

Table of Contents

Introduction: The National Study of Child Care for Low-Income Families	I-1
Contents of this Report	I-2
Chapter One: Background to the Study	1-1
Chapter Two: Overview of the In-Depth Study of Family Child Care.....	2-1
Measures for the Study	2-2
Recruiting the Sample	2-7
Chapter Three: Description of the Parent and Provider Samples	3-1
Characteristics of Families and Focus Children	3-1
Characteristics of Providers.....	3-4
Characteristics of the Homes.....	3-7
Chapter Four: Parents’ Employment Patterns and Schedules	4-1
Mothers’ Employment	4-1
Mothers’ Work Schedules.....	4-2
Mothers’ Hours Away from Home in Work-Related Activities.....	4-2
Stability of Employment	4-4
Mothers’ Wages.....	4-4
Work-Related Benefits.....	4-4
Non-Working Mothers	4-5
Spouse’s or Partner’s Employment.....	4-5
Summary of Findings.....	4-6
Chapter Five: Child Care Arrangements	5-1
Finding Child Care.....	5-2
Where Do Parents Get Their Information About Child Care?	5-3
Knowledge of the Child Care Market	5-3
Reasons for Choosing Child Care Arrangements	5-5
Attitudes Toward and Beliefs about the Child Care Arrangement	5-6
Paying for Child Care	5-9
Experience with Subsidies	5-11
Summary of Findings.....	5-12
Chapter Six: Work and Child Care: Stress and Flexibility for Parents	6-1
Employment-Related Benefits.....	6-1
Balancing the Demands of Work and Family	6-1
Other Sources of Stress	6-3
Getting to the Caregiver’s Home	6-4
Summary of Findings.....	6-5
Chapter Seven: The Relationship Between the Parent and the Family Child Care Provider. 7-1	
Friendship and Conflict between the Parent and Provider	7-1
Provider Attitudes about Parents of Children in Care.....	7-2
Parent Attitudes Towards Their Family Child Care Provider	7-4
Summary of Findings.....	7-4

Table of Contents (continued)

Chapter Eight: The Family Child Care Provider.....	8-1
Reasons Providers Care for Children.....	8-1
Advantages and Disadvantages of Family Child Care.....	8-3
Stresses on Providers	8-6
Income from Child Care.....	8-8
Aspects of the Care Arrangement.....	8-9
Summary of Findings.....	8-14
Chapter Nine: The Family Child Care Environment.....	9-1
Space in Homes	9-1
Materials and Resources in Homes.....	9-2
Health and Safety in Homes	9-4
Summary of Findings.....	9-8
Chapter Ten: The Provider’s Interaction with Children.....	10-1
Provider Warmth, Guidance and Supervision	10-1
Fostering Children’s Social Learning	10-3
Supporting Children’s Play	10-5
Supporting Children’s Learning	10-6
Provider Emotional Responsiveness to Children.....	10-8
Summary of Findings.....	10-12
Chapter Eleven: Children’s Experiences in the Family Child Care Environment	11-1
Children’s Activities	11-1
Indications of Stress.....	11-7
Provider Involvement.....	11-9
Comparison with Child Care Centers	11-10
Summary of Findings.....	11-14
Chapter Twelve: The Focus Child’s Experiences in the Family Child Care Home	12-1
Child Object Play.....	12-2
Focus Child’s Play with Peers	12-5
Child’s Use of Language.....	12-7
Prosocial and Antisocial Behavior Among Children.....	12-10
Adult Contact with the Focus Child.....	12-13
Adult Language to the Child	12-17
Summary of Findings.....	12-20
Conclusions.....	C-1
References	R-1

Introduction: The National Study of Child Care for Low-Income Families

The National Study of Child Care for Low-Income Families is a five-year research effort that will provide policy-makers with information on the effects of Federal, state and local policies and programs on child care at the community level, and the employment and child care decisions of low-income families.¹ It will also provide insights into the characteristics and functioning of family child care, a type of care frequently used by low-income families, and the experiences of parents and their children with this form of care.² Abt Associates Inc. of Cambridge, Massachusetts, and the National Center for Children in Poverty at Columbia University's Joseph Mailman School of Public Health in New York City are conducting the study under contract to the Administration for Children & Families of the U.S. Department of Health & Human Services.

The study was initiated in the wake of sweeping welfare reform legislation enacted in 1996. It examines how states and communities implement policies and programs to meet the child care needs of families moving from welfare to work, as well as those of other low-income parents; how policies change over time; and how these policies, as well as other factors, affect the type, amount, and cost of care in communities. In addition, the study is investigating the factors that shape the child care decisions of low-income families and the role that child care subsidies play in those decisions. Finally, the study is examining, in depth and over a period of 2½ years, a group of families that use various kinds of family child care and their child care providers, to develop a better understanding of the family child care environment and the extent to which the care provided in that environment supports parents' work-related needs and meets children's needs for a safe, healthy and nurturing environment.

To address these objectives, study staff gathered information from 17 states about the administration of child care and welfare policies and programs, and about resource allocations. Within the 17 states, the study gathered information from 25 communities about the implementation of state and local policies and the influence of those policies and practices on the local child care market and on low-income families. Information on states was collected three times: in 1999, 2001 and in 2002, and on communities four times over the same period to allow us to investigate change over time in policies and practices.

¹ In this study, low-income families are those whose annual incomes make them eligible to receive subsidies under the guidelines used by the state in which they reside.

² In this study, family child care is defined as care by an adult other than a parent, related to the child or unrelated, in that adult's own home and outside the child's own home.

Chapter One: Background to the Study

Family child care is distinguished from center-based care both in terms of the numbers of children typically cared for and their relationship to the provider: Family child care typically involves small numbers of children, and children in family child care homes are often related to the provider, both because providers sometimes care for the children of relatives and because the provider's own children may be present in the home. Family child care is also characterized by the fact that most providers operate alone, without paid helpers. At the same time, adult members of the provider's own family may be present or even help out, and other members of the community may be present. All of these factors set family child care apart from most center-based care environments.

A decision was made early in the study to focus on a wide spectrum of family child care, from more formal care to care provided for a single child in a grandparent's home. Our hope was that the study would include a substantial amount of what is often called "informal" or "kith and kin" care. The terms, which are used interchangeably, include care provided by grandmothers, aunts and other relatives of a child, as well as care by neighbors, friends and other unrelated adults. These forms of care may or may not be legally exempt from licensing requirements, depending on the number of children in the home, their relationship to the caregiver, and the state in which the caregiver lives. In addition, if the caregiver receives a subsidy for the child's care, even those who are exempt from licensing requirements may be subject to some form of regulation such as, for example, a criminal records check.

