

National Study of Child Care for Low-Income Families

Care in the Home: A Description of Family Child Care and the Experiences of the Families and Children Who Use It

Executive Summary

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Abt Associates Inc.
55 Wheeler Street
Cambridge, MA 02138

Prepared for
Richard Jakopic
U.S. Department of Health and
Human Services
Administration for Children and
Families
370 L'Enfant Promenade
7th Floor West
Washington, DC 20447

Prepared by
Jean I. Layzer
Barbara D. Goodson

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Executive Summary

The *National Study of Child Care for Low-Income Families* was a ten-year research effort designed to provide federal, state and local policy makers with information on the effects of federal, state and local policies and programs on child care at the community level, and on the employment and child care decisions of low-income families.¹ It also provides 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, conducted the study under contract to the Administration for Children and Families in the U.S. Department in Health and Human Services.

The study was initiated in the wake of sweeping welfare reform legislation enacted in 1996. The first component of the study examined how states and communities implemented 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 these policies change over time; and how these policies, as well as other factors, affect the type, amount, and cost of care in communities. For this component of the study, staff gathered information from key informants in 17 states and 25 communities within those states. A second study component investigated the factors that shaped the child care decisions of low-income families, and the role that child care subsidies played in those decisions. A one-time survey of low-income parents in the 25 study communities provided information on these topics.

Finally, the study examined, in depth and over a period of 2½ years, a group of families that used 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 supported parents' work-related needs and met children's needs for a safe, healthy and nurturing environment. Conducted in five of the 25 communities, the study involved multiple data collection efforts that allowed us to track changes in parental employment, subsidy status and the child care arrangements over time of a focus child in the family, chosen at random. Information was gathered through in-person interviews with parents and providers and systematic observations in the care setting.

This report presents findings from the In-Depth Study of Family Child Care, the third component of the National Study of Child Care for Low-Income Families. The report presents profiles of the family child care providers used by these families, descriptions of their homes as child care environments and the experiences of individual children in the homes.³

¹ In this study, low-income families are those whose annual incomes made them eligible to receive child care 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, related to the child or unrelated, in that adult's own home and outside the child's own home.

³ We have no way of knowing the extent to which the providers and families described in this report represent family child care nationally. The design intentionally oversampled families that were receiving child care subsidies and we worked hard to find, recruit and study license-exempt providers. For neither of these two groups does a national sampling frame exist, making it impossible to compare the findings against anything but other studies that have used samples of convenience.

Highlights of Findings

Family Child Care Providers

- **The average age of the providers at the beginning of the study was 44, and they had been providing care in their homes for more than seven years on average.** Less than 5 percent of providers had been providing care for one year or less, and one-quarter of them had been providing care for more than ten years.
- **For the majority of providers, formal education ended with high school.** Although more than one-third had some college experience, only 8 percent had a college degree.
- **Most providers had taken one or more courses or workshops in early childhood education or child development.** Almost 90 percent of providers who cared for unrelated children had taken such courses, compared with less than 30 percent of those who provided care only to children of relatives.
- **Income from child care made a substantial contribution to household income.** On average, income from child care constituted more than half of household income. However, for those who provided care only for children of relatives, child care income was only 28% of household income on average.
- **Motivation for providing care was different, depending on whether children in care were related to the provider.** Those caring for unrelated children cited the ability to work at home while raising their own children. Providers who cared for relatives' children did so to help out one or more family members.
- **Caring for other people's children in their home resulted in stress for many providers.** Most frequently, providers were stressed by needing to do housework or run errands while caring for children. Just over one-third felt stressed by lack of personal time. Many providers reported resentment of the children in care on the part of family members, adults as well as children.
- **Providers felt that family child care offered advantages for parents as well as children.** For parents, the flexible hours offered by family child care were seen as the major advantage. For children, family child care was seen as providing individual attention in a place that looked like home.

The Family Child Care Home

- **The homes in the study provided care year-round and were flexible in meeting the needs of working parents.** Care was provided for an average of 13 hours a day for all but two weeks of the year. More than half of the providers offered weekend or off-hours care and almost as many would accommodate irregular schedules. Almost half were willing to care for children when they were sick.
- **Homes served an average of six children and most had eight or fewer children enrolled.** Homes in which some or all children were related to the provider were smaller, with an average of three children.

- **Homes served children across a wide range of ages but were ethnically homogeneous.** Almost half of the homes served children across a wide age range – from infants to school-age children. In two-thirds of the homes, children shared the same ethnic background.
- **In general, space in the homes was adequate for play and learning activities and offered a safe and unrestricted environment for children.** While homes were adequately lit, and not overly noisy, in more than 40% of them the television was rarely or never turned off during the day.
- **Less than half of the homes had sufficient developmentally-appropriate indoor toys and materials to meet the needs of the range of ages served.** Outdoor play equipment was more adequate, especially in homes with only unrelated children.
- **The homes were generally safe places for children and provided consistent evidence of good health practices.** Areas of concern included: uncovered electrical outlets (54% of homes); doors that could be locked from the inside (55%); failure to use universal health precautions when handling blood; and inconsistent hygiene practices (17% to 21%). In about one-third of the homes, unsafe materials (drugs, matches, cleaning supplies) were within children’s reach.

Families in the Study

- **A majority (77%) of the families in the study were headed by a single female parent.** Household configurations changed little over the course of the study, although there was a small increase in the proportion of households in which a spouse or partner was present.
- **At the beginning of the study, more than 40 percent of the families had annual household incomes below the 2001 Federal Poverty Level.** Most experienced modest growth in income over the course of the study, but the 20 percent with household incomes below \$10,000 saw little change in income over the two-to-three year period.
- **More than one-third of the focus children were related to the adult who provided child care for them.** Minority families and families in which the focus child was school age were more likely to use care by a relative.
- **By design, most (80%) of the families were receiving child care subsidies at the beginning of the study. However, use of subsidies differed by the ethnicity of the family and declined over time.** Only 50% of the Hispanic families in the study were receiving subsidies when the study began, compared with 90 percent of the Black families. Subsidy use declined over the course of the study, even though 15 percent of the families moved children into center care as they grew older. The same proportion of families switched to center care regardless of whether they were receiving a subsidy or not.
- **Although most of the mothers in the study were working full-time at a single job, their employment was unstable and, for the most part, did not conform to a standard nine-to-five schedule.** The majority of mothers interviewed had been unemployed at some point in twelve months before the interview. Their work schedules were often off-hours or varied from week to week. These patterns held steady over the course of the study, except that the proportion of mothers working off-hours schedules actually increased. Employed spouses or partners were almost as likely to work non-standard hours.

