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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 That Use It

Final Report

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

The *National Study of Child Care for Low-Income Families* was a ten-year research effort that was designed to 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 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 of the U.S. Department of 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. 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. 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.

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 agency staff and other key informants in 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.

From individual families in these communities, we gathered information on how state and local policies and programs, as well as other factors, influenced parents' decisions about child care, the stability and continuity of child care, the child care choices they made, and

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[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.

how these choices affected their ability to find and retain a job or participate in educational or training programs. A one-time survey of low-income parents in 25 communities provided this information.

In addition, we collected more detailed information on low-income families that used family child care, their providers and the experience of children in family child care. This in-depth examination of family child care was conducted in five of the 25 study sites and involved multiple data collection efforts over a 2½ year period, to allow us to track changes in parental employment, subsidy status and the child care arrangements over time of one child in the family, chosen at random once the family met our criteria for eligibility to participate in the study. This third component of the study is the focus of this report. An earlier report on this component is available at: http://www.acf.hhs.gov/programs/opre/cc/nsc_low_income/index.html. The instruments used for the study may also be found at this same site.

Contents of this Report

This report presents findings from the In-Depth Study of Family Child Care, one of three components of the National Study of Child Care for Low-Income Families. Chapter One describes the policy context for the In-Depth Study. Chapter Two provides an overview of the study, including the research questions addressed by the study, its design, data collection methods and schedule. Chapter Three describes the *family child care providers* who participated in the study, including their educational background and experience, their motivation for providing care, their income from care and the kinds of stresses they experience related to their caregiving role. Chapter Four describes *the family child care home*, including the number and ages of children present in the home, the number of adults present, the care schedule and arrangements, and aspects of the physical environment. Chapter Five describes the *families* that participated in the study, including information about the focus child for the study, and details of parental employment. Chapter Six describes *how parents choose and pay for child care.* Chapter Seven looks at *how parents balance the demands of work and child care.* Chapter Eight compares *parent and provider views of their relationship.* Chapter Nine describes the *interactions between family child care providers and children in the home*. Chapter Ten looks at the family child care experience from the childrens' perspective, describing *the activities and experiences of children in the family child care home.* The final chapter, Chapter Eleven, looks at *stability and change in children's experiences in care*. The report concludes with a discussion of key findings.

Chapter One: Background to the Neighborhood Substudy of Family Child Care

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 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 welfare (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., 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 broke 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 was designed to answer a broad range of questions about family child care providers and the family child care environment, as well as about the families that use family child care.

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

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

The study investigated 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 children's experiences change over time?

With respect to families, the study addressed the following questions:

- What are the factors that influence parents to choose a care arrangement? 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?
- Does the presence or absence of a subsidy affect the stability and continuity of the child care arrangement?
- What happens to 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, flexibility of the arrangement, etc., affect parents' ability to work and to balance the competing demands of family and work?

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 purposively 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 (Seattle) 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 sample design. As the exhibit shows, the sample was designed to over-represent families that were receiving child care subsidies at recruitment[3]. 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).

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

	Number of Families/Focus Children					
	Community 1	**Community 2**	**Community 3**	**Community 4**	**Community 5**	**Total**
Families receiving child care subsidies at start of study						
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
Families NOT receiving child care subsidies at start of study						
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

[3] Later in this chapter we describe the recruitment process and show the actual distribution across sites of families recruited into the study.

Measures for the Study

Three questionnaires and four observational 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.

Questionnaires

Parent Interview

The Parent Interview was 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 gathered basic demographic information about the family.

Provider Interview

The Provider Interview obtained information about the provider's education, training, child care experience and reasons for providing care. In addition, the interview probed 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 was asked whether any of the care she provides was paid care and the fees charged for paid care, whether she received subsidies for any of the children and, if so, whether she experienced any problems with subsidies. The interview was also used to gather information about the care environment including: the number and ages of children cared for, the number of children who received a subsidy, the child care schedule and its flexibility, as well as items about health and safety practices that could not be directly observed.

School-Age Child Interview

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

Observation Measures

The four observation measures, supplemented with information from the interviews, were designed to measure aspects of the care setting and the child's experience that were assumed to have implications for the child's health, safety and overall development. The goal was to gather sufficient information to make possible a judgment about whether and to what extent

the different forms of family child care included in the study are safe for children, provide a healthy environment for children's physical development and growth, and provide adequate support for their cognitive and social development. A major challenge was to develop measures that were appropriate across a wide range of home-based care settings and that could also be used in centers (for children who changed settings). In addition, the measures had to be appropriate across a range of child ages wider than is typically found in child care or early childhood studies. The four measures are described briefly below.

The ***Environment Checklist*** rates aspects of the care environment including: space; environmental comfort; equipment and materials; indoor health and safety; outdoor health and safety; and dangerous situations in the setting. The Checklist consists of 77 items that are scored on a three-point scale: 1=usually true/or consistently evident; 2=partially or sometimes true/some evidence; and 3=not true/little or no evidence. The Checklist includes items from three sources: the *National Association for Family Child Care* (NAFCC) *Quality Standards for Accreditation, Pilot Study Draft* (Family Child Care Accreditation Project, Wheelock College, Boston, MA., 1977); the *NAFCC Observation System for Accreditation*, Draft (Family Child Care Accreditation Project, Wheelock College, Boston, MA., 1997); and *Stepping Stones to Using Caring for Our Children: National Health and Safety Performance Standards Guidelines for Out-of-Home Child Care Programs—Protecting Children from Harm* (National Research Center for Health and Safety in Child Care, University of Colorado, Denver, CO. Sponsored by the U.S. Dept. of Health & Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, 1997).

The ***Environment Snapshot*** provides a picture of the care setting at a point in time including: the adults and children in the setting; their activities and interactions (with the focus child indicated individually); and overall levels of engagement or distress in the setting. The Environment Snapshot is a synthesis of other child care snapshot measures that have been used by Abt and other researchers in previous studies. All of the prior Snapshots were developed with child care centers in mind (although the National Day Care Infant Study also looked at infants in family day care homes and in their own homes); therefore, we adapted the earlier measures to be equally applicable to center and home care.

The ***Provider Rating*** includes three parts. Part I rates the provider in terms of her relationship with children and support for learning activities. Part I consists of 55 items rated on a three-point scale: 1=usually true/or consistently evident; 2=partially or sometimes true/some evidence; and 3=not true/little or no evidence. Part II rates the provider on nine aspects of her response to the children, such as involvement, flexibility, etc. For each aspect, the provider's responsiveness is rated on a 5-point Likert scale, from least like to most like the attribute. Parts I and II are adapted from the NAFCC Observation System for Accreditation (1997).

Part III of the Provider Rating is the Global Caregiver Rating Scale (Arnett, 1990), a 36-item scale that assesses the provider's warmth, responsiveness, detachment, and involvement with the children. Each item is rated on a 4-point scale: 1=caregiver is "not at all like" the

attribute, 2=caregiver is “somewhat like” the attribute, 3=caregiver is “quite a bit like” the attribute, 4=caregiver is “very much like” the attribute. The Arnett has been used in numerous child care studies, including settings and providers serving low-income children (e.g., the National Preschool Observation Study, the National Child Care Staffing Study).

The ***Child Observation*** describes the interactions and language of the focus child in the setting. The measure is a time-sample observation in which the child’s behavior is observed for 5 seconds and then recorded in the next 15 seconds. The focus child is observed for a total of 30 minutes during the half-day family day care visit. The observations are conducted when the child is not eating, napping, resting, or sleeping. In the observation, the focus child’s behavior is described in terms of 7 dimensions: (1) *focus child with objects*—whether and how the child is playing with objects, (2) *focus child with peers*—whether and how the child is interacting with peers, (3) *focus child’s language*—whether or not the child uses language and with whom, (4) *focus child’s prosocial behavior*—any prosocial or antisocial behavior displayed by the child and to whom, (5) *peer responses to the focus child*—any prosocial or antisocial behavior displayed by other children to focus child, (6) *adult contact with focus child*—the level of interaction between any adult and focus child, and (7) *adult language with focus child*—the content of any language directed one-on-one by an adult to the focus child.

For each five seconds of observation, one and only one code is selected from each of the seven categories. That is, the child’s behavior during the five seconds of observation is described in terms of the child’s level of play with objects, his/her level of play with peers, whether the child speaks to adults or peers, whether the child displays either prosocial or antisocial behavior, whether a peer displays these behaviors to the child, the response of any adult to the child, the level of the child/adult interaction, and the adult’s language to the child.

The Child Observation is modeled on the work of Carollee Howes at UCLA. Howes has developed a number of variants of a time-sampled observation measure that focuses on an individual child. The advantages of Howes’ coding system are (1) the child behaviors that are recorded can be linked to developmental outcomes; (2) the behaviors are linked to constructs that are relevant for children across a wide age range; (3) the behaviors are relevant and can be observed in all types of care settings; and (4) the observation system has been used with populations similar to the families and children in this study. After discussions with Dr. Howes, two of her observation measures were adapted to create a measure with the widest possible age application and the broadest range of constructs.

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-- were completed once, but based on the observations over the entire half-day. The Environment Snapshot and the Child Observation were 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 were 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 per 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 Environment 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 Environment 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 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 impediment to our obtaining the merged list. A computer tape containing a list of 2200 parents and their providers was sent from the state to Abt Associates at the end of June 1999 and telephone recruitment began in July, after interviewers had been trained.

Recruiters encountered some problems, because the list was somewhat outdated; the two lists had been downloaded sometime in early spring but the actual merging of the lists was delayed for at least two months because agency programmers were not able to do the necessary removal of center providers and merging of the remaining provider list with the parent list in a timely fashion. The result was that telephone interviewers encountered many parents who were no longer receiving subsidies or using non-parental care.

Almost 200 pairs were recruited in this way and sent to the field. In the field, however, interviewers encountered a variety of situations that reduced the number of pairs to about 100. In some cases, the parent had stopped working when the interviewer contacted her, or had moved the child to a different care setting (e.g. a child care center). In other cases, the provider had changed her mind about participating in the study or was no longer caring for the child. At this point, interviewers effectively became field recruiters, struggling to find another eligible child or recruit a new provider. As other studies have found, parents were easier to recruit than providers, even though we had raised the incentive payment for providers from $25 per visit to $50.

No other state was able to provide us with a merged list in the way that Ohio did. In three of the other four states, new regulations required active consent on the part of parents and providers before their names could be released to us. In **King County**, Washington, the state was willing to accept passive consent, but the process was delayed by a complicated and lengthy human subjects review, required of all studies that use agency data in Washington State. Senior staff at Abt worked with agency staff over a period of nine months, preparing the original submission, responding to the IRB committee's questions, submitting all letters, flyers and other study material for their review and revising materials to make them suitable for very low-literacy families. IRB clearance was received in February 2000.

Using materials prepared by Abt, the state mailed out letters to parents and providers on their subsidy list, supporting the study and asking recipients to respond only if they were not willing to be contacted (passive consent). The first mailing went only to parents who were using licensed providers and their linked providers. At the time, the state was embroiled in a court case in which a major newspaper in the state was suing the state to obtain its list of informal providers who were receiving public subsidies. Agency staff felt that our chances of a positive response would be increased if a mailing to informal providers was delayed for two to three months. The letters to parents using informal providers, and their linked providers went out in May 2000.

Once the lists had been purged of parents and providers who refused permission to release their names the state provided names and contact information to Abt and recruiting began by telephone.

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 child care resource and referral agencies (CCR&Rs) and other referral agencies. We trained recruiters to give a brief presentation about the study, if invited by provider organizations or church groups.

This strategy took some time to yield results, but the pace of recruiting speeded up after a year of intensive site work as the recruiters established connections with organizations in the five sites. In Houston, Neighborhood Centers, a local agency that works with both providers

and parents, was willing to host monthly meetings at which we recruited from both groups. In California, a CCR&R agency, which was initially unwilling to help at all, sent out a letter to providers encouraging them to participate, and our Hispanic recruiter was very successful in recruiting hard-to-find relative providers. In Ohio, we recruited unsubsidized families from snowball scripts and went back to providers who were originally dropped because their paired parent had refused or was no longer using the arrangement. Recruiting in King County and Franklin County proceeded steadily through the use of similar strategies.

Franklin County, the rural county in Massachusetts, proved to be the smallest site, despite intensive efforts by the on-site recruiter. Therefore, we over-enrolled in other sites, to make up for the small sample there.

Exhibit 2.3 shows the final study sample.

Exhibit 2-2: ACTUAL SAMPLE FOR THE IN-DEPTH STUDY

	Number of Families/Focus Children					
	Community 1: CA	**Community 2: MA**	**Community 3: OH**	**Community 4: TX**	**Community 5: WA**	**Total**
Families receiving child care subsidies at start of study						
Focus child ≤ 5 years[a]	26	43	72	25	29	195
Focus child 6-9 years	27	9	79	65	32	212
All ages	53	52	151	90	61	407
Families NOT receiving child care subsidies at start of study						
Focus child ≤ 5 years[a]	24	16	17	34	13	104
Focus child 6-9 years	25	15	30	27	34	131
All ages	49	31	47	61	47	235
Total	102	83	198	151	108	642

[a]Child age at start of study

As this description should make clear, the sample of families and providers recruited for this study is not a representative sample. By design, we recruited only providers who served low-income families and, even within that group, oversampled providers who received a child care subsidy for one or more of the children in their care. The variety of strategies used to find families and providers provided us with a very large sample, but it is still a sample of convenience, as in all the studies that preceded this one. The concern that providers who are willing to participate in such a study may offer higher-quality care is one that plagues any study in which participation is voluntary. We acknowledge that we may not have captured the worst care, although slightly more than one percent of the homes in the sample appeared

to provide unsafe or inadequate care. Nevertheless, we believe that this account provides useful insights into the factors that shape the child care decisions of low-income families, the kind of care provided in the homes they select, and the implications for their children's experience in that care.

Chapter Three: The Family Child Care Providers in the Study

This chapter describes the family child care providers who participated in the study. The provider sample includes both the original sample of providers and additional providers who were added to the sample if, at the time of the subsequent two waves of data collection, a child had switched from their original provider to a different family child care provider. In all, 673 child care providers were interviewed and observed at least once (many more than once). These represent the original sample of family child care providers recruited in 2001 (approximately 600 in the Wave 1 sample), supplemented by 73 new providers added to the sample over the life of the study.

Background Characteristics of Providers

Demographic Characteristics. About half of the providers in the sample identified themselves as Black, 28 percent as White, non-Hispanic, 17 percent Hispanic, and the remainder as Asian/Pacific Islander or of mixed ethnicity. More than half of the providers (56%) were married and living with a spouse or partner, 29 percent were divorced or separated and the remainder were widowed (5%) or never married (10%). Caregivers ranged in age from 18 to 80 years; the average age was 44. All the providers were female.

Provider Education and Training. The majority of the family child care providers (81%) had completed high school. More than a third (37%) had attended some college without receiving a four-year degree, and another 8 percent had a college degree. Providers who cared for unrelated children were three times as likely to have some education beyond high school compared with providers who cared for related children only (Exhibit 3-1).

