

# Maryland Child Care Choices Study: Changes in Child Care Arrangements of Young Children in Maryland

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# Introduction to the Maryland Child Care Choices Research Brief Series

The purpose of this series is to summarize key findings and implications from the Maryland Child Care Choices study, a longitudinal survey of parents who were applying for Temporary Assistance for Needy Families (TANF) in 2011. Families in the Maryland Child Care Choices study had at least one child age six or younger and lived in one of the following counties at the time of their first interview: Anne Arundel, Baltimore, Baltimore City, Calvert, Carroll, Montgomery, and Prince George's.

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# UNIVERSITY OF MINNESOTA



# **EXECUTIVE SUMMARY**

During their early years, most children will spend substantial time in non-parental care arrangements and experience a variety of different child care arrangements. In this brief we report on changes in child care arrangements from a survey of low-income Maryland families with young children. The longitudinal survey included three survey waves and covered about 15 months.

Between survey waves, over half the children experienced a change in primary care arrangement. Only 19% stayed with the same provider over the three survey waves, and 42% changed child care provider between each of the waves. Changes were more common among older children (preschool- and school-aged), compared to infants and toddlers. Children who were in center-based care were less likely to switch to another type of care.

Research studies have demonstrated that frequent changes in child care arrangements can potentially be harmful to children's development. However, moving to a different child care setting can also be beneficial for children. The frequent changes experienced by the young children in this study raise concerns, but further research is needed to deepen our understanding of why and when parents change child care arrangements and the implications of these changes for children's development.

## INTRODUCTION

During their early years, most children will spend substantial time in non-parental care arrangements and experience a variety of different child care arrangements. Many studies have investigated different aspects of children's experiences in child care, but fewer have studied the transitions between providers or types of care. Previous studies have demonstrated that changing child care arrangements frequently, often referred to as "child care instability," can potentially be harmful to children's development. However, changes can also be beneficial for children. For instance, a child who transitions into a

Lynda Laughlin, Who's Minding the Kids? Child Care Arrangements: Spring 2011 (Washington, DC: Current Population Reports P70-135. U.S. Census Bureau, 2013).

Henry Tran and Marsha Weinraub, "Child Care Effects in Context: Quality, Stability, and Multiplicity in Non-Maternal Child Care Arrangements during the First 15 Months of Life.," Developmental Psychology 42, no. 3 (May 2006): 566–82.

²lbid.

<sup>&</sup>lt;sup>3</sup>This discussion of child care instability and types of changes draws from the paper by Gina Adams and Monica Rohacek, *Child Care Instability Definitions, Context, and Policy Implications* (Washington, DC: Urban Institute, 2010).

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This brief is based on data from all three waves of the Maryland Child Care Choices study. Telephone surveys were conducted by Wilder Research approximately every seven to eight months, starting in July 2011. Surveys included questions on the following topics: parents' child care preferences, the processes parents use to make child care decisions, parents' perceptions of the quality of their child care, child-care-related work disruptions, parental employment, and the use of public assistance programs. For each family, one child was designated as the focal child and detailed information was collected about the child care arrangements used for this child.

For more information about the study design and sample for this brief, see the Study and Sample Description Brief in this series. The entire series of briefs is available online at www.mdmnresearchpartnership.com or www.childtrends.org.

pre-kindergarten program at age four may experience social, emotional, and cognitive benefits that support preparation for kindergarten. The transition to pre-kindergarten is likely to be both deliberate and predictable. However, changes in care arrangements that are involuntary or unexpected, such as a care change due to the loss of parental employment or the closing of a child care business, present a greater risk to children's development because of the potential for increased family stress and instability in relationships that children experience at home and in their new child care arrangement.<sup>4</sup> Changes that occur frequently may limit the opportunities for children to develop close and developmentally-supportive relationships with caregivers and peers.

The purpose of this brief is to examine changes in the child care arrangements of young children and to describe the context in which these changes occur. The data are from a longitudinal survey of low-income families in Maryland (the Maryland Child Care Choices Survey; see the "Introduction" text box), in which almost three hundred families were followed over time. Families with children under the age of six were recruited into the study when they applied for Temporary Assistance for Needy Families (TANF) in 2011. Appendix Table A1 describes the characteristics of children, their families, and their child care arrangements at the time of the first survey wave. This brief incorporates data from all three waves of the longitudinal survey, tracking families for about 15 months.