A substantial number of young children in low-income families are cared for in someone else's home while their mother works. The Community Survey conducted in 1999-2000 as part of the National Study of Child Care for Low-Income Families found that just over half of children below the age of 13 in low-income families who were in non-parental care while their mothers worked were cared for in a relative's home (31%) or in a family child care home (20%).

Similarly, the 1995 Survey of Income and Program Participation found that between 33 percent and 34 percent of low-income children of working mothers were cared for in a relative's home, and between 19 percent and 20 percent were in family child care (Casper, 2000). The proportion of families that use relative care has remained quite stable over the last ten years while the use of family child care by a non-relative has declined somewhat as center-based programs have become more available, especially for three- and four-year old children.

We have only limited understanding of these kinds of care and why families use them. Some research suggests that the higher cost and lower availability of center care in low-income communities make family child care or "kith and kin" care the most likely options for poor families (Phillips, 1995; Galinsky et al., 1994; Casper, 1997; Emlen et al., 1999; Capizzano et al., 2000).

Mothers' work schedules almost certainly influence their choice of child care. Many low-income parents have entry-level jobs that require them to work non-standard hours or hours that vary day to day or week to week. Little formal child care is available at these times. A study of regulated child care supply in Illinois, for example, showed that less than one percent of the 148 slots per thousand children were in programs that offered evening hours (Collins and Li, 1997). As a result, mothers with off-hours work schedules are more likely than mothers who work day shifts to rely on family child care (Casper, 1997). One study found that close to 30 percent of employed AFDC recipients who used child care needed care before 6:00 am, after 7:00 pm, or on weekends; another estimated that one-third of low-income working mothers work on weekends (Sonenstein and Wolf, 1991; Hofferth, 1995). Mothers who work part-time are more likely to rely on a relative for child care, especially for children under five (Caruso, 1992; Casper, 1997; Folk and Beller, 1993; Hofferth et al., 1991). Centers find it difficult to accept part-time children because they use up a slot that could be filled by a child who needs full-time care. To compensate for the monetary loss, centers charge more per hour for part-time care, and the fewer hours that are needed, the higher the premium (Coelen et al., 1979). The same strategy is used by licensed family day care providers.

Parental values play a role in the decision to use family child care. Many families prefer to rely on relative and other providers whom they personally know and trust (Galinsky et al., 1994; Hofferth et al., 1991; Zinsser, 1991). These choices reflect deeply-held beliefs about the importance of arrangements that resemble parental care and providers who share parents' views about child rearing or are similar to them in other ways (Fuller et al., 1996; Galinsky et al., 1994; Smith, 1991; Zinsser, 1991).

Informal providers in these studies have less formal education than other providers and, among informal care providers, relative providers have the least formal education (Butler et al., 1991; Fuller et al., 2000; Galinsky et al., 1994; Siegel and Lomas, 1991). Informal providers tend to have more experience caring for children and less training in child care (Butler et al., 1991; Fuller et al., 2000; Galinsky et al., 1994; Kontos et al., 1995; NICHD, 1996).

Almost no earlier research has recruited and studied low-income families and their linked providers and followed children over time. The In-Depth Study breaks new ground in this respect, and in the size of the sample recruited and followed. The study examines many of the questions addressed above and, in addition, examines in more detail than prior research the daily experiences of children in relative and family child care.

Chapter Two: Overview of the In-Depth Study of Family Child Care

The study is designed to answer a broad range of questions about families that use family child care, their family child care providers and the family child care environment. With respect to families, the study addresses the following questions:

- What are the factors that influence parents to choose family child care? How do these change over time as children grow older?
- How do child care arrangements change over time and what are the reasons for the changes?
- How does the presence or absence of subsidy affect parents' choice of child care provider?
- How does the presence or absence of a subsidy affect the stability and continuity of the child care arrangement?
- How does the presence or absence of a subsidy affect the type, stability and continuity of parents' employment?
- What happens to parental employment and child care arrangements when families lose their subsidy?
- How do aspects of the family child care arrangement, such as the parent's relationship with the provider, the stability, continuity or flexibility of the arrangement, etc., affect parents' ability to work and to balance the competing demands of family and work?

With respect to providers, the study addresses the following questions:

- What is the background, education and experience of the providers?
- What is their motivation for providing child care services?
- How do providers view their role?
- What is the nature of the relationship between parents and providers?

The study investigates the following questions about the family child care environment:

- What are the characteristics of the care environment?
- What is the nature of young children's experience in the child care setting?
- What is the level of child functioning (in terms of language, social play and play with objects) in the child care setting?
- How do school-age children spend their out-of-school time?

How do children's experiences change over time?

The In-Depth Study was conducted in five of the 25 counties that are part of the National Study of Child Care for Low-Income Families. The five communities were purposely selected to offer geographic diversity, variation in state regulatory and subsidy policies, some variation in the rate of child poverty, and variation in ethnic mix. An important consideration was the willingness of local officials to cooperate and support the study. Finally the counties needed to contain a large enough number of subsidized families to make it possible to represent them in the study sample. The five counties selected were: Los Angeles County in California; Hamilton County (Cincinnati) in Ohio; Harris County (Houston) in Texas; King County in Washington; and Franklin County in Massachusetts, the one rural county chosen.

The design called for the selection of 650 low-income working parents with at least one child under age nine in family child care, and their 650 linked providers, across the five sites. Families had to be receiving or eligible for a child care subsidy. If more than one child was in family child care, one child was randomly selected to be the focus child. The sample was stratified by subsidy status and age of child. Exhibit 2-1 shows the planned distribution of the sample in each site. As the exhibit shows, the sample was designed to over-represent families that were receiving child care subsidies at recruitment. Once recruited, families were followed over the 2½ -year data collection period, regardless of changes in their child care arrangements. Parents and providers were interviewed every six to eight months, and, at the same time, the child was observed in the family child care environment (or another setting, if the care arrangement changed during the course of the study).

Measures for the Study

Three questionnaires and four observation measures were developed or adapted for the study. The questionnaires were designed to be administered in person to parents, providers and school-age children. All the measures are described briefly below. The measures themselves are contained in Volume 2.

