age group of children in center-based care was 3-5-year-olds (40%), but other types of care were more evenly used among the different age groups. FFN care in the child's own home ranged from 37% for 3-5-year-olds to 43% for children six and older. Care in another person's home was highest for the 0-2 age group (45%) but was similar across the other age groups (37% - 39%). Before- and after-school care and self/sibling care were the least frequently used care arrangements and were used more often for older children.

Table 7. Use of child care by type and age of focal child

Use of child care by type and age of focal child	Age of Focal Child				
	0-2 years (n = 94)	3-5 years (n = 139)	6-9 years (n=151)	10-12 years (n=113)	Total (n=497)
Types of child care					
School K-12	0%	20%	75%	75%	46%
Before or after school program	0%	4%	17%	12%	9%
Child care center, preschool, or Head Start	18%	40%	13%	4%	20%
FFN in own home	38%	37%	43%	43%	41%
<i>Grandparent</i>	22%	20%	19%	15%	19%
<i>Other relative (not including sibling)</i>	7%	4%	7%	6%	6%
<i>Non-relative</i>	6%	8%	9%	7%	8%
Child care in other home	45%	39%	38%	37%	39%
<i>Grandparent</i>	29%	20%	24%	22%	23%
<i>Other relative</i>	3%	8%	5%	11%	7%
<i>Non-relative</i>	13%	10%	10%	4%	9%
Self/sibling care	1%	1%	3%	17%	5%

Note: Totals equal more than 100% because families reported using more than one arrangement.

An attempt was made to determine the use of licensed family child care arrangements. If respondents said that they used child care arrangements in another person’s home, follow-up questions asked if care was provided by a “professional babysitter or nanny,” if the person “provides child care for a living,” and if the person cares for children other than the focal child at the same time. As defined in the Minnesota Child Care Choices Study,³ care was categorized as licensed family child care if the respondent said that care was provided outside the home by a professional babysitter or nanny or if the respondent said that the person did child care for a living *and* cares for additional children. Only 14 respondents (< 3% of the entire sample) fit these criteria. It is possible that children in arrangements in another person’s home (particularly those cared for by non-relatives) are also in licensed/certified family child care settings, and therefore between 3-9% of children in the sample use this type of care. In either case, child care in another person’s home is more often used by the younger age groups of children.

Use of care by income level

Child care use was also examined by income level. Low-income was based on the federal poverty guidelines for different household sizes. Low-income was initially defined as at or below 200% of the federal poverty guideline. However, using that benchmark put 79% of the full sample into the low-income sample. A more conservative metric was adopted by using the mid-point of the range of income reported (rather than the lower end), resulting in 64% of the sample being classified as low-income (and the other 36% was defined as higher-income). There were no significant differences between low-income and higher-income families in type of care used.

Use of multiple care arrangements

As mentioned above, many families reported using multiple care arrangements on a regular basis. Table 8 presents the percentages of households using one or multiple arrangements for the focal child. The majority of families use more than one arrangement. There were no significant differences in uses of multiple care arrangements by income level.

Table 8. Number of arrangements used for focal child

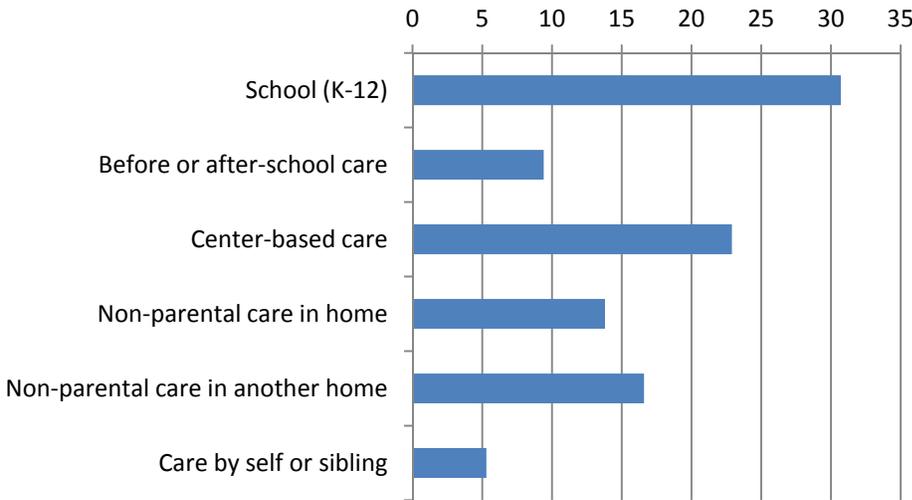
Number of arrangements used for focal child	Percent of all households (N = 501)
One arrangement	20%
Two arrangements	57%
Three arrangements	21%
Four arrangements	2%

Primary care arrangement

Respondents were also asked how many hours per week the focal child usually spends in each type of care arrangement. Average hours per week by type of care are presented in Figure 2. Children spent the highest average hours in school (K-12) followed by center-based care. Children typically spent the least amount of time in self or sibling care.