In each round of the survey, parents were asked about the care arrangements for a particular (focal) child, including which child care arrangement was used most often. A change in the focal child's primary provider occurred if the parent identified a different provider used most often across two survey waves. The former primary provider might no longer be caring for this child at all, or might remain as a secondary provider. Parents did not report whether additional changes in primary provider occurred between survey waves. Thus, the frequency of changes reported from one wave to the next likely underestimates the total number of provider changes children experienced over time.

Only a few studies have examined how child care changes and evolves for children over time. A similar survey was undertaken in Minnesota, which also targeted low-income families. Research from the Minnesota survey demonstrated that approximately half of children experienced a change in their primary provider between survey waves (approximately six months). Changes in both type of care and primary provider were related to a variety of child, family, and care arrangement characteristics. In this brief we focus on child care changes in Maryland, but compare some of the findings to those from Minnesota.

We examine changes in two ways. In the first type of analysis, we focus on describing the pattern of changes over the length of the survey from the perspective of the child (e.g., what proportion of children experienced no changes, one change, or two changes in primary provider over all three survey waves). In the second type of analysis, we describe the types of changes that children experienced by examining changes between one survey wave and the next. There were 289 children in the baseline Wave 1 survey, 185 of whom were followed into at least the second wave, and 125 of whom completed all three survey waves. There are, therefore, a total of 310 observations, composed of pairs of consecutive survey waves. Although this method counts some children more than once, it allows us to look at changes for children at different ages.

<sup>&</sup>lt;sup>4</sup>Heather Sandstrom and Sandra Huerta, The Negative Effects of Instability on Child Development: A Research Synthesis, Low-Income Working Families Discussion Paper No.3 (Urban Institute: 2013).

<sup>&</sup>lt;sup>5</sup>Note that the survey did not capture changes in teachers or caregivers within a particular child care arrangement or care setting.

 $<sup>^6</sup> Caroline\ Krafft\ et\ al., Changes\ in\ Child\ Care\ Arrangements\ in\ Minnesota\ (Bethesda,\ MD:\ Child\ Trends,\ 2013).$ 

<sup>&</sup>lt;sup>7</sup>Elizabeth E. Davis, Caroline S. Carlin, and Caroline Krafft, "Time for a Change? Predictors of Child Care Changes by Low-Income Families," Journal of Children and Poverty (2014).

<sup>8</sup>In these analyses, the child is the unit of analysis, that is, each child is counted as one observation.

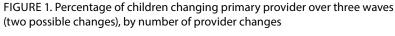
### **FINDINGS**

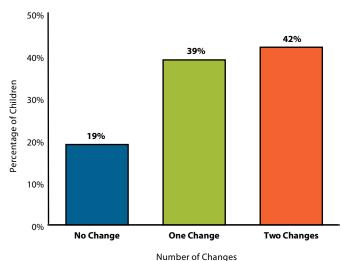
# Changes in providers

### What proportion of children experienced changes in child care arrangements across survey waves?

Over half of children in this sample of low-income families in Maryland experienced a change in primary provider between survey waves.<sup>9</sup> From the first survey wave to the second (approximately eight months), 57% of children experienced a change in their primary provider. From the second wave to the third wave (approximately seven months), 62% of children experienced a change in their primary provider. These rates of change are comparable to those found in Minnesota for a similar sample, although the time between survey waves was slightly shorter in the Minnesota survey.<sup>10</sup>

Although more than half of children changed their primary provider between one wave and the next, looking over all three waves (and two possible changes), some children experienced no changes, some one change, and some two changes. Figure 1 shows the number of changes in primary provider for children observed in all three survey waves. Only 19% of children never experienced a change in primary provider over the three waves (over 15 months on average). Around 39% of children experienced one change in their primary provider, and 42% experienced two changes. The children experiencing two changes had a different primary provider each time they were surveyed, indicating that they had changed primary providers every seven or eight months.