Questionnaires

Parent Interview

The Parent Interview is designed to gather information on parents' employment status and work history, barriers to employment, current child care arrangements for all children in the family, current and prior arrangements for the focus child, knowledge of the local child care market, knowledge of and experience with subsidies, out-of-pocket child care costs, considerations in choosing a provider, attitudes, values and beliefs about child care, flexibility of work and child care arrangement, work and child care as sources of stress, and the parent's relationship with the provider. In addition, the interview gathers basic demographic information about the family.

Exhibit 2-1: SAMPLE DESIGN FOR THE IN-DEPTH STUDY

	Number of Families/Focus Children					Total
	Community 1	Community 2	Community 3	Community 4	Community 5	
<i>Families receiving child care subsidies at start of study</i>						
Focus child ≤ 5 years ^a	46	46	46	46	46	230
Focus child 6-9 years	52	52	52	52	52	260
All ages	98	98	98	98	98	490
<i>Families NOT receiving child care subsidies at start of study</i>						
Focus child ≤ 5 years ^a	14	14	14	14	14	70
Focus child 6-9 years	18	18	18	18	18	90
All ages	32	32	32	32	32	160
Total	130	130	130	130	130	650

^a Child age at start of study

Provider Interview

The Provider Interview obtains information about the provider’s education, training, child care experience and reasons for providing care. In addition, the interview probes the provider’s views on childrearing and the caregiver’s role, relationship with the child’s parents and the advantages and disadvantages of family child care. She is asked whether any of the care she provides is paid care and the fees charged for paid care, whether she receives subsidies for any of the children and, if so, whether she experiences any problems with subsidies. The interview is also used to gather information about the care environment including: the number and ages of children cared for, the number of children who receive a subsidy, the child care schedule and its flexibility, as well as items about health and safety practices that cannot be directly observed.

School-Age Child Interview

An interview for school-age children is used in two circumstances: first, when the child is in an organized after-school program, where he or she is not being observed; and secondly, in cases where an observation in the care setting cannot be scheduled or conducted. The interview includes questions about who provides the care and about other adults and children in the care setting, activities that the child engages in, both indoors and out and the child’s comfort with and security in the care setting.

Observation Schedule

Over a half-day observation of a family child care home, all four observation measures were completed according to a schedule. Two of the measures--the Provider Rating and the Environmental Checklist-- are completed once, but based on the observations over the entire half-day. The Classroom Snapshot and the Child Observation are completed multiple times across the half day, on the schedule shown in Exhibit 2.2. (Note that the schedule shown in Exhibit 2.2 represents an ideal schedule. The frequent off-hour care hours and relatively fluid daily schedules of child care homes meant that the schedule of observations often had to be adapted. The important issues for the observations, regardless of the exact schedule, involve the two measures that are completed multiple times. For the Snapshot, the critical issue was to obtain as many Snapshots as possible, spaced relatively evenly apart, over the full observation period. For the Child Observation, the critical concern was to obtain the full 30 minutes of observation during the time that the child was awake and involved in activities, with the five-minute sessions also spread evenly apart.)

Exhibit 2-2: SCHEDULE OF ADMINISTRATION OF OBSERVATION MEASURES IN A HALF-DAY OBSERVATION

	8-8:30 am	9-9:30	10-10:30	11-11:30	12-12:30	1pm
Environment Checklist [1 each half day]						↓
Provider Rating [1 /provider each half day]						↓
Environment Snapshot [1 every 20 minutes over half-day]	↓	↓	↓	↓	↓	↓
Child Observation [Two 15-minute coding periods, 1 record/20 sec]		45 20-sec records		45 20-sec records		
Provider Interview [1 per visit]						at end of observation

Reliability of the Observation Measures

The reliability of the observation measures developed for the family child care study was established as part of the pre-testing of the measures prior to the actual data collection. Reliability was established in different ways for different measures. For the Classroom Snapshot, two methods of establishing reliability were employed. First, a set of written vignettes (descriptions of children in a family child care home) were developed and pre-coded by the instrument developers. Another set of independent coders were trained on the measure and then asked to complete the vignettes. On the vignettes, reliability was calculated as the percent of agreement between the criterion coding and the coding by the observers being trained. The average level of agreement on the coding of the Classroom Snapshot against the criteria was 95 percent. The reliability varied only slightly across the different components of the Snapshot (activities, roster counts, summary classroom descriptors). In the field, double-coding of Snapshots by two live coders had lower but still acceptable inter-rater agreement (86%) as shown by their correlation; this somewhat lower reliability was caused most often by the difficulty in synchronizing two coders as to the exact moment in time reflected in the Snapshot coding.

For the Child Observation, the same two methods were employed to establish reliability. Against pre-coded descriptions of a child’s behavior in a five-second period, coders agreed with the criterion coding 87 percent of the time. The reliability for each of the seven categories ranged from 81 to 94 percent. In the field, inter-rater reliability averaged 79 percent, with the lower reliability again related often to the difficulty of coordinating two coders to observe exactly the same five seconds of the child’s behavior.

For the Environment Checklist, inter-rater reliability averaged 82 percent, with the disagreements always representing a difference of one point on the rating (a code of “always” versus a code of “sometimes” or “sometimes” versus “rarely”) rather than representing a large discrepancy in how coders perceived the environment (e.g., one coder choosing “always” and the second coder choosing “rarely”).

For the Provider Rating, one of the components—the Arnett Caregiver Rating—has been used in many other studies and has been reported to have high reliability. The remainder of the Provider Rating was assessed in terms of inter-rater agreement on the coding. Across the items, the average inter-rater agreement was 79 percent.

Recruiting the Sample

Our original strategy for recruiting the sample of parents and linked providers was to obtain linked lists of subsidized parents and family child care providers in each of the five sites from state child care subsidy agencies. Lists of subsidized providers are theoretically in the public domain, and child care agency staff in the five selected states assured us cooperation in getting lists of subsidized parents. Because these lists would contain many more names than we needed, our plan was to do the initial recruiting by telephone from Abt. Telephone interviewers would call randomly selected parents, screen for continued eligibility, attempt to recruit the parent and ask the parent to encourage her provider to participate. They would then call the linked provider, screen to ensure that she was indeed a family child care provider (rather than a center) and was still providing care for a child in the family just recruited, and attempt to recruit her to the study. We anticipated that the process might entail several callbacks until the parent and provider jointly agreed to participate. Once both members of the pair agreed to participate, the names would be sent to field staff, so that interviews and observations could be scheduled. Parents and providers were both offered a financial incentive to participate in the study.

