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# Nebraska Early Childhood Workforce Survey: A Focus on Providers and Teachers

Buffett Early Childhood Institute
at the University of Nebraska

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# Executive Summary

The Nebraska Early Childhood Workforce Survey was undertaken by the Buffett Early Childhood Institute at the University of Nebraska to better understand the current status, working conditions, and attitudes of caregivers and teachers working with children from birth through Grade 3. Representing the largest and most comprehensive survey ever completed of the state's early childhood workforce, it provides important insight into the everyday challenges of the professionals who care for and educate our youngest citizens.

Research has long made clear the important role adults play in young children's lives. Children who form strong relationships with adults feel safe to explore their environments, which is essential to learning and development. The day-to-day interactions that occur between adults and young children advance children's language, critical thinking, social-emotional development, and children's success in school and life. Since nearly 80 percent of Nebraska children are enrolled in some type of early care and education during their early years, it is necessary to have a skilled, informed, and diverse workforce, across settings, to support children's development.

**SURVEY GOALS**

1. **Determine the status and distribution** of the current Nebraska early childhood workforce across settings, geography, and preparation;
2. **Determine the educational and demographic characteristics** of the early childhood workforce across settings;
3. **Determine working conditions and attitudes** of the early childhood workforce across settings; and
4. **Establish a baseline** for measuring the Buffett Institute's impact and effectiveness over time in ensuring a skilled, informed, and diverse early childhood workforce.

To accomplish these goals, more than 1,600 early care and education professionals from four settings—licensed home-based programs, licensed center-based programs, public PreKindergarten (PreK) programs, and elementary schools serving children in grades K-3—responded to our survey. Data collection occurred from May – August 2015 for home-based and center-based settings and November 2015 – February 2016 for schools (PreK and K-3).

## FINDINGS

**1. Several areas of promise exist within the early care and education field in Nebraska.**

- On average, teachers tend to have considerable experience in the field—12 years or more—which demonstrates a commitment to their work.
- Teachers report engaging in a variety of trainings and professional development.
- Among all teachers with degrees, most majored in education-related fields.

**2. Despite growing diversity in the background of Nebraska children, there is a lack of diversity among early childhood teaching staff.**

- On average, 10% to 22% of students in the classroom are racially, ethnically, and culturally diverse.
- The majority of Nebraska's early childhood providers and teachers are white across all settings.

**3. At the beginning of their careers, not all teachers feel well-prepared to teach children and engage with families.**

- Between 50% and 73% of teachers felt well-prepared to teach at the beginning of their careers.
- Across settings, teachers felt more prepared to work with children than families.
- Home-based providers felt the most prepared to work with families, but the least prepared to teach children. PreK and K-3 teachers felt the most prepared to teach children, but K-3 teachers felt the least prepared to work with families.

**4. Teachers' education varies by setting, age group served, and location. Valuable opportunities to obtain scholarships for higher education are under-utilized.**

- Nearly all PreK and K-3 teachers have bachelor's degrees, but less than half of home-based providers and center-based teachers have bachelor's degrees.
- Within center-based settings, more preschool teachers have advanced degrees than infant-toddler teachers.
- Urban teachers tend to have more advanced degrees than rural teachers across settings.
- Few teachers utilize T.E.A.C.H. (Teacher Education and Compensation Helps) scholarships, which are intended to increase access to higher education. At least a quarter of teachers across all settings are not familiar with T.E.A.C.H.

**5. Teachers do not consistently receive livable wages and employer-sponsored benefits, and some must rely on public assistance and second jobs.**

- Home-based providers and center-based teachers earn a median wage of $11/hour, roughly half as much as PreK ($21/hour) and K-3 teachers ($23/hour).
- Regardless of educational attainment, home-based providers and center-based teachers earn less than PreK and K-3 teachers.
- Nearly 30% of home-based providers and 20% of center-based teachers utilize public assistance.
- Home-based providers report working the most hours, with nearly 80% working more than 40 hours/week.
- Nearly 20% of center-based, PreK, and K-3 teachers report holding multiple jobs; 12% of home-based providers report working multiple jobs.
- Center-based teachers do not consistently receive employer-provided benefits. Less than half of all center-based teachers receive retirement benefits, health insurance, and paid maternity leave. Exactly half of all center-based teachers receive paid sick leave. Although nearly all PreK and K-3 teachers receive retirement, health, and sick leave benefits from their employers, fewer than half receive paid maternity leave.

**6. Teachers in all settings report symptoms of stress and depression.**

- On average, teachers express mid-levels of stress.
- Some teachers in all settings experience high levels of stress and low levels of support.
- Eight to 11 percent of all early childhood educators report clinically significant depressive symptoms.
- Among center-based teachers, the risk for depression is highest among teachers working in urban settings. In our sample, rural teachers are more at risk for depression within home-based, PreK, and K-3 settings.

## CONCLUSION

Decades of research demonstrate the critical importance of early relationships and meaningful interactions in young children's lives. If those working in the early childhood field do not have sufficient access to high-quality training, advanced degrees, and livable wages and benefits, Nebraska's children will not receive the benefits of high-quality early childhood care and education.

We recognize that simple solutions to these complex issues do not exist and that efforts to address these many needs must be systematic and sustained. We also know that this work will require the creative thinking and commitment of stakeholders, policymakers, and the public. Ultimately, we are confident that a sustained effort to strengthen Nebraska's early childhood workforce offers tremendous promise for transforming the lives of young children.

# Introduction

Research and experience teach us that the first eight years of a child's life are crucial for a lifetime of success. Adults who provide high-quality care, instruction, and support during those years are fundamental to children achieving their potential and growing into confident and capable young people. The workforce planning and development program of the Buffett Early Childhood Institute at the University of Nebraska is committed to building a strong workforce of adults who care for, teach, nurture, and advance children's development through meaningful relationships and enduring experiences from birth through Grade 3. As part of this commitment, the Nebraska Early Childhood Workforce Survey was conducted by the Buffett Institute with assistance from the Bureau of Sociological Research (BOSR) at the University of Nebraska–Lincoln. The goal of the study was to characterize important features of the state's early childhood workforce (birth through Grade 3) at the individual and setting levels. More specifically, the project was guided by the following four aims:

1. **Determine the status and distribution** of the current Nebraska early childhood workforce across settings, geography, and preparation;
2. **Determine the educational and demographic characteristics** of the early childhood workforce across settings;
3. **Determine working conditions and attitudes** of the early childhood workforce across settings; and
4. **Establish a baseline** for measuring the Buffett Institute's impact and effectiveness over time in ensuring a skilled, informed, and diverse early childhood workforce.

To accomplish these goals, early care and education professionals were surveyed in the following settings: licensed home-based programs, licensed center-based programs, public PreKindergarten (PreK) programs, and elementary schools serving children in grades K-3. Questionnaires were completed by program administrators (i.e., principals, directors) as well as teachers and providers. This report focuses exclusively on teachers and providers; future reports will focus on administrators and programs. This survey provides an important first step toward ensuring a skilled, informed, and diverse early childhood workforce in Nebraska by documenting the current status of early childhood professionals across the state.