- **Mothers worked an average of 33 hours a week and spent an average of 38 hours a week outside the home in work-related activities.** Over time, work hours increased but reduction in other work-related activities more than compensated for the increase, so that mothers were spending fewer hours away from home at the end of the study.

Families' Experiences in Choosing and Paying for Child Care

- **Many children had experienced stable child care arrangements; by the end of the study half had had two or fewer out-of-home care arrangements since birth.** Children cared for by relatives had an even more stable child care history than those cared for by non-relatives. Almost 40 percent of the children cared for by a relative at the end of the study had been in the same care arrangement since they were born, compared with 19 percent of children in non-relative care.
- **Two-thirds of parents felt they had alternatives to the child care arrangement they had chosen.** Less than 10 percent would have preferred a different arrangement. It took parents a month, on average, to make their child care arrangement, often on the basis of information or advice from someone they trusted.
- **Parents seemed to have an accurate assessment of the availability of child care in their community.** They reported fewer options for school-age children and more, including center-based care, for toddlers and preschoolers.
- **The safety of the home, practical considerations such as hours that matched work schedules, and the parent's relationship with and trust in the child care provider were the most compelling reasons for the choice of child care arrangement.** Across families of different ethnicities and with children of different ages, reasons given for the choice of child care arrangement differed little if at all.
- **Subsidies made child care considerably more affordable for families, but did not determine their choice of child care arrangement.** Families who received subsidies spent, on average, less than half of the amount paid by families who bore the whole cost of care. For the most part, parents did not change their child care arrangements when they began receiving a subsidy or when they lost the subsidy.
- **Parents and providers had generally positive attitudes toward each other. Many had close personal relationships, viewing each other as friends and seeing each other socially.** Providers often made special arrangements to help parents with work, family or other problems. However, there were some areas of stress; half of the parents felt that their children watched too much television in the provider's home.

Children's Experiences in the Family Child Care Home

- **Family child care providers showed interest in and affection for children, supervised their activities and were responsive to their needs.** There was little stress or conflict in the homes and few children were observed to be in distress (crying, listless or withdrawn). Providers encouraged children's play. They were much less likely to spend time teaching children social skills or supporting children's learning in other areas.
- **Learning activities (reading or being read to, math science or nature activities) constituted a small fraction (less than 10%) of children's activities in the family child**

care home. Routines such as naps, meals and snacks, and physical care were the most common activities. Almost as frequent were play activities such as working with puzzles, playing games, pretend play and active physical play. Reading activities were observed in just over one-third of the homes.

- **Across homes, the level of contact between providers and children was very high—providers were in visual, verbal or physical contact with children almost all of the time.** Most interactions were positive; children displayed almost no antisocial behavior with either adults or other children.

Change in Children’s Child Care Experiences Over Time

- **The environments experienced by children who moved from family child care to center-based care had significantly higher ratings in many areas than the environments of those children who remained in family child care.** Center-based environments were rated more highly on: the adequacy, and comfort of the space; the safety of equipment and provider practices, both indoors and outdoors; and overall quality.
- **Compared with the providers of children who remained in family child care, caregivers of children who switched to centers spent significantly more time actively engaged in children’s activities and were rated significantly higher on most aspects of their affective behavior with children.** Staff in centers provided significantly more support for children’s learning, offered children more learning activities and provided more support for play. They talked more to the children and had significantly more high-level contact with them (warm physical contact, positive language, joining in play).
- **Compared with children who remained in family child care, children who switched to center care spent significantly more time on learning activities.** Children in center classrooms spent more time on language, literacy, math and science activities and on activities defined as important for children’s learning and development. They also engaged in significantly more high-level interactions with peers.
- **For children who remained in family child care, the experience changed over time in positive ways.** Over time, preschool children engaged in more high-level play, both by themselves and with other children. More learning activities were observed and providers demonstrated higher levels of engagement and interaction with children as they grew older. For infants and toddlers who remained in family child care, the difference in experiences was smaller but also positive. The children engaged in more high-level play and providers played more with them as they changed from toddlers to preschoolers.

Family Child Care Providers

The average age of providers in the study was 44 and more than half of them were married and living with their spouse. On average, they had been providing child care for more than seven years.

Most of them had completed high school and more than one-third had some college experience. Only 8 percent had a college degree. There were large differences in educational background between related and unrelated providers. Providers who cared for unrelated children were three times as likely to have had some education beyond high school as those who cared for the children of relatives. Most (84%) had taken a course or a workshop in child care or child development, but providers who

cared only for unrelated children were more than three times as likely to have taken such courses or workshops, compared with those who cared for related children.

Household Income and Income from Child Care

The average annual household income of providers was \$35,843; median income was \$27,000. Providers who cared only for children unrelated to them had much higher average household incomes than providers who cared for some or all related children (\$41,464 vs. \$19,898).

Average annual income from child care was \$19,000, which represented just over half of the average annual household income for these providers. The average across all providers masks large differences among providers in the proportion of household income that came from child care. For providers who cared only for related children, the average annual income from child care was \$4,000, compared with \$21,000 a year for providers who cared for a mix of related and unrelated children and \$23,000 a year for providers who cared for unrelated children only. One reason that relative caregivers received less income from child care is that they were much less likely to receive cash payments from parents, or they were paid token amounts for the care provided.

At the first interview, the average amount charged for child care was \$84.78 per week. For relative care the weekly fee was \$54.00 vs. \$95.00 in homes with no related children. In setting fees for care, providers took many different factors into account, including the age of the child, the number of children from the same family, the amount of time care was needed, and the family's income and relationship with the provider.