³ Forry, N., Blasberg, A., Tout, K, Isner, T., Carlin, C., & Davis, E. (2011). Minnesota Child Care Choices: Child Care Decision-Making and Perceptions of Quality. Minneapolis, MN: Child Trends & University of Minnesota.

Figure 2. Mean hours per week by type of care for focal child



The primary child care arrangement was defined as the one in which the child usually spends the most hours per week. Overall, nearly half of respondents reported school (K-12) as the primary care arrangement (see Table 9). Fewer said that center-based care (16%), FFN in own home (19%), and child care in another person’s home (17%) were the primary care arrangements for the focal child. There were no significant differences in primary care arrangements by income level.

Table 9. Primary care arrangements by age group

Primary care arrangement	Age of Focal Child				
	0-2 years (n = 74)	3-5 years (n = 126)	6-9 years (n=146)	10-12 years (n=107)	Total (n=453)
School K-12	0%	21%	75%	75%	47%
Before or after school program	0%	0%	1%	0%	< 1%
Head Start, child care center, preschool	23%	35%	5%	2%	16%
FFN in own home	38%	23%	9%	16%	19%
Child care in other home	39%	21%	10%	7%	17%
Self/sibling care	0%	1%	0%	0%	< 1%

Households using a subsidy [defined as getting help paying for child care from either the Child Care Assistance Program (CCAP) or from a social service or welfare agency, n = 47], had a significantly different pattern of primary care arrangement than families that were not using a subsidy, $X^2(5) = 13.75, p < .05$ (see Tables 10 and 11). Children 5 and under were more likely to be in a center-based program and less likely to be in care in another person’s home in families that use a subsidy than in families that do not use a subsidy.

Table 10. Primary care arrangements of families who use a subsidy

Families using subsidy	Age of Focal Child			
	0-2 years (n = 10)	3-5 years (n = 16)	6-9 years (n=10)	10-12 years (n=11)
Primary care arrangement				
School K-12	0%	13%	50%	64%
Before or after school program	0%	0%	0%	0%
Head Start, child care center, preschool	50%	44%	20%	0%
FFN in own home	30%	25%	10%	9%
Child care in other home	0%	6%	10%	0%
Self/sibling care	0%	0%	0%	0%

Table 11. Primary care arrangements of families who do not use a subsidy

Families not using subsidy	Age of Focal Child			
	0-2 years (n = 74)	3-5 years (n = 126)	6-9 years (n=146)	10-12 years (n=107)
Primary care arrangement				
School K-12	0%	21%	75%	75%
Before or after school program	0%	0%	1%	0%
Head Start, child care center, preschool	23%	35%	5%	2%
FFN in own home	38%	23%	9%	16%
Child care in other home	39%	21%	10%	7%
Self/sibling care	0%	1%	0%	0%

Overall, the majority of families report using multiple care arrangements for their children. The most frequent primary care arrangement was school (K-12) for children age six or older. Children ages 3-5 are likely to be in center-based care and children 0-2 are most likely to have either FFN care in the child’s home or child care in another person’s home as their primary arrangement. Primary care arrangements and use of multiple arrangements did not differ by income level. However, families using a subsidy were more likely to use center-based care for children ages 0-5 than families who do not use a subsidy.

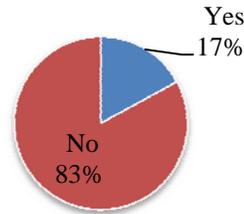
FEATURES OF CHILD CARE SELECTION

Several items on the Household Survey addressed the awareness and use of Kentucky STARS for KIDS NOW as well as other factors affecting child care choices.

Awareness of Kentucky STARS for KIDS NOW

Respondents were asked if they had ever heard of Kentucky STARS for KIDS NOW. Seventeen percent of respondents said that they had heard of it (see Figure below), a rate comparable to awareness in other states with QRISs. This percentage did not vary at all by income group.

"Have you ever heard of Kentucky STARS for KIDS NOW?"



Awareness of Kentucky STARS is somewhat low among respondents to the Household Survey. However, once the STARS program was explained, respondents were then asked to rate the importance of STARS level if choosing a child care provider. Over 70% of the sample responded that STARS level would be either “somewhat” or “very important” in choosing a child care provider (see Table 12). In addition, close to 80% of respondents said that if they were to choose a new provider in the future, Kentucky STARS level would influence their decision. In addition, when asked how important STARS is in selecting child care (as one example in a list of possible influences), 86% of respondents reported that STARS is either “very important” or “somewhat important” in selecting child care arrangements. This was the case even though 77% of that group had not actually used STARS.

