



Confronting Michigan's Early Childhood Workforce Crisis

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The public health and economic crises brought on by a worldwide pandemic have made it abundantly clear that our early childhood workforce—including those in child care, home visiting and early intervention—are underpaid and undervalued. The essential work done by these individuals ensures that parents can work while their infants and toddlers have access to the high-quality care and education they need to take advantage of the unique window of brain growth that occurs in the first few years of life.

While many child care businesses remained open to help parents in essential jobs, and home visitors and early interventionists struggled to find ways to serve families remotely and safely, it became increasingly difficult to continue to provide high-quality services. This was in large part because the workforce caring for the state's youngest children ages 0-2 aren't compensated at a level that makes it possible to recruit and retain qualified staff.

The window of opportunity for rapid learning, including the development of brain synapses that form the very architecture of the brain, occurs during the first months and years of life. Despite this, few public resources are invested in the care and education of infants, toddlers and their families, and the early childhood workforce has been poorly compensated in jobs, with little room for advancement. To move Michigan forward, the state must confront the deep and chronic workforce issues in its early childhood system.

Think Babies Michigan is a collaborative of more than 1,800 members—leaders, experts, families, organizations and providers—working together to improve the lives of babies prenatally through age three. A top priority for Think Babies Michigan is a [cross-sector workforce strategy](#) that ensures that Michiganders who work with the state's youngest children are adequately prepared for that challenging work and fairly compensated.

Michigan's early childhood workforce:

There are three primary sectors of the state's early childhood workforce, including child care, home visiting and *Early On® Michigan* early intervention.



Think Babies Michigan is a prenatal-to-three policy collaborative of 1,875 people across the state working to make Michigan a top state to have a baby and raise a child.

Child Care

- **Michigan's child care workforce of over 28,000 is available to provide care to both young and school-age children, including 333,798 infants and toddlers.**¹ Michigan had a child care workforce of 28,360 in 2019, including child care and preschool teachers, and administrators.² Michigan's early educators work in a variety of settings, including the state-funded preschool program—the Great Start Readiness Program—federally funded Head Start programs, community-based child care centers and homes, and placements with family, friends and neighbors. Different settings have different educational/training requirements, and wages vary as well.
- **Low wages are endemic.** The median wage for child care workers in the state was \$11.13 in 2019—placing them among the lowest wage earners in Michigan. Nearly 1 of every 5 early educators lives in poverty, and many are eligible for some form of public assistance.³ Low wages have resulted in staffing turnover rates as high as 25-30%, affecting the quality of care for infants and toddlers.⁴

Most Common Public Subsidies Relied on by Early Educators in Michigan

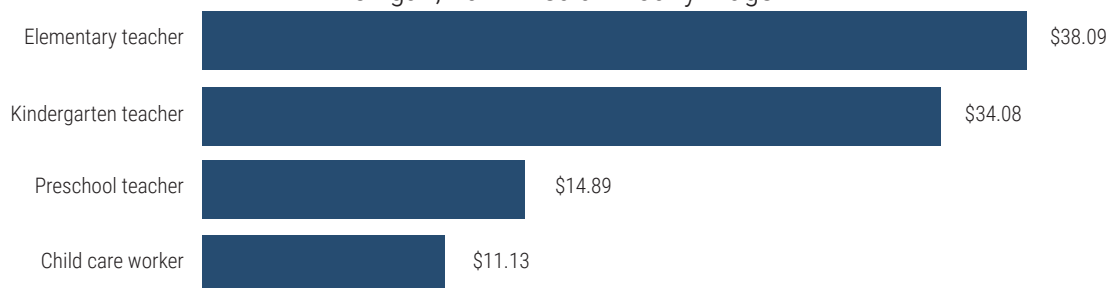


Source: Michigan Early Care and Education Workforce Study, University of Denver (2018)

- **The younger the child, the lower the pay for early educators.** Michigan child care teachers with bachelor's degrees are being paid 22% less than their colleagues in the K-8 system, with nearly 1 in 5 having incomes below the poverty line.⁵

The Younger the Child, The Lower the Pay

Michigan, 2019 Median Hourly Wage



Source: Center for the Study of Child Care Employment, University of California, Berkeley

- **Low wages have led to staffing shortages.** In a survey conducted between June 17 and July 5, 2021, 87% of child care centers indicated that they were experiencing staffing shortages that forced them to serve fewer children (49%), have a longer waitlist (38%), not open classrooms (25%), or reduce their operating hours (28%). Eight out of 10 centers identified wages as the

main recruitment challenge.⁶

- **Training requirements for early educators also vary by the age of children in the programs.** Despite the indisputable evidence that the greatest learning growth occurs in the first few years of life, teachers who work with infants and toddlers have fewer education requirements. Teachers who work with preschool-aged children are more likely to have a bachelors' degree (79%) compared to those who work with infants/toddlers (53%).⁷ In a 2018 survey, 73% of family child care providers and 76% of child care teachers expressed an interest in higher education, with the biggest barrier being the cost. Family child care providers faced the biggest barriers, including the need to take time off and the lack of substitute coverage.⁸