## TERMINOLOGY

Job titles of professionals working with young children are as varied as the settings in which this work takes place. As such, it is difficult to settle on one term shared by all professionals in the field. For example, child care providers are sometimes referred to as caregivers, babysitters, or teachers. The information provided in this report is an inclusive view of the early childhood workforce across the four main settings where children from birth through Grade 3 are under the care and supervision of a paid professional. This report uses the following terminology:

### *Home-Based Providers*

Individuals working in licensed family child care homes, specifically Nebraska Department of Health and Human Services (DHHS) licensing definitions for Family Child Care Home I or Family Child Care Home II.

### *Center-Based Teachers*

Individual classroom teachers in licensed public or private community child care centers, as determined by Nebraska DHHS licensing definitions for Child Care Center or Preschool.

### *PreK Teachers*

Individual classroom teachers in school-based PreKindergarten settings (i.e., Nebraska Department of Education's Early Childhood Education Grant programs for preschool children).

### *K-3 Teachers*

Individual classroom teachers in public or private elementary schools accredited by the Nebraska Department of Education (NDE).

### *Educators and Teachers*

Refers inclusively to all of the above individuals.

# Methodology

For sampling purposes, the state was divided into six geographic regions consistent with previous Buffett Institute-led work (Buffett Early Childhood Institute and Gallup, 2016). Stratified random samples were derived for each region and setting type. Specifically, for licensed home-based and center-based programs, 50% of programs were randomly sampled from each region using lists of licensed programs provided by the Nebraska DHHS. For PreK programs, all programs in the state were sampled to ensure that programs receiving state funding, including Sixpence, a public-private partnership which funds locally based learning opportunities for children birth to age 3, were overrepresented in the sample. Finally, 50% of elementary schools without PreK were randomly selected to form the K-3 sample. School/program lists were obtained from the NDE website. Prior to data collection, permission to distribute surveys to PreK and K-3 teachers was granted by individual districts with review boards. Only one school district in the state declined to participate.

Data collection occurred from May – August 2015 for home-based and center-based settings and November 2015 – February 2016 for schools (PreK and K-3). Cover letters, surveys, pre-paid return envelopes, and a cash incentive of $1 were mailed to all sampled programs. Reminder phone calls were made to all non-respondents with available telephone numbers and replacement survey packets were mailed. The Bureau of Sociological Research conducted all mailings, reminder phone calls, and data entry.

Surveys were created to gather information at the program level and the individual level. Directors or principals completed the program-level surveys for center-based programs, PreK programs, and schools. Directors or principals were asked to randomly distribute the individual teacher surveys to a lead teacher in each age group or grade level represented in the program or school. It was assumed that home-based providers were the director and lead teacher for the majority of programs; therefore, a combined survey of both program and individual level variables was sent to home-based providers.

**TABLE 1 |** SUMMARY OF RESPONDENTS AND RESPONSE RATES BY TARGET POPULATION

| Setting | Respondents (n) | Response Rate (%) |
|---|---|---|
| **Home-Based Providers** | 403 | 37.73 |
| **Center-Based Teachers** | 371 | n/a |
| **PreK Teachers** | 272 | 66.67 |
| **K-3 Teachers** | 594 | 55.51 |

As shown in Table 1, response rates ranged from 38% among home-based providers to 67% among PreK teachers. Response rates were not calculated for center-based teachers because of the lack of information regarding how many teachers worked within

specific centers. State licensing data does not provide classroom- or teacher-level information, only capacity for children.

## MEASURES

Questions largely overlapped with the *National Survey of Early Care and Education* (NSECE Project Team, 2012) and other early childhood studies, such as the *Quality Interventions for Early Care and Education* (QUINCE) study (Bryant et al., 2009). Additional questions were added and modifications were made to address the goals of this survey and the Nebraska context. Survey items included, but were not limited to, program auspice, sponsorship, program funding, sources of child funding (subsidy, Title I, etc.), Quality Rating and Improvement System (QRIS) participation, operating schedule, accreditation, formal assessment and curriculum use, participation in T.E.A.C.H., and education support. Respondents also reported their education, experience, plans to pursue further training, plans to stay in the field, job stress, and depressive symptoms. Published measures are described in detail below.

### *Job Stress*

All teachers (home-based, center-based, PreK, and K-3) were asked about their job stress. The 51-item *Child Care Worker Job Stress Inventory* (Curbow, Spratt, Ungaretti, McDonnell, & Breckler, 2000) was shortened to a 20-item scale by Walter Gilliam (personal communication, August 2003) and maintains strong psychometric properties. The measure includes four subscales: Job Demands (i.e., "Children have behavior problems that are hard to deal with"), Job-Specific Demands (i.e., "I disagree with the policies at my center/school"), Job Resources (i.e., "I see that my work is making a difference with a child"), and Job Control (i.e., "I have control over the availability of supplies that I need"). Items were rated on a scale ranging from 1 (never) to 5 (most of the time) for Demands and Resources and a scale of 1 (very little) to 5 (very much) for Control. Job-Specific Demands were only collected for center-based, PreK, and K-3 teachers. Mean scores are presented for subscales. Scores indicate the extent to which teachers felt demands, resources, and control, with higher scores representing more of each.

### *Beliefs*

The *Parent Modernity Scale* (Schaefer & Edgerton, 1985) was administered to all survey respondents to measure progressive versus traditional child rearing values. This scale measures whether the respondent has more "adult-centered"/traditional views of caring for children (i.e., "Children will not do the right thing unless they are told what to do") or more "child-centered"/progressive views (i.e., "Children learn best by doing things themselves rather than listening to others"). Responses range from 1 (strongly disagree)

to 5 (strongly agree). Higher scores reflect more adult-centered beliefs about raising children.

### *Depressive Symptoms*

The *Center for Epidemiologic Studies Depression Scale-10 item* (CES-D-10; Radloff, 1977) was used to assess the depressive symptoms of all survey respondents. Respondents reported the extent to which they experienced 10 psychosocial indicators of depression in the past week using a 0 (rarely/none) to 3 (all the time) scale. Sample items included "I felt lonely" and "I had trouble keeping my mind on what I was doing." Scores were calculated and used to create categories of no symptoms (score = 0), some symptoms (score = 1 or more), and depressed (score = 10 or above). Although scores above 10 suggest the respondent is depressed, it is not an official clinical diagnosis.

### *Urbanicity*

Counties were classified based on the number of residents. The Urban/Metropolitan classification includes counties with 50,000 or more residents; the Large Town/Micropolitan classification includes counties with between 10,000 and 49,999 residents; and the Small Town/Rural classification includes counties with less than 10,000 residents. Estimates are based on the most recent annual estimates, April 1, 2010 – July 1, 2015 (U.S. Census Bureau, 2016).