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.[4] 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).

[4] 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.

Exhibit 3-1: PROVIDER EDUCATION

Level of Education by Type of Home

	All/Some Children Related to Provider %	No Children Related to Provider %	All Family Child Care Homes %
< 9th grade	7.6	1.1	7.3
8-11th grade—no degree	31.0	3.7	11.5
High school degree/GED	39.4	34.6	36.8
Some college/AA degree	17.6	44.5	38.1
College degree (BA or higher)	4.5	16.1	8.3
Sample size	*182*	*491*	*673*

Source: Provider Interview

The majority of providers (90%) had taken one or more courses in child care or early childhood education. Almost all of the providers who cared for unrelated children had taken such courses compared with half of those who provided care only for related children (Exhibit 3-2). Across all providers, the most common type of training was a child care course or workshop (52%), followed by a child development course (38%) and teacher training (32%).

Provider Experience in Family Child Care. Caregivers in this sample had been providing family child care for seven and a half years, on average. Less than 5 percent of providers had been in family child care for one year or less, and another 3 percent for less than three years, at the time of the first interview. One quarter of the providers had been providing family child care for more than ten years. There was only a small difference in experience between providers who were caring for any related children and providers who were not – 8.7 years versus 6.6 years. This sample of providers may be 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.[5]

[5] 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 3.2: PROVIDER TRAINING

Child Care or Early Education Training by Type of Home

	Some/All Children Related to Provider %	No Children Related to Provider %	All Family Child Care Homes %
Child care courses/ workshops	17.4	59.2	50.0
Child development courses/training[a]	11.4	40.0	33.7
Teacher training	0.0	3.0	2.3
Health-related training/ courses	9.1	15.4	14.0
Social services/social work training	2.3	9.8	6.2
Other related topics	10.6	40.2	33.7
Any training	43.9	88.7	78.6
Sample size	*182*	*491*	*673*

[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 licensed. The percentage of providers who were licensed varied widely by type of home (Exhibit 3-3). Nearly all providers who cared for unrelated children only were licensed (90%), compared with 10 percent of those who cared for related children.

It is important 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. Among the homes that were not licensed, another 20 percent cared for subsidized children and therefore may have been subject to some requirements. Only 7 percent of providers were neither licensed nor cared for any subsidized children. (Exhibit 3.3)

Nearly one-quarter of the providers belonged to a family child care organization and 13 percent of providers were sponsored by an agency or other organization. All of the sponsored 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, about half of the providers reported meeting with other family child care providers for training or support.

In general, providers who cared for related children were less likely to be linked to monitoring agencies, professional groups or more informal groups of family child care providers. For example, while a third of the providers who cared only for unrelated children were part of a family child care organization, this was true for less than 10 percent of providers who cared for related children (Exhibit 3-3). Also, over 60 percent of providers with only unrelated children met occasionally with other providers, versus 30 percent of providers who cared only for related children (Exhibit 3-3).

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

Percentage of Providers by Type of Home

	Some/All Children Related to Provider %	No Children Related to Provider %	All Family Child Care Homes %
Licensing Status and Monitoring			
Licensed by state	23.8	90.0	69.7
Not licensed, receive subsidies	50.9	3.8	16.0
Not licensed, no subsidies	25.3	6.2	14.3
Memberships			
Family child care organization[a]	2.9	32.3	24.7
Sponsored group[b]	27.4	18.0	20.5
Child and Adult Care Food Program	3.4	16.0	12.8
Meet with other providers[c]	45.1	73.0	65.3
Sample size	*182*	*491*	*673*

[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.

Source: Provider Interview

Household Income. The average annual household income of providers was $35,843; median income was $27,000 (Exhibit 3-4). Providers who cared only for children unrelated to them had much higher average household incomes compared with providers who cared for some or all related children ($41.464 vs. $19,898). The proportion of the provider's income that came from childcare was, on average, 53 percent. For providers caring only for unrelated children, this percentage was 60%; for providers with related children, the percentage was far lower—28%. Relative caregivers were much less likely to receive cash payments from parents, or they were paid token amounts for the care provided.

The average fee charged by these providers, across all ages of children, was $85 per week.

Exhibit 3-4: ANNUAL HOUSEHOLD INCOME AND PROPORTION OF HOUSEHOLD INCOME FROM CHILD CARE

Average and Median by Type of Home

	Some/All Children Related to Provider	No Children Related to Provider	All Family Child Care Providers
Annual household income			
• Mean income	$19,898	$41,464	$36,843
• Median income	$16,000	$38,000	$26,000
Income from child care as % of household income			
• Mean proportion of HH income	27.6%	59.8%	53.2%
• Median proportion of HH income	14.0%	58.0%	50.0%
Sample size	*182*	*491*	*673*

Source: Provider Interview

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 (Exhibit 3-5). 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. (This is borne out by the higher proportion of homes with unrelated children where the provider's own child was also present.) The reasons for becoming child care providers given by caregivers in our sample paralleled those given by caregivers in other studies. In other studies, relative providers were most often providing care to help out the child's parents (Galinsky et al., 1994; Kontos et al., 1995; Maleske-Samu, 1996; Porter, 1998), while others provided child care in order to stay home with their young children (Erheart and Leavitt, 1989; Galinsky et al., 1994).

Providers' reasons for ***continuing*** to provide care also varied by type of care (Exhibit 3-6). 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 of working with children. As other studies have found (e.g., Zinsser, 1991; Galinsky et al., 1994), for unrelated providers who stay in the field, child care seems to become a career choice.

Exhibit 3-5 MAIN REASON PROVIDERS START OUT IN FAMILY CHILD CARE

Percentage of Providers by Type of Home

	Some/All Children Related to Provider %	No Children Related to Provider %	All Family Child Care Providers %
Stay home with own children	34.0	51.8	47.4
Teach children what they need	28.8	33.6	32.4
Help young parents	25.3	28.4	27.6
Enjoyment of children	5.2	8.2	7.4
Help relatives/friends	15.7	0.1	4.5
Fill need for good child care	8.6	8.4	8.5
Make money	5.2	5.0	5.0
Have own business	3.3	17.2	13.8
Had taught in child care center/experienced in child care	2.5	2.9	2.7
Playmates for own children	1.4	1.2	1.3
Less stress, more independence than other jobs	16.3	49.0	40.9
Professional career with growth	2.0	12.0	9.6
Religious calling	1.5	0.3	1.1
Sample size	*153*	*465*	*618*

Source: Provider Interview

Exhibit 3-6: MAIN REASON PROVIDERS CONTINUE IN FAMILY CHILD CARE

Percentage of Providers by Type of Home

Main Reason	Some/All Children Related to Provider %	No Children Related to Provider %	All Family Child Care Providers %
Enjoyment of children	28.3	48.7	33.2
Stay home with own children	13.4	22.7	19.3
Help relatives/friends	37.7	5.4	19.1
Fill need for good child care	8.6	11.4	11.0
Make money	4.2	7.3	7.0
Have own business	4.8	3.7	4.4
Teach children what they need	1.7	0.4	0.6
Other reasons[a]	5.0	0.7	3.4
Sample size	*181*	*490*	*671*

[a] Include giving children structure and routine, creating fun learning environment.

Source: Provider Interview

Stresses of Being a Provider

Providers were asked about various kinds of stresses related to their jobs (Exhibit 3-7). One category of stress concerns the ways in which being a family child care provider interferes with their own family life. These include ways in which their job affects their own mental health and energy, and conflicts between their family and their job responsibilities that create stress. When asked about stress in the preceding three-month period, most providers did not report mental health issues. 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. Almost one-quarter of providers reported feeling "used up" at the end of the day. Other feelings of stress (e.g., feeling burned out by work, lacking energy) were identified by less than 15 percent of providers. 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 (Exhibit 3-7). More than 63 percent of providers reported stress related to having to do their own housework or errands while caring for children. Thirty-two percent of providers reported problems with parents picking up their children late, and one quarter of providers reported problems with parents leaving sick children with symptoms such as a rash or fever. Further, providers reported resentment from their own family, including resentment from their own children of the children in care (reported by 35% of providers) and resentment among other family members about the disruption in household activities caused by child care in the home (25%). Work/family conflicts were reported far more frequently by providers who cared only for unrelated children compared with providers caring for related children.

Providers were also asked about areas of their lives aside from their child care responsibilities that were causing them stress. Family finances were the most frequently-cited aspect of providers' lives that created worry or stress. Nearly half of all providers said that personal or family finances cause "some" or "a lot" of stress. Three other areas of stress reported by at least a third of providers were: caring for their own children as well as the children in the child care home, the providers' own health; and relationships in their own families.

Exhibit 3-7 SOURCES OF STRESS FOR FAMILY CHILD CARE PROVIDERS

Percentage of Providers by Type of Home

	Some/All Children Related to Provider %	No Children Related to Provider %	All Family Child Care Providers %
Frequent Feelings of Stress in Last 3 Months[a, b]			
Insufficient time for self	24.0	36.8	33.5
Unable to get everything done	19.4	34.5	30.6
Felt used up at end of day	12.6	26.4	22.8
Insufficient time for family	8.0	20.6	17.3
Felt tired when facing work day	16.0	17.2	16.9
Felt burned out by work	7.4	12.6	11.2
Lack of energy to do things	6.7	13.6	9.6
Not been in a good mood	8.0	11.2	10.4
Felt nervous or stressed	6.3	6.8	6.7
Work/Family Conflicts			
Need to do housework while working with the children	65.7	63.0	63.7
Own children resent children in care	20.3	39.6	34.5
Parents picking up late	14.4	37.3	31.5
Parents who bring sick children	5.4	32.7	25.8
Other family members resent disruption	13.0	29.9	25.4
Other conflicts	0.6	7.3	5.6
Areas of Life Creating Some/ A Lot of Stress[c, d]			
Personal or family finances	46.8	50.5	49.8
Own health	35.9	34.8	34.5
Job providing care for children	24.0	39.7	35.6
Family relationships	27.4	27.8	32.9
Health of family members	26.9	29.8	29.0
Care of elderly family member or member w/ disability	20.5	15.0	16.4
Sample size	*175*	*498*	*673*

[a] Items scored on 5 point scale, with 1=very often, 2=often, 3=sometimes, 4=rarely, 5=never.
[b] Percent who responded "Often" or "Very Often" on item.
[c] Items scored on 4-point scale, with 1=no stress, 2=hardly any stress, 3=some stress, 4= a lot of stress.
[d] Percent who responded "Some stress" or "A lot of stress" on item.

Source: Provider Interview

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.

Advantages of Family Child Care for Families

The two advantages of family child care most commonly cited pertain to the ***child's*** experiences (Exhibit 3-8). 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%).

Exhibit 3-8: ADVANTAGES FOR FAMILIES WHO USE FAMILY CHILD CARE: PROVIDER VIEWS

Percentage of Providers by Type of Home[a]

	All/Some Children Related to Provider	No Children Related to Provider	All Family Child Care Providers
	%	%	%
Parent Needs			
Flexibility of hours/match Fits parent's schedule	23.8	42.9	38.1
Siblings can be in same place	24.3	26.1	25.7
Lower cost	10.1	22.3	19.2
Care is close to child's home	4.8	12.9	9.8
Children can stay in care if ill	1.1	2.3	2.0
Any parent need (above)	41.7	60.2	55.4
Parent/Provider Relationship			
Provider is like family member	35.4	33.3	33.8
Can help parent and child	12.5	22.5	19.9
Provider shares parent values	11.9	10.6	11.0
Parents know, trust provider	2.6	2.5	2.5
Any aspect of parent/provider relationship (above)	47.4	41.0	42.6
Child Care Environment			
Care is like a home	58.1	44.6	54.6
More individual attention	44.1	59.9	55.0
Children of mixed ages	10.6	17.9	15.7
Safe, healthy environment	3.2	3.3	3.3
Consistent care with 1 provider	2.4	4.9	4.3
Any aspect of care environment	70.3	84.8	81.0
Sample size	*182*	*491*	*673*

[a] Percentages do not add up to 100% because multiple responses were allowed.

Source: Provider Interview

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. Because family child care is available at a wider range of times than center care and because providers are flexible about changing or irregular schedules, they are able to provide care at hours that match parents' 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 in different types of family child care homes perceived different advantages of family child care. Providers who cared for related children were less likely to identify individual attention for children as an important advantage (44% versus more than 60% among other providers). They were also less likely to mention flexibility of hours as an advantage for parents (24% versus more than 43% for other providers). Indeed, these providers came up with fewer advantages overall, suggesting that this was not a question to which they had given much thought, compared with providers caring for unrelated children.

Personal Advantages of Being a Family Child Care Provider

Providers were asked about the personal advantages to ***them*** of being family child care providers. Overall, the most commonly-cited personal advantages were being able to stay at home with their own children[6] and working on their own (Exhibit 3-9). For providers who cared for related children, being able to stay home with their own children and helping others were the most important advantages of being a family child care provider. For providers who cared for unrelated children, characteristics of the job itself were important advantages, including working for oneself while still being a teacher and not having to worry about standard job requirements such as business attire. Helping young parents was also stated as an advantage by more than a quarter of the providers caring for unrelated children.

[6] In an earlier study that examined the advantages and disadvantages of child care from the providers' perspective, family child care providers reported that they enjoyed the close relationships with parents and children, and the ability to earn some money while being at home with their own children.

Exhibit 3-9: PERSONAL ADVANTAGES TO PROVIDERS OF FAMILY CHILD CARE

Percentage of Providers by Type of Home[a]

	All/Some Children Related to Provider %	No Children Related to Provider %	All Family Child Care Providers %
Job Characteristics			
Feel independent	16.3	49.0	40.9
No business attire or traffic	17.3	25.4	23.2
Being a teacher but working for self	3.3	17.2	13.8
Feel like professional	2.0	12.0	9.6
Like working from home	1.9	3.6	3.1
Need/like the money	5.2	5.0	5.0
Any job characteristic (above)	22.3	55.8	47.2
Helping Others			
Can teach children things they need	28.8	33.6	32.4
Can help young parents	25.3	28.4	27.6
Enjoy working with children	5.2	8.2	7.4
Any aspect of helping others (above)	39.4	48.1	45.9
Benefits to Own Family			
Can stay at home with own children	29.0	51.8	44.2
Like caring for family members	15.7	0.9	4.5
Any benefit to own family (above)	41.7	48.5	46.8
Sample size	*182*	*491*	*673*

[a] Percentages do not add up to 100% because multiple responses were allowed.

Source: Provider Interview

Disadvantages of Being a Family Child Care Provider

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--75 percent versus 32 percent (Exhibit 3-10). The most commonly identified disadvantages were personal stresses. Forty-two percent of caregivers mentioned some personal stress, although less than half as many of the providers caring for related children mentioned any personal disadvantages. The stresses mentioned most often were insufficient personal time (22%) and wear and tear on their home (25%). Problems with parents were the second most common source of disadvantages for family child care providers (18 percent), followed closely by professional disadvantages (16 percent). For both categories of disadvantages, providers caring for unrelated children cited more disadvantages overall.