Home Visiting

- **Michigan has a diverse continuum of home visiting programs.** Michigan provides home visiting services through eight evidence-based models, including nurse visits after a child's birth and support for parent/child interactions by a family educator. These professionals collectively serve nearly 30,000 families, with the range of services available varying from community to community. Of the children served, 59% were under the age of one, with an additional 33% between one and two years of age.⁹
- **Michigan's home visiting programs face funding and staffing barriers to serving at capacity.** In a 2020 survey, one-third of Michigan home visiting programs reported that they were not able to function at 85% capacity for at least nine of the past 12 months in part because of staff turnover, with funding and wages being likely contributors. One-third of the programs surveyed had waiting lists for services, and of those, four in 10 had 10 or more families waiting.¹⁰ Home visiting program staff indicate that the most significant barriers they face in serving families in their community include: (1) limited funding to hire enough staff; (2) problems recruiting staff from different linguistic, racial and cultural backgrounds that match the community served; and (3) staff turnover, with more than one in five programs reporting that they had one or more full-time home visitor positions vacant, and one in 10 had a part-time position open.¹¹

Workforce Problems Limit Home Visiting Services

- 31% of programs had a waiting list
- 22% had one or more full-time home visitor positions vacant, and 12% had part-time vacancies
- 17% had a decrease in funding making it more difficult to hire enough staff
- One-third of programs said their staff reflects the diversity of the community they serve

Source: Michigan Home Visiting Needs Assessment 2020

- **More information is needed on the staff that deliver home visiting services and the professional development systems that support them.**¹² A 2020 national study found that home visiting staff have strong qualifications, with 73% having a bachelor's or higher degree. On average, home visitors earn less than workers in similar occupations, but earnings vary significantly by degree and field of study, with median weekly earnings of approximately \$713 per week—similar to preschool teachers, but higher than child care workers.¹³

- **Home visitors also have difficulties securing the training they want, and lack a clear career path.** Home visiting staff are satisfied with their work with families, but dissatisfied with their job earnings and opportunities for promotion. Lacking are enough opportunities for advancement needed to help retain qualified staff, as well as such basic supports as pay for preparation time and reflective supervision.¹⁴
- **Efforts to attract a more diverse workforce are ongoing.** Approximately one-third of Michigan's home visiting programs report that their staff reflects the diversity of the community they serve, and another third indicated that they were making progress toward that goal.¹⁵

Early On Michigan (Early Intervention)

- **Early On Michigan provides early intervention services to families of infants and toddlers.** *Early On* emphasizes early identification of children ages 0-3 with developmental delays or disabilities, and services that can enhance their development and take advantage of the significant brain growth that occurs during a child's first three years of life. In 2019-20, 21,739 children statewide received *Early On* services.¹⁶ Depending on the individual child, families need personnel from diverse disciplines with education, experience, and skills to support them with their children who often have complex physical, social-emotional, and/or communication needs.
- **There are significant shortages of qualified early intervention personnel available to work with families.** Michigan is experiencing extreme shortages in school psychologists, speech-language pathologists, early childhood teachers and other personnel necessary to support families statewide. *Early On* needs a funded strategy to support the recruitment and preparation of early intervention personnel in Michigan.
- **Due to Michigan's dual eligibility (a sub-population of children in *Early On* is also eligible for Michigan Mandatory Special Education), there are significant disparities in the workforce serving children through *Early On*.** With two systems serving birth to three early intervention, there are two sets of qualifications for personnel, with lesser qualifications for the broader *Early On* system. Shifting *Early On* to a unified and streamlined system, with one set of updated personnel standards, will help mitigate these workforce differences.
- **Michigan's recent increase in state funding for *Early On* is important, but not sufficient, making it difficult to provide the range of services necessary to meet the needs of eligible infants and toddlers and their families.** Across states, the top three barriers to early intervention are: (1) lack of providers to meet a range of service needs (61%); (2) lack of staffing at the lead agency level (53%); and (3) insufficient funding for services (51%).¹⁷

The barriers to a thriving and high-quality early childhood workforce

- **Too little is known about the early childhood workforce.** One of the primary signs of the low value placed on the early childhood workforce is the failure to collect and make public sufficient data on compensation, training, and working conditions across the early childhood sectors of child care, home visiting, and *Early On*. Without comprehensive data, it is more difficult to craft a cross-sector workforce strategy and assess its implementation over time.
- **Public investments in the people who work with infants and toddlers and their families fall far short.** Despite the proven impact of early childhood programs on children's learning and development, the high return on investment from intervening early and the long-term benefits

for the state's economy, Michigan does not adequately support a strong cross-sector early childhood workforce.