# Data Processing and Analysis

Descriptive analyses were conducted, including frequency distributions, cross-tabulations, and measures of central tendency. The results are presented in the following tables and figures, organized by setting type. Unless otherwise noted, categorical variables are reported as percentages that represent the proportion of respondents within a particular setting. Where appropriate, means and standard deviations, denoted M(SD), are reported for continuous variables except for wage, where it was most appropriate to report medians. Valid percentages are reported and estimates are rounded and may not add up to 100%.

# Results

## LOCATION, AUSPICE, AND CHILD CHARACTERISTICS

Educators responded to surveys from various regions across the state providing representation in urban/metropolitan, large town/micropolitan, and small town/rural areas. As shown in Table 2, the majority of center-based teachers worked in either private or public child care. Most PreK and K-3 teachers were employed by public schools, with a small portion in private or parochial schools. Home-based providers were not asked to report their employer, as it was assumed most were self-employed. As expected, most PreK teachers worked with preschool-aged children and most K-3 teachers worked with school-aged children. Home-based providers tended to work with children of multiple ages while most center-based teachers worked with preschool children or infants and toddlers.

**TABLE 2 |** POPULATION, EMPLOYER, AND AGE GROUP SERVED

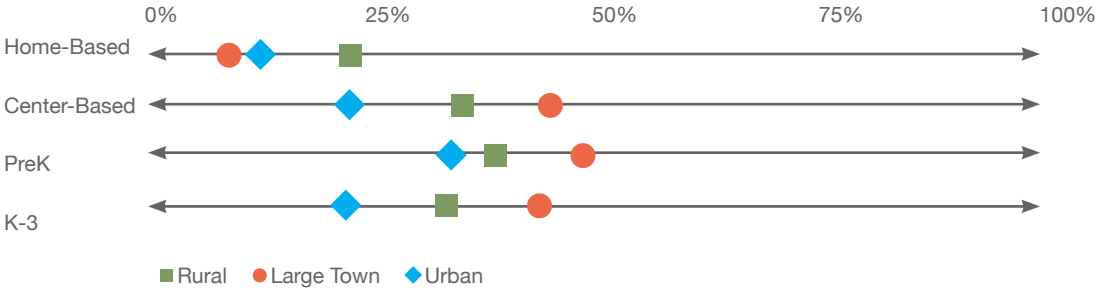
| | Home-Based | Center-Based | PreK | K-3 |
|---|---|---|---|---|
| **URBANICITY** | | | | |
| **Urban/Metropolitian** | 40.2% | 60.1% | 37.1% | 30.0% |
| **Large Town/Micropolitan** | 33.7% | 28.0% | 30.1% | 39.1% |
| **Small Town/Rural** | 26.1% | 11.9% | 32.7% | 31.0% |
| **EMPLOYER** | | | | |
| **Public School** | - | 7.6% | 77.0% | 83.2% |
| **Parochial School** | - | 5.0% | 15.1% | 15.0% |
| **Early Head Start** | - | 2.0% | 0.4% | 0.0% |
| **Head Start** | - | 4.7% | 1.9% | 0.0% |
| **Public Child Care/Preschool** | - | 28.1% | 1.1% | 0.0% |
| **Private Child Care/Preschool** | - | 44.2% | 3.0% | 0.7% |
| **Other** | - | 8.5% | 1.5% | 1.2% |
| **AGE GROUP SERVED** | | | | |
| **Infant/Toddler (0—3)** | 22.3% | 35.4% | 1.9% | 0.5% |
| **Preschool (3—5)** | 6.8% | 51.1% | 91.8% | 0.7% |
| **School Age** | 1.0% | 7.2% | 1.9% | 97.6% |
| **Multiple Age Groups** | 69.9% | 6.4% | 4.5% | 1.2% |

Home-based providers had an average class size of 10 (SD = 4.26). Among home-based providers, class sizes were mostly consistent across the state; however, home-based class sizes were slightly larger in small town/rural areas than urban/metropolitan areas (M = 12 vs. 9 children). In terms of child demographic characteristics, home-based classrooms, on average, were composed of 10.3% children of color, 3.8% English language learners (ELL), 12.2% children receiving

child care subsidy, 10.5% children receiving free or reduced price lunch, and 3.1% children with Individualized Education Programs (IEPs) or Individual Family Service Plans (IFSPs). Center-based teachers had an average class size of 17 (SD = 14.37), which varied by the age group served. Consistent with licensing ratio guidelines, the average class size for center-based teachers working with infants and toddlers was 11 (SD = 10.36) and preschool children was 19 (SD = 12.43). Average class sizes were mostly consistent across the state, with the smallest class sizes in large towns (M = 15 children) and the largest class sizes in urban areas (M = 19 children). On average, center-based classrooms were composed of 22.3% children of color, 10.0% ELL, 26.1% children receiving child care subsidy, 25.4% children receiving free or reduced price lunch, and 6.0% children with IEPs or IFSPs.

PreK teachers had average class sizes of 22 (SD = 9.09) and K-3 teachers had average class sizes of 17 (SD = 5.41). PreK class sizes were consistent across the state while K-3 class sizes were smallest in small town/rural areas (M = 14) and largest in urban/metropolitan areas (M = 20). On average, PreK classrooms were composed of 20.4% children of color, 12.3% ELL, 9.8% children receiving child care subsidy, 38.5% children receiving free or reduced price lunch, and 18.5% children with IEPs. The higher percentages in these classrooms are likely because grant funding for state PreKindergarten programs prioritizes children with risk factors. On average, K-3 classrooms were composed of 14.7% children of color, 7.5% ELL, 8.0% children receiving child care subsidy, 34.3% children receiving free or reduced price lunch, and 12.2% children with IEPs.

**FIGURE 1 |** AVERAGE PROPORTION OF CHILDREN RECEIVING FREE OR REDUCED PRICE LUNCH PER CLASSROOM BY URBANICITY




In most settings, more classrooms were composed of children receiving free or reduced price lunches in small town/rural areas and large town/micropolitan areas as compared with urban areas (Figure 1).

## DEMOGRAPHIC CHARACTERISTICS

Nearly all teachers across settings were female. Home-based providers were the oldest group, reporting an average age of 48 years, with 62% of providers age 45 and older. Center-based teachers were the youngest group, on average, with 70% of teachers younger than 45, and 40% age 30 or younger. Average age of PreK and K-3 teachers was 39 and 42 years, respectively. Across settings, most teachers reported their race as white (Table 3).