Exhibit 3-10: PERSONAL DISADVANTAGES OF PROVIDING CHILD CARE

Percentage of Providers by Type of Home[a]

	All/Some Children Related to Provider %	No Children Related to Provider %	All Family Child Care Providers %
Personal Life			
Wear and tear on home	3.1	28.6	22.0
Not enough personal time	19.9	27.1	25.2
Not enough time for own children	0.0	8.5	6.3
Always at home/isolated	0.0	2.8	2.1
Any aspect of personal life[b]	22.9	49.3	42.5
Problems with Parents			
Parents pick up children late	3.1	11.4	9.1
Parents change schedules without notice	0.6	8.7	6.6
Parents don't respect provider	0.6	3.7	2.9
Parents don't pay	1.9	8.1	6.5
Parents pay late	0.6	3.8	3.0
Transportation problems for kids	0.0	0.2	0.2
Any problem with parents	5.7	22.4	18.1
Professional Life			
Not paid enough	4.4	12.2	10.2
Not seen as a professional	0.0	9.0	6.6
Any aspect of professional life[c]	5.7	19.6	16.0
Difficulties of Job			
Hard to treat children the same	1.1	0.6	0.7
Stress of caring for children	3.1	4.8	4.4
Licensing standards are too high	0.0	1.3	1.0
Any difficulty of job[d]	3.6	5.1	4.9
One or more disadvantages cited	32.3	74.9	63.8
Sample size	*182*	*391*	*673*

[a] Percentages do not add up to 100% because multiple responses were allowed.
[b] Items listed above plus others: exposed to illness, hard on spouse, children in care are bad influence on own children.
[c] Items listed above plus others: inconsistent pay, no professional support or networking.
[d] Items listed above plus others: not licensed to care for special needs children.

Source: Provider Interview

Summary of Findings

- The average age of the family child care providers was 44, and more than half were married and living with a spouse.

- Most providers had completed high school and more than one-third had some college experience. Only 8 percent had a college degree. Most had taken one or more courses or workshops in child care or early childhood education; this kind of training was much less common among providers who cared only for related children.

- On average, income from child care constituted more than half of the family income; for those who cared for related children the proportion was far lower – 28%.

- The ability to work at home while raising young children motivated many providers; however, for those who cared for relatives' children, the desire to help out a family member was the primary reason for going into child care.

- Almost two-thirds of providers reported stress as a result of conflicting demands of family and the children for whom they were providing care. A similar proportion reported resentment of the children in care by other family members. These kinds of stresses and conflicts were less frequent among those providers who cared for related children only.

- For children, providers perceived family child care as offering individual attention in a place that looks like home. For parents, the flexible hours offered by family child care were seen as the major advantage.

Chapter Four: The Family Child Care Home

This chapter describes the family child care homes themselves. It begins with a description of the schedule for care and policies about issues such as care for sick children. Next, the chapter describes the number and characteristics of children in the homes. The chapter concludes with a description of the physical environment--the adequacy and comfort of the space used by children; the safety of the homes, both in terms of physical safety and of health concerns; and the resources and materials available to children. Information for the chapter was drawn from interviews with providers and observations in the homes.

Schedule of Care

Annual Schedule

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 (Exhibit 4-1). Nearly half (45%) provided care for 52 weeks a year, and close to one-quarter of homes (23%) provided care for all but one or two weeks. Most other homes (30%) offered care for at least 11 months, with about a month off during the year. A small number of providers (2%) were closed for nearly three months over the summer. (These homes provided primarily before- and after-school care, and parents made other arrangements during the summer and other school vacations.)

Homes that provided care for related children were more likely to take care of children year-round. Over half (56%) of these homes provided care 52 weeks a year, compared with 36 percent of homes caring only for unrelated children.

Daily Schedule

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 (Exhibit 4-1). Only a small number of homes (3%) provided care for less than 8 hours a day, and approximately half provided care 12 hours a day. Five percent of the homes provided care round the clock.

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 (55%) of the homes provided care during weekend hours, and a similar proportion (54%) were willing to provide off-hours care and accommodate irregular schedules. In addition, most (78%) 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 (Exhibit 4.1).

Exhibit 4-1 SCHEDULE AND HOURS OF OPERATION IN FAMILY CHILD CARE

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

	Some/All Children Related to Provider	No Children Related to Provider	All Family Child Care Providers
Average # weeks open in a year	51.4	50.6	50.3
Homes open 52 weeks a year (%)	55.6	35.8	44.7
Average # hours of care each day	13.3	12.7	13.0
Makes special arrangements for: (%)			
• For early/late pick-up/drop-off	63.8	82.6	77.7
• For weekend care	75.2	47.6	54.5
• For off-hours care	10.4	8.8	9.2
• For irregular/varied schedules	8.1	13.0	11.8
• Both off-hours and varied	66.5	49.0	53.5
• Neither	15.1	29.1	25.5
Charges extra for early/late pick-up or drop-off (%)	15.4	40.2	34.9
Sample size	*161*	*481*	*642*

Source: Provider Interview

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. Providers were asked about arrangements when a child is sick, when they themselves are sick, and in an emergency. Almost half (45%) of the homes in the study would allow a parent to leave a feverish child in care, and more than half (53%) would care for a child who had a severe cough. Less than one-third (28%) were willing to have parents leave a child with a rash (Exhibit 4-2).

Providers who cared for related children were more willing to take care of feverish children than providers who cared for unrelated children only (65% vs. 37%) and more than twice as likely to care for a child with a rash (54% vs. 19%). 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.

In all types of homes, most providers (85%) were willing to administer prescription medicines to a child, and even more (91%) were willing to administer over-the-counter drugs when necessary (Exhibit 4-2).

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%). Responses varied little across different types of homes and providers (Exhibit 4-2).

Emergency Procedures

Almost all providers had procedures in place for medical or household emergencies. Most (88%) had a list of doctors' phone numbers for all children, medical release forms for all children in case emergency medical care was needed (90%), and a plan in case a child in care needed emergency medical care (97%). In addition, nearly all providers had a list of persons to whom a child could be released (Exhibit 4-2).

Turnover and Replacement of Children in Care

The child population in these homes was quite stable. Sixty-three percent of providers reported that in the previous three-month period no children left care; most of these providers also reported that no new children entered the home in the same period. In 15 percent of homes, a single child left during the three-month period, and was replaced by another child. Just over 20 percent of homes experienced substantial turnover, with two or more children leaving in a three-month period. Half of the providers reported that they had had to turn a child away because they had no slots available, in the prior three-month period.

Exhibit 4-2: ARRANGEMENTS FOR SICK CHILDREN, PROVIDER ILLNESS, AND EMERGENCIES

Percentage of Providers by Type of Home

	Some/All Children Related to Provider %	No Children Related to Provider %	All Family Child Care Homes %
When Child is Sick			
Allow parents to leave child with:			
Feverish appearance	65.3	37.6	44.8
Cough	66.7	47.9	52.8
Rash	53.6	18.9	27.8
Administer medicines to child:			
Over-the-counter medicines	88.3	84.4	85.4a
Prescription medicines	95.3	88.0	90.9b
Sick children are separated[c]	58.6	72.4	69.1d
When Provider is Sick			
No care provided	28.4	26.3	26.8
Provider finds another caregiver	34.8	42.0	40.1
Provides care anyway	25.6	22.6	23.4
Never gets sick	11.0	8.0	8.8
Emergency Procedures			
Keeps phone number of child's doctor for all children	77.8	91.5	87.9e
Has medical release for each child	70.2	94.5	89.8[f]
Has plan for obtaining emergency medical care	93.6	98.6	97.3
Has list of persons child can be released to	89.4	97.8	95.6
Has evacuation plan in case of fire	92.4	98.6	97.0
Sample size	*171*	*492*	*663*

[a] An additional 5% of providers administer over-the-counter medications "sometimes."
[b] An additional 5% of providers administer prescription medications "sometimes."
[c] Separated routinely, put in a separate room.
[d] An additional 12% "sometimes" put sick child in separate room.
[e] An additional 2% have doctor's phone number for "some but not all children."
[f] An additional 2% have a medical release for "some but not all children."

Source: Provider Interview

Fees and Payments for Child Care

Across all types of homes, the average weekly fee charged for child care was $84.78 (at the first interview, conducted between 2000 and 2002). This included some children who paid nothing. When these children are excluded, the average weekly fee was $89.00. The average weekly fee charged for relative care was $54.00, versus $95.00 for care in homes with no related children. (The comparable fees, excluding children who paid nothing) were $97.00 for non-relative care and $63.00 for care in homes with related children.

The majority of providers varied their fees, depending on a range of factors (Exhibit 4-3). More than 40% of providers charged more for children who were in care part-time versus full-time, charged a different amount for a second or subsequent child from the same family, or charged different fees for children of different ages. A third of providers took family income into account when setting fees. Other factors cited by more than 20 percent of providers as reasons for varying parent fees were: the relationship of the parent to the provider and whether an agency was paying for the care.

Variation in fees charged was slightly different for providers caring for related children and providers with no related children. Providers with related children varied their fees less frequently overall, and were less likely to charge different fees depending on the number of children from the same family, for children of different ages, or for the hours the child was in care.

Exhibit 4-3: REASONS FOR VARIATION IN FEES CHARGED FOR CARE

Percentage of Providers by Type of Home

	Some/All Children Related to Provider %	No Children Related to Provider %	All Family Child Care Homes %
Provider does not vary fees	33.1	17.8	21.8
Reasons for varying fees:			
Number of children from same family	27.0	49.7	44.1
Family income	32.1	33.3	33.0
Relationship of provider to family	30.2	20.5	22.9
Hours/week child is in care	34.6	47.7	44.4
Child's age	32.7	51.3	46.8
Child is not yet toilet trained	23.9	16.0	17.9
Child has handicap	15.7	13.2	13.8
Outside agency is paying for care	20.4	32.6	29.7
Late pick-up	0.6	1.0	0.9
Special services are provided for child:			
Diapers	17.0	7.6	9.9
Meals	23.3	8.8	12.4
Transportation	23.3	14.9	17.0
Sample size	*182*	*491*	*673*

Source: Provider Interview

Paying for Care

The majority of homes in the study were providing care for at least one child whose care was subsidized, at the time of the first interview[7]and, on average, more than half (58%) of the children in the homes were receiving subsidies. (Exhibit 4-4). Subsidy payments covered 89 percent of the cost of care (i.e., fees charged). For more than half of the children whose care was subsidized, subsidies covered the entire cost of their care[8], i.e., parents paid no additional fee. In homes with related children, those parents who did pay an amount in addition to the subsidy, paid about half as much as parents who received no subsidy ($21.73 vs. $44.64). In homes with no related children, the difference in parent payments was much greater; parents who made payments in addition to the subsidy paid less than $20 weekly, compared with parents who paid the entire fee, who paid, on average, $77.54 weekly.

Exhibit 4-4: SOURCES OF PAYMENTS TO PROVIDERS

Percentage of Providers by Type of Home

	All/Some Children Related to Provider %	No Children Related to Provider %	All Family Child Care Homes %
Providers with at least one subsidized child	62.3	88.3	81.6
Percentage of children in home receiving subsidies	53.0	60.3	58.4
Percentage of costs covered by subsidies[a]	85.2	89.7	88.9
Proportion of children for whom subsidies covered 100% of cost of care.	46.8	55.1	53.9
Proportion of provider child care income from subsidies	55.8	59.8	58.8
Proportion of provider child care income from parent fees	44.2	40.2	41.2
Average weekly parent payment (no subsidy)	$44.64	$77.54	$72.27
Average weekly parent payment (with subsidy)	$21.73	$18.97	$19.42
Sample size	*167*	*491*	*658*

a Including only homes with at least one subsidized child

Source: Provider Interview

The majority of providers received payment from an agency for at least one child in their care (Exhibit 4-5). For most homes, the agencies paid the providers directly. Thirty percent of providers identified problems with the subsidy system. Problems were much more likely to be cited by providers with no related children, and delay in payments was the most common complaint.

7 Not unexpectedly, since the study design called for 75% of families recruited to be receiving subsidies.

8 This means that subsidies covered the fees charged; the study did not attempt to calculate the true cost of care.

Exhibit 4-5:

SUBSIDY PAYMENTS TO PROVIDERS

Percentage of Providers by Type of Home	All/Some Children Related to Provider %	No Children Related to Provider %	All Family Child Care Homes %
Provider receives all/part of fees from agencies	65.4	86.9	81.6
• Agency pays provider directly	82.1	57.5	62.3
• Agency pays provider for vouchers	13.2	42.1	36.4
• Agency pays parent in cash	4.7	0.0	0.1
• Any problems with subsidies	7.8	34.5	29.8
o Delays in payments	71.4	47.2	48.3
o Inadequate amount of payment	57.1	17.4	19.2
o Too much paperwork	14.3	4.2	4.6
o Agencies make mistakes/are unhelpful	0.0	2.8	2.6
o Parents don't pay the co-pay	0.0	6.2	6.0
o Parents leave without notice	0.0	1.4	1.3
o Subsidized children are more needy	0.0	2.8	2.6
Sample size	*103*	*433*	*536*

Source: Provider Interview

Children Enrolled in Homes

Number of Children

The number of children enrolled in the family child care homes ranged from a single child to 30 children,[9] with an average of six children across all homes (Exhibit 4-6). 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.

[9] 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.

Exhibit 4-6: ENROLLMENT IN THE FAMILY CHILD CARE HOME

Average Number of Children by Type of Home

	Some Children Related to Provider		No Children Related to Provider		All Family Child Care Homes	
	Mean	Range	Mean	Range	Mean	Range
Number of children	2.7	1-10	7.2	1-30	6.0	1-30
Sample size						

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 4-7). Conversely, only a fifth of homes provided care for a single age group. The majority of homes (78%) provided care for infants but, in most homes, infants were cared for with older children. Homes in which children were related to the provider were more likely to serve a single age group (Exhibit 4-7).

Exhibit 4-7: AGES OF CHILDREN IN THE FAMILY CHILD CARE HOME

Age Groups Enrolled by Type of Home

	All/Some Related Children %	No Related Children %	All Homes %
Single Age Group			
All infants/toddlers	9.1	4.0	5.3
All preschoolers	0.0	0.0	0.0
All school-age children	25.7	5.5	10.7
Mixed Ages			
Infants/toddlers and preschoolers	21.1	15.6	17.1
Infants/toddlers and school-age	29.7	64.4	55.4
Preschoolers and school-age	14.3	10.5	11.5
All three age groups[a]	2.0	0.1	0.1
Sample size	*182*	*491*	*673*

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

Source: Family Child Care Home Observation: Roster

Subsidized Children

Fifty-eight percent of the children in the family child care homes received a child care subsidy and most of the homes in the sample (82%) had at least one child enrolled who received a subsidy. Homes providing care to unrelated children were more likely to receive subsidy payments for at least one child than homes with related children (Exhibit 4-8).

