

OREGON PRESCHOOL DEVELOPMENT GRANT

Findings from Oregon's Early Childhood Care Provider Survey

2023



Report to the **Oregon Department of Early Learning and Care**
and the **Early Learning Council**

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Frequently Used Acronyms

DEL	Department of Early Learning and Care
ECE	Early Care and Education
EI/ECSE	Early Intervention/Early Childhood Special Education
IECMHC	Infant and Early Childhood Mental Health Consultation
OPK	Oregon Pre-kindergarten
PSP	Preschool Promise
PDG	Preschool Development Grant
PD	Professional Development

1 Executive Summary

The 2023 Preschool Development Grant (PDG) Provider Survey is the fourth in a series of surveys that have invited providers of early childhood education (ECE) to provide information about themselves, their work and wellbeing, the families that they serve, and the facilitators and barriers to providing ECE to young children and their families. The 2023 survey was conducted by OSLC Developments, Incorporated and Portland State University's Center for Improvement of Child and Family Services on behalf of the Oregon Department of Early Learning and Care (DELIC).

The survey report presents findings about staffing in ECE programs, ECE providers' wellbeing, resources available to aid providers in helping children with perceived challenging behaviors, suspensions/expulsions from ECE programs, and professional development opportunities accessed by ECE providers from May 2022 to May 2023. All analyses were descriptive. Data were disaggregated by provider roles, facility types, the providers' racial and ethnic identities, rurality, and whether the provider's program received public (e.g., state or federal) funding.

All ECE providers registered as providers with the state of Oregon as of March 2023 who held the positions of directors, owners, teachers, assistant teachers, assistants, and aides were invited to participate in the survey, which was available online in Chinese, English, Russian, Spanish, and Vietnamese (with the option to request a paper version). Directors and owners were presented with different questions than teachers and other providers. Each eligible respondent received a \$25 electronic gift card to thank them for their participation.

2,705 providers responded to the survey. The demographics of survey respondents are presented in Table 1.

Table 1. How survey respondents identify themselves

Role	Percent
Lead teacher	38.9%
Assistant teacher	15.6%
Director	10.7%
Owner	18.1%
Aide	9.7%
EI/ECSE specialist	2.1%
Other	0.4%
Manager/coordinator/coach	3.0%
Family advocate/home visitor	1.6%

Facility Type	Percent
Head Start Program	19.9%
Other community-based child care center (not HS)	39.7%
Child care co-located in K-12 school	10.5%
Family/home-based child care	23.4%
EI/ECSE	3.5%
Relief Nursery	2.4%

State-Funded Pre-K Slots	Percent
State-funded pre-k slots	27.0%
No state-funded pre-k slots	73.0%

Rurality	Percent
Frontier	1.9%
Rural	25.2%
Urban	72.8%

Gender	Percent
Female/Woman	90.7%
Male/Man	3.3%
Non-binary	0.2%
Questioning or unsure	0.1%
An identity not listed	0.2%
I don't know	0.1%
I prefer not to respond/don't understand the question	1.6%

Identify as Transgender	Percent
Yes	0.5%
No	92.1%
Prefer not to answer	0.8%

Age	Percent
18-24	10.7%
25-39	39.6%
40-54	31.3%
55 and older	15.6%
Prefer not to answer	1.0%

Race/Ethnicity	Percent
African American or Black (included African American, African, and Caribbean)	2.5%
Native American or Native Alaskan (included Alaskan Native, Canadian Inuits, Metis or First Nation, Indigenous Mexican, Central American or South American, Native American, and Members of the following tribes: Arizona, Blackfeet, Cherokee Nation, Chickasaw Nation, Choctaw, Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians, Confederated Tribes of Grande Ronde, Confederated Tribes of Umatilla Reservation, Coquille Indian Tribe, Cow Creek Band of Umpqua Indians, Cowlitz, Creek Indian of Oklahoma, Haida, Haliwa-Saponi, Klamath Tribes, Keweenaw Bay Band of Lake Superior Ojibwe, Montana Little Shell Tribe of Chippewa Indians, Oglala Sioux, Sioux, Sunaq, Tlingit, Turtle Mountain Band of Chippewa Indians of North Dakota, Wahpeton-Sisseton, Walker River Paiute Tribe)	1.1%
Asian (included Asian Indian, Cambodian, Chinese, Filipino/a, Hmong, Indonesian, Japanese, Korean, Laotian, Mien, Nepali, South Asian, Sri Lankan, Taiwanese, Thai, and Vietnamese)	3.0%
Hispanic or Latina/o/x (included Caribbean, Central American, Cuban, Mayan, Mexican, Portuguese, Puerto Rican, South American, and Spanish)	16.5%
Middle Eastern or North African	0.5%
Native Hawaiian or Pacific Islander (included Guamanian, Micronesian, Native Hawaiian, and Samoan)	0.1%
White (included Balkan, Czech, Eastern European, Egyptian, Greek, Hispano, Iranian, Irish, Israeli, Italian, Jewish, Latin, Middle Eastern, Mixed race, Nordic, Northern European, Sami, Scandinavian, Slavic, South American, Southern European, Swedish, Western European, and White)	64.4%
Another identity (included Afrikan, Biracial, Cape Verdian, East African, Ethiopian, French Creole, Mestizo, Moorish, Persian, and West African)	0.6%
Multiracial	4.3%
No answer for primary race	6.9%