Our plan was to recruit approximately 500 subsidized parents and their linked providers in this way and then to use these parents and providers to help us find approximately 150 unsubsidized families and their providers, to complete the sample of 650 paired parents and providers.

Recruiting Through Lists

In reality, this strategy could be implemented in only one site – **Hamilton County (Cincinnati)** Ohio, where the state was willing to merge parent and provider lists and where there was no legal

In **Harris County (Houston)** Texas, the subsidy lists were maintained by the local subsidy agency, whose staff were very willing to cooperate. However, they were constrained by a ruling from the state's legal staff that active consent was required. As in Washington State, the subsidy agency sent out letters in English and Spanish to thousands of parents and providers asking them to give active consent to be contacted and recruited, and supporting the study. Only ten pairs of names were obtained through this effort.

A similar procedure was followed in **Franklin County**, Massachusetts, the single rural site in the study. Although we selected this site because it was estimated to have more subsidized families than our other rural sites, the number of families potentially eligible to participate was less than twice the desired sample. The initial mailing was, therefore, to a very small number of parents and providers and, since active consent was required, yielded only a handful of pairs to be recruited.

In **Los Angeles County**, California, a similar procedure was followed, but only after prolonged negotiations with the county agency that administers subsidies. The agency staff member at first assured us that only passive consent would be required, only to inform us a week before letters were sent out that he had received a legal ruling stipulating that active consent would be required. This mailing also produced a handful of parents and providers who agreed to be contacted.

The probable failure of this strategy became apparent to us in the fall of 1999, at the beginning of Year 3. We therefore decided to recruit and train on-site recruiters, who would work closely with the on-site interviewers but whose only job would be to find and recruit parents and providers.

Recruiting with On-Site Recruiters

In the fall of 1999, we decided to hire and train on-site recruiters in four of the five sites. In Ohio, interviewers were still working through parents and providers recruited through lists, and one of the interviewers was already actively pursuing other possible recruiting strategies.

Through our Field Managers, we placed ads in local papers, recruited, interviewed and hired four recruiters (we hired an African-American recruiter initially, in Los Angeles and then hired an additional Hispanic recruiter for that site), and brought them to Cambridge for training.

We instructed the recruiters to pursue a variety of strategies to recruit parents and providers including: searching the Web, local phone books and other media for provider lists and organizations; posting notices about the study in community colleges, stores, local churches, housing projects, WIC clinics and community agencies; talking to local CCR&R s and other referral agencies. We trained recruiters to give a brief presentation about the study, if invited by provider organizations or church groups.

Chapter Three: Description of the Parent and Provider Samples

This chapter describes the parents and providers that form the analytic sample for this interim report. They constitute more than 90 percent of the study sample of parents and providers.³ The parents and providers described in this report were all recruited and interviewed by Summer 2001. To be eligible to participate in the study, a parent had to be working or in school for 20 hours or more a week, to have at least one child between the ages of one and nine in family child care or cared by a relative in the relative's home, and have an annual income that made the child eligible for a child care subsidy, under the rules of the state in which the child lived. There were no eligibility requirements for the providers who cared for the focus child.

Characteristics of Families and Focus Children

Ethnicity. There are a total of 618 families in this analytic sample; more than half of them (53%) are Black Non-Hispanic, 23 percent are White Non-Hispanic, 17 percent are Hispanic, and the remaining 7 percent are Asian, Pacific Islander or multi-racial.⁴ All but 6 percent of the mothers were born in the United States and in all but a handful of the families (2%) English is the primary language used in the home.

Household Composition. Seventy-nine percent of the families were headed by a single parent. In 60 percent, there was a single mother, with no other adult present; in 2 percent there was a single father with no other adults. In 23 percent of homes, there was a spouse or partner present. The other 17 percent of homes had a mother with no spouse present, but with one or more adults living in the home. The number of adults in the household varied across different ethnic groups; just over one-third (37%) of the Hispanic households contained a single mother and no other adults, compared with three-quarters (76%) of the Black households (Exhibit 3-1).

One quarter (25%) of the families had only one child under age 18 in the home; 37 percent had two children and the remaining 38 percent had three or more children (Exhibit 3-2). Just under half (45%) of the households contained three or fewer people; of the remaining 55 percent, about half (27%) contained four persons and the remainder (28%) had five or more persons. The White households were smaller than those of other ethnic groups; only 16 percent of the White households contained five or more persons, compared with 39 percent of the Hispanic households and 31 percent of the Black households (Exhibit 3-3).

³ Although 665 paired parents and providers were recruited and interviewed, not all of the data were processed for these analyses. The analytic samples for this report are 618 parents and 533 providers. It is common for the provider interview and observation to lag behind the parent interview because of scheduling difficulties (e.g., the focus child must be present).

⁴ In exhibits, these ethnic categories are labeled as White Non-Hispanic, Black Non-Hispanic, Hispanic, and Other. In the text, the shorter labels of White, Black, Hispanic and Other are used.

Exhibit 3-1: ADULTS IN THE HOUSEHOLD**Number of Adults by Ethnicity of Family**

	White/ Non- Hispanic %	Black/ Non- Hispanic %	Hispanic %	Other %	All Families %
Single parent, no other adult	61	76	37	37	62
Mother and spouse/partner	23	9	42	38	21
Mother, no partner, other adult(s)	16	15	21	25	17
<i>Sample size</i>	145	325	107	44	618

Source: Parent Interview

Exhibit 3-2: CHILDREN UNDER 18 IN THE HOME**Number of Children by Ethnicity of Family**

	White/ Non- Hispanic %	Black/ Non- Hispanic %	Hispanic %	Other %	All Families %
1 child	38	16	32	38	25
2 children	40	38	33	25	37
3 or more children	22	46	35	37	38
<i>Sample size</i>	145	325	107	41	618

Source: Parent Interview

Exhibit 3-3: HOUSEHOLD SIZE**Number of Household Members by Ethnicity of Family**

	White/ Non- Hispanic %	Black/ Non- Hispanic %	Hispanic %	Other %	All Families %
2 members	25	12	17	12	17
3 members	32	29	21	25	28
4 members	27	28	23	38	27
5 or more members	16	31	39	25	28
<i>Sample size</i>	145	325	107	41	618

Source: Parent Interview

Mother's Education. Almost half of the mothers in the sample had some education beyond high school. Of these, 6 percent had college degrees another 6 percent had an associate degree, and more than one-third (35%) had a year or more of college. Sixteen percent had not completed high school; the remainder had a high school diploma (28%) or a GED (10%).