Exhibit 4-8: CHARACTERISTICS OF CHILDREN IN THE FAMILY CHILD CARE HOME

Presence of Subsidized Children, Related Children, and Special Needs Children by Type of Home

	All/Some Children Related to Provider %	No Children Related to Provider %	All Family Child Care Homes %
Any subsidized children	62.3	88.3	81.6
Provider's own child	34.0	61.0	53.7
Special needs children	10.3	19.0	16.8
Sample size	*182*	*491*	*673*

Source: Provider Interview

Related Children

Two kinds of related children are found in family child care homes. One type consists of children related to the provider but who do not live with the provider, most often grandchildren or (less frequently) nieces/nephews. The second type consists of children living with the provider, typically her own children. In about a quarter of family child care homes (26%), the provider took care of her own children during at least some of the hours she cared for other children.[10] Providers who cared for their own young children were somewhat less likely to care for other related children and more likely to care for unrelated children, as indicated by the fact that the provider's child was present in 61 percent of homes with no related children versus 34 percent of homes with related children (Exhibit 4-8).

Children with Special Needs.[11]

Seventeen percent of the homes had at least one child with special needs enrolled. Providers with only unrelated children were more likely to care for a special needs child (19 percent of homes), compared with homes with related children (10 percent).

Child/Adult Ratio in Family Child Care Homes

Adults in Homes

The majority of family child care homes (74%) had a single adult provider. The remaining homes had a provider or assistant. 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 almost 30 percent of the homes during day-time hours.

[10] In all 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.

[11] It is important to note that only some of the children had diagnosed disabilities. Often the providers defined a very shy child, or one who appeared to be developmentally delayed as a "special needs" child.

The type of adult present in the home was related to the type of home (Exhibit 4-9). Formal assistants were less common in relative care, possibly because these homes tended to be smaller. Conversely, members of the provider's family were more likely to be present in homes providing relative care.

Exhibit 4-9: OTHER ADULTS PRESENT IN THE FAMILY CHILD CARE HOME

Percentage of Homes with Different Types of Adults Present by Type of Home

	All/Some Children Related to Provider %	No Children Related to Provider %	All Family Child Care Homes %
Assistant(s)	20.4	31.2	26.4
Adult member(s) of provider's family[a]	37.8	26.6	29.6
Unrelated adult(s)[b]	8.4	6.4	7.8
Parent(s) of children in home	28.1	20.8	23.2
Sample size	*182*	*491*	*673*

[a] Adult family members defined as household members age 16 years and older.
[b] Includes neighbors, friends; does not include parents of children in care.

Source: Family Child Care Home Observation: Snapshot

Ratio of Number of Children Enrolled to Adults

Based on the number of children that providers reported as their enrollment, and the presence of any assistants in the home, the average child-to-staff ratio was 1 adult to 4.8 children, with a range from 1 child to one adult up to 22 children to 1 adult[12]. The average ratio varied by the type of home. Homes providing relative care had fewer children per provider, on average (2.6 per provider) compared with homes with no related children (5.5 children per provider).

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 (Exhibit 4-10). 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

[12] As noted earlier, the number of children observed to be present at any time was smaller than the enrollment number. Those homes with large numbers of children enrolled offered care for many more hours and had children coming for different shifts during the day, evening and night hours. As noted earlier, the largest number of children observed to be present at one time was thirteen children, with an assistant in addition to the provider.

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.

Exhibit 4-10: ETHNICITY OF CHILDREN AND PROVIDER IN THE FAMILY CHILD CARE HOME

Percentage of Homes by Provider Ethnicity

	White Non-Hispanic Providers %	Black Non-Hispanic Providers %	Hispanic Providers %	Providers of Other Ethnic Groups[a] %	All Homes %
All Children Same Ethnic Group					
All children White, non-Hispanic	35.4	1.3	15.3	5.1	14.3
All children Black, non-Hispanic	3.2	73.1	14.8	4.5	42.3
All children Hispanic	1.3	3.4	0.9	67.0	10.6
Children from Different Ethnic Groups					
Mixed ethnic groups	60.1	22.2	69.0	23.4	32.8
Sample size	*188*	*333*	*114*	*38*	*673*

[a] Includes Asian, American Indian, Alaska native, Native Hawaiian, other Pacific Islander

Source: Provider Interview

The Home as a Physical Environment

Space in Homes

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. In 56 percent of homes, all of the space that was used for child care was shared with the family, while, in another 33 percent of the homes, some space was shared space, and some space was dedicated space for child care only (e.g., a basement playroom). On average, family child care homes used 4.4 rooms of the house (counting the bathroom) for child care. Eight percent of homes used only one or two rooms for children, 44 percent used three or four rooms, and nearly half used five or more rooms.

The number of rooms available for children was not strongly related to the number of children in care. The number of rooms available for child care actually *decreased* slightly as the number of children cared for increased. Homes with only one or two children had, on average, five rooms for the children to use. Homes with three to five children had 4.7 rooms, on average, and larger homes (either 6 to 8 children or more than 8 children) had four rooms.

This pattern reflects the fact that the homes with one or two children tended to be the grandmother's (or less frequently the aunt's) home and the related child or children she cared for had free run of the home, as they would if she were not providing child care. By contrast, homes with more children tended to belong to providers who were not caring for related children, who were more likely to be licensed or otherwise regulated, and who therefore needed to set aside

some space dedicated to and appropriate for child care. Even if they are not subject to regulation, such providers are likely to want to reduce wear and tear on household furniture, preserve privacy for other family members and, possibly, maintain a small amount of dedicated space for tax purposes.

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 (Exhibit 4-11). The average score across all ten items in this domain was high—2.6 out of 3.0, where 3 indicates that the home consistently meets standards. On all six aspects of space, the majority of homes received the highest rating.

Exhibit 4-11: ENVIRONMENTAL CONDITIONS IN THE FAMILY CHILD CARE HOME

Distribution of Ratings and Average Score for Environmental Space and Comfort

Environmental Conditions	Rarely/Never %	Sometimes %	Consistently %
Space		**Average = 2.7 out of 3**	
Children can use what they can reach	6.0	18.9	75.1
Enough space, not cramped	6.9	22.3	70.8
Comfortable, cozy space available[a]	12.1	NA	87.9
Space to work, play without interference[b]	8.0	22.5	69.5
Area for active play	9.2	20.5	70.2
Space for children learning to walk	2.1	24.6	73.2
Comfort		**Average = 2.6 out of 3**	
Lighting was sufficiently bright	2.0	19.3	78.7
Setting does not smell	5.3	NA	94.7
Comfortable level of background noise	0.8	12.1	87.1
Television was off	40.4	32.0	27.6
Space and comfort		**Average = 2.6 out of 3**	

Sample size (n = 637 homes)

[a] Item coded as "No" or "Yes," with no code for "Sometimes."
[b] Older children can use materials without interference from younger children.

Source: Family Child Care Home Observation: Snapshot

Similarly, for the ratings on environmental comfort, the overall rating was high—2.6 out of 3. On three of the four items, the majority of homes were rated at the highest level. There were a substantial number of homes with a low rating on only one aspect of the environment --the amount of time that the television was on. In 40 percent of the homes, the television was never or rarely off during the observation.

The adequacy of the space and comfort in the family child care homes varied by type of home: Homes where no children were related to the provider had significantly higher ratings on space and comfort, compared with the homes where all or some children were related to the provider (Exhibit 4-12).

Exhibit 4-12: ENVIRONMENTAL CONDITIONS IN THE FAMILY CHILD CARE HOME

Average Score for Environmental Space and Comfort by Type of Home

Environmental Conditions	A All/Some Children Related to Provider Mean	B No Children Related to Provider Mean	All Family Child Care Homes Mean	Significant Difference by Type of Home P value[a]
Space	2.6	2.7	2.7	B>A**
Comfort	2.5	2.6	2.6	B>A***
Total: Space and comfort	2.5	2.7	2.6	B>A***
Sample size	*173*	*464*	*637*	

a Significance levels: * = p < .05, ** = p < .01, *** = p <.001; ns=not statistically significant

Source: Family Child Care Home Observation: Snapshot

Materials and Resources in Homes

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 materials for children of widely-differing ages.

Indoor Play Materials

The average score for indoor play materials was 2.2 out of 3, where 1 = few, 2 = some, and 3 = adequate (Exhibit 4-13). Less than half of the homes had adequate developmentally-appropriate indoor play materials for the age groups enrolled in the home (Exhibit 4-13). Most of the homes did not have an adequate number of books available to children. Although the majority of homes had some books accessible to children, less than half of homes had at least ten books appropriate for each age group cared for in the home. Just over 60 percent of the homes had adequate materials to encourage dramatic and language play, and less than 60 percent had basic art materials available to children.

The adequacy of play materials varied by the type of home. Although there was not a significant difference for indoor play materials, homes with no related children had significantly higher ratings on outdoor play materials (Exhibit 4-14).

Exhibit 4-13 PLAY MATERIALS IN THE FAMILY CHILD CARE HOME

Distribution of Ratings and Average Score for Indoor and Outdoor Play Materials

	Rarely %	Sometimes %	Consistently %
Indoor materials	**Average = 2.2 out of 3**		
Sufficient developmentally-appropriate *indoor* toys/materials for age groups in home:[a]			
• Infants	32.1	23.7	44.2
• Toddlers	37.2	22.7	40.2
• Preschoolers	37.6	23.0	38.5
• School-age	37.0	28.3	34.7
Household items used in learning/play	66.0	NA	34.0
10+ appropriate books for each age	22.0	29.8	48.2
Some books accessible to all children	12.0	22.2	65.9
Materials for language/dramatic play	12.6	24.5	62.9
Basic art materials	19.8	23.6	56.7
Outdoor materials	**Average = 2.7 out of 3**		
Sufficient developmentally appropriate *outdoor* toys/materials for age groups in home	8.6	15.9	74.5

Sample size (n=637homes)

[a] Rated only if any children of that age enrolled. Infants = birth - 11 months, toddlers = 12 - 35 months, preschool = 36 - 59 months, school-age = 60 months and older.

Source: Family Child Care Home Observation: Environment Checklist

Exhibit 4-14: PLAY MATERIALS IN THE FAMILY CHILD CARE HOME

Average Rating by Type of Home

Play Materials	A All/Some Children Related to Provider Mean	B No Children Related to Provider Mean	All Family Child Care Homes Mean	Significant Difference by Type of Home P value[a]
Total: Indoor materials	2.1	2.2	2.2	ns
Outdoor play materials	2.5	2.7	2.7	B > A**
Sample size	*166*	*491*	*637*	

a Significance levels: * = p < .05, ** = p < .01, *** = p <.001; ns=not statistically significant

Source: Family Child Care Home Observation: Environment Checklist

Health and Safety in Homes

Indoor Health and Safety

The family child care homes in the study were, on average, safe and healthy places for children (Exhibit 4-15). The overall score for indoor health and safety was 2.8, which indicates there was consistent evidence of good health practices, as defined by national pediatricians' groups (e.g., the American Academy of Pediatrics). None of the areas of indoor health and safety received an average score lower than 2.6. At the same time, some of the 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. In a quarter of homes, providers did not use universal health precautions when dealing with blood; and, between 17 and 20 percent of the homes did not follow consistent health practices for children's hand-washing.

Ten critical safety issues in homes were singled out for attention in the observations and ratings as posing particular dangers for children. Although the majority of homes had at least one of these dangers present, only one danger was consistently observed across the sample of homes: failure to have fire evacuation procedures posted (Exhibit 4-16). However, it could be argued that, in family child care, where there is typically only one adult present, there is no need to have a written, posted fire evacuation plan, as long as the provider knows what she was going to do in case of fire. However, if there are other adults present in the home at the time of a fire, including parents, other members of the provider's family or neighbors, then it would be important for them to know how to evacuate the children. Two other dangers were present in at least 20 percent of the homes--unsafe items kept in unlocked cabinets and an insufficient number of fire extinguishers to meet safety guidelines.

Exhibit 4-15: INDOOR HEALTH AND SAFETY IN THE FAMILY CHILD CARE HOME

Distribution of Ratings and Average Scores for Components of Indoor Health and Safety

Components of Indoor Health and Safety	Rarely/Never %	Sometimes %	Consistently %
Safety of Furnishings and Equipment	**Average = 2.8 out of 3**		
Equipment in good repair	1.0	14.6	84.4
Windows safety guarded	4.9	6.1	89.0
Any toy chest is safe	0.5	na[a]	99.5
Soft cushioning under climbing structures	1.2	na	98.8
No infant walkers	7.6	na	92.4
Safe use of wood stove, space heater, fireplace	1.4	na	98.6
Portable space heaters not used for heating	2.0	na	98.0
Hot items out of children's reach	2.8	na	97.2
No latex balloons	1.9	na	98.1
Small objects out of reach of children < 3 years	10.3	na	89.7
Electric fans safely covered or inaccessible	2.5	na	97.5
Electrical outlets covered when not in use	53.7	na	46.3
Exits and Stairs	**Average = 2.6 out of 3**		
Two exits on each floor used by children	22.0	na	78.0
Indoor stairs closed off at top and bottom	19.7	na	80.3
Exits usable and unobstructed	4.5	na	95.5
Bathroom, bedroom doors cannot be locked	55.4	na	44.6
Stairs with 3+ steps have safe railings	1.7	4.4	93.9
Pets	**Average = 2.9 out of 3**		
Accessible pets in good health/even-tempered	3.1	na	97.0
Litter boxes, food dishes, pet toys out of reach	10.3	na	89.7
Food Preparation and Toileting	**Average = 2.7 out of 3**		
Food handled in sanitary manner	0.9	7.8	91.3
Meals, snacks are nutritious	2.4	12.9	84.7

Exhibit 4-15: INDOOR HEALTH AND SAFETY IN THE FAMILY CHILD CARE HOME

Distribution of Ratings and Average Scores for Components of Indoor Health and Safety

Components of Indoor Health and Safety	Rarely/Never %	Sometimes %	Consistently %
Meals, snacks sufficient in quantity	1.4	6.8	91.8
Cooking appliances used safety	1.6	6.6	91.8
Dishwashing is sanitary	1.0	6.1	93.0
High chairs are safe	2.4	na	97.6
Children sit down to eat meals	4.8	10.4	84.8
Children helped to learn to feed themselves	2.8	11.2	86.0
Children held during bottle-feeding	14.2	27.8	58.0
Adults wash hands before preparing food, eating	7.3	16.9	75.8
Children wash hands before/after eating/toileting	16.9	20.5	62.7
Universal health precautions if handling blood	28.6	na	71.4
Hands washed with soap, gels; individual towels	20.0	21.3	58.6
Children safe and secure at sink	12.0	12.1	75.3
Sink used for food preparation only/disinfected	5.0	5.0	90.0
Diapering/toileting separate from food areas	4.0	na	96.0
Children kept safe on changing table	2.6	na	97.4
Diaper containers are kept covered, out of reach	7.4	na	92.6
Diapers checked at least every 1.5 hours	12.0	38.8	49.3
Naps	**Average = 2.8 out of 3**		
No bottles while children lying down	15.1	na	84.9
Safe sleeping arrangements for babies	6.0	15.5	78.5
Cribs meet safety standards	0.5	2.3	97.3

Sample size (n=637 homes)

[a] Some items on the rating scale are coded as only "Rarely" or "Consistently," with no code for "Sometimes."