Motivation for Being a Provider

When providers were asked why they started to provide child care in the first place, the reasons given were different for relative care providers and other providers. Those who cared for related children cited their desire to help relatives or friends as the main reason for initially going into family child care. For providers caring for unrelated children, the reason given most frequently was to be able to have a job while staying at home with their own children.

Providers' reasons for *continuing* to provide care also varied by type of care. For providers of relative care, the desire to help relatives and friends continued to be the main motivation. For providers who cared for at least some unrelated children, the main reason for continuing to provide care was their enjoyment in working with children.

Stresses of Being a Provider

Providers were asked about various kinds of stresses related to their jobs. The most commonly-cited sources of stress, identified by nearly one-third of providers, were insufficient time for themselves and inability to get everything done that they wanted to. A quarter of providers reported feeling "used up" at the end of the day. Providers in different types of homes reported similar sources of stress, but providers who cared for related children appear to have a lower level of stress.

In addition, many providers reported that they experienced conflicts between their responsibilities to their families and to the children they care for. More than 63 percent of providers reported stress related to having to do their own housework or errands while caring for children. Providers reported

resentment from their own family, including resentment from their own children of the children in care (reported by 29% of providers) and resentment among other family members about the disruption in household activities caused by child care in the home (22%). Work/family conflicts were reported far more frequently by providers who cared only for unrelated children compared with providers caring for related children.

Advantages and Disadvantages of Family Child Care

Providers were asked about what they saw as the advantages and disadvantages of family child care, both for the families of the children in their care and for themselves as providers.

The two advantages of family child care most commonly cited pertain to the *child's* experiences. More than half of the providers believed that family child care is advantageous because children are cared for in a setting that is more like a home and because children in family child care receive more individual attention, presumably because of the smaller number of children in care. Other advantages cited for the *child* were that he or she can be with siblings (26%) or with children of different ages (16%).

The major advantage for *parents* (cited by 38% of providers) is the flexibility of hours for family child care, and therefore the ability of family child care to meet the needs of parents' work schedules. Other advantages for parents were: the lower cost of family child care, compared with center care (19%); and the fact that family child care can be found close to the parent's home (10%). Qualities of the parent/provider relationship were also cited as advantages of family child care. Shared values and being like a family member were advantages cited by 11 percent and 34 percent of providers, respectively.

Providers were asked about the personal advantages and disadvantages to them of being family child care providers. Overall, the most commonly-cited personal advantages for *providers* were being able to stay at home with their own children and working on their own. Nearly two-thirds of the providers cited at least one personal disadvantage to the family child care provider role, although providers caring for unrelated children were much more likely to perceive any disadvantages, compared with providers caring for related children. The most commonly identified disadvantages were personal stresses, most often insufficient personal time (22%) and wear and tear on their home (25%). Problems with parents were the second most common disadvantage for family child care providers (18 percent). Providers caring for related children were much less likely to perceive disadvantages in their role.

Family Child Care Homes

Schedule of Care

Family child care homes typically operate year-round and offer more flexible hours of operation than most child care centers. In the family child care homes in this sample, care was provided, on average, for 50 weeks. Nearly half provided care for 52 weeks a year, and close to one-quarter of homes provided care for all but one or two weeks. Most other homes offered care for at least 11 months, with about a month off during the year. Homes that provided care for related children were more likely to take care of children year round. Over half of these homes provided care 52 weeks a year, compared with just over one-third of homes caring only for unrelated children.

In addition to providing care year round, the family child care homes in the study provided care beyond the standard hours that a center would typically operate. On average, the homes provided care for 13 hours a day. Five percent of the homes provided care round the clock.

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 of the homes provided care during weekend hours, and a similar proportion were willing to provide off-hours care and accommodate irregular schedules. In addition, most of the providers made special arrangements for early drop-off or late pick-up at the parent's request. Just over one-third charged parents extra for this latter arrangement.

Care Arrangements When Children 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. Almost half of the homes in the study would allow a parent to leave a feverish child in care, and more than half would care for a child who had a severe cough. However, less than one-third were willing to have parents leave a child with a rash. Providers who cared for related children were more willing to take care of feverish children than providers who cared for unrelated children only, and more than twice as likely to care for a child with a rash. In both cases, the providers were willing to do this because they were caring for siblings or cousins, with no unrelated children present, and probably assumed that siblings or cousins would already have been exposed.

Arrangements When the Provider is Sick

The assumption is often made that a family child care home arrangement will be disrupted if the provider is sick; the providers in the study suggested otherwise. Only 27 percent of all caregivers said that they did not provide or arrange for care when sick, and this proportion was similar across all types of homes. Providers either found someone to cover for them when they were sick (40%), or continued to provide care when they were sick (23%).

Children in the Homes

The number of children enrolled in the family child care homes ranged from a single child to 30 children,⁴ with an average of six children across all homes. Three-quarters of the homes had 8 or fewer children enrolled. Providers reported that they could care for slightly more children (capacity for seven children, on average, versus the six reported as currently enrolled). Homes in which children were related to the caregiver were substantially smaller, with an average of 2.7 children and a range of from one to ten children, compared with homes with no related children with an average of 7.2 children and a range of 1 to 30 enrolled. The number of children actually observed to be present in the home at any one time ranged from a single child to thirteen children, with an average of three children.

⁴ 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.

Almost half of the homes provided care for children in multiple age groups—infants, toddlers, preschool children and school-age children; only a fifth of homes provided care for a single age group. The majority of homes provided care for infants but, in most homes, infants were cared for with older children.

Ethnicity of Children and Providers

In two-thirds of the family child care homes in the sample, all of the children in the home shared the same ethnic/racial background. Forty-two percent of homes cared for only Black, non-Hispanic children, another 14 percent cared for only White, non-Hispanic children, and 11 percent cared for only Hispanic children. There was also a match between the ethnicity/race of the provider and that of the children in care, especially for Black providers. The majority of Black providers (73%) had homes where all children in care were Black. The majority of both Hispanic and White providers cared for children from different ethnic groups. On average, a higher proportion of homes in which all or some children were related to the provider enrolled children from only one ethnic group—87 percent, compared with 58 percent of homes in which no children were related to the provider.