Household Income. Twenty percent of the families had an annual household income of less than \$10,000, almost half (46%) had annual incomes between \$10,000 and \$20,000, and almost one-quarter (22%) had annual incomes between \$20,000 and \$30,000. Less than 10 percent had incomes over \$30,000. When household size was considered, 43 percent of all the families had incomes below the Federal poverty level (FPL).

Age of the Focus Child. As we noted earlier, although we obtained some information about the child care arrangements of all the children in the family under the age of 13, we selected one child in the family as the focus child. Detailed data were collected on the focus child's child care history and current child care schedule. In addition, we used this child as the reference child for questions addressed to the parent about her reasons for selecting the provider, among other topics. Finally, the focus child was the object of an observation measure that looked closely at the experience and functioning of an individual child in the provider's home.

Of the 618 focus children, 31 percent were between 12 and 36 months of age at the time of the first interview; a larger proportion (39%) were school-age – between the ages of five and nine. The remaining 30 percent were preschoolers (37 – 60 months) at the time of the first interview with the parent.

Child's Relationship to Provider. More than one-third (36%) of focus children were related to the adult who provided out-of-home care for them while the mother worked or attended classes. White families in our sample were less likely than families in other ethnic groups to use relative care (Exhibit 3-4). A higher proportion (45%) of school-age children were cared for by relatives, compared with 26 percent of children under three years and 35 percent of preschoolers (3 to 5 years).

Exhibit 3-4: RELATIVE CARE

Use of Relative Care by Ethnicity of Family

	White/ Non- Hispanic %	Black/ Non- Hispanic %	Hispanic %	Other %	All Families %
Non-relative care	87	54	61	68	64
Relative care	13	46	39	32	36
<i>Sample size</i>	145	325	107	41	618

Source: Parent Interview

Subsidy Status. At the time of the first interview, 78% of the families in the study were receiving a child care subsidy. In the study sample, Black families were most likely and

Hispanic families least likely to be receiving a subsidy (89% vs. 50%; Exhibit 3-5). Two-thirds (66%) of the subsidized families used care provided by a non-relative for the focus child. More than two-thirds of the children who received subsidies lived in single-parent households with no other adult present. Families with incomes below 100 percent FPL were more likely to receive a subsidy (86% vs. 72%).

Exhibit 3-5: RECEIPT OF SUBSIDY

Receipt of a Child Care Subsidy by Ethnicity of Family

	Family Ethnicity				
	White/ Non- Hispanic %	Black/ Non- Hispanic %	Hispanic %	Other %	All Families %
Receives child care subsidy	74	89	50	78	78
Sample size	145	325	107	41	618

Source: Parent Interview

Characteristics of Providers

There are 533 child care providers in the analytic sample for this report. The discrepancy in the numbers of parents and providers reflects the fact that interviews and observations in the provider’s home often lag behind the parent interview because they are more difficult to schedule. Visits must be rescheduled if the focus child is absent for any reason, or if the provider is ill or unable, for other reasons, to accommodate a visit.

Demographic Characteristics of Providers. To a large extent, the ethnicity of the providers reflects the ethnicity of the families for whom they provided care; 55 percent are Black, 32 percent are White, 8 percent are Hispanic and the remainder are Asian/Pacific Islander or of mixed ethnicity. More than half (55%) were married and living with a spouse or partner, 27 percent were divorced or separated and the remainder were widowed (5%) or never married (13%). Caregivers ranged in age from 18 to 79 years; the average age was 44 at the time of the interview.

Provider Education and Training. *The majority of the family child care providers (78%) completed high school. More than a third (38%) attended some college without receiving a four-year degree, and another 5 percent had a college degree. Providers who cared for unrelated children were almost three times as likely to have some education beyond high school as those who cared for related children only (Exhibit 3-6).*

The differences in educational background between related and unrelated providers are similar to those found in other studies. Galinsky et al. (1994) reported that 46 percent of relative providers in their sample had not completed high school, compared with 33 percent of unregulated non-

relative providers and 6 percent of licensed providers.⁵ Other researchers have reported similar differences in formal education across different types of family child care providers (e.g., Siegel and Loman, 1991; Fuller et al., 2000). The Growing Up in Poverty Project found that just over one-quarter of kith and kin providers had some post-high school formal education, compared with 51 percent of licensed family child care providers (Fuller et al. 2000).

Exhibit 3-6: PROVIDER EDUCATION

Level of Education by Type of Home

	All Children Related to Provider	Some Children Related to Provider	No Children Related to Provider	All Family Child Care Homes
	%	%	%	%
< 9 th grade	8.9	3.2	0.8	3.4
8-11 th grade—no degree	29.0	12.7	4.9	12.9
High school degree/GED	39.5	36.7	34.6	36.3
Some college/AA degree	17.7	43.0	44.3	37.8
College degree (BA or higher)	4.8	4.4	15.5	9.6
<i>Sample size</i>	<i>124</i>	<i>158</i>	<i>246</i>	<i>529</i>

Source: Provider Interview

The majority of providers (82%) had taken one or more courses in child care or early childhood education. Across all providers, the most common type of training was a child care course or workshop (48%), followed by a child development course (39%) and teacher training (34%). Almost all of the providers who cared for unrelated children had taken such courses compared with less than half of those who provided care only for related children (Exhibit 3-7).

Provider Experience in Family Child Care. Caregivers in this sample had been providing family child care for more than seven years, on average. Only 5 percent of providers had been in family child care for one year or less, and another 2 percent for less than three years. One quarter of the providers had been providing family child care for more than ten years. There was little difference in experience between providers who were caring for only related children and other providers – 8 years versus 7 years. This sample of providers is probably more stable than a representative sample of licensed providers, in which as many as one-third might be expected to have less than a year’s experience.⁶

⁵ Galinsky’s sample, like that of all the researchers who have studied family child care, is a sample of convenience, rather than a representative sample.

⁶ In our use of licensing lists for studies of the Child and Adult Care Feeding Program (CACFP), we found that about one-third of providers stop providing care each year and are replaced by new ones.