Languages Spoken	Percent
Chinese	0.4%
English	84.6%
Russian	0.3%
Spanish	10.2%
Ukrainian	0.1%
Vietnamese	0.0%
Another language	1.3%
Don't have only one primary language	0.6%

Identify as Similar	Percent
There are children in your classroom who match or partially match your race/ethnicity	89.0%

Education (n=2,137)	Percent
8th grade or less	0.4%
9-12 grade, no diploma	0.8%
HS diploma, GED or equivalent	12.1%
Some college credit but no degree	22.8%
Community college certificate	4.8%
Associate degree	15.6%
Bachelors degree	27.9%
Graduate degree	13.0%

Years in ECE	Percent
0-5 years	32.2%
6-10 years	23.2%
11-15 years	13.2%
16-20 years	11.0%
21-25 years	7.1%
26 years or more	11.2%

Gross Total Household Income	Percent
less than \$15,000	9.0%
\$15,001 - \$25,000	10.4%
\$25,001 - \$35,000	16.2%
\$35,001 - \$40,000	6.7%
\$40,001 - \$50,000	10.9%
\$50,001 - \$65,000	11.7%
\$65,001 - \$80,000	8.2%
\$80,001 or more	23.5%

How much of your 2022 income is from your work in ECE?	Percent
All	37.4%
Almost all	11.3%
More than half	7.6%
About half	8.9%
Less than half	15.9%
Very little	11.8%
None	4.5%

Household Income	Percent
Less than 200% of the FPL	54.4%

ECE Program Funding and Staffing

Analyses of questions about providers' current employment status and director's and owner's experiences filling both slots for ECE and staff positions revealed that:

- Almost one quarter of ECE programs are not operating at their desired capacity. This is in contrast to reports that families often cannot find programs with openings for children. More investigation is needed to understand this mismatch.
- A percentage (12%) of programs are still experiencing closures, mostly due to COVID-19. Programs that had closed at least one time from May 2022–May 2023 were most likely to be family- or home-based and located within urban areas.
- In order to remain open, providers and owners need more funding, the ability to pay staff higher wages, and more staff.
- Providers reported that different supports were important for them to remain open, suggesting that intentional, focused strategies for different types of providers will be important.
- Over one third of programs had lost staff because the staff quit. Frequent reasons for quitting were the lack of good pay and benefits, the job being too stressful, and lack of child care for the providers' own children. Reasons for quitting varied across facilities, again suggesting a need for tailored measures to prevent staff loss.
- Almost one half of all programs had experienced staff shortages. Directors and owners most often reacted to shortages by working in the classrooms themselves. They also reduced enrollment for either infants or preschoolers. Staff shortages are thus reducing available child care slots.
- Most providers who had left the field indicated that they were unlikely to return to the field or did not know if they would.
- Providers indicated that having better wages or benefits, more staff, and more support for working with children with challenging behaviors would help them to remain in or return to the ECE field.

Provider Well-Being

Providers completed validated screening tools for anxiety and depression, as well as a measure of job-related stress. Analyses revealed that:

- The percentages of providers showing concerning levels of depression and anxiety are five times higher than those for the general population.
- The majority of providers felt overwhelmed at least some of the time.
- Feelings of distress differed by job role with EI/ECSE specialists, managers/coordinators/coaches, and lead teachers showing some of the highest rates.
- There were also differences in rates of distress for providers in different types of programs, with providers in Head Start programs showing some of the highest rates.
- Only a little over a quarter of providers had received mental health supports in the past year; importantly, providers with high scores on anxiety and depression were more likely to have received support but only one half of them did so.