The Family Child Care Environment

Virtually all of the family child care homes—89 percent—used some shared space for child care. That is, child care was provided in parts of the home that were also used by the provider’s own family. Space in the family child care homes was rated as generally adequate for children’s needs, with comfortable and adequate indoor space for play and learning activities, space for active play, places where children could play or work in peace, and a safe and unrestricted environment for very young children. The average score across all ten items used to rate the adequacy and comfort of the space was high—2.6 out of 3.0, where 3 indicates that the home consistently met standards.⁵ On one aspect of comfort 40 percent of the homes received a low rating—the amount of time that the television was on. In these homes, the television was never or rarely turned off.

Given that children are in these care arrangements for many hours, it is important to have sufficient amounts of developmentally-appropriate materials for indoor and outdoor play. Family child care homes often face the additional challenge of having these materials for children of different ages. Less than half of the homes had enough developmentally-appropriate indoor play materials for the range of ages in care. 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. Although there were no significant differences among types of homes in the adequacy of indoor play materials, homes with no related children were rated significantly higher on the adequacy of outdoor play materials.

The family child care homes in the study were, on average, safe and healthy places for children. Their overall score of 2.8⁶ for indoor health and safety indicates there was consistent evidence of good health practices, as defined by national pediatricians’ groups. At the same time, some of the

⁵ It should also be noted that, on four of the six items, at least 10 percent of the homes were rated as not adequate.

⁶ A score of 1 = rarely safe, 2 = sometime safe, 3 = consistently or usually safe.

individual items suggest areas of potential concern. Over half of the homes had electrical outlets that were not safely covered, and over half had doors on bedrooms and bathrooms used by the children that could be locked from the inside. One-fifth of the homes failed to follow consistent health practices for children's hand washing and, in almost 30 percent, providers did not use universal health precautions when dealing with blood. In about one-third of the homes, unsafe materials were within children's reach. Homes in which all or some of the children in care were related to the provider scored significantly lower on health and safety practices than homes where no children were related to the provider.

Families in the Study

The families described in this report were all recruited and interviewed by Fall 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 for 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. Finally, families were eligible to participate only if their family child care provider agreed to participate. In all, 642 families participated in the study.⁷

Household Composition

Seventy-seven percent of the families were headed by a single parent; in all but six cases this was a mother. In 60 percent, there was a single mother, with no other adult present; in 1 percent there was a single father with no other adults. In just under a quarter of the families, a spouse or partner was also present in the home. The other 16 percent of families had a mother with no spouse or partner 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 (36%) of the Hispanic households contained a single mother and no other adults, compared with almost three-quarters (74%) of the Black households. These configurations changed scarcely at all over the life of the study. The proportion of single-parent households with no other adults remained the same; at the same time there was a 3 percent increase in the proportion of households with a spouse or partner and a corresponding decrease in the proportion of households with a single mother and one or more other adults. More than one quarter (27%) of the families had only one child under age 18 in the home; 40 percent had two children and the remaining 33 percent had three or more children.

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

⁷ One child in each family was selected as the focus child; if only one child was in family child care, that child was selected. If more than one child was using family child care, one of them was selected at random. While some child care questions were asked about all the children in the family, 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 subject of an observation measure that looked closely at the experience and functioning of an individual child in the provider's home.

household size was considered, 43 percent of all the families had incomes below the 2001 Federal Poverty Level (FPL).

At the time of the last interview, the proportion of families with annual incomes below \$10,000 remained the same. Among families in the other income categories, there was some small upward movement; 17 percent had incomes over \$30,000, 24% had incomes between \$20,000 and \$30,000, and there was a corresponding reduction in the proportion of families with incomes between \$10,000 and \$20,000.

Child's Relationship to Provider

More than one-third of the 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. 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).

Subsidy Status

By design, at the time of the first interview, 80 percent of the families in the study were receiving a child care subsidy for the focus child. In the study sample, Black families were most likely and Hispanic families least likely to be receiving a subsidy (90% vs. 50%). Almost three-quarters of White families in the study were receiving a subsidy at the beginning of the study. Two-thirds 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%).

At the last interview, 63 percent of the families were receiving a subsidy and approximately the same proportion used the subsidy to purchase non-relative care. At this point, 15 percent of the families had switched to center care for the focus child, and families receiving subsidies were just as likely as families without subsidies to be using center care.

Parents' Employment

At the time of the first interview, almost all of the mothers in the study were working at a paid job. Only a very small percentage (2%) were engaged in unpaid work in return for welfare benefits. More than a quarter (28%) were engaged in educational activity, most commonly some sort of vocational class or a college course. It is clear that there was overlap among these activities, and that some mothers were combining work and educational activities or a search for other jobs. These patterns differed little for single mothers and those with a spouse or other adult in the home, although mothers in homes with another adult (not a spouse) present were twice as likely to be taking college classes as mothers in the other two groups.

Most of the employed mothers had a single full-time job. However, many of these jobs did not fit a standard nine-to-five schedule. Almost a quarter of employed mothers had irregular work schedules; and almost half worked off-hours rather than standard hours. Nor was employment stable; just over one-third (37%) had worked continuously over the prior twelve-month period, and almost half had

been unemployed at some point in the three months preceding the interview. On average, mothers in the study had worked eight of the twelve months before the interview.

The proportion of working mothers with a single full-time job remained constant over time, but increased proportions worked irregular or off-hours schedules or both. There were small decreases in the proportion of parents working a single, part-time job and corresponding increases in the proportions working multiple part-time jobs. Employment remained unstable.

Mothers in paid jobs worked an average of 33 hours a week. If we add together hours spent working at a paid or unpaid job, and in job training or educational activities, mothers spent an average of 38 hours a week outside the home in work-related activities. At the last interview, employed mothers spent more hours in paid work, but reduced time spent on other work-related or educational activities, so that, in total, they were spending slightly less time away from the home.