Exhibit 3.7: PROVIDER TRAINING
Child Care or Early Education Training by Type of Home

	All Children Related to Provider %	Some Children Related to Provider %	No Children Related to Provider %	All Family Child Care Homes %
Child care courses/ workshops	15.2	57.6	59.0	48.3
Child development courses/training ^a	10.4	43.7	50.6	39.1
Teacher training	10.4	41.0	42.4	34.2
Health-related training/ courses	8.0	15.8	20.1	15.9
Social services/social work training	1.6	8.2	11.2	8.1
Other related topics	11.2	6.3	11.6	9.9
Any training	48.0	92.8	93.0	99.3
<i>Sample size</i>	<i>125</i>	<i>158</i>	<i>249</i>	<i>532</i>

^a Including Child Development Associate (CDA) training

Source: Provider Interview

Licensing, Monitoring, and Professional Memberships. There are a number of ways in which family child care providers may be involved with outside agencies or organizations concerned with the quality of care. This includes formal licensure, participation in professional child care organizations, and contact with other providers.

Whether or not a family child care home needs to be licensed or is exempt from licensing requirements is defined differently in the five states. The majority of providers in the sample (73%) were state-licensed family child care providers. The percentage of providers who were licensed varied widely by type of home (Exhibit 3-8). Nearly all providers who cared for unrelated children were licensed, compared with fewer than 15 percent of those who cared for related children only.

We need to recognize that legally license-exempt homes that receive a child care subsidy for one or more children may also be subject to some regulation and monitoring by the agency that administers the subsidy. Even among the homes that were not licensed, another 19 percent that cared for subsidized children may have been subject to some requirements. Only 7 percent of providers were neither licensed nor cared for any subsidized children. (Exhibit 3.8)

A quarter of all the providers belonged to a family child care organization. In general, providers who cared only for related children were less closely tied in with monitoring agencies, professional groups or more informal groups of family child care providers. Fifteen percent of providers were sponsored by an agency or other organization, and all of these providers participated in the Child and Adult Care Feeding Program, a Federal program that provides subsidies and nutrition guidelines for meals served in child care settings. In addition, over half

of the providers met with other family child care providers for training or support. For all these types of affiliations, the proportion of providers who belonged was much larger for providers who cared for some or all unrelated children. While a third of these providers were part of a family child care organization, this was true for only 3 percent of providers who cared for related children only (Exhibit 3-8). Also, over 60 percent of providers with some or no unrelated children met occasionally with other providers, versus 28 percent of providers who cared only for related children (Exhibit 3-8).

Exhibit 3-8: LICENSING STATUS, MONITORING, AND PROFESSIONAL MEMBERSHIPS OF FAMILY CHILD CARE PROVIDERS

Percentage of Providers by Type of Home

	All Children Related to Provider %	Some Children Related to Provider %	No Children Related to Provider %	All Family Child Care Homes %
Licensing Status and Monitoring				
Licensed by state	13.6	92.7	90.5	73.4
Not licensed, receive subsidies	68.0	2.0	7.6	19.2
Not licensed, no subsidies	18.4	5.3	1.9	7.4
Memberships				
Family child care organization ^a	3.2	28.0	35.1	25.5
Sponsored group ^b	18.4	17.7	12.7	15.6
Child and Adult Care Food Program	18.4	17.7	12.7	15.6
Meet with other providers ^c	27.8	61.0	73.2	56.9
<i>Sample size</i>	<i>125</i>	<i>158</i>	<i>247</i>	<i>530</i>
^a Examples of organizations include the Family Day Care Professional Association or the National Association for the Education of Young Children				
^b Sponsoring groups include churches, Head Start, private charities, and other agencies that organize family child care programs.				
^c For training or support.				
<i>Source: Provider Interview</i>				

Household Income. The average annual household income of providers was \$36,570; median income was \$28,500. Providers who cared only for children unrelated to them had higher household incomes than providers in the other two groups (\$44,734 vs. \$35,931 for providers with a mix of related and unrelated children and \$20,375 for providers who cared only for relatives' children).

Characteristics of the Homes

Number of Children. The number of children enrolled in the family child care homes ranged from a single child to 20 children,⁷ with an average of just over six children across all homes. The number of children actually present in the home at any one time ranged from a single child to thirteen children, with an average of three enrolled children. Homes in which all children

⁷ Some of the homes in the study operated up to 24 hours a day, with several shifts and different children at each shift or on different days.

were related to the caregiver tended to be smaller, with an average of three children and a range of from one to ten children (Exhibit 3-9). Compared with these, homes in which only some or none of the children were related to the caregiver were more than twice as large, on average. On average, these homes provided care for seven to eight children; the largest homes had an enrollment of twenty children.

Exhibit 3-9: ENROLLMENT IN THE FAMILY CHILD CARE HOME

Average Number of Children by Type of Home

	All Children Related to Provider		Some Children Related to Provider		No Children Related to Provider		All Family Child Care Homes	
	Mean	Range	Mean	Range	Mean	Range	Mean	Range
Number of children	2.8	1-11	7.4	1-20	7.7	1-20	6.3	1-20
Sample size	147		262		144		553	

Source: Family Child Care Home Observation: Roster

Ages of Children. Almost half (45%) of the homes provided care for children in all age groups--infants, toddlers, preschool children and school-age children (Exhibit 3-10). Conversely, only a fifth of homes provided care for a single age group. The majority of homes (80%) provided care for infants but, in most homes, infants were cared for with older children. Homes in which all children were related to the provider were more likely to serve a single age group and were more likely to have at least one infant in care (Exhibit 3-10).

Exhibit 3-10: AGES OF CHILDREN IN THE FAMILY CHILD CARE HOME

Age Groups Enrolled by Type of Home

	All Related Children %	Some Related Children %	No Related Children %	All Homes %
Single Age Group				
All infants/toddlers	13.6	6.0	4.5	7.3
All preschoolers	9.7	0.0	0.4	2.8
All school-age children	24.5	2.7	4.5	9.4
Mixed Ages				
Infants/toddlers and preschoolers	14.2	16.7	16.4	15.9
Infants/toddlers and school-age	20.0	9.3	9.3	12.2
Preschoolers and school-age	8.4	4.7	8.6	7.5
All age groups ^a	9.7	60.7	56.5	45.0
Sample size	147	262	144	553

^a Includes homes with at least one infant or toddler, one preschooler and one school-age child..