Source: Family Child Care Home Observation: Environment Checklist

Exhibit 4-16: DANGEROUS SITUATIONS IN THE FAMILY CHILD CARE HOME

Distribution of Ratings and Average Score for Dangerous Situations

Dangerous Situations	Present in Home %
Gun(s) in home	1.7
Unsafe items in lower kitchen cupboards	19.3
Insufficient smoke detectors	8.9
Insufficient fire extinguishers	26.5
No posted fire evacuation procedures	64.7
Inadequate first aid kit	6.6
Drugs, prescriptions in reach of children	2.1
Smoking in children's presence	8.7
Matches, lighters in reach of children	2.5
Poisonous, dangerous substances	10.6

Sample size (n = 637 homes)

Source: Family Child Care Home Observation: Snapshot

There were differences in indoor health and safety by type of home. All aspects of indoor health and safety practices with the exception of care of pets, differed by type of home (Exhibit 4-17). In all areas, homes with no related children had higher ratings on health and safety practices, compared with homes with all or some related children. The proportion of homes with any of the dangerous situations present was significantly higher for homes with related children, compared with homes with only unrelated children (Exhibit 4-18). Whereas 83 percent of the homes with related children had at least one dangerous situation, the comparable percentage for homes with no related children was 57 percent. In fact, with the exception of drugs within reach of children, all of the dangerous conditions were present in a higher proportion of the homes with related children.

Exhibit 4-17: INDOOR HEALTH AND SAFETY IN THE FAMILY CHILD CARE HOME

Average Rating by Type of Home

Components of Indoor Health and Safety	**A All/Some Children Related to Provider** Mean	**B No Children Related to Provider** Mean	**All Family Child Care Homes** Mean	**Significant Difference by Type of Home** P value[a]
Safe indoor equipment	2.8	2.9	2.8	B>A***
Safe doors and exits	2.5	2.6	2.6	B>A***
Healthy practices with pets	2.8	2.9	2.9	ns
Healthy food/toileting	2.6	2.8	2.7	B>A***
Safe nap practices	2.7	2.8	2.8	B>A***
Summary				
Total: Indoor health/safety	2.7	2.8	2.8	B>A***
Sample size	*165*	*492*	*637*	

a Significance levels: * = p < .05, ** = p < .01, *** = p <.001; ns=not statistically significant

Source: Family Child Care Home Observation: Environment Checklist

Exhibit 4-18: DANGEROUS SITUATIONS IN THE FAMILY CHILD CARE HOME

Proportion of Homes with Dangerous Situation Present by Type of Home

Dangerous Situations	A All/Some Children Related to Provider %	B No Children Related to Provider %	All Family Child Care Homes %	Significant Difference by Type of Home P value[a]
Gun(s) in home	3.3	1.2	1.7	B > A**
Unsafe items in lower kitchen cupboards	34.9	13.7	19.3	B > A***
Insufficient smoke detectors	24.0	3.3	8.9	B > A***
Insufficient fire extinguishers	61.2	13.7	26.5	B > A***
No posted fire evacuation procedures	95.4	53.6	64.7	B > A***
Inadequate first aid kit	23.4	0.9	6.6	B > A***
Drugs, prescriptions in reach of children	3.5	1.5	2.1	ns
Smoking in children's presence	4.4	20.5	8.7	A > B***
Matches, lighters in reach of children	6.4	1.1	2.5	B > A**
Poisonous, dangerous substances	15.2	9.0	10.6	B > A**
Summary Variables				
Total: Dangerous Situations	2.4	2.8	2.7	B>A***
Any dangerous situation present	83.1	56.7	71.6	B>A***
Sample size	*165*	*492*	*637*	

a Significance levels: * = p < .05, ** = p < .01, *** = p <.001; ns=not statistically significant

Source: Family Child Care Home Observation: Environment Checklist

Outdoor Health and Safety

Outdoor health and safety includes the safety of steps from the house to the outdoors, safe condition of outdoor equipment, safe placement and surfaces underneath outdoor equipment, protection of children from traffic hazards, and protection of children from water hazards (pools, spas, any water play). On average, homes scored very high on outdoor health and safety—2.9 on the 3-point scale (Exhibit 4-19). Although the average rating was high, two areas in which more than a quarter of the homes were not consistently safe were the overall repair and safety of the outdoor play equipment itself, and the spacing of the play equipment to minimize safety hazards (Exhibit 4-20). There were differences by type of home on three aspects of outdoor health and safety—unsafe spacing of play equipment, dangerous materials in play areas, and play area not safely enclosed. On all three, homes with no related children had higher ratings, compared with homes caring for related children.

Exhibit 4-19: OUTDOOR HEALTH AND SAFETY IN THE FAMILY CHILD CARE HOME

Distribution of Ratings on Outdoor Health and Safety Items

Components of Outdoor Health and Safety	Rarely/Never %	Sometimes %	Consistently %
Outdoor stairs have safe railings	6.7	4.2	89.1
Equipment safe and in good repair	5.3	16.8	77.9
Play equipment safely spaced	16.4	13.5	70.1
Safe swings	1.1	5.6	93.3
Play space free from dangerous materials	7.9	16.4	77.7
Sand box covered when not in use[a]	6.8	na	93.2
Play space enclosed or safe from traffic	14.2	na	85.8
Swimming pools inaccessible/safely supervised	1.6	na	98.4
Any water play carefully supervised	0.0	na	100.0
No hot tubs, spas	0.0	na	100.0

Sample size (n=637 homes)

[a] Some items on the rating scale were coded as only "Rarely" or "Consistently," with no code for "Sometimes."

Source: Family Child Care Home Observation: Environment Checklist

Exhibit 4-20: OUTDOOR HEALTH AND SAFETY IN THE FAMILY CHILD CARE HOME

Average Rating by Type of Home

Components of Outdoor Health and Safety	A All/Some Children Related to Provider Mean	B No Children Related to Provider Mean	All Family Child Care Homes Mean	Significant Difference by Type of Home P value[a]
Outdoor stairs have safe railings	2.9	2.9	2.9	ns
Equipment safe and in good repair	2.6	2.7	2.7	ns
Play equipment safely spaced	2.4	2.8	2.7	B > A**
Safe swings	3.0	2.9	2.9	ns
No dangerous materials in play area	2.5	2.9	2.8	B > A***
Sand box covered when not in use	3.0	2.8	2.9	ns
Play space enclosed/safe from traffic	2.6	2.9	2.8	B > A**
Swimming pools safely supervised	3.0	3.0	3.0	ns
Any water play carefully supervised	3.0	3.0	3.0	ns
No hot tubs, spas	3.0	3.0	3.0	ns
Summary Variable				
Total: Outdoor health & safety	2.8	2.9	2.9	ns
Sample size	*165*	*492*	*637*	

a Significance levels: * = p < .05, ** = p < .01, *** = p <.001; ns=not statistically significant

Source: Family Child Care Home Observation: Environment Checklist

Summary of Findings

- The homes in the study provided care year-round, and offered parents flexibility in terms of the hours that care was provided and providers' willingness to accommodate irregular and off-hours schedules and care for sick children.

- In setting fees for care, providers took into account many different factors, including the age of the child, the number of children from the same family, the amount of time care was needed, the family's income and relationship with the provider.

- Homes served an average of six children, and most had eight or fewer children enrolled. Those homes in which all or some of the children were related to the provider were smaller, with an average of 2.7 children. Almost half the homes served children across a wide age range – from infants to school-age children. In more than half of the homes, the provider's own children were present.

- In two-thirds of the homes, children shared the same ethnic background. Almost three-quarters of homes with Black providers served only Black children; Hispanic and White providers were more likely to serve children from different ethnic groups.

- In general, space in child care 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 percent of them the television was rarely or never turned off.

- 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 that served only unrelated children.

- The homes were safe and healthy places for children, offering consistent evidence of good health practices. Areas of concern included: uncovered electrical outlets (54% of homes); doors that could be locked from the inside by children (55%); failure to use universal health precautions in handling blood (29%); inconsistent hygiene practices (17% to 20%). In about one-third of the homes, unsafe materials were within reach of the children.

- There were differences in indoor health and safety by type of home. In almost all areas, homes with no related children had significantly higher ratings on health and safety practices than homes in which some or all of the children were related to the provider. The proportion of homes with dangerous situations present was significantly higher for homes that served related children.

Chapter Five: The Families in the Study

This chapter describes the families that participated 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.

One child in each family was selected as the focus child[13]; 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. 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.

The chapter begins by describing the characteristics of the families and of the focus child. It then focuses on the employment patterns of mothers, and spouses or partners when they were present.

Characteristics of Families and Focus Children

Almost all of the families were interviewed two or more times over the course of the study. Below, we present descriptions of the sample at baseline in 2001 and note changes over the course of the study where relevant.

Ethnicity. More than half (51%) of the parents interviewed[14] identified their families as Black Non-Hispanic, 24 percent were White Non-Hispanic, 18 percent were Hispanic, and the remaining 7 percent were Asian, Pacific Islander or multi-racial.[15] Almost all (92%) of the mothers were born in the United States and in all but a few families (5%) English was the primary language used in the home.

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[13] While some general questions were asked about day care arrangements for all children, more detailed questions probed the experience of the focus child, and this was the child followed over time and observed in the child care setting.

[14] In all but six cases, the person interviewed was the mother, grandmother or female guardian. In those six cases, a male single parent was interviewed.

[15] 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.

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 (23%) 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 (Exhibit 5-1). 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 (Exhibit 5-2). Just under half (46%) of the households contained three or fewer people; of the remaining 54 percent, over half (29%) contained four persons and the remainder (25%) had five or more persons. White households were smaller than those of other ethnic groups; only 15 percent of the White households contained five or more persons, compared with 35 percent of the Hispanic households and 28 percent of the Black households (Exhibit 5-3). Household size remained remarkably constant over the course of the study.

Exhibit 5-1: 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	56	74	36	55	61
Mother and spouse/ partner	32	12	45	17	23
Mother, no partner, other adult(s)	12	14	19	28	16
Sample size	*152*	*329*	*119*	*42*	*642*

Source: Parent Interview

Exhibit 5-2: 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	41	19	31	33	27
2 children	40	38	41	43	40
3 or more children	19	43	28	24	33
Sample size	*152*	*329*	*119*	*42*	*642*

Source: Parent Interview

Exhibit 5-3: HOUSEHOLD SIZE

Number of Household Members by Ethnicity of Family

	White/ Non-Hispanic %	Black/ Non-Hispanic %	Hispanic %	Other %	All Families %
2 members	25	12	13	19	16
3 members	30	31	26	31	30
4 members	30	29	26	31	29
5 or more members	15	28	35	19	25
Sample size	*152*	*329*	*119*	*42*	*642*

Source: Parent Interview

Mother's Education. Almost half (44%) of the mothers in the sample had some education beyond high school. Of these, 4 percent had college degrees another 6 percent had an associate degree, and more than one-third (34%) had a year or more of college. Seventeen percent had not completed high school; the remainder had a high school diploma (29%) 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 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.

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. Almost all (97%) the focus children were the biological children of the respondent; 15 were grandchildren and 4 were adopted or foster children.

Of the 642 focus children, 32 percent were between 12 and 36 months of age at the time of the first interview; a larger proportion (38%) were school-age – between the ages of five and nine. The remaining 29 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 5-4). 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 5-4: 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
Sample size	*152*	*329*	*119*	*42*	*642*

Source: Parent Interview

Subsidy Status. 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%; Exhibit 5-5). 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%).

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.

Exhibit 5-5: 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	90	50	78	80
Sample size	*152*	*329*	*119*	*42*	*642*

Source: Parent Interview

Parents' Employment

In this section of the chapter, we describe the employment patterns and schedules of mothers (and spouses or partners, where they were present) and the hours spent away from the home in work-related and other activities, at the time of the first interview. We examine whether employment patterns and schedules differed depending on the absence or presence of other adults in the home, as well as the number and ages of children, and the mother's ethnicity. In addition, the chapter discusses the association of child care by a relative and mothers' non-standard work schedules. Distributions are shown when there are interesting differences among groups and changes over time are noted.

Mothers' Employment

At the time of the first interview, almost all (92%) of 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 (12%), or a college course (12%). Five percent were engaged in Job Club activities or looking for work. 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. As Exhibit 5-6a shows, 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. Mothers with only one child under 18 were somewhat more likely (92%) to be working at a paid job than mothers with two or more children (86%).

Exhibit 5-6a: EMPLOYMENT STATUS OF MOTHERS AT FIRST INTERVIEW

Percentage of Mothers Employed, in School or in Training by Household Type

	Single Mother/No Other Adult %	Spouse or Partner Present %	Other Adult(s) Present %	All Households %
Working at a paid job	91.6	90.6	86.9	90.5
Working in return for welfare benefits	2.6	0.8	2.8	2.3
GED classes	5.0	2.3	4.7	4.4
Vocational classes	11.8	9.4	13.1	11.5
College classes	10.0	9.4	20.8	11.7
Looking for work	6.5	3.9	6.5	6.0
Job Club	6.3	3.1	3.7	5.2
Sample size	*383*	*128*	*107*	*618*

Source: Wave 1 Parent Interview

At the time of the last interview, a smaller proportion (85% vs. 91%) of the mothers were working at a paid job, but proportions engaged in other job-related or educational activities changed little if at all (Exhibit 5-6b).

Exhibit 5-6b: EMPLOYMENT STATUS OF MOTHERS AT LAST INTERVIEW

Percentage of Mothers Employed, in School or in Training by Household Type

	Single Mother/No Other Adult %	Spouse or Partner Present %	Other Adult(s) Present %	All Households %
Working at a paid job	86.8	80.1	83.5	84.6
Working in return for welfare benefits	2.6	1.2	1.1	2.0
GED classes	1.6	3.0	3.3	2.2
Vocational classes	9.6	6.6	12.1	9.2
College classes	9.9	9.6	12.1	10.1
Looking for work	7.8	7.3	12.1	8.3
Job Club	3.9	0.6	3.3	3.0
Sample size	*385*	*166*	*91*	*642*

Source: Last Parent Interview

Mothers' Work Schedules

More than three-quarters (77%) of the employed mothers had a single full-time job. Almost two-thirds (65%) worked 30 to 40 hours a week at this job; the remaining 12 percent worked more than 40 hours. Four percent combined two or more part-time jobs, usually for less than 40 hours a week. The remainder had a single part-time job (i.e., less than 30 hours a week) (Exhibit 5-7a).

Many of these jobs did not fit a standard nine-to-five schedule. Almost a quarter (24%) of employed mothers had irregular work schedules; and almost half worked off-hours rather than standard hours. Mothers with another adult in the home and those with three or more children were more likely to work an off-hours schedule (Exhibits 5-7a, 5-8a and 5-8b). There was little difference in the use of relative care vs. non-relative care by mothers who worked non-standard hours. (Exhibit 5-9a).