Provider Access to Help for Working with Children with Perceived Challenging Behaviors

Providers answered questions about barriers to receiving support for working with children with perceived challenging behaviors, and their access to Mental Health Consultants (MHC)¹.

- In the past year, 55% of providers said that they had looked for help with challenging child behaviors.
- Providers noted that the number one barrier to helping children with perceived challenging behaviors was that families had difficulty acknowledging the child's behavior.
- Notably, providers in family- or home-based programs were least likely to say that a barrier to helping children was families' difficulty in acknowledging their children's challenging behaviors.
- While many providers needed help with children's behaviors, only 23% had had access to an infant and early childhood MHC in the past year, and only 17% had actually been supported by a MHC.
- Providers in specialized roles (e.g., early intervention/early childhood education specialist) and those in programs with public funding were more likely to have access to a MHC.

¹ The purpose of Infant and Early Childhood Mental Health Consultation is to support both family members and ECE providers to facilitate children's positive social-emotional development. Mental health consultants are specifically trained to have specialized knowledge in mental health, child development, how trauma and stress affect children and adults, and how to build adults' capacities to support children to develop positively.

Suspensions and Expulsions from Early Learning and Care

Program directors and owners (n = 720) were asked to report on whether and how many children had been asked to leave or take a break from care in their programs in the past year. Their answers showed that:

- There are pronounced racial inequities in who is asked to leave care. African American or Black children and children identified as a race or ethnicity not listed were overrepresented in the group of children who were reported suspended or expelled in the past year.
- Almost 16% of directors and owners, or about one in every six, reported that a child had been asked to leave or take a break from their program in the past year.
- Directors or owners of community-based centers that were not Head Start were much more likely to ask children to leave care than those in other types of facilities.
- Head Start programs and family- and home-based programs were least likely to ask children to leave care.
- Director/owners report that children were most likely to be asked to leave care because the program could not meet their needs for behavioral support or because their behavior was considered to be potentially dangerous to other children.

Professional Development Opportunities for ECE Providers

The survey also asked providers to indicate the types of professional development (PD) opportunities they had had in the past year and how accessible and useful those opportunities had been. Additionally, providers indicated whether they had been a coach/mentor or receiving coaching/mentoring in the past year.

- Perhaps reflecting their desire to be better able to support children with social/emotional needs, providers were most likely to have received trainings in managing children with challenging behaviors in the classrooms, trauma-informed practices, and understanding how the provider's implicit biases might affect their practice. Trainings on these topics were also likely to be considered moderately or extremely useful by providers.
- Fewer than one half of the respondents said that PD opportunities were:
 - ▶ responsive to the needs of families from multiple cultural backgrounds
 - ▶ affordable for them
 - ▶ helpful in making them feel more successful at their jobs.

- Fewer than one third of the respondents said that PD opportunities:
 - ▶ covered information to help them get ahead/progress in their jobs
 - ▶ helped to reduce stress on the job.
- Most respondents said that PD opportunities were accessible to them. However, speakers of languages other than English and Spanish were less likely to receive the trainings in their primary language.
- Although 27% of providers said that they had received coaching in the past year, coaching opportunities are not evenly distributed across providers in different roles, facilities, and geographic locales.
- 18% of respondents had acted as coaches or mentors in the past year. There were fewer coaches of color and those whose primary language was other than English than there were coachees of color and/or who spoke diverse languages, indicating a need for a more diverse coaching workforce.

Conclusions and Recommendations

Overall, the findings from the 2023 Provider Survey are very consistent with those from the 2022 Provider Survey, suggesting a continuing need to make progress in a number of areas, including better supporting the ECE workforce so that providers remain in the field and empowering providers to work with children with diverse backgrounds, abilities, and behaviors. The longer these issues remain unaddressed, the larger the current problems are likely to grow. Results may suggest that current efforts are not working as desired, and that different approaches to supporting this workforce might need to be considered.

There is a crisis in the ECE field, such that increasing numbers of providers are leaving the workforce and are reporting high levels of distress and a sense of feeling overwhelmed. The reasons for this high job stress need to be more closely examined for root causes and potential solutions.