One-fifth of the mothers in the sample had a spouse or partner present in the home. Almost all (88%) spouses or partners had paid jobs. They were almost as likely as the mothers in the sample to work non-standard hours. Two-thirds worked irregular hours. One-third worked different hours each week, and almost one-third worked different hours day to day. For more than one-third (36%), working hours were nights and weekends and for 10 percent their work was seasonal. Employed spouses/partners worked an average of 34 hours in the week before the interview. There was little change over time in patterns of employment for spouses and partners.

Choosing and Paying for Child Care

All of the families recruited for the study were using some form of family child care when the study began. More than one-third of the focus children were cared for by a relative in the relative's home. More than half had one or more siblings in the same child care arrangement. The remainder of the focus children were cared for by a non-relative in that person's home. By the end of the study, while the same proportion of children were in relative care, only 38 percent were in non-relative family child care. Eleven percent had moved to a center, 4 percent were in an after-school program and the remaining 12 percent were cared for by a parent or sibling or, in a small number of cases, cared for themselves. Almost two-thirds had a sibling in the same care arrangement.

By the end of the study, almost half of the focus children were in three or more concurrent child care arrangements, one-quarter were in two child care arrangements and the remaining quarter were in a single arrangement. Since birth, just over one-quarter (26%) had been in a single care arrangement, another quarter had been in two care arrangements, and almost half had been in three or more arrangements.⁸ Almost two-thirds of White children had experienced three or more care arrangements since birth, compared with 43 percent of Black children and 46 percent of Hispanic children. Children cared for by relatives had a more stable child care history than those cared for by non-relatives. Almost 40 percent of the children cared for by a relative at the time of the last interview had been in a single care arrangement since they were born, compared with 19 percent of children in non-relative (including center) care.

⁸ Children who were cared for by relatives probably increased the average stability of the care arrangement.

Finding Child Care

Just over half of the parents considered other arrangements for their child before making their decision, visiting other providers or child care facilities or thinking about staying home to care for the child themselves. Almost one-third had no alternative to the arrangement they chose. However, lack of choice did not always translate into dissatisfaction with their arrangement; less than 10 percent of the parents would have preferred a different arrangement at the time they made their decision. About half of those who would have preferred a different arrangement would have opted for an unrelated family child care provider; almost one-third would have liked center care for their child. The remainder would have preferred care by a grandparent or other relative, or to stay home to care for the child themselves. On average, it took parents about a month to make the final arrangement.

Of the two-thirds of families that used non-relative care, the majority were referred to their family child care provider by a friend, neighbor or relative, and almost all of them visited the provider to see where and how the child would be cared for before they made their decision.

Knowledge of the Child Care Market

How informed are parents' choices of child care arrangements? Parents were asked about the child care options available in their neighborhood for parents with infants, toddlers and preschool-age children. Then they were asked what type of care parents in their neighborhood typically choose for children of different ages. Many parents found these questions difficult to answer, especially for children older or younger than their own child, so that for each question, a substantial number of parents responded "Don't know".

For children of all ages, few parents reported that care in a child's own home by either a relative or an unrelated adult was an available option. This type of care was seen as hardest to find for school-age children; only 11 percent and 9 percent of parents believed that care in the child's home by a non-relative or a relative was a possibility, compared with 15 percent and 18 percent who believed this type of care was available for toddlers or preschoolers. Indeed parents perceived that there was less availability of most types of care for school-age children compared with their availability for younger children. Care by relatives or care in a school-based after-school program were the most often cited options for school-age children, while center care was seen as the type of care most available for toddlers and preschoolers. Center care and family child care were seen as equally available for infants.

Reasons for Choosing Child Care Arrangements

Parents were asked the most important reason for the choice of their current child care provider, as well as any other reasons for the choice. Other studies have found that, regardless of the type of care chosen, safety considerations play a key role. However, parents who choose center care perceive safety in a structured, monitored environment; for parents who use informal care, safety is assured because the provider is someone they personally know and trust.

No single reason dominated parents' choices, but safety was the prime consideration for almost one-quarter of the parents, and one of several factors for 60 percent of them. Almost equally important were practical considerations such as accessibility and hours that match the parent's schedules and the parent's relationship with and feelings about the child care provider. Aspects of the care arrangement

that might be related to school readiness were rarely given as the most important reasons for parents' choice and less than 20 percent of parents mentioned these considerations at all. Across families with children of different ages and different ethnicities, reasons for choosing a care arrangement differed little if at all. For families that used relative care, the parent's relationship with the provider was the dominant reason for parents' choice.

From the parents' perspective, family child care offered the advantages of more individual attention for children in a home-like environment combined with flexibility about schedules that met their own needs.

Paying for Child Care and Experience with Subsidies

Although the majority of families in this sample were receiving a child care subsidy at the time of the first interview, only 22 percent paid nothing for their child care. We asked mothers to tell us their out-of-pocket costs for child care for the month prior to the interview and the number of children paid for. The average monthly payment for child care was \$121.17; the average per child payment was \$81.03. Parents who were receiving subsidies paid, on average, less than half of the amount paid by those who were not receiving subsidies.

For 80 percent of the parents who were receiving subsidies, the monthly payment represented the required copayment; 10 percent had no copayment.⁹ For the 9 percent whose monthly payment was not the same as the required copayment, about half paid more than the copayment and half paid less. While states require a copayment from most or all of the families that receive subsidies, they usually do not monitor the payment and act only if the provider lodges a complaint. In many states, providers may legally charge more than the subsidy reimbursement rates but are responsible for collecting the additional amount.

As noted earlier, 80 percent of the families in this sample were receiving a child care subsidy at the time they were recruited. Of the remaining 20 percent, more than one-third had applied for a subsidy in the past and half of these had received a subsidy. The main reason given for loss of subsidy was that the child who was receiving the subsidy became ineligible.¹⁰ For all but 6 percent of families who received subsidies, their child care arrangement did not change when they received a subsidy and, for the small group who had a subsidy and then lost it, child care arrangements did not change for most when the subsidy ended.