Table 12. The importance of a higher level of STARS in deciding on a child care provider

“When choosing a provider, a higher level of STARS would be...”	Percent of all households (N=501)
Not important at all	5%
Somewhat unimportant	< 1%
Neutral	4%
Somewhat important	7%
Very important	66%

Taken together, the evidence suggests that parents have a lack of awareness but not a lack of interest in STARS. They report a high value on the potential of using STARS in decision-making. The majority of parents report that they would use STARS if the information was available to them when choosing child care arrangements.

CHILD CARE OPTIONS

Challenges to finding care

Several items in the survey addressed the difficulty that parents might experience when trying to find care arrangements for their children. Respondents were asked whether they thought they had good choices available for child care near where they live, and 58% said that, yes, they have good choices (see Table 13). Some respondents said that their choices are limited either because

their child has an impairment or health problem (9%) or because their child has another issue, such as a behavioral issue (8%).

Eight percent of respondents reported that they experienced “a lot of difficulty” when finding the type of program they wanted. Just under half of the sample (49%) said they had no difficulty finding the type of program they wanted. Fifteen percent had not found the arrangement that they wanted.

- Difficulty finding care varied by income ($p < .001$). Ten percent of low-income families said they had “a lot of difficulty” finding care compared to 6% of higher-income families. Similarly, 47% of low-income families reported “no difficulty” compared to 54% of higher-income families.
- Twenty percent of low-income families reported that they had not found the child care program they wanted, compared to 6% of higher-income families.

Table 13. Perceptions of child care options and barriers to finding care

Percent of respondents who feel that...	Percent of all households (N=501)
There are good choices for child care or early childhood programs near place of residence	
Yes	58%
No	33%
Did not answer	9%
Their child has an impairment or health problem that limits his/her participation in any activity	
Yes	11%
<i>This limitation is considered when choosing a child care arrangement</i> (N = 57)	
Yes	75%
No	25%
Their child has other issues (e.g., behavioral issues) that make it hard to find a child care arrangement	
Yes	8%
No	92%
When finding the type of child care or early childhood program they wanted, they experienced...	
A lot of difficulty	8%
Some difficulty	12%
A little difficulty	13%
No difficulty	49%
They have NOT found the child care or program they wanted	
	15%

Important features of care

Respondents were asked to rate the importance of several factors that they might consider when choosing care (see Table 14). The most frequently rated “very important” factors were the level of trust and comfort with the caregiver and reliable services (97-99%). The overall quality of the program was the next highest (92%). Close to 90% of respondents said that helping their child in school and providing engaging learning activities were very important. Over 80% cited the Kentucky STARS rating level as “somewhat” or “very important” (see Table 15). Of those, 77%

had never used STARS. As noted in the previous section, parents value STARS even if they have never used it or heard of it prior to the survey.

Table 14. Respondents' considerations in choosing child care arrangements

Features of child care	Very Important	Somewhat Important	Not Important
A caregiver or provider who has special training in taking care of children	79%	19%	2%
A caregiver who is a relative or family member	44%	38%	18%
A place close to home	75%	22%	3%
A reasonable cost	79%	18%	3%
A small number of children in the same class, home, or group	64%	32%	4%
A caregiver or provider who speaks your family's native language with your child	86%	12%	3%
A caregiver or provider that helps your child do well in school or when they start school	88%	11%	1%
Provides reliable services	97%	3%	< 1%
Provides engaging learning activities	88%	11%	1%
Cares for children of similar age	59%	33%	8%
Accepts child care subsidy	35%	29%	32%
Provides flexible hours	70%	25%	4%
Your level of trust with the caregiver	99%	1%	< 1%
Your level of comfort with the caregiver	98%	2%	< 1%
Keeping siblings together	39%	29%	31%
Recommendation of a friend or family member	48%	45%	8%
Church affiliation (for a faith-based program)	34%	41%	25%
Overall level of quality of center or home	92%	8%	< 1%
The Kentucky STARS for KIDS NOW rating – if rated somewhat or very important then ask the next two questions	50%	36%	11%

Table 15. Helpfulness of STARS for KIDS NOW in choosing child care arrangement

Helpfulness of STARS for KIDS NOW	Extremely helpful	Somewhat helpful	Not very helpful	Have not used
The information describing the quality ratings	4%	4%	1%	77%
The information available about specific providers	4%	5%	1%	77%

- There were several factors that differed by income level, $p < .05$ (see Table 16). Low-income families rated many factors as having greater importance than did higher-income families, including caregiver characteristics such as has special training and is a relative, and other factors such as location, cost, and flexible hours. Higher-income families placed more importance than low-income families on having a small number of children in the same class, home, or group.