N=125 (includes only children observed in all three survey waves)

<sup>&</sup>lt;sup>9</sup>The average time between wave 1 and wave 2 for individuals observed in both waves was 252 days. The standard deviation was 101 days. The average time between wave 2 and wave 3 for individuals observed in both waves was 217 days. The standard deviation was 79 days.

<sup>&</sup>lt;sup>10</sup>Krafft et al., Changes in Child Care Arrangements in Minnesota.

#### Are children more likely to change providers at certain ages?

As children become older, their developmental needs change. The costs and options for child care also change. For example, four-year-olds may become eligible for a state-funded prekindergarten program.<sup>11</sup> Changes in primary provider may therefore be more frequent at certain ages. Figure 2 shows the percentage of children in each age group who changed primary provider between two consecutive survey waves. Note that children may be included more than once in this figure (possibly in different age categories), if they were surveyed in all three waves. We categorize children as infants if they were 15 months or younger, toddlers if they were 16 to 31 months, preschoolers if they were 32 to 59 months, and school-aged if they were 60 months or older.

As seen in Figure 2, changes were more frequent for older children than younger children. Around half of children who were infants (50%) or toddlers (48%) experienced a change in primary provider between survey waves. The proportion of children who experienced a change was higher for preschoolers (63%) and school-aged children (80%) compared to infants or toddlers. The higher rates of change for preschoolers and especially school-aged children may reflect transitions into preschool or into school, among after-school arrangements, and between summer and school-year arrangements. The proportions of infants and toddlers who experienced provider changes were very similar to those observed for Minnesota, but preschoolers and school-aged children experienced more changes in Maryland. Public prekindergarten programs are more common in Maryland than Minnesota, which may explain the higher rate of change for children in the preschool-aged group.

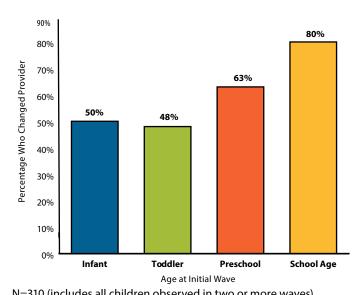


FIGURE 2. Percentage of children who changed primary provider between survey waves, by age at initial wave

N=310 (includes all children observed in two or more waves)

Public prekindergarten in Maryland is a state-funded program for four-year-old children run by local school systems. Eligible children come from families that are economically disadvantaged or homeless. During the 2012-2013 school year, more than 26,000 4-year-olds were enrolled in public pre-kindergarten programs in Maryland. (Jenna Johnson, "Maryland Looks to Expand Access to Pre-Kindergarten to More 4-Year-Olds," The Washington Post, January 16, 2014. http://www.washingtonpost.com/local/ md-politics/maryland-looks-to-expand-access-to-pre-kindergarten-to-more-4-year-olds/2014/01/16/19b8235a-7eb6-11e3-95c6-11e3-95 0a7aa80874bc\_story.html)

# Changes in the type of primary arrangement

When children transition from one primary provider to another, in some cases they may also move to a different type of care arrangement (for example, changing from a family child care provider to a child care center). We categorize care into three types of non-parental care: centers, family child care (FCC), and family/friend/neighbor care (FFN). If the parent reported no regular child care arrangement for the child, the child was considered to be in parental care (only). The category "centers" includes before- and after-school programs, summer programs based in a school or community center, nursery schools, preschools, pre-kindergartens, and Head Start programs as well as child care centers. FCC and FFN care were identified based on parent responses to questions about the care setting and professionalization of the provider. All care in the child's home was classified as FFN. If an out-of-home provider was identified by the parent as a professional babysitter, the arrangement was classified as FCC. FCCs were also identified as care settings in which the parent indicated that caregiving was the provider's primary job and the provider cared for children not related to the respondent or the provider. Otherwise, the provider was considered family, friend or neighbor (FFN) care.<sup>12</sup>

#### What proportion of children experienced changes in their type of child care arrangement?

Fewer than half of the children transitioned to new types of care arrangements between survey waves. Between the first and second waves, 39% of children changed type of care, and 42% did so between the second and third waves. Approximately 60% of children remained in the same type of care from one wave to the next. The frequency of type of care changes in Maryland was similar to that observed in Minnesota.<sup>13</sup>

Figure 3 shows the number of changes in type of arrangement for children who were observed in all three waves. Around a third (36%) of children had no changes; they remained in the same type of arrangement in all three waves. Around 41% of children had one change in type of arrangement. About a quarter (23%) of children had two changes in type of arrangement, meaning that each time they were observed they had changed type of care; these children transitioned to a new type of care arrangement every seven or eight months.