As the companion table shows, 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 (Exhibit 5-7b). Mothers who worked off-hours schedules were more likely, at the time of the last interview, to use relative care or not to use non-parental care of any kind (Exhibit 5-9b).

Exhibit 5-7a: WORK SCHEDULES (FIRST INTERVIEW)

Mothers' Work Schedules by Household Type

	Single Mother/No Other Adult %	Spouse or Partner Present %	Other Adult(s) Present %	All Households %
Single full-time job	77.4	78.5	75.2	77.1
30-40 hours	67.1	59.5	63.4	64.8
40+ hours	10.3	19.0	11.8	12.3
Single part-time job	19.1	18.1	20.4	19.0
Multiple part-time jobs	3.4	3.4	4.4	3.6
30-40 hours total	2.3	1.7	2.2	2.1
40+ hours total	1.1	1.7	2.2	1.4
Irregular schedule	22.6	25.0	25.3	23.6
Off-hours schedule	47.8	40.0	53.3	47.0
Irregular and off-hours schedule	19.4	23.9	20.6	20.5
Seasonal schedule	6.4	7.8	7.7	6.9
Sample size [a]	*351*	*115*	*93*	*559*[a]

a. Sample is employed mothers only.

Source: Wave 1 Parent Interview

Exhibit 5-7b: WORK SCHEDULES (LAST INTERVIEW)

Mothers' Work Schedules by Household Type

	Single Mother/No Other Adult %	Spouse or Partner Present %	Other Adult(s) Present %	All Households %
Single full-time job	76.6	79.8	75.3	77.2
30-40 hours	62.9	65.9	58.9	63.1
40+ hours	13.7	14.0	16.4	14.1
Single part-time job	16.4	14.7	15.1	15.8
Multiple part-time jobs	7.0	5.4	9.6	7.0
< 30 hours total	2.1	2.3	2.7	2.3
30-40 hours total	1.2	0.8	0.0	0.9
40+ hours total	3.7	2.3	6.9	3.8
Irregular schedule	36.1	38.4	36.8	36.8
Off-hours schedule	51.1	54.3	57.3	52.8
Irregular and off-hours schedule	26.2	31.5	30.7	28.1
Seasonal schedule	6.4	5.3	8.2	6.4
Sample size a	*334*	*133*	*76*	*543*

a. Sample is limited to employed mothers. Sample size figures exclude missing values.

Source: Last Parent Interview

Exhibit 5-8a: WORK SCHEDULES (FIRST INTERVIEW)

Mothers' Work Schedules by Number of Children Under 18

	One Child %	Two Children %	Three or more %	All Households %
Single full-time job	67.5	88.3	83.2	77.2
30-40 hours	59.3	65.4	68.5	64.8
40+ hours	8.3	12.9	14.7	12.3
Single part-time job	25.5	18.0	15.7	19.1
Multiple part-time jobs	7.0	3.7	1.0	3.6
30-40 hours total	4.8	0.5	0.0	2.1
40+ hours total	2.1	3.2	1.0	1.4
Irregular schedule	18.6	24.4	26.3	23.6
Off-hours schedule	43.1	46.7	50.3	47.0
Seasonal schedule	5.5	9.4	5.1	6.9
Sample size	*145*	*217*	*197*	*559*

Source: Wave 1 Parent Interview

Exhibit 5-8b: WORK SCHEDULES (LAST INTERVIEW)

Mothers' Work Schedules by Number of Children Under 18

	One Child %	Two Children %	Three or more %	All Households %
Single full-time job	69.7	77.9	81.7	77.2
30-40 hours	63.6	62.0	64.0	63.1
40+ hours	6.1	16.0	17.7	14.1
Single part-time job	18.9	16.9	12.4	15.8
Multiple part-time jobs	11.4	5.2	5.9	7.0
< 30 hours total	4.6	0.5	2.7	2.3
30-40 hours total	1.5	0.9	0.5	0.9
40+ hours total	5.3	3.8	2.7	3.8
Irregular schedule	39.3	34.7	37.4	36.8
Off-hours schedule	46.2	54.9	55.0	52.8
Irregular and off-hours schedule	28.8	27.2	28.6	28.1
Seasonal schedule	6.1	7.4	5.4	6.4
Sample size [a]	*135*	*218*	*190*	*543*

a. Sample is limited to employed mothers. Sample size figures exclude missing values.

Source: Last Parent Interview Completed

Exhibit 5-9a: WORK SCHEDULES (FIRST INTERVIEW)

Mothers' Work Schedules by Use of Relative Care

	Relative Care %	Non-Relative Care %	All Households %
Single full-time job	80.6	75.6	77.2
30-40 hours	67.5	63.6	64.8
40+ hours	13.1	12.0	12.3
Single part-time job	16.8	20.4	19.1
Multiple part-time jobs	2.6	4.1	3.6
30-40 hours total	0.5	1.9	2.1
40+ hours total	2.1	2.2	1.4
Irregular schedule	26.1	22.3	23.6
Off-hours schedule	47.6	46.7	47.0
Seasonal schedule	6.9	6.9	6.9
Sample size	*191*	*368*	*559*

Source: Wave 1 Parent Interview

Exhibit 5-9b: WORK SCHEDULES (LAST INTERVIEW)

Mothers' Work Schedules by Type of Care Used [a]

	Relative Care %	Non-Relative Care %	Center Care %	Other Care %	All Households %
Single full-time job	78.0	77.2	81.4	62.9	77.2
30-40 hours	61.3	63.9	73.3	42.9	63.1
40+ hours	16.8	13.3	8.1	20.0	14.1
Single part-time job	15.7	16.4	11.6	22.9	15.8
Multiple part-time jobs	6.28	6.4	7.0	14.3	7.0
< 30 hours total	0.5	3.2	0.0	11.4	2.3
30-40 hours total	1.6	0.0	2.3	0.0	0.9
40+ hours total	4.2	3.2	4.7	2.9	3.8
Irregular schedule	35.4	40.4	22.1	55.3	36.8
Off-hours schedule	63.4	47.2	39.3	61.1	52.8
Irregular and off-hours schedule	29.8	28.7	16.7	41.7	28.1
Seasonal schedule	4.2	6.3	12.9	2.8	6.4
Sample size [b]	*194*	*225*	*86*	*38*	*543*

a. "Relative care" and "Non-Relative Care" is limited to care provided in someone else's home. "Center Care" includes after-school care. "Other Care" includes care by siblings, non-custodial parents and self -care.

b. Sample is limited to employed mothers. Sample size figures exclude missing values..

Source: Last Parent Interview

Mothers' Hours Away from Home in Work-Related Activities

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. (Exhibit 5-10a). 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 (Exhibit 5-10b).

Exhibit 5-10a: MOTHERS' HOURS AWAY FROM HOME (FIRST INTERVIEW)

Hours per Week in Work-Related Activities by Mother's Ethnicity

	White/ Non-Hispanic Mean	**Black/ Non-Hispanic** Mean	**Hispanic** Mean	**Other** Mean	**All Mothers** Mean
Hours per Week					
Paid work	32.0	32.8	34.7	24.0	32.7
Job training	1.2	1.7	1.7	8.7	1.8
Education	2.3	2.7	2.9	0	2.6
Unpaid work	0.1	0.6	0.7	0	0.4
Job search	0.6	0.9	0.4	0	0.7
Total work-related hours	36.3	39.0	40.4	32.6	38.3
Travel Minutes per Day					
Minutes from home to provider [a]	11.8	13.4	10.4	12.4	12.5
Minutes from provider to work [a]	20.7	26.7	22.7	22.5	24.6
Sample size	*172*	*327*	*107*	*7*	*613*

[a] Only includes parents who take the child to the provider themselves (versus school bus, neighbor, etc.).

Source: Wave 1 Parent Interview

Exhibit 5-10b: MOTHERS' HOURS AWAY FROM HOME (LAST INTERVIEW)

Hours per Week in Work-Related Activities by Mother's Ethnicity

	White/ Non-Hispanic Mean	**Black/ Non-Hispanic** Mean	**Hispanic** Mean	**Other** Mean	**All Mothers** Mean
Hours per Week					
Paid work	34.5	37.0	35.7	35.4	36.1
Job training	1.6	1.9	1.3	2.1	1.7
Education	1.8	1.6	1.5	2.3	1.7
Unpaid work	0.0	0.5	0.4	0.0	0.3
Job search	0.2	0.3	0.0	0.8	0.3
Total work-related hours	32.6	36.4	32.7	32.1	34.5
Travel Minutes per Day					
Minutes from home to provider	12.4	15.3	16.5	22.1	14.5
Minutes from provider to work	35.0	41.6	59.6	84.6	44.7
Sample size	*152*	*329*	*119*	*42*	*642*

Source: Last Parent Interview

Stability of Employment

While most of the mothers were employed at the time of the first interview, just over one-third (37%) had worked continuously over the prior twelve-month period, and almost half (49%) had been unemployed at some point in the three months preceding the interview. On average, mothers in the study had worked eight of the prior twelve months. Almost half (46%) of Hispanic mothers had worked continuously over the 12-month period compared with 34 percent of Black and White mothers. These patterns changed little over time.

Mothers' Wages

At the beginning of the study, employed mothers earned an average of $8.86 an hour. This average varied by the mother's educational level as might be expected; mothers who did not complete high school earned an average of $7.65 an hour compared with mothers with a college degree, who earned $9.79 an hour (Exhibit 5-11a). Mothers who used a relative to care for their child(ren) had a lower hourly wage than those who used an unrelated caregiver (Exhibit 5.12a). At the last interview, usually two years later, average hourly wages had risen to $10.24, but had risen more sharply for mothers who were college graduates, from $9.79 to $13.52 (Exhibit 5-11b). Mothers who used a relative to care for their children continued to have a lower hourly wage than those who used an unrelated caregiver or center care (Exhibit 5-12b).

Work-related Benefits

More than one-quarter (26%) of employed mothers reported that they received no benefits from their employer, including paid holidays. Over half (59%) obtained medical insurance for themselves, and a smaller proportion (47%) obtained medical insurance for their children through their employer. Just over 40 percent reported that their employers offered life insurance and/or a retirement plan.

Exhibit 5-11a: MOTHERS' HOURLY WAGES (FIRST INTERVIEW)

Mothers' Average Hourly Wage by Education Level

	Did not complete High School Mean	**GED** Mean	**HS Diploma/ License or Certificate** Mean	**Some College[a]** Mean	**College Graduate** Mean	**All Mothers** Mean
Hourly Wage	$7.65	$8.02	$8.80	$9.35	$9.79	$8.86
Sample size	*80*	*47*	*160*	*191*	*71*	*549*

[a] Includes AA degree.

Source: Wave 1 Parent Interview

Exhibit 5-11b: MOTHERS' HOURLY WAGES (LAST INTERVIEW)

Mothers' Average Hourly Wage by Education Level [a]

	Did not complete High School Mean	GED Mean	HS Diploma/ License or Certificate Mean	Some College[b] Mean	College Graduate Mean	All Mothers Mean
Hourly Wage	$8.39	$9.55	$10.21	$10.55	$13.52	$10.24
Sample size [c]	*71*	*44*	*154*	*236*	*29*	*534*

a. Education level data come from responses to the Wave 1 survey.
b. Includes AA degree.
c. Sample limited to employed mothers who answered questions about education level and hourly wage.

Source: Last Parent Interview

Exhibit 5.12a: MOTHERS' HOURLY WAGES (FIRST INTERVIEW)

Mothers' Average Hourly Wage by Use of Relative Care

	Relative Care Mean	Non-Relative Care Mean	All Mothers Mean
Hourly Wage	$8.24	$9.18	$8.86
Sample size	*188*	*361*	*549*

Source: Wave 1 Parent Interview

Exhibit 5-12b: MOTHERS' HOURLY WAGES (LAST INTERVIEW)

Mothers' Average Hourly Wage by Type of Care Used [a]

	Relative Care Mean	Non-Relative Care Mean	Center Care Mean	Other Care Mean	All Mothers Mean
Hourly Wage	$9.62	$10.56	$11.09	$9.81	$10.26
Sample size [b]	*192*	*224*	*84*	*37*	*537*

a. "Relative care" and "Non-Relative Care" is limited to care provided in a home. "Center Care" includes after-school care. "Other Care" includes care by siblings, non-custodial parents and self -care.
b. Sample limited to employed mothers who answered questions about education level and hourly wage.

Source: Last Parent Interview

Non-Working Mothers

Most of the mothers who were not currently working had held a job in the past. When asked why they stopped working, 44 percent said that they left work to pursue educational or training opportunities. Almost one-third (32%) either quit because of difficulties with their job or because they were fired. Only 12 percent cited problems with child care as the reason they stopped working.

Spouse's or Partner's Employment

One-fifth of the mothers in the sample had a spouse or partner present in the home. Most (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.

Summary of Findings

- A majority of the families in the study were headed by a single female parent; in less than one-quarter of the families a spouse or partner was present. Household configurations changed little over time, although there was a small increase in the proportion of households in which a spouse or partner was present.
- More than one-third of the focus children were related to the adult who provided out-of-home care for them. Minority families and families in which the focus child was of school age were more likely to use care by a relative.
- More than 40 percent of the families had annual household incomes below the 2001 Federal poverty level. The 20 percent with incomes below $10,000 saw little change in income over a two-to-three year period. Others experienced modest income growth.
- By design, most (80%) of the families in the study were receiving a child care subsidy for the focus child when they entered the study. However, only 50 percent of Hispanic families were receiving a subsidy compared with 90 percent of Black families. Subsidy use declined over the course of the study, even though 15 percent of families switched 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.
- The majority of mothers in the study were working full-time, at a single job, and this pattern held over time. However, their employment was not stable; the majority had been unemployed at some point in the prior twelve months.
- For the most part, their jobs did not conform to a standard nine-to-five schedule; many work schedules were off-hours or irregular. The proportion of mothers working off-hours schedules increased over the course of the study.
- 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 slightly, but reduction in other work-related activities more than compensated for the

increase, so that mothers actually were spending fewer hours away from the home at the end of the study.

- Employed spouses or partners faced similar challenges with their schedule, being almost as likely as the mothers in the sample to work non-standard hours. This pattern did not change over time.

Chapter Six: 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. This chapter examines how and why parents chose their child care provider, as well as what they perceived their options to be. The chapter also examines the cost of care, with and without subsidies, and families' experience with subsidies. Changes over time are discussed when relevant.

All parents, and especially low-income parents, face constraints on their choice of child care. The kind of care they would like may not be available in their neighborhood, or may cost more than they can pay. In addition, as we saw in the last chapter, parents' work schedules may make some types of child care inaccessible, because of the hours during which care is needed. Just over 16 percent of families considered a special need of the child, in most cases a chronic health condition or physical disability, in making their decision.