Table 16. Percent rating “very important” by income level

	Low-income families	High-income families
A caregiver or provider who has special training in taking care of children	83%	73%
A caregiver who is a relative or family member	49%	34%
A place close to home	79%	68%
A reasonable cost	85%	69%
A small number of children in the same class, home, or group	60%	72%
Cares for children of similar age	65%	49%
Accepts child care subsidy	47%	15%
Provides flexible hours	76%	59%
Keeping siblings together	46%	26%
Recommendation of a friend or family member	53%	39%
Church affiliation (for a faith-based program)	40%	24%
Kentucky STARS for KIDS NOW rating	60%	34%

Overall, low-income families tend to rate elements of a child care arrangement as very important and have a more difficult time finding an appropriate arrangement than do higher-income families.

Perception of current care

To understand respondents’ perceptions of the current primary care arrangement their child uses, a series of questions were asked regarding the frequency of the providers’ behaviors. Parents were asked how often the provider engages in behaviors such as talking with the parent, using a curriculum, and giving the child a lot of positive, individual attention. Results are presented in Table 17. Over 85% of respondents said that their child’s provider “usually” or “always”: Talks with parent, provides a warm and caring environment, helps child get along with other children, and speak the family’s native language. Respondents were less likely to report that their children’s providers regularly use a curriculum, track child’s learning, have teachers with formal education and training, and enroll a diverse group of children.

Table 17. Respondents’ ratings of frequency of provider behaviors

“How often does (CHILD)’s care provider engage in the following ...”					
	Never	Rarely	Sometimes	Usually	Always
Talk with you	3%	2%	7%	8%	79%
Use a curriculum or planning tool for teaching	25%	8%	23%	13%	29%
Have a lot of books and learning materials	6%	3%	17%	15%	58%
Provide a warm and caring environment with positive relationships between teachers and caregivers and children	3%	0%	4%	8%	84%
Help your child get along with other children	3%	1%	10%	12%	74%
Track your child’s learning and	37%	9%	14%	8%	30%

“How often does (CHILD)’s care provider engage in the following ...”					
development using an screening or assessment tool					
Have teachers and caregivers with formal education and training to work with young children	34%	5%	11%	10%	38%
Have staff that are warm and friendly with your child	16%	1%	3%	9%	69%
Enroll children from different backgrounds, for example, race, ethnicity, and religion	35%	7%	13%	8%	35%
Have caregivers or teachers who speak your family’s native language with your child	8%	1%	2%	4%	84%

- There were significant differences by income level for two items ($p < .05$). For “provide a warm and caring environment...”, both low-income and higher-income families responded “always” 84% of the time, but more higher-income families responded “usually” and more low-income families responded “sometimes”.
- For “track your child’s learning...”, higher-income families were more likely than low-income families to report this happening “usually” or “always” (30% vs. 10%).

Respondents were also asked to rate the experiences they perceive their child to be having in their primary care arrangement (see Table 18). The majority of respondents said that their child experiences all items “usually” or “always”, with the exception of watching more than one hour of television per day.

Table 18. Respondents’ perceptions of child’s experiences in primary care arrangement

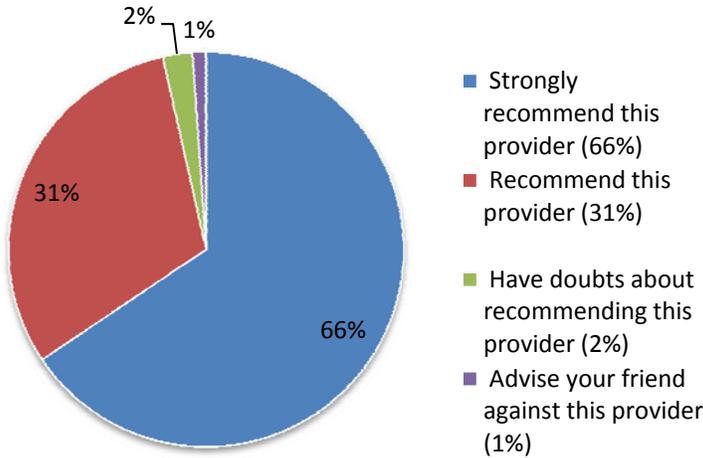
“Please think about when (CHILD) is at their primary care arrangement and choose the answer that best represents the experience you believe (CHILD) is having there.”					
	Never	Rarely	Sometimes	Usually	Always
My child gets a lot of positive, individual attention	1%	2%	10%	23%	65%
My child likes the caregiver or provider	1%	0%	4%	12%	83%
There are lots of creative activities such as art, music, dance, and drama	9%	5%	24%	16%	45%
The caregiver provides activities that are right for my child and fit my child’s needs	3%	3%	9%	18%	67%
My child is learning new things and new skills	2%	3%	17%	16%	61%
My child gets a chance to run around and play outside	3%	2%	11%	12%	71%

My child watches television more than one hour each day	16%	18%	30%	13%	23%
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- Only one item differed significantly by income level. Low-income families were more likely than higher-income families to report that their “caregiver provides activities that are right for my child and fit my child’s needs” “always”, and higher-income families are more likely than low-income families to say that this is “usually” the case (p < .05).