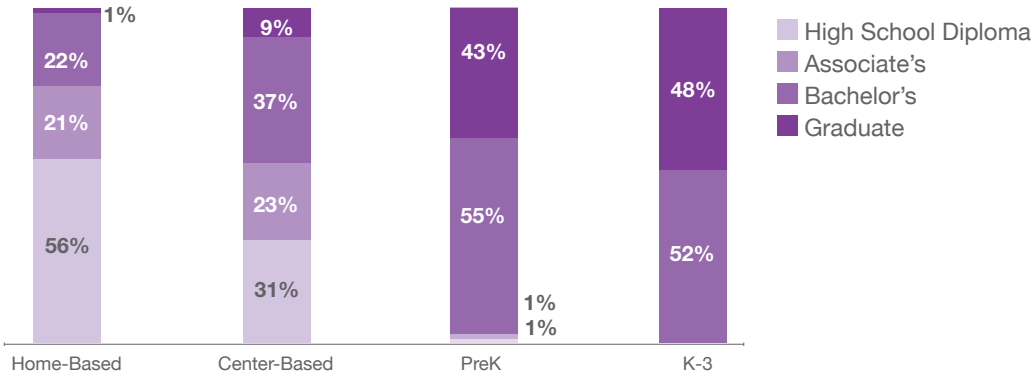
**TABLE 3 |** DEMOGRAPHIC CHARACTERISTICS

| | Home-Based | Center-Based | PreK | K-3 |
|---|---|---|---|---|
| **GENDER** | | | | |
| **Male** | 0.5% | 3.0% | 2.2% | 2.7% |
| **Female** | 99.5% | 97.0% | 97.8% | 97.3% |
| **AGE** | | | | |
| **Mean (SD)** | 48.41 (11.03) | 36.46 (12.41) | 39.39 (11.49) | 42.23 (12.24) |
| **18-30** | 5.3% | 39.9% | 29.1% | 21.4% |
| **31-44** | 32.7% | 30.7% | 36.2% | 33.6% |
| **45-60** | 48.4% | 25.2% | 31.7% | 38.3% |
| **61+** | 13.6% | 4.2% | 3.0% | 6.7% |
| **RACE** | | | | |
| **White** | 93.8% | 87.0% | 98.9% | 98.6% |
| **Black** | 2.5% | 4.8% | 0.0% | 0.0% |
| **Hispanic** | 1.7% | 3.1% | 0.7% | 0.7% |
| **Other** | 2.0% | 5.1% | 0.4% | 0.7% |

## DEGREE, TRAINING, TENURE, AND CHILD-CENTERED BELIEFS

As shown in Figure 2, the educational backgrounds of the workforce varied drastically by setting. Nearly all PreK and K-3 teachers had bachelor's or graduate degrees, whereas only 46% of center-based teachers and 23% of home-based providers had bachelor's or graduate degrees.

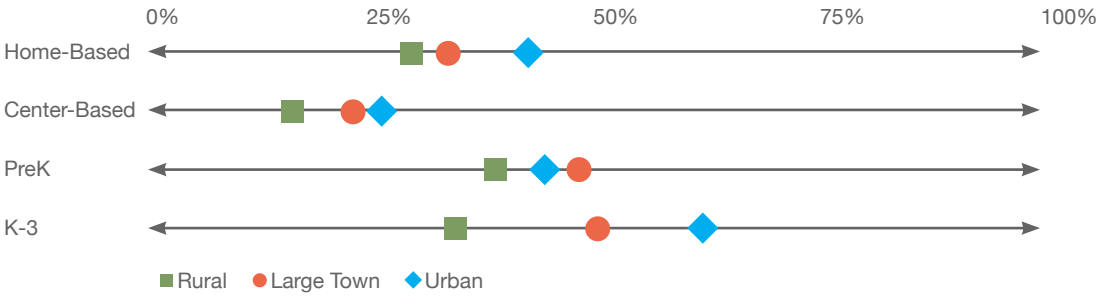
**FIGURE 2 |** EDUCATIONAL ATTAINMENT BY SETTING



Some home-based providers (6%) and center-based teachers (17%) reported having or working on a Child Development Associate credential (CDA). Similarly, 8% of home-based and 29% of center-based teachers reported having or working on a teaching certificate.

When analyzing educational attainment by both setting and urbanicity, a few differences emerged. Generally, urban educators were more educated than their rural counterparts. Among center-based providers, 41% of urban educators had bachelor's degrees compared with 28% in rural areas and 32% in large towns. Among home-based providers, 25% of urban, 23% of large town, and 16% of rural educators had bachelor's degrees. This trend continued for PreK and K-3 teachers. Among PreK teachers, 46% of large town and 43% of urban teachers had graduate degrees compared with 38% of rural educators. Even more pronounced, 60% of urban K-3 teachers had graduate degrees compared with 49% of large town and 33% of rural K-3 teachers (Figure 3).

**FIGURE 3 |** TEACHERS WITH BACHELOR'S DEGREES (HOME-BASED, CENTER-BASED) AND GRADUATE DEGREES (PREK, K-3) BY URBANICITY




Within center-based settings, educational attainment also varied by the age of the children served. Center-based preschool teachers were more educated than center-based infant and toddler teachers. Specifically, 43% of preschool teachers had bachelor's degrees and 11% had graduate degrees, whereas 31% of infant and toddler teachers had bachelor's degrees and only 2% had graduate degrees.

If applicable, teachers reported their majors in their highest degree attained. Most teachers with degrees majored in education-related fields, across settings. More precisely, 61.2% of home-based, 79.9% of center-based, and nearly all (98.4%) PreK and (99.8%) K-3 teachers with degrees majored in education-related fields. Most K-3 teachers reported education/special education, or multiple majors. The most common majors among PreK teachers were education/special education, child development/ early childhood education, or multiple majors. Center-based teachers most commonly reported degrees in child development/early childhood education, although many also

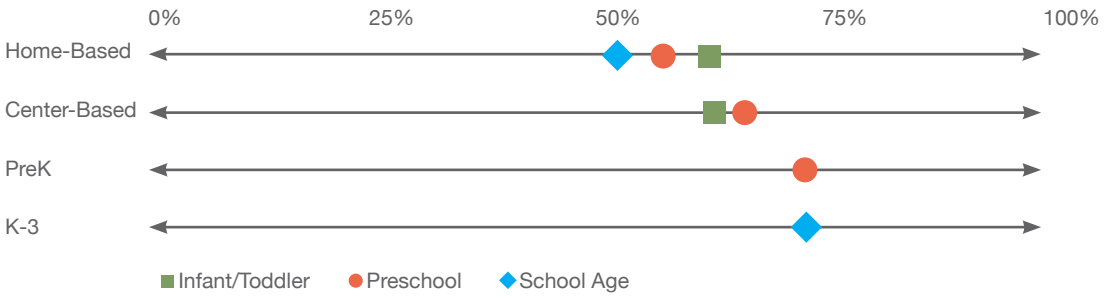
reported degrees in other fields. Degrees in fields outside of education, psychology, and child development were most common among home-based providers (Table 4).