As we noted earlier in the report, at the beginning of the study, more than one-third of the focus children were cared for by a relative in the relative's home. More than half (57%) had one or more siblings in the same child care arrangement. The remainder of the focus children were in family child care, i.e., cared for by a non-relative in that person's home. At the end of the study, more than one-third (35%) were being cared for by a relative, a slightly larger percentage (38%) were in family child care homes, 11 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 (64%) 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 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.[16] Almost two-thirds (64%) 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 (Exhibit 6-1). 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 (Exhibit 6-2).

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

Exhibit 6-1: CHILD CARE EXPERIENCE OF FOCUS CHILD

Number of Care Arrangements Since Birth by Ethnicity

	White/ Non-Hispanic %	Black/ Non-Hispanic %	Hispanic %	Other %	All Children %
Single care arrangement	15	31	25	31	26
Two care arrangements	21	26	29	16	25
Three or more care arrangements	64	43	46	53	49
Sample size	*146*	*306*	*111*	*36*	*599*

Source: Last Parent Interview

Exhibit 6-2: CHILD CARE EXPERIENCE OF FOCUS CHILD

Number of Care Arrangements Since Birth by Use of Relative Care

	Relative Care %	Non-Relative Care %	All Children in Non-Parental Care %
Single care arrangement	39	19	27
Two care arrangements	22	25	24
Three or more care arrangements	39	55	49
Sample size[a]	*213*	*319*	*532*

Source: Last Parent Interview

Finding Child Care

Just over half (52%) 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 (31%) 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. 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.

Of the parents who felt they had other possible choices, 43 percent had a single alternative arrangement, 40 percent had two alternatives and the remainder had three or more

[a] Sample is only children in non-parental care and excludes 67 children in parental or sibling care at the last interview.

alternatives to the arrangement they chose. Most frequently, the alternatives were other family child care homes or care by a relative, although 43 percent of parents said that center care was an option open to them.

Where Do Parents Get Their Information About Child Care?

The extent to which parents know about possible alternative care arrangements may be influenced by where they get their information about child care. Families that are receiving cash assistance may be offered help in finding care by the welfare agency or another community agency. Similarly, families that receive a child care subsidy can get help in finding care from the subsidy agency or a resource and referral agency. Of the two-thirds of families that used non-relative care, 30 percent learned about their provider from a public or private agency; the majority were referred by a friend, neighbor, family member or another child care provider (42%) or knew the provider already (24%).[17] A handful of families found their provider through an ad in a newspaper or a bulletin board, or in the Yellow Pages. The overwhelming majority (92%) visited the provider to see where and how the child would be cared for before they made their decision.

On average, it took parents about a month to make the final arrangement. However, there was wide variation in the amount of time it took; for 41 percent of families it took less than a day to make the arrangement, while for a small number of families (less than 5%) it took more than six months (Exhibit 6-3).

Exhibit 6-3: TIME TO ARRANGE CHILD CARE

Percentage of Parents by Age of Focus Child

	0 to 35 Months %	36 to 59 Months %	Over 59 Months %	All Parents %
Less than 1 day	40.2	36.5	44.3	40.7
1 – 7 days	7.4	9.4	7.7	8.1
1 – 4 weeks	25.4	33.2	34.7	27.4
1 – 6 months	23.8	15.5	18.7	19.3
6 – 12 months	2.1	2.2	2.6	2.3
A year or more	1.1	3.3	2.1	2.2
Sample size	*205*	*192*	*243*	*642*

Source: Parent Interview

Knowledge of the Child Care Market

How informed are parents' choices of child care arrangements? As we demonstrated in the preceding section, the referral to their current provider came primarily from friends, relatives or neighbors, or as a consequence of their own acquaintance with the provider. We asked

[17] All of the communities had active Child Care Resource and Referral Agencies.

parents a series of questions about the availability of different types of care in their neighborhood for children of different ages.

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 (Exhibits 6-4, 6-5 and 6-6).

Exhibit 6-4: CHILD CARE OPTIONS IN NEIGHBORHOOD FOR PARENTS WITH INFANTS

Percentage of All Parents Who Identify Child Care Option as Available

	Yes %	No %	Don't Know %
Center care	40.2	19.2	40.7
Care by a non-relative in person's home	39.9	18.4	41.7
Care by relative in relative's home	36.5	18.7	44.8
Care by a non-relative in child's home	13.7	28.7	47.6
Care by relative in child's home	17.0	35.2	47.8

Sample size = (n = 642)

Source: Parent Interview

Exhibit 6-5: CHILD CARE OPTIONS IN NEIGHBORHOOD FOR PARENTS OF TODDLERS OR PRESCHOOLERS

Percentage of All Parents Who Identify Child Care Option as Available

	Yes %	No %	Don't Know %
Center care	58.2	10.3	31.5
Care by a non-relative in person's home	46.9	18.6	34.5
Care by relative in the relative's home	35.9	25.3	38.7
Care by a non-relative in child's home	15.0	44.6	40.4
Care by relative in child's home	18.3	40.5	41.2

Sample size (n = 642)

Source: Parent Interview

Exhibit 6-6: CHILD CARE OPTIONS IN NEIGHBORHOOD FOR PARENTS WITH SCHOOL AGE CHILDREN

Percentage of Parents Who Identify Child Care Option as Available

	Yes %	No %	Don't Know %
School-based programs	38.4	23.9	37.6
Non-school-based programs	29.3	32.1	38.6
Center care	33.1	28.7	38.2
Care by a non-relative in person's home	32.7	28.6	38.7
Care by relative in relative's home	39.3	30.4	40.4
Care by a non-relative in child's home	11.3	46.7	42.1
Care by relative in child's home	8.8	49.5	41.7

Sample size (n = 642)

Source: Parent Interview

When asked what type of care parents in their neighborhood normally choose for their children, parents' responses differed depending on the child's age. For infants, the two types of care that parents reported most frequently used were care by a relative in the relative's home (26%) or family child care (22%). For toddlers and preschoolers, almost one-third (31%) reported center care as the "normally chosen" mode of care, while, for school-age children, parents reported them as scattered almost equally across four or five different types of care outside the home (Exhibit 6-7). Parents of infants were less likely to know about child care options than parents of older children.

Exhibit 6-7: TYPE OF CHILD CARE CHOSEN BY PARENTS IN NEIGHBORHOOD

Percentage of Parents Who Identify Child Care Option Chosen by Age of Child

	Infants %	Toddler/ Preschoolers %	School-age %
School-based after-school programs	NA	NA	19
Non-school-based after-school programs	NA	NA	9
Center care	15	31	15
Care by a non-relative in that person's home	22	20	14
Care by relative in the relative's home	26	18	14
Care by a non-relative in the child's home	2	2	4
Care by relative in the child's home	6	6	4
Don't Know	28	23	20
Sample size (n = 642)			

Source: Parent Interview

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 (Butler et al., 1991; Galinsky et al., 1994; Hofferth et al., 1991).

No single reason dominated parents' choices, but safety was the prime consideration for almost one-quarter (24%) 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 (22%), and the parent's relationship with and feelings about the child care provider (20%). 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 (Exhibit 6-8). We expected that different considerations would apply for children of different ages, but this did not turn out to be the case. 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. This finding echoes findings from earlier studies in which parents who use relative care stress the importance of family bonds and a trusting relationship (Galinsky et al., 1994; Hofferth et al., 1991; Zinsser, 1991).

Attitudes Toward and Beliefs about the Child Care Arrangement

Parents were asked to rate the relative importance to them of different aspects of the care arrangement. Not surprisingly, given their reasons for choosing the care arrangements, the safety and cleanliness of the home was of paramount importance to them. For almost all (96%) the parents, the provider's experience in taking care of children was extremely or very important compared with 70 percent who felt that licensing was extremely or very important. How the caregiver disciplines children and her warmth towards the children were seen as more important than her teaching of cultural or religious values. Almost all (97%) felt that it was extremely or very important that the provider teach children to get along with other children. More than two-thirds (71%) of parents saw teaching things the child needs to know for school as extremely or very important, and just under two-thirds (61%) expressed concern about the amount of TV or videos that children are allowed to watch (Exhibit 6-9).

Parents were asked open-ended questions about what they saw as the advantages and disadvantages of a family child care arrangement. Over two-thirds of the parents (68%) perceived no disadvantages to family child care. Parents who were using relative care were more likely to give this response than parents who were using an unrelated family child care provider (77% vs. 63%). Eleven percent of the parents pointed out that the inability of the provider to arrange for a back-up care arrangement is a disadvantage; parents using a non-relative were more than twice as likely as those using a relative caregiver to cite this as a disadvantage (14% vs. 6%) (Exhibit 6-10).

Exhibit 6-8: REASONS FOR CHOOSING PRIMARY CHILD CARE ARRANGEMENT

Percentage of Responses by Reason

	Most Important Reason %	Any Mention %
Cost	18.1	41.1
Cost	9.7	13.9
Provider accepts subsidy	8.4	14.4
Parent Needs	21.7	61.0
Availability of care	5.6	13.9
Convenient hours	6.5	18.1
Convenient location	9.2	31.6
Provider provides transportation	0.5	0
Provider will care for siblings	0.6	6.8
Safety	23.5	60.2
Provider is trustworthy	10.0	20.9
Recommended by someone I trust	4.8	5.3
Safety/health/cleanliness	8.4	32.2
Provider Qualities	14.8	63.4
Attention/warmth towards children	7.2	30.9
Child is comfortable with her	2.1	10.0
Experience in caring for children	2.3	9.5
Home-like atmosphere	2.9	12.9
Provider is trained, professional	1.0	5.0
Child Development	2.3	13.5
Children of different ages	0.0	2.8
Prepares child for school	1.3	4.9
Number of children	1.3	6.1
Relationship with Provider	20.0	43.5
Prefer family member	14.1	11.7
Provider has same values	2.1	9.1
Provider like a family member	2.7	8.3
Relationship to parents	1.1	5.7
Same language/ethnicity	0.2	0.8

Sample size (n = 642 parents)

Sources: Parent Interview

Exhibit 6-9: IMPORTANCE OF CHARACTERISTICS OF CHILD CARE ARRANGEMENT

Percentage of Parents by Different Levels of Rating

	Extremely Important %	Very Important %	Somewhat Important %	Not too Important %
Provider experience		mean[a] = 4.2		
Provider licensed or registered by the state	36.4	33.3	13.5	16.8
Provider experienced in caring for children	54.3	41.7	3.4	0.6
Provider trained in caring for children	45.8	45.0	7.5	1.8
Amount of provider experience in child care.	35.9	48.4	12.4	3.3
Provider values		mean = 4.2		
Teaches cultural/religious values	16.8	25.2	26.2	31.8
Style of discipline	63.8	31.0	4.6	0.8
Provider shares parent's values	38.3	46.4	12.5	2.8
Attention children receive from provider	54.6	43.9	1.5	0
Provider warmth toward children	54.1	43.1	2.8	0
Provider relationship to parent and child		mean = 4.3		
Provider's openness to parents dropping in	62.1	30.6	5.2	2.1
Provider communication with parents	60.6	36.5	2.1	0.8
Close relationship of provider with family	29.6	29.7	24.8	15.9
Care that is day in and day out	58.0	35.4	6.2	0.5
Safety and cleanliness of home		mean = 4.6		
Cleanliness	63.2	34.5	2.1	0.2
Attention to nutrition	51.9	43.1	4.4	0.7
Attention to safety	79.9	19.8	0.3	0
Other children in care		mean = 3.3		
Number of children	20.4	35.5	30.9	13.2
Different aged children	10.9	27.5	39.1	22.5
Children from different ethnic groups	15.2	22.8	32.8	29.2
Activities in home		mean = 3.8		
Children taught to get along with each children	45.9	51.4	1.9	0.8
Children taught things needed for school	32.6	38.5	24.8	4.1
Children taught about their community	12.5	28.2	42.1	17.2
Children taught about nature	13.5	26.8	45.6	14.1
Amount of TV/videos children can watch	22.2	38.4	28.3	11.1
Opportunities for active play	31.9	49.6	16.8	1.8
Provider has organized activities	19.2	52.2	23.9	4.7

Sample size (n = 642 parents)

Sources: Parent Interview

[a] *Mean score refers to average score across items (1 to 4 where 1 = Not too important).*

Exhibit 6-10: DISADVANTAGES OF FAMILY CHILD CARE

Percentage of Parents by Use of Relative Care

Disadvantages	Relative Care %	Non-Relative Care %	All Parents %
No disadvantages	77.4	63.4	68.1
No back up if provider is sick	5.9	14.4	11.3
Provider doesn't teach child	2.3	5.9	4.6
Too few children	5.0	3.1	3.8
Not enough toys or equipment	1.4	4.9	3.6
Provider is alone, nobody sees what she is doing	1.4	3.9	2.9
Not enough structure	3.2	2.1	2.5
Hours not flexible enough	0.9	2.8	2.1
Provider does chores during care	0.9	2.3	1.8
Too much TV	0.9	2.1	1.6
Problems mixing personal and business	1.8	1.6	1.6
Provider tells parent how to raise children	2.3	0.8	1.3
Provider has too many visitors	0.0	0.8	0.5
Provider's children have too many playmates over	0.5	0.3	0.3
Sample size	*231*	*411*	*612*

Sources: Parent Interview

Almost half of the parents (48%) felt that the individual attention children receive in family child care was an advantage, although, interestingly, this was more frequently mentioned by families using an unrelated provider than by families using a relative (53% vs. 39%). The home environment and the flexibility and appropriateness of the hours that care can be provided were the next most frequently mentioned advantages of this type of care. A small percentage (9%) of parents saw no advantages and would prefer center care (Exhibit 6-11). This is a smaller percentage than has been found in some earlier research (Hofferth et al., 1995 in Phillips and Budgman, 1995).

These questions were not repeated routinely over the course of the study[18], but they were asked again as part of the last interview with parents. Parents' views of what was important and what were the advantages and disadvantages of their current arrangement varied hardly at all over time. An even smaller fraction of parents, just over one-quarter, perceived any disadvantages in their care arrangement. Those parents who had moved to center care or an after-school program for their child saw no disadvantages to the arrangement.

[18] Those parents who changed care arrangements were asked about the reasons for the change.

Exhibit 6-11: ADVANTAGES OF FAMILY CHILD CARE ARRANGEMENT

Percentage of Parents by Use of Relative Care

	Relative Care %	Non-Relative Care %	All Parents %
More individual attention	39.4	53.2	48.2
Like a home	27.6	33.8	31.5
Flexibility of hours	31.8	25.3	27.6
Hours of care match parent's schedule	18.6	27.1	24.0
Cost	20.4	23.8	22.6
Care is close to home/work	14.9	22.8	19.9
Child can be with siblings	19.9	19.4	19.6
Provider shares my values	14.5	19.7	17.8
Provider like/is family member	16.3	17.4	17.0
Provider helps parent and child	19.5	8.7	12.6
Better safety/health	16.7	6.1	10.0
Know or trust provider	14.9	3.8	7.8
Home has children with different ages	3.2	8.2	6.4
Cares for infants	2.7	5.4	4.4
Good learning experiences	1.4	4.6	3.4
Consistency of caregiver	1.4	3.3	2.6
General flexibility	3.6	0.8	1.8
No advantages, would prefer center	5.4	11.0	9.0
Sample size	*231*	*411*	*642*

Sources: Parent Interview

Paying for Child Care

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 (Exhibit 6-12).