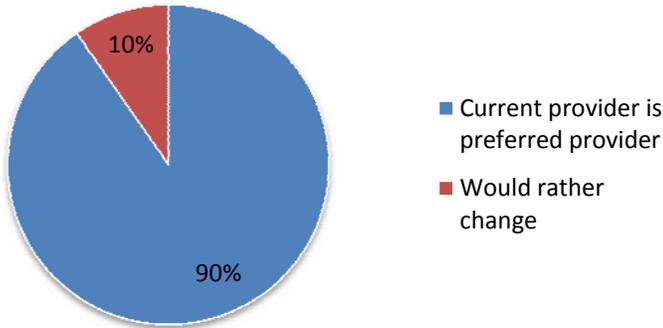
Respondents were also asked whether they would recommend their current provider to a friend with the same age child as them. The majority (66%) responded that they would strongly recommend their provider to a friend (see Figure 4). This finding did not differ by income level.

Figure 4. How respondents would recommend their current provider to a friend



Finally, respondents were asked if their current provider was their preferred provider or if they would rather change to a new provider. Ninety percent responded that they are currently with their preferred provider (see Figure 5). This finding did not vary significantly by income level.

Figure 5. Preference for current provider



Overall, respondents in the Household Survey tend to be satisfied with their current care provider. When asked about provider behaviors, the majority of respondents say that their provider “usually” or “always” provides a lot of books and learning materials, provides a warm and caring environment, and helps their child get along with other children. Parents were less likely to believe that providers used a curriculum, tracked children’s learning, or had formal education and training.

Most respondents also believe that their child is having positive experiences in the care arrangement such as receiving positive, individual attention and learning new skills. Finally, nearly all respondents report that they are currently with their preferred, number one choice for a provider and that they would recommend their provider to a friend.

PAYING FOR CHILD CARE

Child care expenses can make up a significant portion of a family’s budget, particularly for families with low incomes. Understanding how much families pay and the support they receive for child care costs is important information for assessing the affordability of early care and education for families and for developing policies to assist families with child care expenses. This section of the Brief provides descriptive details about the proportion of families who pay for child care, the amount that families pay, and the sources of support families use to assist with child care expenses.

When examining what families pay for child care, it is helpful to know what rates are charged by different facilities in Kentucky. The 2011 Kentucky Child Care Market Rate Survey (Rous, Singleton, Hooks, Booth & Gross, 2011) provides details about the rates charged by facilities of different types, for children of different ages across Kentucky. Table 19 provides a summary of the full-time daily rates; weekly rates can be calculated from these data. For example, the statewide median weekly rate for preschoolers in a Type 1 facility (child care center) is \$105. Looking across regions, the median weekly rate for preschoolers is \$90 in the East region, \$120 in the Central region, and \$95 in the West region. The median weekly rate for preschoolers in Certified Family Homes is \$97.50 statewide. The weekly rate is \$100 in the Central region and \$85 in the East and West regions.

Table 19. Median daily rates for full-time child care by facility type, child age, and region

Full-Time, Median	Type I			Type II			Cert H		
	0-24 Months	2-4 Years	5+ Years	0-24 Months	2-4 Years	5+ Years	0-24 Months	2-4 Years	5+ Years
Statewide	24.00	21.00	18.60	20.00	20.00	17.00	21.00	19.50	18.00
East	20.00	18.00	16.50	19.00	16.00	16.00	18.00	17.00	17.00
Central	26.00	24.00	20.00	24.00	22.50	20.00	23.00	20.00	18.00
West	20.50	19.00	17.00	19.00	18.00	16.50	18.00	17.00	16.00

Source: Kentucky 2011 Child Care Market Rate Survey data. Table prepared for this Brief by the Kentucky Partnership for Early Childhood Service, Human Development Institute, University of Kentucky.

One benchmark for determining affordability of child care was set by the Administration for Children and Families in the U.S. Department of Health and Human Services in the Final Rule for the Child Care and Development Fund (45 CFR Parts 98 and 99).⁴ This benchmark set 10% of family income as a reasonable metric for affordability that will allow families with low incomes to access child care. In this section, the percentage of income spent on out-of-pocket child care expenses is calculated.

COST OF CHILD CARE

Looking across families, 56% of households report out-of-pocket expenses for child care. Low-income families are less likely (49%) than higher-income families (69%) to report that they have out-of-pocket expenses for child care.