**TABLE 4 |** REPORTED MAJORS AMONG TEACHERS WITH DEGREES

| | Home-Based | Center-Based | PreK | K-3 |
|---|---|---|---|---|
| **Child Development or Early Childhood Education** | 24.4% | 34.9% | 23.3% | 6.3% |
| **Psychology** | 4.6% | 2.5% | 0.4% | 0.2% |
| **Education or Special Education** | 13.7% | 20.3% | 34.3% | 69.4% |
| **Social Work** | 0.5% | 1.4% | 0.0% | 0.0% |
| **Other** | 44.2% | 27.8% | 13.1% | 7.0% |
| **Multiple Majors** | 12.7% | 13.2% | 29.0% | 17.1% |

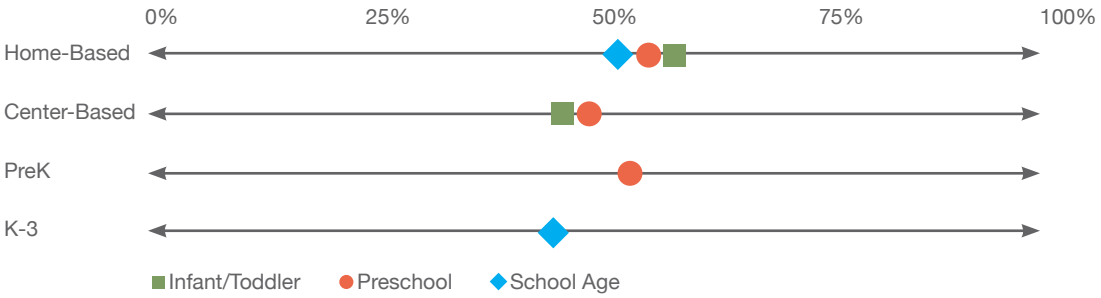
Teachers were asked how prepared they felt to work with children and their families at the beginning of their careers. For working with children, home-based providers felt the least prepared of all groups; 60.3% felt well-prepared to teach infants and toddlers, 56.8% felt well-prepared to teach preschool children, and 51.1% felt well-prepared to teach school age children. Among center-based teachers, 62.3% of teachers actually working with infants and toddlers felt well-prepared to work with this age group at the start of their careers. This estimate was similar for center-based teachers working with preschool children (65.5%). PreK and K-3 teachers felt the most prepared to teach their respective age groups with 73.0% of PreK teachers feeling well-prepared and 72.0% of K-3 teachers (Figure 4).

**FIGURE 4 |** TEACHERS FEELING WELL-PREPARED TO WORK WITH CHILDREN BY AGE OF CHILD




Generally, teachers felt less prepared to work with families than children. K-3 teachers felt the least prepared to work with families at the beginning of their careers; less than half (44.2%) reported feeling well-prepared. Of all groups, home-based providers felt the most well-prepared to work with families (Figure 5).

**FIGURE 5 |** TEACHERS FEELING WELL-PREPARED TO WORK WITH FAMILIES BY AGE OF CHILD



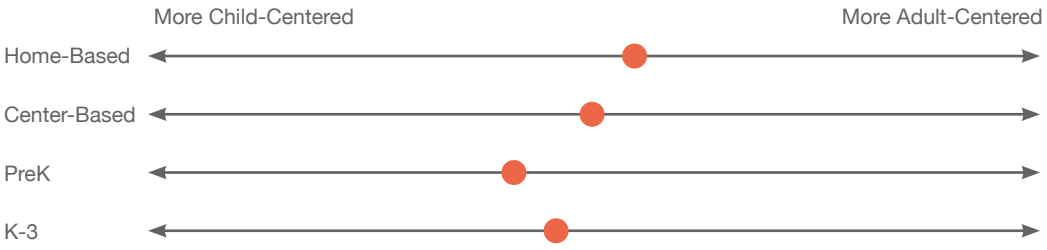

Consistent with findings regarding age, home-based providers had the most years of teaching experience and the most tenure in their current positions. On average, center-based teachers had the fewest years of experience and the least tenure. Means and standard deviations are presented in Table 5.

**TABLE 5 |** AVERAGE EXPERIENCE AND TENURE

| | Home-Based | Center-Based | PreK | K-3 |
|---|---|---|---|---|
| **Years of Experience** | 18.52 (11.22) | 12.09 (9.29) | 14.12 (9.22) | 16.55 (10.67) |
| **Current Tenure** | 15.63 (10.81) | 6.03 (6.55) | 6.80 (6.69) | 10.57 (9.56) |

The *Modernity Scale* (Schaefer & Edgerton, 1985) measures the extent to which teachers embraced more child-centered or adult-centered beliefs. Adult-centered beliefs represent more traditional views of educating children (i.e., "Children will not do the right thing unless they are told what to do") while child-centered beliefs represent more progressive views (i.e., "Children learn best by doing things themselves rather than listening to others"). Of all groups, on average, home-based providers reported the most adult-centered beliefs. PreK teachers, on average, reported the most child-centered beliefs (Figure 6).

**FIGURE 6 |** BELIEFS ABOUT CHILDREN



## PROFESSIONAL DEVELOPMENT AND CONTINUING EDUCATION

As shown in Table 6, few teachers reported taking continuing education courses at the time of the survey, although slightly more teachers reported that they were planning to take courses. Of all groups, PreK teachers were the most likely to report both taking and planning to take courses, followed closely by center-based teachers. Trainings appear more common than courses, however, as many teachers reported engaging in various trainings in the past year. Early Childhood Training Centers was the most common source for trainings among home-based and center-based teachers. Local school districts and educational service units (ESUs) were the most common locations for trainings among PreK and K-3 teachers. The majority of teachers, across settings, reported not participating in T.E.A.C.H. (Teacher Education and Compensation Helps) scholarships or not having any knowledge about the program.

**TABLE 6 |** PROFESSIONAL DEVELOPMENT AND TRAINING EXPERIENCES

| | Home-Based | Center-Based | PreK | K-3 |
|---|---|---|---|---|
| **Currently Taking Courses** | 4.6% | 13.2% | 14.4% | 4.5% |
| **Planning to Take Courses** | 13.0% | 24.8% | 29.0% | 14.1% |
| **TRAININGS IN PAST YEAR** | | | | |
| **NE Cooperative Extension** | 34.3% | 23.8% | 8.2% | 7.5% |
| **EC Training Center** | 76.9% | 50.7% | 33.6% | 2.0% |
| **Provider in Community** | 37.7% | 18.1% | 12.8% | 3.6% |
| **ESU** | 49.0% | 37.7% | 68.0% | 66.0% |
| **Early Learning Connection Partner** | 22.7% | 17.3% | 9.8% | 0.7% |
| **Coaching or Mentoring** | 7.9% | 21.9% | 34.6% | 27.0% |
| **Local School District** | 9.9% | 26.4% | 75.4% | 83.0% |
| **Online Training** | 34.1% | 34.8% | 47.2% | 51.3% |
| **PARTICIPATES IN T.E.A.C.H.** | | | | |
| **Yes** | 4.3% | 6.2% | 3.8% | 1.4% |
| **No** | 69.1% | 56.3% | 52.3% | 48.5% |
| **Don't Know About It** | 26.6% | 37.5% | 43.9% | 50.1% |