Source: Family Child Care Home Observation: Roster

Presence of Subsidized Children. Seventy-one percent of the children in the family child care homes were subsidized, and most of the homes in the sample (89%) had at least one child enrolled who received a subsidy. The proportion of subsidized children varied markedly by type of home. In homes in which all children were related to the provider, 90 percent of children

were subsidized, compared with 75 percent in homes with some related children and 60 percent in homes with no related children (Exhibit 3-11).

Exhibit 3-11: SUBSIDIZED CHILDREN IN THE FAMILY CHILD CARE HOME

Proportion of Subsidized Children by Type of Home

	All Children Related to Provider %	Some Children Related to Provider %	No Children Related to Provider %	All Family Child Care Homes %
Subsidized children	90.1	74.7	59.7	70.8
<i>Sample size</i>	125	158	249	532

Source: Provider Interview

Presence of Related Children. Two kinds of related children can be found in a family child care home. First are related children who do not live with the provider; these are most often grandchildren or (less frequently) nieces/nephews for whom she is providing child care. A majority (54%) of homes in this sample had at least one of these children in care. (Exhibit 3.12). Second, are the providers’ own children who are living in their households at the same time that they care for other children. In nearly one-third of family child care homes (31%), the provider took care of her own children during at least some of the hours she cared for other children.⁸ In 20 percent of homes, the provider had more than one of her own children present during the hours of care. Providers who cared for their own young children were less likely to care for other related children and more likely to care for unrelated children.

Exhibit 3-12: Presence of Related Children In the Family Child Care Home

	Types of Related Children in Care %
Provider’s own children present, no relatives’ children	20.2
Relative’s child(ren) present, no provider’s children	42.4
Provider’s own <u>and</u> relative’s child(ren) present	10.8
Only unrelated children present	26.5
<i>Sample size</i>	553

Source: Family Child Care Home Observation, Provider Interview

Adults in the Family Child Care Homes. In the majority of homes, the provider was the only adult caregiver in the home. In 22 percent of homes, one or more assistants were present (Exhibit 3-13). In homes with an assistant, the assistant was present most of the day. In addition to assistants, adult family members of the provider were also present. Adult family members were observed in nearly 30 percent of the homes during day-time hours.

⁸ In the analyses, “related children” refers to relatives’ children but not the provider’s own children who are living in the same household and are present during hours of child care.

Exhibit 8-7: ANNUAL INCOME FROM CHILD CARE AND ITS PROPORTION OF HOUSEHOLD INCOME

Average and Median by Type of Home

	All Children Related to Provider	Some Children Related to Provider	No Children Related to Provider	All Family Child Care Providers
Annual household income				
• Mean income	\$20,275	\$35,932	\$44,733	\$36,571
• Median income	\$16,000	\$30,000	\$39,000	\$28,500
Annual income from child care				
• Mean income	\$4,083	\$20,556	\$23,299	\$19,200
• Median income	\$2,000	\$19,999	\$18,000	\$16,000
Income from child care as % of household income				
• Mean proportion of HH income	27.6	63.2	59.8	56.4
• Median proportion of HH income	13.3	63.1	56.4	50.0
<i>Sample size</i>	125	158	249	532

Source: Provider Interview

Aspects of the Care Arrangement

Family child care homes differ from centers, and may be more responsive to the needs of some families, in terms of their schedules, their willingness to accommodate sick children and their flexibility with respect to both schedule and fees.

Schedule of Care

Family child care providers were asked about their hours of operation; the total number of hours in a day that children can be in the setting, the availability of off-hours care (nights and weekends), and the flexibility of care (irregular schedules) (Exhibit 8-8).

Annual Schedule. Family child care homes typically operate year-round and offer more flexible hours of operation than most child care centers. The family child care homes in this sample provided care, on average, 50 weeks of the year. However, almost half (45%) provided care all 52 weeks of the year. This was more often true for relative care (80%), compared with the other types of home (35%). A few homes that provided care only for related children did so during the nine months or so of the school year. Presumably they provided before- and after-school care, and parents made other arrangements during the summer and other school vacations.

Hours Each Day and Week That Care is Provided. In addition to providing care year-round, homes in the study provided care beyond the standard hours that a center would

typically be open. On average, care was provided for 13 hours a day, but 5 percent of the homes provided care for virtually 24 hours. Across all homes, care was provided for an average of 67 hours a week. In homes with only related children, care was provided for fewer hours per week, on average, than in homes with some or all unrelated children (57 hours vs. 69 and 71 hours respectively).

Care During Non-Standard Hours. Many of the parents in the study worked during non-standard hours or had irregular schedules, and many homes were able to accommodate these schedules. More than half (51%) of the homes provided care during weekend hours, and a majority (58%) provided off-hours care. Almost half (47%) of the providers combined off-hours care with a willingness to accommodate irregular and varying schedules, and an additional 15 percent would accommodate varying schedules within standard hours. In addition, most (77%) of the providers made special arrangements for early drop-off or late pick-up at the parent's request.

Homes in which all children were related to the provider were more likely to provide weekend care (71%) and to accommodate both off-hours and irregular schedules (70%).

Exhibit 8-8: SCHEDULE AND HOURS OF OPERATION IN FAMILY CHILD CARE

Average Hours Open and Proportion with Special Arrangements by Type of Home

	All Children Related to Provider	Some Children Related to Provider	No Children Related to Provider	All Family Child Care Providers
Average # weeks open in a year	51.4	51.0	50.7	50.9
Homes open 52 weeks a year (%)	80.2	35.3	34.6	44.7
Average # hours of care each day	12.8	13.4	12.8	13.0
Makes special arrangements for: (%)				
• For early/late pick-up/drop-off	58.1	83.4	86.2	78.8
• For weekend care	71.2	49.6	39.2	48.1
• For off-hours care	70.4	61.5	50.2	58.4
• For irregular/varied schedules	69.6	64.1	57.6	62.4
Charges extra for early/late pick-up or drop-off (%)	15.5	34.3	43.4	35.7
<i>Sample size</i>	125	158	249	532

Source: Provider Interview

Care Arrangements for Children who are Sick

Working parents are faced with a problem when children are sick. Most centers and many family child care homes will not allow a parent to bring a sick child to the center or home and will ask parents to come and pick up a child who falls sick while in care. Providers were asked about arrangements when a child is sick, when they themselves are sick, and in an

Indoor Play Materials

The average score for indoor play materials was 2.4 out of 3, where 1 = few, 2 = some, and 3 = adequate (Exhibit 9.2). The majority of homes (about 70%) had enough developmentally-adequate indoor play materials for preschool and younger children enrolled in the home, but only 58 percent of homes had adequate materials for school-age children.