Friendship and Conflict between the Parent and Provider

Family child care is characterized by the intimacy of the relationship between the parent and the provider. Parents and providers may be friends before the provider cares for the child and, in the case of relative care, there is certainly a prior relationship between parent and provider before the child care arrangement is made. Once a parent decides to use a particular provider, there are possibilities for positive and negative consequences as a result of the closeness of the parent-provider relationship.

⁹ Frequently parents who receive a subsidy are required to make a copayment to the provider. However, many states do not require a copayment for parents who are receiving TANF cash assistance. In addition, even if a copayment is required, the provider may opt not to collect it.

¹⁰ The child probably "aged out" (i.e., turned 13).

Providers and parents may become friends as a result of sharing the care of the child, and this situation may strengthen their relationship, or there may be new strains on their relationship because of disagreements about rearing the child, payments, the child care schedule, or other issues.

When parents and providers were asked about their relationship in the three months preceding the interview, the similarity of their responses was remarkable. In general, the majority of parents and providers reported regular communication about how the child was doing, and also about their own personal feelings or concerns. Over half of the respondents in both groups reported that they were friends and saw each other socially, although more parents felt this way than providers. About half of the parents reported that their provider had made special arrangements to help them out with work or family problems or had helped them out in other ways, such as lending them a car.

Parents reported a low incidence of critical interactions or disagreements. Eleven percent said that their provider had been critical of them as a parent or as a person and about 9 percent reported having had a disagreement with their provider. Slightly more providers reported disagreements (18%), while somewhat fewer reported that parents were critical of them (7%).

The relationship between parents and providers was quite different for parents and providers who were related versus those who were not related. When parents and providers were related, there were stronger feelings, both positive and negative. Related parents and providers reported stronger friendships and more disagreements than parents and providers who were not related.

Parents rated their family child care provider in five areas: their relationship and communication with the provider, the provider's ability and the richness of the environment, activities in the family child care home, the warmth and quality of the provider/child relationship, and the child's happiness in the care setting. In general, parents were very positive about their family child care provider and the child care home. On average, parent ratings across 40 items were 3.7 (on a four-point scale, where 4 is "always" agree and 1 is "never agree"). The items that parents rated the lowest involved the amount of television and video watching in the homes (over half of the parents indicated that they believed that children were allowed to watch too much television), and two aspects of communication--the parents' comfort in talking with the provider about what is going on at home in the child's family and talking about problems that parents might have with their child's care. There was virtually no difference in the ratings of related vs. unrelated providers.

Providers' Interactions with Children

In family child care, the provider is the critical determinant of the children's experiences. How she interacts with children, how she structures their activities and experiences, her emotional tone and the content of her spoken interactions are what primarily define the child's daily experience in care. A major part of the observation of the family child care homes involved rating multiple aspects of the caregiver's interactions with the children in her care.

Provider Warmth, Guidance and Supervision

Providers were rated in terms of: their expression of interest in and affection for children and their responsiveness to children's requests and needs; use of positive guidance and discipline; avoidance of harmful interactions with children; and supervision of children. Overall, family child care providers were affectionate and responsive towards children, and used positive rather than negative techniques

to guide children's behavior. Children's activities were closely supervised, especially in situations where there might be risk to the child. There were two individual items on which a substantial number of providers were rated as inconsistent. Only half of the providers were rated as *consistently* helping children work out their conflicts with words. Another area on which providers had lower ratings was interactive play. Only 36 percent of providers were rated as *consistently* playing interactively with children, and just over one-third of providers were rated as rarely or never playing with children.

Supporting Children's Play

For young children, play of all types--dramatic play, creative play, fine motor and more active physical or gross motor play--is a crucial avenue for learning and development. In any good environment for children, there are plenty of opportunities for play activities in which children may independently choose an activity and engage freely with peers and materials. Settings with too much structure or with no opportunities for free play are not ideal for children.

Most providers consistently encouraged children's play, receiving an average rating of 2.7 on the three-point scale. Further, providers received high ratings on each of the individual items in this domain. They consistently offered opportunities for free play and provided support for play through attention, suggestions, and provision of materials for play.

Fostering Children's Social Learning

One of the things that parents hope their children will learn in a family child care setting is to relate to other children in a positive way—learning to take turns, share, be empathetic. However, providers were not rated as high on teaching children social skills as they were rated on other areas of interaction with children. At least a third of providers were rated as not consistently supporting children in learning social skills or developing social understanding. There were no large differences in providers' support for children's social learning, by type of home, number or ages of children.

Supporting Children's Cognitive Development

Daily life for children provides constant opportunities for learning, through the child's own experimentation and play with materials and peers. At the same time, the adults in the child's life can support this learning by providing opportunities for the child to explore and experiment with objects and peers in his or her world or by direct instruction.

Part of the observation assessed the extent to which providers supported children's learning in literacy, math, science or creative arts, either formally or informally in the course of everyday activities. The average score for these items was 2.2 out of 3. On twelve of the seventeen items in this area, fewer than half of the providers consistently supported learning, either through active involvement in teaching or by providing activities that teach a variety of concepts or information. Providers received especially low ratings on their provision of learning opportunities. Less than half of the providers read even one book to children or encouraged them to read or look at books on their own. Only one-quarter of providers consistently introduced math concepts, such as counting or measuring, into their everyday activities with children. There were no large differences in support for learning in different types of homes or by ages of children served.

Provider Style of Engaging Children

In addition to rating the provider on many specific items related to her behavior with children, two overall qualitative ratings summarized the provider's behavior and emotional tone with children. The Provider Rating System focused on the provider's level of energy with and interest in the children, as well as her warmth and positive management. On this scale, providers received high ratings. The average overall score across all nine characteristics was 4.6 out of 5, which suggests that providers were seen very positively in terms of their energy, flexibility, interest in and enjoyment of children, and their overall treatment of children. There were no differences in provider ratings by type of home or the age mix of children present in the home.