Table 20 provides details about the annual cost of child care for families, by household income, who pay out-of-pocket. These figures do not reflect payments that are made for child care by the Child Care Assistance Program, scholarships, assistance from family members outside the household, or other sources. It also does not reflect benefits the family may receive through the Child Care Dependent tax credit or through dependent care pre-tax flexible spending accounts offered by an employer. The figures are an average across different types of care and different hours of care (part-time and full-time).

⁴ The Final Rule can be accessed at <http://www.acf.hhs.gov/programs/ccb/law/finalrul/fr072498.pdf>. Guidance about affordability of co-payments for child care appears on page 39960.

Table 20. Average annual cost of child care by household income (among households reporting that they pay out-of-pocket for child care)

	Low-income (n=322)	Higher-income (n=179)	All households (N=501)
Percentage of households reporting any out-of-pocket costs	49%	69%	56%
Annual cost for focal child	\$2900	\$3721	\$3264
Annual cost for all children	\$5896	\$5781	\$5846
Annual out-of-pocket costs for the focal child as a percentage of household income	15%	5%	12%
Annual out-of-pocket costs for all children as a percentage of household income	26%	8%	20%

- Higher-income families pay significantly more each year for care for the focal child than low-income families (\$3,721 compared to \$2,900). There is no difference in the annual out-of-pocket child care costs for all children in the family between higher-income (\$5,781) and low-income (\$5,896) families.
- These differences in out-of-pocket cost between higher-income and low-income families are magnified when examining costs as a percentage of family income. Low-income families pay 15% of their income for child care costs for the focal child and over a quarter of their income for costs for all children in the household. This is significantly greater than the percentage of income spent in higher-income families for the focal child (5%) and all children (8%). Overall, low-income families in Kentucky pay over 2.5 times the national benchmark for child care affordability.

Assistance to Pay for Child Care

Just under half of the families (45%) report that they receive some financial support (regardless of whether they have out-of-pocket expenses for child care). Families report a number of different sources of support for child care expenses (and some report assistance across more than one source). Across the sample, 14% report receiving assistance from relatives or friends and 12% report receiving a child care tax credit. Twelve percent report receiving assistance through a social service or welfare agency (8%) or the Child Care Assistance Program (CCAP; 4%). Smaller percentages report receiving assistance from employers (4%), child care providers (4%) or other sources (4%).

- Low-income families are significantly more likely to report receiving assistance from relatives and friends, a social service or welfare agency or CCAP, and other sources. See Table 21.

Table 21. Percent of households reporting the use of different sources of support for child care costs

	Low-income (n=322)	Higher-income (n=179)	All households (N=501)
Relative or friend	18%	7%	14%
Tax credit	11%	16%	12%
Social service or welfare agency	11%	2%	8%
Child Care Assistance Program	6%	1%	4%
Employer	4%	4%	4%
Child care provider	5%	3%	4%
Other	7%	3%	4%
No financial assistance	51%	62%	55%

Perception of child care cost burden

Families were asked if they could afford to maintain their current child care arrangement for the focal child if they did not receive assistance.

- The majority of higher-income families (88%) reported that they would be able to maintain the arrangement. In contrast, 53% of low-income families reported that they would be able to afford their arrangement.
- Similarly, when asked about the ease of paying for child care expenses, 19% of higher-income families with child care expenses reported that it is very or somewhat difficult to pay for child care compared to 37% of low-income families.

EMPLOYMENT AND CHILD CARE USE

Of the respondents who reported working at least some hours each week (n = 339), the average number of hours worked at all jobs combined was 40.7 hours (range 5 – 96). When asked if the child care needs of the focal child affected their job choice or schedule in any way, 55% of respondents said “yes” and 44% said “no”. This finding did not differ significantly by income level. Respondents were also asked how easy it was for them to leave work if their child gets sick or needs them. Responses are presented in Table 22. For those who work, most reported that it is easy for them to leave work if necessary. Only 9% of respondents said it is difficult for them to do so. Responses did not differ significantly by income level.