- Staff have been increasingly more likely to quit during the past 2 years than to leave the field for any other reason.
- Lack of adequate pay and benefits and the job being too stressful are the top reasons that staff leave their ECE job.
- Providers are reporting concerning levels of depression and anxiety at much higher rates than the general population.

To help to ease this crisis, the DELC needs to:

- **Help programs to provide better compensation** including health and financial benefits
- **Support and provide increased access to physical and mental health services** and wellbeing supports both within and outside the workplace
- **Commit to hearing from providers themselves about what types of learning and coaching would be most helpful and relevant taking into account both their jobs and cultural backgrounds**
- **Use information gained from providers to co-create and support a more coherent, well-integrated system for professional development and provider support and coaching that is culturally sustaining² and easy to access**, including financial aid as well as paid time to receive training and child care during training, **for all providers regardless of whether their programs are publicly funded**
- **Ensure that there are culturally responsive and well-coordinated supports for wellbeing and learning across the full range of provider roles and types of ECE programming**, including management level, teaching, and family engagement staff and specialists
- **Commit to making supports and PD available in culturally and linguistically appropriate formats** to ensure equitable access for ECE providers from a diverse range of backgrounds.

Providers need to be better supported to foster the positive growth and development of all children within their care, even when children's behaviors and needs are perceived as challenging.

- While a majority of providers report seeking help with behaviors in the classroom, only 25% of providers had access to help.
- Providers clearly seek PD opportunities to help them learn how to work with behaviors they find challenging and to understand how their own implicit biases affect their practice. They also rate the utility of such trainings as high. **However, rates of asking children to leave care predominantly due to the programs' inability to meet their behavioral needs remain stable and are inequitably affecting children of color.**

2 Culturally sustaining programming is strengths-based and promotes the centering of multiple identities, cultural backgrounds and languages.

To address these issues, the DELC needs to:

- **Ensure that programming to support staff in meeting children’s behavioral needs is well-coordinated and widely and equitably delivered to all providers and program types** regardless of the receipt of public funding. **Such programming should include information on:**
 - ▶ ensuring inclusion of all children in a classroom
 - ▶ tailoring supports to be culturally and linguistically responsive
- **Provide more training in how implicit bias may affect practice and how to support children from diverse backgrounds**
- **Increase the availability of mental health consultants** and ensure that they **provide support that is culturally and linguistically responsive and relevant** to the needs of the families being served.

We need a better understanding of what is working to support both providers and the families whom they serve. Findings in this report suggest that additional exploration to understand what is producing more positive outcomes for some providers and program types could inform more effective supports for all providers. For example:

- Providers in family- and home-based programs consistently report positive outcomes such as:
 - ▶ lower levels of distress
 - ▶ lower levels of feeling overwhelmed and unable to respond to the needs of children with perceived challenging behaviors
 - ▶ lower levels of staff loss
 - ▶ lower rates of feeling that families cannot acknowledge that their children’s behaviors might be challenging
 - ▶ lower rates of asking children to leave their care.
- This pattern of results suggest that there are characteristics of these programs that may contribute to higher provider wellbeing and better relationships with the families with whom they work.
- Head Start programs also report lower rates of suspension and expulsion, which is likely due, at least in part, to regulations prohibiting asking children to leave care; however, a better understanding of how these programs work to retain these children effectively would provide important information. At the same time, given the high stress levels reported by staff in these programs, there is an additional opportunity to address how to better support staff within a paradigm that prioritizes inclusion for children with more serious social/emotional needs.

To learn from these findings so that more effective solutions can be developed, DELC needs to:

- Work with family- and home-based programs to learn more about what practices, mindsets, and experiences these providers are bringing that allows them to more effectively support these children and engage their families
- Study what is working within Head Start programs to support children with perceived challenging behaviors and what additional supports are needed for staff working in such inclusive settings
- Disseminate findings to other providers and programs to support increased wellbeing for both providers and children.

Without concerted efforts to address the above issues and follow recommendations, there are likely to be deepening crises in the ECE workforce that will translate into further shortages in care for families, which are likely to be inequitably distributed and have the most negative impacts on the most vulnerable families. The DELC has made large strides in becoming an independent organization within the state government. With their increased capacity, they could now take significant and much-needed steps to strengthen the Oregon ECE workforce guided by the data that have now been gathered across multiple years.