## COMPENSATION, BENEFITS, AND PUBLIC ASSISTANCE

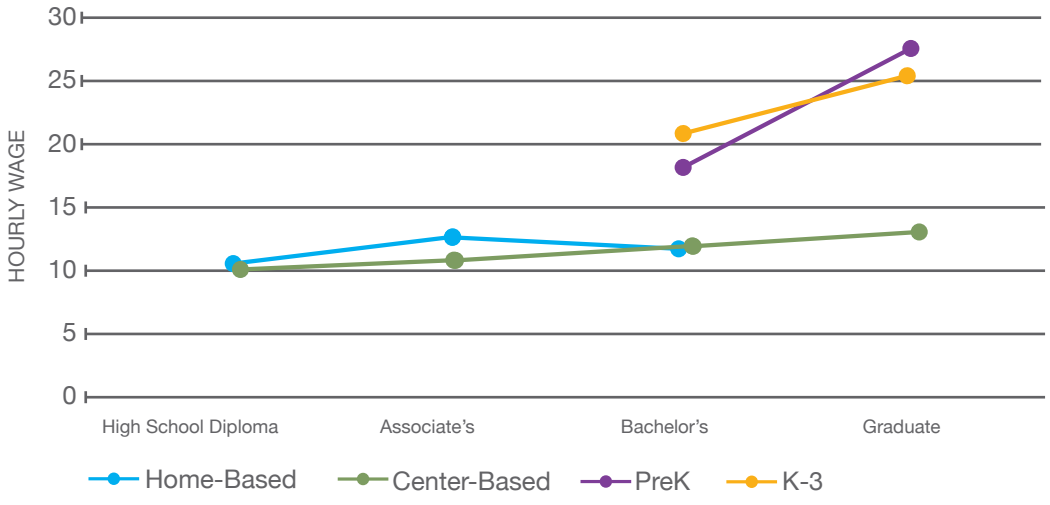
Teachers reported their earnings in the metric of their choosing (i.e., hourly or annually). Most home-based, PreK, and K-3 teachers chose to report annual earnings while most center-based teachers chose to report hourly wages. To provide comparable data, we utilized teachers' self-reports of hours worked per week and months worked per year to calculate hourly and annual estimates for each individual; both median estimates are presented in Table 7.

**TABLE 7 |** COMPENSATION, TIME WORKING, AND MULTIPLE JOB STATUS

| | Home-Based | Center-Based | PreK | K-3 |
|---|---|---|---|---|
| **Median Hourly Pay** | $10.72 | $11.00 | $20.53 | $23.14 |
| **Median Annual Pay** | $25,980 | $18,706 | $36,000 | $41,000 |
| **Hours Worked Per Week** | 47.66 (15.76) | 34.36 (10.56) | 39.20 (5.84) | 40.96 (5.32) |
| **Works > 40 Hours Per Week** | 78.6% | 6.6% | 14.1% | 20.3% |
| **Months Worked Per Year** | 11.73 (1.06) | 11.20 (1.53) | 9.97 (.96) | 9.97 (1.42) |
| **Has Another Paid Job** | 11.6% | 18.5% | 20.4% | 19.2% |

PreK and K-3 teachers made roughly $40,000/year, with K-3 teachers making slightly more than PreK teachers. These teachers reported working roughly 40 hours/week and 10 months/year. Twenty percent of K-3 and PreK teachers reported having other paying jobs. Home-based providers had median annual earnings of approximately $26,000, but because the majority of home-based providers (79%) worked more than 40-hour weeks, this equated to less than $11/hour. Eleven percent of home-based providers had multiple jobs. Home-based providers in urban settings made slightly more than their rural and large town counterparts ($14/hour vs. $11/hour, on average). Finally, center-based teachers were the lowest compensated at roughly $19,000/year. On average, they worked 34 hours/week and 11 months/year; 19% had multiple jobs. Center-based teachers' pay did not vary by urbanicity.

**FIGURE 7 |** MEDIAN HOURLY EARNINGS BY SETTING AND HIGHEST DEGREE




When earnings were considered in conjunction with degree attainment, the line remained flat for center-based and home-based providers. In contrast, PreK and K-3 teachers with graduate degrees earned more per hour than teachers with bachelor's degrees, reflecting typical school district pay scales. Trends were similar regardless of whether or not degrees were in education-related fields (Figure 7).

Consistent with the low wages reported by home-based and center-based teachers, these groups had the highest utilization rates of public assistance. Twenty-seven percent of home-based and 20% of center-based teachers utilized some form of public assistance, with the most common forms being free or reduced price lunches for their children, Medicaid, and child care subsidy (Figure 8). Educators within rural communities tended to utilize public assistance at higher rates than their urban counterparts (Table 8).

**FIGURE 8 |** PUBLIC ASSISTANCE USE

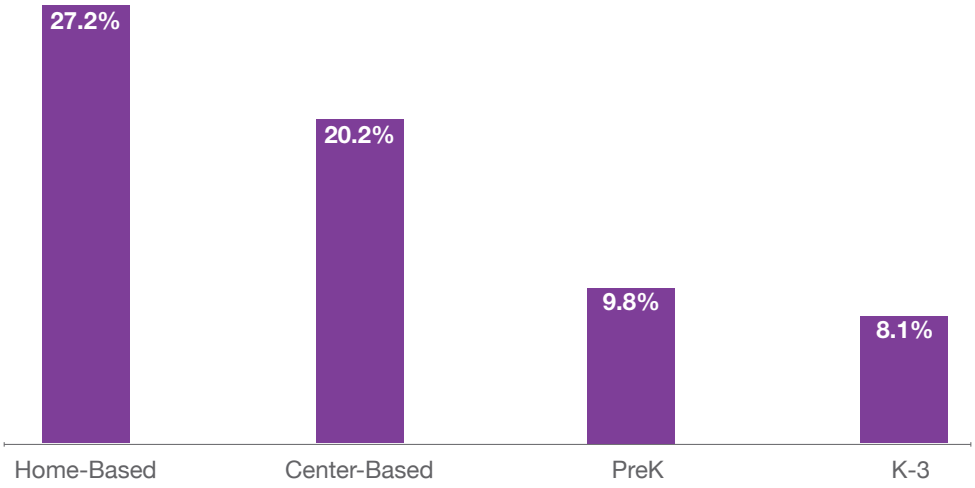
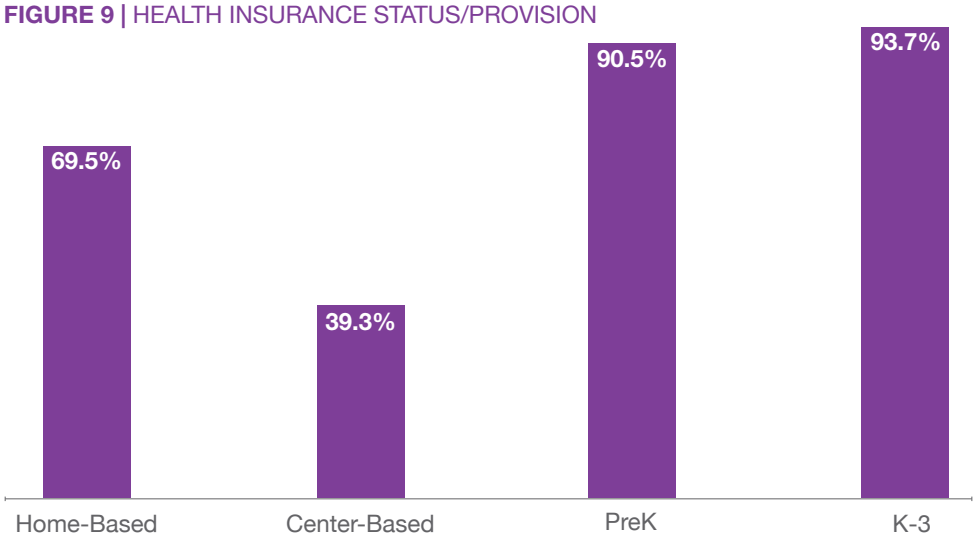