Table 22. Reported ease of providing last-minute child care

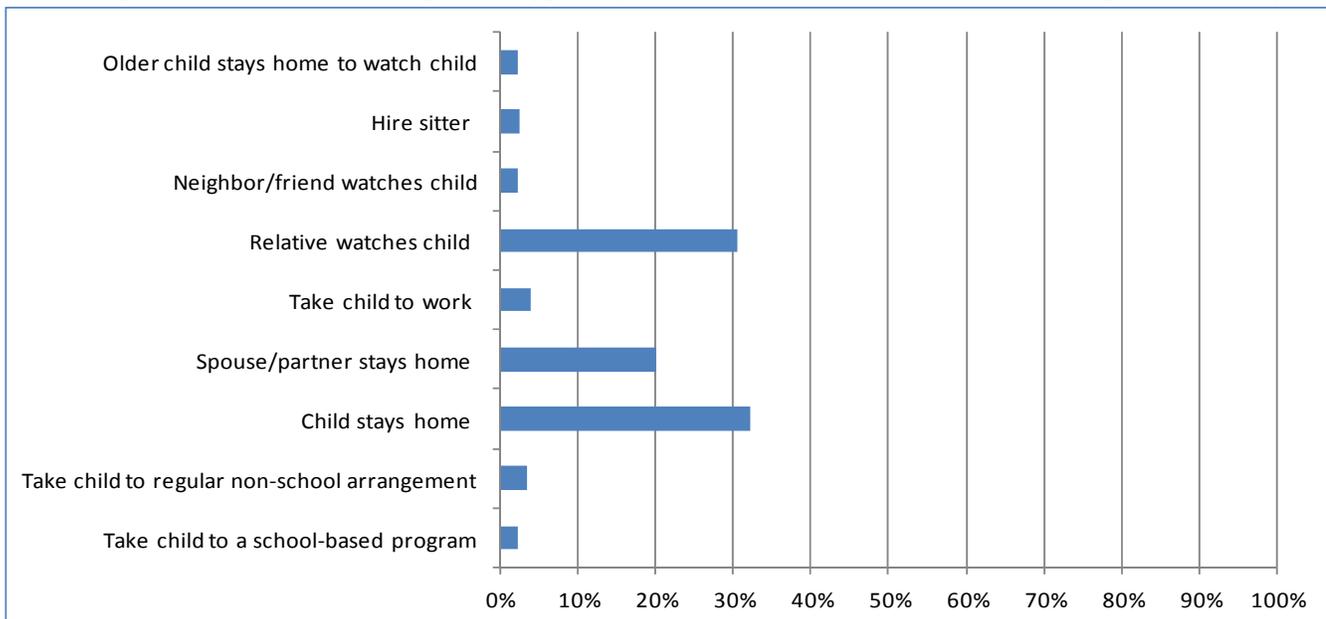
How easy is it for you to leave work if your child gets sick or needs you unexpectedly?	Percent of respondents
Very Easy	35%
Somewhat easy	17%
Not very easy	7%
Difficult	9%
Do not work	32%

- Low-income respondents worked significantly fewer hours per week than higher-income respondents (M = 38.8 and M = 43 respectively, $p < .01$).

Availability of support

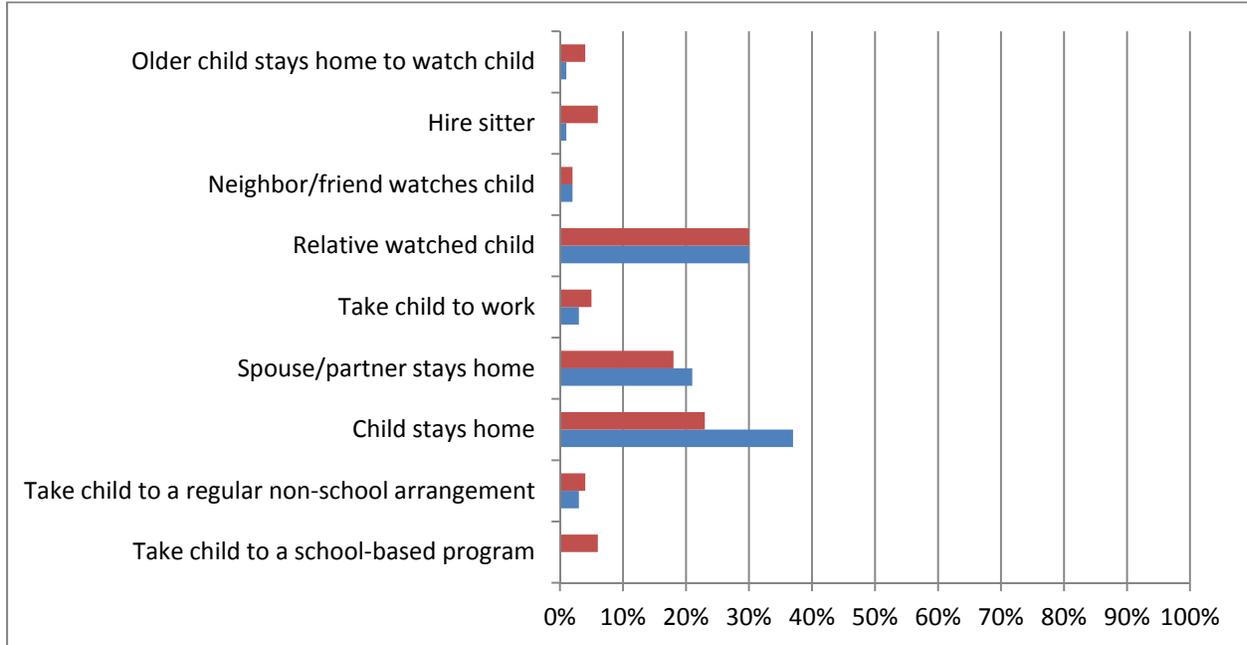
Respondents with children in school (K-12) were asked what usually happens for child care if there is no school on a regular weekday. Responses are reported in Figure 6. The most frequent responses were that the child stays home (32%) and that a relative watches the child (30%).

