Recommendations

Iowa's early care and education system needs improvements in regulations, enforcement, and professional development. No parent should have to leave their child with a caregiver and wonder whether the provider will wash hands after changing a diaper and before fixing a meal. The high rate of founded child abuse in Iowa child care centers supports the need for such regulation. Although some would argue that this rate is high because Iowa does not distinguish between child care and babysitting, we would argue that the lack of distinction reflects Iowa's lack of child care regulation and enforcement. The absence of child care regulations does not provide parent choice, it limits parent choice because of the failure to provide consumer protection. The relatively high scores in caregiver interaction suggest that parents may be choosing care based on the interactions they observe and experience with the caregiver. However, consumer protection is needed to ensure that the caregiver implements basic health and safety regulations when the parent cannot be present.

Iowa's lack of regulations and enforcement may also result in the lack of impact on quality from specific training initiatives, such as Child Net. Using training to substitute for regulation and enforcement is costly and inefficient. Without regulations, a significant portion of training monies are devoted to motivating providers to participate in training, to improve practice from poor to at least mediocre levels, and to become registered.

Mandatory licensing, such as implemented in other states for group sizes over four children, may permit training efforts to focus on helping providers improve from mediocre to good quality practices. Mandatory licensing may also encourage more collaborative partnerships between Head Start and family child care providers. Furthermore, mandatory licensing will help persuade the poorest quality providers—those who provide child care only for the paycheck, or only to help someone, or until they get another job--to seek another profession. For both educational and economic reasons, more of Iowa's child care needs to be in the good quality category.

Although Iowa does have some preschool center-based child care programs that provide early care and education of good quality, it is especially troubling that no instances of good care were observed among infant-toddler center-based programs. Critical developments in social, cognitive, and communication skills occur through the very young child's interactions with the primary caregiver. Although some family child care was good quality, nearly half of the family child care was of poor quality. Good quality care leads to good outcomes for children and helps to provide the foundation needed for success both in school and in life. It is less costly to build social, cognitive, and communication competencies in qood quality early care and education than it is to remedy the social, cognitive, communication deficits when children are in elementary school.

Specific recommendations based on the findings of this report follow:

1. There is an immediate and urgent need to improve quality among infant-toddler center-based providers. A major training initiative, the Program for Infant-Toddler Caregivers, was begun after this data was collected. This program may help increase program quality. However, the high turnover, low wages, and poor scores in adult needs suggest that the administrative and supervisory infrastructure for infant child care also needs attention.

2. There is an immediate and urgent need to improve quality among both registered and non-registered family child care home providers who are approved to receive public subsidy dollars. Few non-registered providers were observed; however, the care observed in those settings was among the lowest quality care observed overall. On average, non-registered providers had lower levels of education; furthermore, they reported engaging in fewer quality related practices than other providers. If providers are to receive public subsidies, they should be required to meet basic health and safety standards.
3. Whenever possible, target family child care home providers when establishing relationships with Early Head Start/Head Start programs, increase access to opportunities for CDA training, and increase access to participation in the USDA Child and Adult Care Food Program. A combination of regulation, enforcement, and training initiatives will provide an investment in providers who choose child care as a profession and who intend to stay in the field. Prioritize CPR/First aid training for all providers to ensure the basic safety of Iowa children for whom the state provides child care funding.
4. Emphasize improvements in the learning opportunities available to children throughout Iowa child care. It is especially urgent to help infant-toddler center-based and family home providers see the potential for intentional planning, creative use of space, and other high quality early childhood practices.
5. Continue to work to raise the very low annual earnings and enhance work-related benefits among providers in every form of child care in the state.
6. Continue to augment partnerships between all early care and education providers in Iowa (e.g. Early Head Start/Head Start, Shared Visions, early childhood special education, and child care providers). Iowa has chosen to invest many of its early care and education funds through Empowerment Areas giving a great deal of control to local communities. However, Iowa has fewer examples of partnerships between Early Head Start/Head Start programs than is true for the other Midwestern states where these formal partnerships were strongly associated with higher levels of quality. In addition, quality in some programs within Iowa (e.g., Shared Visions programs) is higher than is the quality of Iowa child care settings overall.
7. Support local Empowerment Areas to implement initiatives directed toward quality improvements throughout Iowa's early care and education system. Further training regarding the components of quality; program design, administration, and evaluation; and collaboration could enhance these efforts effectively.
8. Continue and expand efforts to strengthen the rigor and enforcement of Iowa's child care regulations. Recent steps to strengthen Iowa's registration system for family child care home providers represent an important move in this direction. However, Iowa continues to have the least rigorous child care regulations among its Midwestern neighbors, and Iowa has the lowest ratio of personnel assigned to inspection relative to numbers of providers. Provide expanded training and educational opportunities, especially training opportunities that are rigorous and outcomes oriented.
    - Provide incentives for achieving performance outcomes from increased education and training.

- Replace requirements for training from hours-based to outcomes-based, based on specific competencies in the Iowa Early Care and Education Professional Development Competencies.
- Implement pre-service requirements for training to ensure that all caregivers have completed basic health and safety training *before* caring for children. Enforce requirements for CPR/First Aid training, especially among family home providers.
- Explore avenues to embed the CDA within the two-year programs offered by community colleges to bring the added rigor of the CDA to two-year preparation and to bring Iowa up to CDA completion rates in neighboring states.
- Build articulation systems from outcomes-based training provided by groups such as Child Care and Referral Agencies and Cooperative Extension to competency-based credentials, such as the CDA, and credit-based degrees at community and four-year colleges.
- Build on the contributions of the USDA Child and Adult Care Food Program that has been an important way to augment the quality of programs serving low-income children in neighboring Midwestern states.
- Combine Internet and video training programs with "in-person" training components. Iowa providers use "not in-person" training heavily, especially family home providers and providers living in rural areas. Unfortunately, the benefits of this type of training are not as great as those associated with "in-person" training. Consider more opportunities for "in-person" training for family child care (e.g., Missouri's EDUCARE program).
- Build on successful and promising approaches. For example, continue efforts with and expand upon ongoing training initiatives (e.g., PITC) that associate with quality across the country. Continue to emphasize training that has a monitored outcome, certificate, or credit.
- Provide training for providers to enhance their abilities and willingness to implement a curriculum or a planful approach to their caregiving. Such intentionality appears to be a strong correlate of quality across the Midwest and the nation.