**TABLE 8 |** UTILIZATION RATES OF PUBLIC ASSISTANCE BY URBANICITY AND SETTING

| | Home-Based | Center-Based | PreK | K-3 |
|---|---|---|---|---|
| **Rural** | 28% | 25% | 14% | 15% |
| **Large Town** | 31% | 27% | 8% | 4% |
| **Urban** | 23% | 20% | 8% | 6% |

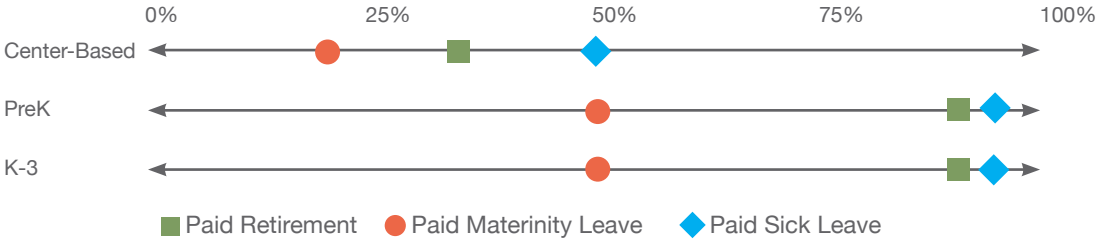
Nearly all PreK and K-3 teachers reported having the option of employer-sponsored insurance. However, only four in 10 center-based teachers reported working in centers that provided health insurance. More center-based teachers reported having the option of employer-sponsored health insurance in urban (42%) and large town (37%) centers than rural centers (29%). Although it was not applicable to ask if home-based providers had employer-sponsored insurance, most (70%) reported having health insurance from some source.

**FIGURE 9 |** HEALTH INSURANCE STATUS/PROVISION




In addition to health insurance, nearly all PreK and K-3 teachers received paid sick leave and paid retirement benefits from their employers. About half of PreK and K-3 teachers received paid maternity leave. Center-based teachers received fewer employer-provided benefits than PreK and K-3 teachers. Roughly half of center-based teachers received paid sick leave and 35% had paid retirement benefits. Only 20% of center-based teachers received paid maternity leave (Figure 10). Instead, most center-based teachers reported receiving discounted child care for their own children, and free meals for themselves. Home-based providers were not asked about employer-provided benefits as most were self-employed.

**FIGURE 10 |** EMPLOYER-PROVIDED BENEFITS




## STRESS AND DEPRESSION

Teachers responded to the *Job Stress Inventory* (Curbow et al., 2000), which focuses on control, resources, demands, and other challenges of the workplace.

Control is the extent to which teachers believe they have autonomy and control over the workplace, including the organization of the classroom, the availability of supplies, and parents' responsiveness. Home-based providers reported noticeably more control than

any other setting, equivalent to "often" feeling in control of the workplace. On average, teachers in all other settings felt "some" control; K-3 teachers felt the least control.

Resources indicate teachers feel respected, influential, and satisfied by their work. Teachers reported similar resource levels across settings, and "often" felt they had resources. Home-based providers reported the most resources while K-3 reported the fewest resources.

Demands are workplace challenges, such as parents' blame or lack of communication and children's behavior problems or needs. Specific demands focus on challenges with administrators or other staff at the center/school. Teachers, across settings, reported "some" demands. K-3 teachers reported the most general demands and center-based teachers reported the most specific demands. Home-based providers reported the fewest general demands, while PreK teachers reported the fewest specific demands. Specific demands were not applicable to home-based providers.

**FIGURE 11 |** JOB STRESS INVENTORY

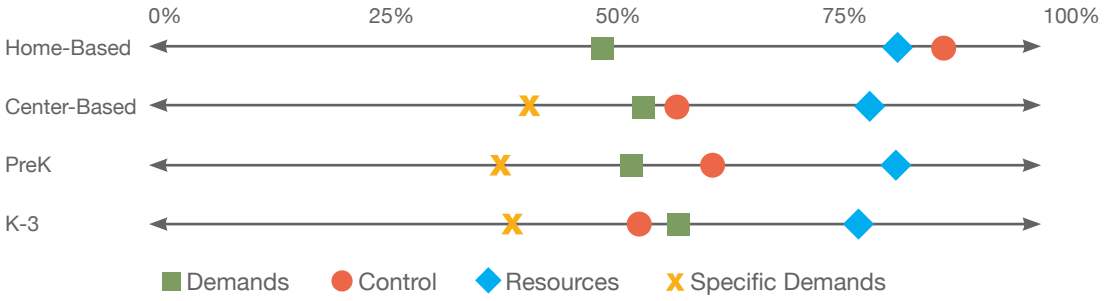



**TABLE 9 |** JOB STRESS MEANS, STANDARD DEVIATIONS, AND RANGES ACROSS SETTINGS

| | Home-Based | Center-Based | PreK | K-3 |
|---|---|---|---|---|
| **Demands** | 2.57 (.68); 1-5 | 2.72 (.65); 1-5 | 2.69 (.60); 1-4 | 2.93 (.60); 1-5 |
| **Control** | 4.39 (.65); 1-5 | 2.94 (.82); 1-5 | 3.12 (.76) 1-5 | 2.71 (.67); 1-5 |
| **Resources** | 4.16 (.68); 1-5 | 4.00 (.68); 1-5 | 4.13 (.52); 3-5 | 3.91 (.56); 2-5 |
| **Specific Demands** | n/a | 2.11 (.74); 1-4 | 1.97 (.61); 1-4 | 2.03 (.61); 1-4 |

The *CES-D-10* (Radloff, 1977) was used to estimate teachers' depressive symptoms. Most teachers, across settings, reported some symptoms of depression, such as feeling lonely or feeling like everything was an effort. Although not a clinical diagnosis, scores above 10 indicate clinically significant symptoms. In our sample, 8% of home-based and K-3 teachers, 10% of PreK teachers, and 11% of center-based teachers report clinically significant symptoms.