Figure 6. Child care arrangement typically used when there is no school on a regular weekday



- Low-income and higher-income families were equally likely to have a relative, friend, or neighbor watch their child. However, higher-income families were more likely than low-income families to take their child to a school-based program, hire a sitter or to have an older child watch their child. Low-income families were more likely than higher-income families to have their child stay home alone ($p < .01$, see Figure 7).

Figure 7. Child care arrangement typically used when there is no school on a regular weekday by income level



Respondents were asked whether they have friends or family who are able to support them in terms of providing child care at the last minute, providing child care regularly, and whether they can recommend a good provider to them. Responses are found in Table 23. The majority of respondents believe that they have these resources available to them.

- Low-income families were significantly less likely than higher-income families to believe that they had friends or family who could recommend a good child care provider to them ($p < .01$).

Table 23. Availability of last-minute child care support

Percent of respondents who feel that they...	Yes	No
Have friends or family who can provide care at the last minute if needed	85%	14%
Have friends or family who can provide child care regularly	59%	39%
Have friends or family who could recommend a good child care provider	64%	34%

The majority of the sample (68%) reported working at least some hours per week, and the average was full-time work (40 hours/week). The majority of working parents have alternative care options if there is no school on a workday and feel supported in terms of child care needs by friends and family.

Low-income families tend to work fewer hours than higher-income families, have fewer alternative care options, and are less likely to have friends or family who could recommend a good child care provider to them.

SUMMARY

Over five hundred parents and guardians of children age 12 and under who use some type of non-parental care in Kentucky were interviewed for the Household Survey. Information gathered about family use of non-parental care, their awareness of resources available to them, aspects of child care selection, and how they pay for child care will inform program administrators and policy-makers on how to best serve families and their child care needs. Key findings from the survey are summarized here:

- The majority of families who use child care in Kentucky use multiple care arrangements for their children.
- The most frequent primary care arrangement for children ages 6-12 is school (K-12).
- The most frequent primary care arrangement for children 3-5 is center-based care.
- The most frequent primary care arrangement for children 0-2 is either Family, Friend, and Neighbor (FFN) care in the child's own home or child care in another person's home.
- Primary care arrangements and the use of multiple arrangements do not vary by income level.
- Children 5 and under in families who use a subsidy are more likely to be in center-based care and less likely to be in FFN care in their own home or have care in another person's home than families who don't use a subsidy.
- 17% of respondents had heard of Kentucky STARS for KIDS NOW
- Respondents think that STARS ratings are important in choosing care.
- Low-income families tend to place a higher importance on several aspects of care and have a more difficult time finding care arrangements than higher-income families.
- Respondents are satisfied with their current care provider and believe that their child is having positive experiences in care.
- About half of low-income families and nearly 70% of higher-income families have some out-of-pocket child care costs.
- Low-income families pay a significantly higher percentage of their annual income to child care costs than higher-income families (15% vs. 5% for focal child, 26% vs. 8% for all children in the household).
- Low-income families are significantly more likely than higher-income families to use assistance from relatives or friends, a social service or welfare agency or CCAP to pay for child care.
- Low-income families have greater difficulty paying for child care than higher-income families.
- 68% of respondents work, averaging 40 hours per week.
- Low-income families tend to work fewer hours than higher-income families, have fewer alternative care options, and are less likely to have friends or family who could recommend a good child care provider to them.

RECOMMENDATIONS

- Increase marketing efforts to inform parents of Kentucky STARS for KIDS NOW. Although only 17% of respondents had ever heard of Kentucky STARS for KIDS NOW, parents see the value in a Quality Rating and Improvement System and are interested in using STARS once they are made aware of it.
- Align marketing campaigns with the qualities parents value in early care and education arrangements. Parents place high value on a caregiver who provides reliable services and whom they can trust. Parents also value educational aspects of care. These factors should be incorporated into marketing efforts.
- Target outreach strategies to parents who are currently making early care and education choices. Parents are generally satisfied with their current arrangements, but could use assistance when looking for care arrangements.
- Increase access of low-income families to high-quality care arrangements through subsidy or other assistance. Children in families who use a subsidy are more likely to be in center-based care than children in families who do not use a subsidy.
- Target low-income families in accessing resources that can help them find appropriate care arrangements.

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