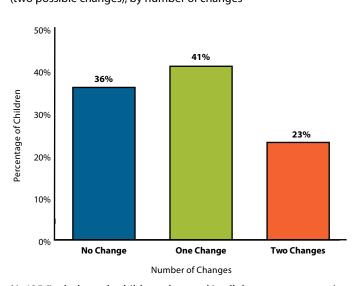


FIGURE 3. Percentage of children changing type of care arrangement over three waves (two possible changes), by number of changes

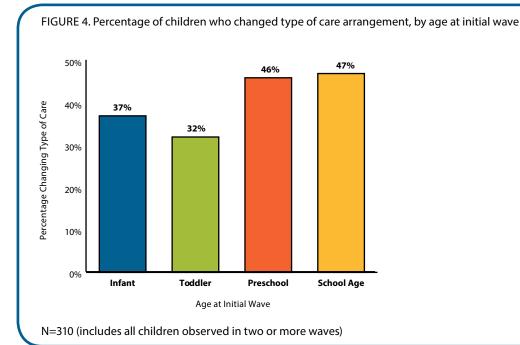
N=125 (includes only children observed in all three survey waves)

<sup>&</sup>lt;sup>12</sup>Licensing was not used as one of the criteria for distinguishing between types of care, as many parents do not know or may mis-report the license status of their providers.

<sup>&</sup>lt;sup>13</sup>Krafft et al., Changes in Child Care Arrangements in Minnesota.

#### Is there an age pattern in changes in type of care arrangement?

Changes in the type of primary care arrangement were related to the age of the child (Figure 4). Of those observed as infants, 37% changed type of care, slightly higher than toddlers (32%). Close to half of preschool (46%) and school-aged children (47%) changed care arrangement types between survey waves. Notably, school-aged children were more likely to change primary provider than preschoolaged children, but no more likely to change type of care arrangement.



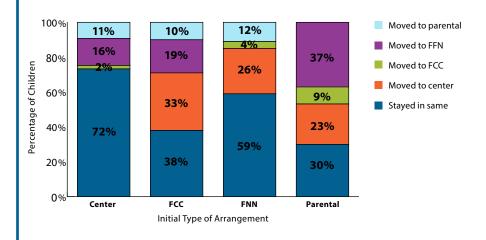
#### Do children's changes in arrangements vary by type of care?

The likelihood of transitions between arrangement types may be related to the type of arrangement at the time of the initial wave. Figure 5 shows the proportion of children who move to a different type of arrangement based on their initial type of arrangement (in each pair of consecutive survey waves). Each of the columns in the figure represents one of the types of arrangements (centers, FCC, FFN, and parental care). Note that these figures count "parent" as one "arrangement," so that when a child starts using a regular non-parental child care arrangement, it is counted as a change in care type.

Focusing first on children initially in center care, almost three-quarters (72%) remained in centers in the subsequent wave. A fairly small proportion of children in centers transitioned to FFN care (16%) or to parental care only (11%). Looking at children in FCC care in the initial wave, 38% remained in FCC care from one wave to the next. Most of those who changed went to center care (33%), although transitions to FFN (19%) and parental care (10%) also occurred. The number of children in FCC was fairly small, so these estimates should be viewed with caution.

Among children in FFN care, 59% remained in FFN care in the subsequent wave. The most common transition was to centers (26%), followed by parental care (12%). Children in parental care in the initial wave experienced more transitions into other types of care. Only 30% of children initially in parental care only remained in parental care in the subsequent wave. The most common transition was to FFN (37%) followed by center care (23%) and FCC (9%). Overall, children in center care tended to remain in the same type of care. More of the children in FCC and FFN care experienced transitions to other types of care, and those in parental care only were the most likely to experience changes.