Home-based, PreK, and K-3 teachers in rural areas were slightly more at risk for depression than their large town and urban counterparts. However, within center-based settings, urban teachers were twice as likely to be at risk for depression as teachers in rural areas and large towns.

**TABLE 10 |** DEPRESSIVE SYMPTOMS ACROSS SETTINGS AND BY URBANICITY

| | Home-Based | Center-Based | PreK | K-3 |
|---|---|---|---|---|
| **No Symptoms** | 21.9% | 10.1% | 13.0% | 10.5% |
| **Some Symptoms** | 78.1% | 89.8% | 87.0% | 89.5% |
| **Clinically Depressed** | 8.0% | 10.7% | 9.6% | 8.1% |
| **Rural** | 11% | 7% | 11% | 10% |
| **Large Town** | 5% | 6% | 9% | 9% |
| **Urban** | 9% | 14% | 9% | 5% |

# Conclusion and Recommendations

The Nebraska Early Childhood Workforce Survey offers comprehensive information about the characteristics and qualifications of the state's workforce. Results from this study demonstrate the complexity of the early childhood landscape. Although some characteristics overlapped across settings, many characteristics varied, demonstrating the need for increased understanding of the entire birth through Grade 3 early childhood workforce.

**Several areas of promise exist within the early care and education field in Nebraska.** Teachers tended to have considerable experience in the field, which demonstrates their commitment to their work. Teachers also reported engaging in various trainings, demonstrating their commitment to their own professional development. However, findings also suggest several areas for growth and a need for increased support on behalf of these professionals.

**With growing diversity in the background of Nebraska's young population, there is a need for more racial and ethnic diversity among all early childhood teaching staff.** In our study, on average, classrooms were composed of 10% to 22% of students who were racially, ethnically, and culturally diverse. However, these settings had little to no diversity among educators. In light of research suggesting that young children benefit from having classroom teachers of the same race/ethnicity with shared cultural heritage (e.g., Downer, Golbe, Myers, & Pianta, 2016), efforts should be made to recruit and retain a diverse early childhood workforce.

**Findings point to the need for better and more consistent training to ensure teachers feel well-prepared to teach children and engage families.** Not all teachers consistently felt prepared to teach young children at the beginning of their careers; they felt even less prepared to work with families. Interestingly, less than half of the K-3 teachers surveyed felt well-prepared to work with families at the start of their careers, lower than any other group, despite nearly all K-3 teachers possessing bachelor's degrees. It is important to consider how degree programs and other forms of professional development can effectively equip teachers with strategies to support children and engage parents. Teachers and parents can be extremely valuable partners in cooperatively promoting children's development (Sheridan, Kunz, Holmes, & White, 2016).

**Efforts should be made to increase access to higher education across the state, enabling rural and urban teachers, and teachers working in various settings, equal access to advanced degrees.** Higher education offers a potential pathway for promoting teachers' knowledge and competencies regarding early childhood development and education. This report uncovered several disparities in terms of who is accessing higher education in Nebraska. Urban educators, across settings, are attaining more advanced degrees than rural educators. For instance, urban K-3 teachers are nearly twice as likely to have graduate degrees than K-3 teachers in rural areas. Furthermore, home-based and center-based teachers are far less likely to have bachelor's degrees compared with their PreK and K-3 counterparts. Although this may reflect varying educational requirements within settings, it is worth considering the extent to which higher education is accessible to all early childhood educators who are interested in attaining advanced degrees.

**Teachers need livable wages and employer-sponsored benefits in order to care for themselves and their families, and avoid reliance on public assistance and second jobs.** With median hourly earnings for home-based providers and center-based teachers equaling $11/hour, it calls into question the extent to which educators can realistically sustain themselves and support their families. This may explain why many teachers reported holding second jobs, utilizing public assistance, and why home-based providers, in particular, reported working close to an average of 50 hours each week. Our findings show that home-based providers and center-based teachers received low wages regardless of educational attainment. In light of recent recommendations that all early childhood educators possess bachelor's degrees (Institute of Medicine & National Research Council, 2015), it is necessary to consider the current lack of financial incentives for degree attainment. Teachers did not consistently receive employer-sponsored benefits, which exacerbated teachers' financial burdens. In particular, center-based teachers did not consistently receive medical insurance and sick leave, which may deter them from seeking necessary medical care during illness and injury, thus putting themselves, their co-workers, and the children in their classrooms at risk. Furthermore, across settings, no teachers consistently received paid maternity leave, thus limiting their ability to care for their own families and balance their personal and professional lives. As a result, it is imperative for stakeholders and policymakers to think critically about how the early childhood workforce is supported.

**Efforts should be made to support the psychological well-being of the early childhood workforce, including lessening teachers' stress and depression, to ensure all teachers are capable of their best work on behalf of young children.** Teachers often felt as though they had resources, but expressed mid-levels of stress, equivalent to feeling some demands. Home-based providers often felt in control of their jobs, whereas all other

groups felt only some control. Nevertheless, a range of stress levels was experienced within these settings, and some teachers in all settings experienced high levels of stress and low levels of support. High levels of stress can lead to poor job performance and burnout (Jennings & Greenberg, 2009). Related to teachers' stress is teachers' depression (Whitaker, Becker, Herman, & Gooze, 2013). In this study, between 8% and 11% of teachers across settings experienced clinically significant levels of depression, with the majority of teachers experiencing at least some symptoms of depression. Among center-based teachers, risk for depression was highest among teachers working in urban settings. Rural teachers had higher risk of depression within home-based, PreK, and K-3 settings. Given that teachers' depressive symptoms are inherently negative for the individual experiencing them, and subsequently detrimental to the children in their classrooms (McLean & Connor, 2015), it is extremely important to support the overall well-being of the early childhood workforce.

In conclusion, the first eight years of a child's life are crucial for lifetime success. The adults who provide care, instruction, and support during these years are fundamental to children achieving their potential and growing into confident and capable young people. Since nearly all children in Nebraska spend time interacting with adults in early childhood settings during their first eight years, it is necessary to have a skilled, informed, and diverse workforce to support children's development. However, as this report suggests, the current Nebraska workforce faces many challenges. Nebraska's early childhood workforce is not diverse and does not consistently feel well-prepared to teach and work with families. If the workforce does not have adequate access to high-quality training, advanced degrees, livable wages, and benefits, across all early childhood settings, Nebraska children will not enjoy the benefits promised by high-quality early childhood care and education. The workforce requires support in order to be supportive of children. There are no simple solutions to these complex issues; efforts must be systematic and sustained and require the creative thinking and commitment of stakeholders, policymakers, and the public. Ultimately, we are confident that a sustained commitment to Nebraska's early childhood workforce offers tremendous promise in transforming the lives of young children.

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