- **Many early childhood workers struggle to obtain additional education and training, and lack a pathway for career advancement.** Too few resources are available to ensure that early childhood workers can further their education and training, including needed credentials. The reality is that for many in the workforce, higher levels of education or training do not translate into higher wages or promotions.
- **Gender and racial inequities have suppressed wages and ignored the high-level skills needed to work with very young children and their families.** The early childhood workforce is disproportionately women—many of color—who are some of the lowest wage workers in the state.

Recommendations

1. **Workforce data:** The state must begin to comprehensively collect and make public data on the early childhood workforce across sectors, including workers in both public and private settings. Included should be data—disaggregated by race, ethnicity, geography, and type of setting—on wages, benefits, professional development opportunities, and qualifications as they relate to salary. While the state has made progress in documenting some early childhood demographic and child outcome data through MI School Data, comprehensive workforce data across the early childhood sectors is needed, with the data updated regularly and made public.
2. **Compensation:** Michigan must develop a strategy to improve compensation for the early childhood workforce, including phasing in wage increases that are based on a salary schedule that reflects the true cost of care—based on regularly updated cost-of-care analyses. For example, currently, child care teachers in Michigan do not have salary parity with teachers in pre-K through grade three settings, and the rates that child care businesses can charge depend largely on local income and property values—rather than the cost of providing services, making it difficult to raise wages. This market-based approach has suppressed wages and the quality of care in many lower-income communities in both urban and rural areas of the state. In addition, wages for early interventionists and home visitors often fall below the true cost of delivering services.
3. **Opportunities for professional development, education, training and credentialing to support existing child care workers and a career pathway:** As part of the wage/salary schedule developed, Michigan should create and implement a career pipeline for the early childhood workforce that increases opportunities for education, training, and credentialing, while connecting additional qualifications to increased pay and access to needed benefits. As part of that pipeline, the following should be addressed:
 - *Recruitment strategies* through high schools, vocational programs, colleges and universities that include coursework and credentialing across all professional roles in the prenatal-to-three workforce with a focus on equity and diversity. Additionally, the state should launch public education and outreach campaigns demonstrating the value of the early childhood workforce and the urgent need for more equitable compensation.

- *Retention strategies* that include compensation, professional recognition, manageable caseloads across programs, and support for leadership development for experienced members of the workforce.
- *Growth opportunities*, including professional development linked to promotion and increased compensation, and clear career pathways through a lens of equity, diversity and inclusion.
- *Implement a plan* to require and adequately resource implicit bias training for all early childhood employees and contractors at all levels as outlined by the Think Babies Michigan Implicit Bias Training Workgroup.

End notes

1 *The State of Michigan's Babies*, State of Babies Yearbook 2021, Zero to Three, Think Babies (2021).

2 *Early Childhood Workforce Index 2020 – Michigan*, Center for the Study of Child Care Employment, University of California, Berkeley.

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4 Caven, M., Khanani, N., Zhang, X., and Parker, C. Center- and Program-Level Factors Associated with Turnover in the Early Childhood Education Workforce (March 2021).

5 *Early Childhood Workforce Index 2020 – Michigan*, Center for the Study of Child Care Employment, University of California, Berkeley.

6 *Progress and Peril: Child Care at a Crossroads*, State Survey Data, National Association for the Education of Young Children (July 2021).

7 *Early Childhood Workforce Index 2020 – Michigan*, Center for the Study of Child Care Employment, University of California, Berkeley.

8 Roberts, A., Le, V., Schaack, D., Franko, M., and Morgan, K. *Michigan Early Care and Education Workforce Study*, Butler Institute for Families, Graduate School of Social Work, University of Denver.

9 *Families Served Through Evidence-Based Home Visiting in 2019*, National Home Visiting Research Center State Profiles – Michigan, 2020 Home Visiting Yearbook, James Bell Associates and the Urban Institute.

10 *Michigan Home Visiting Needs Assessment 2020*, Michigan Department of Health and Human Services Early Childhood Home Visiting Unit and the Michigan Public health Institute Center for Healthy Communities.

11 *Michigan Home Visiting Needs Assessment 2020*, Michigan Department of Health and Human Services Early Childhood Home Visiting Unit and the Michigan Public health Institute Center for Healthy Communities.

12 Sandstrom, H, et al., Home Visiting Career Trajectories, OPRE Report #2020-11, Urban Institute (February 2020).

13 Sandstrom, H, et al., Home Visiting Career Trajectories, OPRE Report #2020-11, Urban Institute (February 2020).

14 Sandstrom, H, et al., Home Visiting Career Trajectories, OPRE Report #2020-11 (February 2020).

15 *Michigan Home Visiting Needs Assessment 2020*, Michigan Department of Health and Human Services Early Childhood Home Visiting Unit and the Michigan Public health Institute Center for Healthy Communities.

16 *Child Count Trend Statewide: 2019-20/Early On/All Children*, MI School Data, the Center for Educational Performance and Information.

17 Greer, M., 2020 Tipping Points Survey, IDEA Infant and Toddler Coordinators Association (2020).