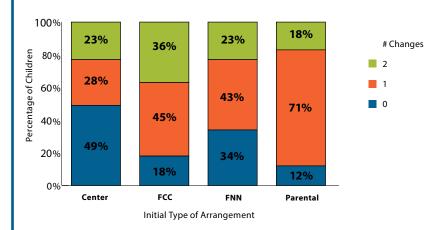
Figure 5. Percentage of children with each type of arrangement change, by initial type of care



N=310 (includes all children observed in two or more waves)

The frequency of changes in type of arrangement may be related to the type of arrangement in which children are first observed. Figure 6 shows the number of changes based on the type of arrangement when a child was first observed in the baseline survey. Children who were in center care at the baseline survey had the fewest changes in type of arrangement, with half (49%) having no change in type of care arrangement. Around a quarter (28%) had one change and the remaining quarter (23%) experienced two changes. Of those initially in FCC, 18% had no changes, while 45% experienced one change and 36% two changes in type of arrangement. A third of children in FFN care at the baseline (34%) experienced no changes in type of arrangement, but 43% experienced one change and 23% two changes in type of arrangement. Those who were in parental care only were the most likely to experience changes. Only 12% of children in parental care had no change in type of arrangement, while 71% experienced one change and 18% two changes. These patterns were fairly similar to those observed in Minnesota, where children in center care also had the fewest transitions to new arrangement types, while those in parental care had the most changes.<sup>14</sup>

Figure 6. Percentage of children experiencing changes in type of care, by type of arrangement in first wave



N=125 (includes only children observed in all three survey waves)

<sup>14</sup>lbid.

# SUMMARY: KEY FINDINGS, IMPLICATIONS, AND NEXT STEPS

Among this sample of low-income families in Maryland, more than half of children changed primary provider between survey waves (a period of seven to eight months), and more than a third changed type of care arrangement. Just 19% of children remained with the same provider for all three survey waves, and about one third (36%) remained in the same type of care arrangement. Given the frequent changes observed in a period of approximately 15 months, it is likely that children experience even more changes over the years leading up to entry into elementary school.

Children in center care were the most likely to remain in the same type of care arrangement. The higher proportions of preschool- and school-aged children who experienced changes (compared to younger children) may reflect planned and predictable changes into pre-kindergarten or kindergarten. These sorts of changes are likely to be developmentally appropriate and help children prepare for school. However, the specific circumstances of changes were not known, and the frequency of changes in primary provider raises concerns.

These findings provide important information on how child care evolves over time for children, and the changes that they experience. Notably, this low-income sample experienced numerous changes in care arrangements over a relatively short period of time, a pattern that was also observed in Minnesota with a similar low-income sample.<sup>15</sup> A recent study in Minnesota found that child care changes were related to socio-economic circumstances, job changes, changing family composition, changes in availability of care, and the initial type of care.<sup>16</sup> While some of these changes may represent positive, developmentally-appropriate transitions, some, such as those related to job losses or work schedule changes, are likely to be unplanned and unpredictable. Further research into the context of changes in arrangements and why changes occur will be helpful for identifying which changes are likely to be developmentally-supportive and which may have negative repercussions for children's development. This information may lead to development of policies that support positive changes and prevent harmful ones.

<sup>15</sup>lbid.

<sup>&</sup>lt;sup>16</sup>Davis, Carlin, and Krafft, "Time for a Change? Predictors of Child Care Changes by Low-Income Families."

# Appendix Table A1: Care, Child, Respondent, and Household Characteristics at Baseline (Percentage of Children)

Type of Care	Percentage of Children
Center	38
FCC	7
FFN	40
Parental	15
Child Gender	
Female	52
Male	48
Child Race	
White	21
Hispanic	6
Non-White, non-Hispanic	73
Child Age	
Infant (0-15 months)	22
Toddler (16-32 months)	29
Preschool (33-60 months, not in school)	39
School Age (60 months or older, or in school)	10
Respondant Education	
Less than High School	22
High School	37
Some College	34
College	8
Respondent Employment	
Not Employed	75
Less than 30 hours	11
30 hours or more	13
Household Adults	
Single Parent	82
Not a Single Parent	18
Household Children	
1	48
2	31
3	12
4 or more	9
Total	100

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