The Arnett Global Caregiver Rating is a commonly-used measure of emotional responsiveness which produces scores for three aspects of the provider's emotional responsiveness to children: warmth, detachment, and harshness. The average score for provider warmth was 3.2 out of 4, indicating that providers were, in general, warm and emotionally responsive to children. The average score for harshness was 1.1, meaning that providers did not typically act harshly with children. On the third construct, detachment, the average score was 2.3, suggesting that providers were not consistently engaged with children and sometimes appeared distant or uninterested in the children's activities. These ratings compare favorably with ratings of teachers in center-based preschool programs.¹¹

The average scores on the Arnett did not differ as a function of the type of home. Scores did differ depending on the age mix of children in the home. Providers in homes with school-age children were rated significantly lower than providers in homes where all children were less than 5 years of age.

Children's Experiences in the Family Child Care Environment

More than a third of children's activities in the family child care home involved daily routines, including naps, toileting, hand washing, mealtimes, etc. Creative activities (dramatic play, music, art and fine motor play) constituted 22 percent of the activities and were dominated by fine motor play. By contrast, activities that involved reading and books, science and nature, or math constituted a small proportion (10%) of all the activities. The distribution of activities was related to both the type of home and the ages of children present. In homes with all related children, which were more likely to contain infants and school-age children, there were more routine activities and more television-watching.

Reading—either the provider reading aloud or children reading on their own—was observed in only 37 percent of homes. Math or other literacy activities (in addition to reading) were observed in only 38 percent of homes. These activities were less likely to occur in the homes in which children were related to the provider.

Children were observed watching television or videos in three-quarters of the homes, and in a greater proportion of homes with related children. In almost all observations, at least one child was watching television.

¹¹ Layzer, J.I., Goodson, B.D., Moss, M. (1993). *Life in preschool. Volume I. Observational study of early childhood programs for disadvantaged four-year-olds.* Cambridge, MA: Abt Associates Inc.

In general, distress was rare in the family child care homes. Even the most commonly-observed type of distress—children crying—was observed less than 10 percent of the time. Two indicators of stress occurred significantly more often in homes where there was at least one unrelated child: crying children and listless, uninvolved children both were observed more often in these homes.

Provider Involvement

One way to think about the care environment is the extent to which providers are involved with the children in contrast to being engaged in activities not involving children, such as doing chores away from the children or talking on the phone. Over half the time providers were engaged with children in some activity. By comparison, in an earlier study of center-based programs, staff were actively engaged with children about two-thirds of the time.¹² Provider involvement in children's activities was higher in homes with related children. Also, homes in which there were infants and toddlers had the highest level of provider involvement with children, perhaps because children this age require more physical care and more adult attention.

Children's Play

Children spent about half their time in play activities, but creative and dramatic play were both rare and occurred least often in homes with all related children. Most of children's play involved other children, but only 14 percent of this social play involved higher-level interactions such as perspective taking, collaboration or taking turns.

Children's Language and Interactions

Whatever form of care the young child is in, the environment should encourage the child to use language to communicate his or her thoughts and feelings, exposing the child to increasingly complex language as the child gets older. In the observations of family child care homes, the focus children, on average, used language about 40 percent of the time. The amount of language increased substantially with age, from 28 percent for children who were infants and toddlers to 42 percent among preschoolers. However, the average amount of language was only slightly higher among school-age children (48%). Virtually all of this talk was positive or neutral; there was almost no negative language on the part of the focus child, regardless of age. Children directed their language to both peers and adults in the environment. For the youngest children, language was evenly split between communication to peers and to adults. With preschool children, more of the child's language was directed to peers, and by the time children are school-age, twice as much language was directed toward peers as toward adults.

Children displayed almost no antisocial behavior (e.g., arguing, fighting) towards either adults or children. Prosocial behaviors (e.g., working together, sharing, responding to requests) were demonstrated about 10% of the time; prosocial behavior with adults was more frequent in homes with all related children.

Across the homes in this sample, the level of contact between the provider and children was very high—providers were in visual, verbal or physical contact with children almost all of the time.

¹² Layzer, J.I., Goodson, B.D., Moss, M. (1993). *Life in preschool. Volume I. Observational study of early childhood programs for disadvantaged four-year-olds.* Cambridge, MA: Abt Associates Inc.

Homes with the youngest children had the highest levels of contact and more *physical* contact between adults and children.

In about one-third of the observations providers were talking to children, although their conversation consisted mostly of providing management suggestions or relatively low-level chat. Little adult language involved providing information, teaching or eliciting a response from the child beyond a simple “yes” or “no”.

Stability and Change in Children’s Experiences In Care

Interviews with providers and observations of providers and children two or three times over the study period allowed us to examine stability and change for providers and for children. For providers, we looked at how the composition of their enrollment changed. For children, we looked at the types of care settings children are in and their experiences in these settings.

Changes in Family Child Care Homes over Time

Over nearly two years of data collection, the providers who remained in the sample were quite stable in terms of the number of children in care and whether or not the children were relatives. Over time, the providers were open fewer hours a week. Also, over time, fewer children in the homes were subsidized and more children were paying. The average amount providers received per child from subsidies did increase, as did the amount parents paid out of pocket.

Changes in Children’s Experiences in Care over Time

At the start of the study, all 642 children in the sample were in family child care. By the end of the study, the majority of children (73%) were still using family child care (relative or non-relative) full-time or part-time, 15% were in center-based care (child care or after-school programs), and others were not in any form of out-of-home care.

From our initial sample of children in family child care, we examined the experiences of a subsample of preschool children (ages 3 to 5 years), of whom some remained in family child care and some had shifted to center-based care.¹³ There were multiple differences between the family child care and center-based care environments these children experienced 20 months (on average) after the first wave of data collection--in the physical characteristics of the environments, caregiver behavior with the children in care, and the interactions between the caregiver and the focal child. For the most part, center-based care provided more stimulating environments for the children.

Center-based settings had significantly higher ratings on the adequacy and comfort of space for the number of children; the safety of the equipment and provider practices, both indoors and outdoors; and the overall rating of the qualities of the environments. Children in center-based settings spent significantly more time on learning activities (early literacy activities, math and science activities) and on activities defined as having high value for children’s learning and development.

¹³ i.e., in a child care center; after-school programs were not observed.