Exhibit 9-2: INDOOR PLAY MATERIALS IN THE FAMILY CHILD CARE HOME

Distribution of Ratings and Average Score for Indoor Play Materials

	Few %	Some %	Adequate %	Overall Rating Mean
Developmentally-appropriate materials for: ^a				
• Infants ^b	10	21	69	2.6
• Toddlers ^b	10	20	70	2.6
• Preschoolers ^b	10	21	69	2.6
• School-age ^b	18	24	58	2.4
Sufficient appropriate outdoor toys	11	15	74	2.6
Household items used in learning/play ^c	66	NA	34	1.7
At least 10 books appropriate for each age	24	28	48	2.2
Some books accessible to all children	12	21	67	2.6
Materials for language and dramatic play	16	20	34	2.5
Basic art materials	22	21	57	2.3

Sample size (n=554 homes)

^a Rated only if any children of that age enrolled.

^b Infants = birth - 11 months, toddlers = 12 - 35 months, preschool = 36 - 59 months, school-age = 60 months and older.

^c item coded as only "No" or "Yes" with no code for "Some".

Source: Family Child Care Home Observation: Environment Checklist

Some specific kinds of indoor play materials were less often in adequate supply than others. Although most homes had some books accessible to children, less than half of the homes had at least ten books appropriate for each age group cared for in the home. Basic art materials were available in only 57 percent of homes, while only a third of the homes had an adequate amount of materials to encourage dramatic and language play. In general, there were no large differences in the adequacy of play materials for homes of different types²⁰ or for homes with different ages of children.

Outdoor Play Materials

The majority of homes (74%) had adequate outdoor play materials. Only 11 percent of homes had few outdoor play materials, and the remaining 15 percent had some outdoor materials. The average score for outdoor play materials was 2.6 out of 3 and did not differ by the type of home or the ages of children in care.

²⁰ "Type of home" refers to the three-category variable indicating the presence of children in the home who were related to the provider: no related children, some related children, or all related children.

Chapter Twelve: The Focus Child's Experiences in the Family Child Care Home

Descriptions of the family child care environment in terms of provider behavior and physical characteristics of the home can give us a sense of what life is like for children being cared for in the home, but this information cannot really tell us what an individual child might be experiencing. For that, we undertook an observation that focused on one child in the child care home to understand what that child does while in care, the type and amount of interactions with other children and adults in the home, and the type and amount of the child's language experiences with other children and adults. This picture of care from the child's point of view is a valuable addition to the provider-centered descriptions of care that dominate the literature. In addition, in this study, we are focusing on specific families and a selected child in each family—the focus child. We talk with parents about their choice of care for that particular child and how it fits with their job schedule. By developing a picture of the focus child's experiences in care, we will be able, in subsequent analyses, to link the parent's needs and attitudes to the child's experiences.

The information on the focus child comes from the Child-Focused Observation. This measure provides detailed information on the child in six intensive five-minute observation periods,³¹ distributed over the half day of observation. By scattering the observations, we hoped to capture a more representative picture of the child's life in care. The observation provides information on six aspects of the child's experiences:

- The kind of *object play* that the child engages in. The level of his or her object play is an accepted indicator of the child's developmental level.
- The child's *play with peers*. These data tell us something about the quality of the child's social life in care. In addition, the level of complexity of the child's level of social interactions provides another indicator of the child's development.
- The child's *language with peers and adults* is an important indicator of the child's language learning and overall cognitive development.
- The *prosocial and antisocial behavior that the child exhibits and experiences* from peers are critical in the eyes of many parents and early childhood educators. The development of empathy is an important part of our long-term socialization goals for our children, and the expression of prosocial behavior is an indicator of the beginning of this social learning. At the same time, antisocial behavior suggests a child who is not developing and perhaps not being taught about the importance of accommodation and trying to understand

³¹ Information is coded fifteen times during the five-minute period, in a cycle of five seconds of observation and 15 seconds of recording.

the needs and feelings of other people. The observation describes the behavior of the focus child, as well as what the focus child experiences from other children in the setting in terms of antisocial and prosocial behavior.

- The intensity of the child’s *contact with the adult(s)* in the care environment—this part of the observation tells us whether the child experiences a high level of contact with the adult(s) in the environment, whether he or she experiences any visual or physical contact.
- The *language of adults with the child*—again, this information tells us about the language input that the child receives from the adult(s) in the care environment, not only the amount but its qualities—is it in the service of teaching or managing the child, is it positive or negative? The adult in family child care is a major determinant of the quality of the child’s experience, and adult language is a good indicator of the relationship between the adult and the child.

It is important to add here that, while there may be some disagreement about the extent to which, for example, the health and safety criteria discussed earlier are reasonably applied to a relative’s home, there is probably a consensus of opinion on the importance of the experiences described above, in any care setting, including the child’s own home.

Below we describe the results from the Child-Focused Observation, organized around these seven aspects of the child’s experiences in care. Because the observation is conducted across the half-day of care and because the observations are time-sampled, i.e., carried out on a systematic and consistent schedule during the observations, we talk about the findings in terms of percent of time.

Child Object Play

A large part of the child’s experiences in care involves activities with objects, play materials, art materials, and/or materials from the natural world. In the child development literature, the level of the child’s play with objects has been identified as a mirror into the child’s cognitive development. As children develop, their play with objects becomes more complex and abstract, less tied to the actual characteristics of the objects themselves. They use objects imaginatively, as props in their make-believe worlds. This type of object play denotes a level of cognitive development in which the child plans and enacts play behaviors that involve abstract thinking. Good child care environments encourage and support cognitive development by providing materials and by giving children time, space and psychological support for object play.

In the observations, the child was engaged in object play just over half of the time (51%). This amount of object play is, in fact, relatively low, but not unexpected, given the findings from the Environment Snapshot reported in Chapter 11 that much of children’s time is spent in routine activities or watching television, neither of which involves object play. Six levels of object play are distinguished on the measure, ranging from the most simple (carrying objects, mouthing them), which are typical for very young children, to the most complex, using the object as a prop