Providers in centers spent significantly more time engaged in activities with the children in care and were rated significantly higher on most aspects of their affective relationships with children, including their responsiveness to children and their use of positive discipline methods. Providers in the two types of settings did not differ in their use of negative or potentially harmful discipline methods. Providers in centers provided significantly more support for learning, offered children more learning activities, and provided more support for play.

Children in centers engaged in significantly more high-level interaction with peers; the providers talked significantly more with the children and had significantly more high-level contact with them (warm physical contact, positive language, joining in play with children).

We compared the experiences of a subsample of children who remained in family child care over one or two years. We did separate analyses for children who were less than 3 years of age at the first observation and children who were 3 years or older at the first observation. These analyses help us understand how children's experiences in family child care changed as they got older.

Preschoolers at the First Observation. As would be expected, the behavior of the children changed from the first to the second observation, when they were more than a year older. They engaged in more advanced object play and social play, and more often engaged in activities with clear goals. Further, their interaction with the family child care providers also changed over time--the providers had a higher level of contact and engagement with the older children. The activities observed in the homes also were different at the two time points. When the preschoolers were older, there were significantly more learning activities.

Infants/toddlers at the First Observation. In general, there were fewer differences across time in this sample, possibly because the age difference in the two samples was relatively small (less than 1 year). As with the pattern for the older children, there were developmentally-based changes in children's behavior as they grew older: there was more high-level object play and social play. There also was some evidence that providers played more with children as they changed from toddlers to young preschoolers.

Conclusions

Family child care met the needs of working parents

Most of the parents in the study were employed single mothers, only a minority of whom worked what are considered "regular hours". In addition, their employment was not stable; the majority had been unemployed at some point in the twelve months preceding the interview. It is not surprising, then, that these mothers chose family child care, in many instances by a relative, for their children. Few centers could accommodate the off-hours and irregular schedules of these parents, and few would be willing to hold a child care slot open for a child during a period when the mother was unemployed. Family child care homes provided year-round care, for an average of 13 hours a day, so that parents rarely had to make alternative arrangements. About half the homes provided care for children of all ages – from infants to school-age children--a great help for parents trying to arrange care for more than one child.

In a variety of other ways, family child care providers supported parental employment. Many, especially relatives, were willing to care for a child with a fever or rash. Providers were willing to

accommodate changes in schedule or delays in picking up children, without penalizing parents, providing flexibility that parents could not find in their jobs. For many parents, the relationship with the provider was a close, personal one – they saw each other socially, and providers offered help with problems other than child care. For the most part, employers were not seen as providing information, assistance or support for parents’ child care or family needs.

The safety of the home, practical considerations, and the parent’s relationship with and trust in the provider were the most compelling considerations in the choice of care arrangement.

The cost of care, the provider’s willingness to accept a subsidy, the convenience of the location, the provider’s ability to accommodate the parent’s work schedule, were all important considerations from the parent’s perspective. For the child, parents wanted a safe, home-like environment and a caregiver they trusted who was warm and responsive to the child. The overwhelming majority of parents did not choose an arrangement because it would, in some way, enhance their child’s development, or school readiness – that was not their perception of the caregiver’s role.

Most parents considered more than one possible child care arrangement.

It is sometimes assumed that parents who choose family child care, especially care by relatives or friends, do so because they are unaware of other options. The parents in the study demonstrated some understanding of the child care options available in their community; at least for children the same ages as their own. A majority felt that they themselves had at least one alternative to the arrangement they chose. Of the one-third that felt they had no other option, a small fraction would have preferred a different arrangement. Advice from friends and relatives strongly influenced parents’ choice of care arrangement.

Children in family child care homes experienced stability in their child care arrangements.

Family child care, especially informal care, is often seen as unstable. Evidence to support this view is the turnover in licensed family child care providers; about one-third of licensed providers stop providing care each year.¹⁴ However, providers in this study had been providing care for an average of seven years. Many children in the study experienced stability in their care arrangements; by the end of the study, more than half had experienced only one or two arrangements since birth. Multiple *concurrent* arrangements were more common as the children grew older over the course of the study; by the end of the study almost half were in three or more concurrent arrangements.

Family child care homes were comfortable and safe for children, and met many of their developmental needs.

The homes in the study provided safe and comfortable environments for children. Children were provided space, materials and ample opportunities for both indoor and outdoor play. Family child care providers supervised children closely, were involved in their activities and were warm and responsive to the children’s needs. There was little stress or conflict in the homes, either between children and adults or children themselves, and little evidence of distress or anti-social behavior by children. While the homes were generally safe, a majority of homes presented at least one of ten

¹⁴ There is some evidence that much of this “churning” occurs during the first year of the family child care home’s operation.

important safety hazards. Over half of the homes had electrical outlets that were not safely covered, a hazard that could be quickly and cheaply remedied.

Learning activities and opportunities, both formal and informal, were scarce in most of the homes.

As we noted above, parents did not choose these providers primarily for their ability to teach children things that would help them in school, nor did providers see this as their role. Only a fraction of children's activities involved reading or being read to, math, science or nature activities. While providers spent a good deal of time talking to children, little of their conversation involved providing information, teaching or eliciting a response from a child beyond a simple "yes" or "no". Television was ubiquitous; in many homes it was rarely turned off and at least one child was watching it during most observations.

Children who switched to center care over the course of the study experienced a more stimulating environment and had more learning opportunities than their peers who remained in family child care.

Although family child care providers were more engaged with children as they grew older, there were significant differences between family child care homes and the centers to which some children switched on almost every aspect of care, including many that seem intuitively to be more likely in family child care. Teachers in centers spent more time actively engaged in children's activities, talked to them more and had significantly more high-level contact with them.

The providers and families described in this report were generous in allowing us to spend time in their homes over a two-and-a-half year period. This enables us to tell an interesting story about the participants. However, like almost all other studies of family child care, this study cannot claim to provide a representative picture of this form of care, nor was it designed to do so. Because so much family child care, especially kith and kin care, is not regulated, it has not been possible to create a national sampling frame of providers. We call studies like this one "indicative" studies; we can learn a great deal from them but we can never assume that they represent accurately that enormous number of people who care for other people's children.