Exhibit 6-12: PAYMENT FOR CHILD CARE

Monthly Payment for Child Care by Subsidy Status

	No Subsidy Mean	**Receives Subsidy** Mean	**All Families** Mean
Out-of-pocket monthly payment for all children	$226.50	$93.33	$121.17
Out-of-pocket per-child payment	$168.33	$57.65	$81.00
Sample size	*131*	*478*	*609*

Source: Parent Interview

For 80 percent of the parents who were receiving subsidies, the monthly payment represented the required copayment; 10 percent had no copayment.[19] 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.

Experience with Subsidies

As we noted earlier in the report, 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[20] (at this point, we are talking about a handful of families [n=27] in this group). 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.
The most common source of information about subsidies was a friend or relative (36%) or the welfare agency (35%). Another 13 percent heard about subsidies from a child care resource and referral agency. Child care centers are often a source of information about subsidies; however, for parents in this sample, only 10 percent heard about subsidies from their family child care provider. Least often mentioned sources of information were employers (3%) and child care agency staff (4%).

[19] 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.

[20] The child probably "aged out" (i.e., turned 13).

Summary of Findings

- Child care arrangements had been stable for many of the focus children in the study; by the end of the study, half of them had had two or fewer different arrangements since birth. 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.

- Two-thirds of parents felt they had alternatives to the child care arrangement they chose; less than 10 percent would have preferred a different arrangement. It took parents about a month on average to make the child care arrangement, most often on the basis of information or advice from a friend, neighbor or relative.

- Parents seemed to have an accurate assessment of the availability of child care in their community, perceiving options for school-age children as scarce and center-based programs as more available for toddlers and preschoolers.

- Safety, practical considerations such as hours that match work schedules and the location of the provider, and the parent's positive relationship with the provider were the major reasons given for choosing the care arrangement.

- Subsidies made child care considerably more affordable for families; those who were receiving subsidies paid, on average, less than half of the amount paid by families who bore the whole cost of care themselves. Contrary to what we might have anticipated, for the most part, parents did not change their child care arrangements when they began receiving subsidies or when they lost the subsidy.

Chapter Seven: Work and Child Care: Stress and Flexibility for Parents

Parents' lives are substantially affected by the extent to which work outside the home conflicts with the demands made on them by their families, and the extent to which their child care arrangements are flexible and dependable. This chapter explores the kinds of employment-related benefits that may help parents with young children, the extent to which parents are stressed by conflicting demands of work and family, and the sources of stress and flexibility in the parent's life.

Employment-Related Benefits

At the beginning of the study, two-thirds of employed mothers had some paid holidays and 70 percent had some paid vacation. Just over half (53%) were allowed some paid time off when they are sick, and about one-quarter (28%) were allowed paid time off to care for a sick child. Only 5 percent of working parents received any direct assistance with child care from their employer (help in paying for care or on-site child care), although 16 percent reported that their employer provided information about child care, possibly through a local Resource and Referral agency. Responses varied little over time.

Balancing the Demands of Work and Family

Most parents (95%) reported that their child was able to get in touch with them at work if necessary, and a similarly high proportion (98%) said they were able to reach their child while they are at work. But more than half (55%) found it hard or very hard to take time off during the work day to take care of family matters. Also, more than half of the parents felt they had little or no control over or say in the scheduling of their work hours. Sixty percent of parents believed that employees who need time off for family reasons or try to arrange their work schedules or hours to meet family needs are less likely to get ahead in their jobs. By the end of the study, a slightly smaller proportion (54%) of employed mothers felt that their job could be threatened by requests for time off to address family needs.

Conflicts between Job and Family Demands

At the first interview, three-quarters of working parents reported some general level of conflict between the demands of their job and their family responsibilities, although only 19 percent felt "quite a bit" or "a great deal" of conflict. Over the course of the study, as children grew older, the proportion of employed parents who reported conflict between work and family diminished greatly. Almost two-thirds reported that there was little or no conflict between work and family responsibilities, compared with 25 percent earlier. Perhaps more revealing were the parents' feelings about how their jobs affect their family lives (Exhibit 7-1). Only a small number of parents (less than 3%) agreed that job-related stress often makes them angry or irritable with their children. Asked about less serious conflicts between work

and child-rearing, slightly more parents reported problems—between 16 percent and 18 percent reported that work made them impatient with their children or meant they had too little energy for their children at the end of the day.[21] Overall, about a third of parents (32%) reported that a description of balancing work and family as "difficult" was somewhat or very true (Exhibit 7-2). Over time, the proportion of parents reporting these problems diminished slightly.

Exhibit 7-1: BALANCING WORK AND FAMILY

Percentage of Working Parents Reporting Different Levels of Stress at Home

	Never/ Rarely True %	Some-times True %	Often True %	Very Often True %
I don't have much energy for my child(ren) after work.	28.7	45.5	19.5	6.2
My job means I have little patience with my child(ren).	51.0	23.7	11.1	5.2
I have trouble putting work aside to focus on child(ren).	88.4	9.3	1.6	0.7
Work makes me angry or irritable with my child(ren).	86.0	11.4	1.6	0.9
After work, I am too tired to do much with my child(ren).	40.0	43.4	10.9	8.7

Sample size (n=630)

Source: Parent Interview

Exhibit 7-2: FLEXIBILITY OF JOBS AND CHILD CARE

Percentage of Working Parents with Regularity of Work Schedule and Flexibility of Care

	Not True At All %	Not Usually True %	Some-what True %	Very True %
Regularity of Work Schedule				
My work schedule makes it hard to be on time.	55.1	32.6	4.3	8.0
I work irregular hours.	60.0	16.4	4.8	18.7
My work schedule keeps changing.	63.5	11.0	9.8	15.8
My shift /work schedule causes stress for me, my child.	52.3	21.3	16.8	9.6
At my work, it's hard to deal with child care problems.	47.2	20.2	17.2	15.4
My work schedule is not flexible to handle family needs.	35.8	41.8	10.7	11.8
Flexibility of Family Child Care Provider				
I rely on my caregiver to be flexible about hours.	8.5	6.0	20.6	65.0
My caregiver is willing to be flexible about my schedule.	2.8	2.5	14.2	80.5
I have not had to change my schedule to keep my care.	11.6	7.4	4.6	76.4
Balancing Work and Family				
I find it difficult to balance work and family.	45.0	23.3	20.5	11.2

Sample size (n=630)

Source: Parent Interview

[21] It is likely that parents find it easier to admit to "impatience" or unresponsiveness than to "anger."

Child Care Problems and Work

Child care arrangements themselves may be a source of disruption or stress. Child care can disrupt the parent's work for a variety of reasons, such as when the provider is sick or goes on vacation and there is no backup, when the child is sick and cannot go to child care, or when there is a problem with the parent's mode of transporting the child to care. Child care issues resulted in problems for working parents on an average of four days in the three months preceding the interview (or 10% of the time worked, given the average number of hours worked). This included one day of work missed because of child care needs, one day of work for which the parent was late or had to leave work early, and two days on which the parent had to make alternate child care arrangements. Some of these problems were slightly less common for mothers with another adult in the home. Overall, only 20 percent of parents rated child care as causing some or a lot of stress.

Over the course of the study, parents reported fewer days on which they had child care problems. At the last interview, parents reported an average of two days when they had to solve a child care problem either by missing work or making an alternative arrangement in the prior three months. It is also worth noting that almost half of the parents reported no child care problems in the same period.

Flexibility of Work and of Child Care

The parent's work schedule, its irregularity and inflexibility, can contribute to the level of stress the parent feels in trying to balance work, family, and child care, particularly if the parents has irregular or changing hours which mean that their child care has to be flexible, too. The majority of parents in our sample reported that their work schedule was stable and regular (though it might be off-hours) and did not add to their stress (Exhibit 7-2). The aspect of work that the most parents reported as creating stress was their ability to deal with child care problems that arose during work hours—a third of parents reported difficulty with this aspect of their work.

On the other hand, family child care providers appeared to be a major source of flexibility for parents. Between 80 percent and 90 percent of parents agreed that they could rely on their child's caregiver to be flexible about the child care schedule in order to match the mother's working schedule (Exhibit 6-2). Other research has found that family child care providers, particularly informal providers, offered this kind of flexibility and support (Butler et al., 1991; Emlen et al., 1999: Fuller et al., 2000; Maleske-Samu, 1996).

Other Sources of Stress

In addition to stresses arising from the need to balance the demands of family and work, parents also experienced stress about other factors in their lives (Exhibit 7-3). The most common source of stress was worry about personal or family finances (81% reported "some" or "a lot of" stress)—hardly surprising in a low-income population. Over half of parents

(59%) experienced stress because of their jobs. Forty-two percent of the mothers experienced stress because of health problems. There were only small differences in the level of stress reported by parents in different types of households or with different numbers of children under 18 living in the household.

Exhibit 7-3: SOURCES OF STRESS IN THE FAMILY

Percentage of Parents at Each Level of Stress

	No Stress %	Hardly Any Stress %	Some Stress %	A Lot of Stress %
Mother's own health	39.0	18.7	27.4	14.9
Health of family members	40.4	21.0	29.2	9.5
Care of elderly/adult family member[a]	68.8	8.3	17.2	5.6
Personal or family finances	11.4	8.1	43.9	36.6
Mother's job	20.0	20.2	43.4	16.4
Family relationships	30.7	26.7	31.2	11.4
Neighborhood safety	47.7	21.9	23.3	7.1

Sample size (n=640)

[a] For families with elderly or adult family member who needs special care (n=337)

Source: Parent Interview

Getting to the Caregiver's Home

Getting the child to and from child care is, overwhelmingly, a task undertaken by the mother. A majority (68%) of mothers drove the child to and from the caregiver's home. Other mothers took the child by public transportation (4%) or walked to the caregiver's home (15%). For 5 percent of parents, the task of picking up and dropping off the child was assumed by the provider and, for a small number (3%) by a spouse or partner or the parent of another child. For the remaining 5 percent, transportation arrangements varied. For 14 percent of parents, transportation to child care was a problem and another 10 percent felt that the child care arrangement was too far away from home.

To understand the burden placed on parents by the transportation task, we asked the distance of the caregiver's home from the child's home and from the mother's workplace, both in terms of actual miles and the time it takes to get there. On average, caregivers lived five miles away from the child's home and 10 miles from the parent's workplace. Ten percent of caregivers lived 10 or more miles from the child's home and more than one-third (38%) were ten or more miles from where the mother worked. It took parents, on average, 14 minutes by car and 30 minutes by public transportation to reach the caregiver's home. The mother then had to continue on to work, an average of 10 miles from the caregiver's home. This trip took, on average, 22 minutes by car and 44 minutes by public transportation. The round trip, with two stops at the caregiver's home, added more than an hour to the mother's work day if she drove, and an hour and a half if she used public transportation.

For the 4 percent of parents who walk with their children to the caregiver's home, the time added to the work day is considerably less. On average, the walk to the caregiver's home takes four minutes and the parent spends an additional six minutes walking to her job. The round trip then takes about 20 minutes.

Summary of Findings

- Employers were not generally seen as helpful or supportive about child care or problems with child care. A majority of parents felt they would be penalized if they needed time off or different schedules for family reasons.

- Child care problems disrupted parents' work schedule an average of two days over a three-month period but, on two additional days, alternative care arrangements were needed. Over the course of the study, the number of days for which parents reported problems with child care halved.

- Family child care providers were a source of flexibility in parents' lives, meeting their needs for child care schedules that matched work schedules.

- Transporting a child to and from the child care provider before and after work added an hour to an hour and a half to the mother's work day.

Chapter Eight: The Parent-Provider Relationship: Two Perspectives

Family child care is characterized by the intimacy of the relationship between the parent and the provider. Because of the small size of family child care homes and the central importance of the provider herself in defining the nature and quality of that home, the parent knows the provider and most probably chooses the family child care home because of 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. 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.

The interviews with parents and providers focused in part on the relationship between the parent and provider. Because we talked with both parts of this pair, we were able to look at the relationship from both perspectives—to see how parents view providers and vice versa.

Friendship and Conflict between the Parent and Provider

When parents and providers were asked about their relationship in the three months preceding the interview, the similarity of their responses was remarkable (Exhibit 8-1). In general, the majority of parents and providers reported regular communication about how the child is doing (more than 90% of each group) and also about their own personal feelings or concerns (more than 70% of each group). The majority of parents and providers (83% and 70% respectively) considered the other a friend, and over half of both groups reported seeing the other socially. 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 any 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 pairs who were not related (Exhibit 8-2). 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. Regardless of their relationship, however, virtually all parents and providers reported regular communication about how the child was doing.

Exhibit 8-1: FRIENDSHIP BETWEEN PARENTS AND PROVIDERS IN THE FAMILY CHILD CARE HOME

Proportion of Parents and Providers on Ratings of Friendship in Prior Three Months

	Providers %	Parents %
Previous relationship		
Friendly before child cared for by provider	32.1	
Positive Feelings		
Talk about how child is doing	94.4	93.2
Share personal feelings	70.2	71.4
Consider other person a personal friend	72.5	82.6
Get together socially	54.2	58.3
Provider makes special arrangements to help parent with work/ family problems	--	52.7
Provider helps parent in other ways (transportation, equipment, etc.)	--	42.0
Negative Feelings		
Any disagreement	17.7	9.2
Disagreement about child rearing	10.5	8.6
Disagreement about money	6.0	4.0
Disagreement about late pick-up time	7.8	5.0
Been critical of each other as person or as parent/provider	7.3	11.0
Provider resents parent as working mother	--	3.3
Sample size	*673*	*642*

Sources: Parent Interview, Provider Interview

Provider Attitudes about Parents of Children in Care

The Provider Attitude Scale assesses providers' attitudes towards the childrearing practices of parents, their friendship with and mutual respect for parents, and their communication with parents. On the five-point scale (where 5 is "strongly agree" and 1 is "strongly disagree") the mean score across all of the items on the scale was 4.1 out of 5, indicating that providers felt generally positive about parents, i.e., they agreed, although not strongly, with most of the statements. The scores for the four sections of the scale were quite similar, all around the overall mean of 4.1. There were only minor differences in the average ratings by providers who were related to the focus child's parent and those who were not (Exhibit 8-3).

Exhibit 8-2: FRIENDSHIP BETWEEN PARENTS AND PROVIDERS IN THE FAMILY CHILD CARE HOME

Proportion of Parents and Providers on Ratings of Friendship in Prior Three Months by Use of Relative Care

	Relative Care		Non-Relative Care	
	Provider %	Parent %	Provider %	Parent %
Previous relationship				
Friendly before child cared for by provider	82.6		29.2	
Positive feelings				
Talk about how child is doing	92.4	92.4	95.6	93.7
Consider other person a personal friend	96.0	93.3	57.8	76.6
Share personal feelings	81.4	85.2	63.2	63.5
Get together socially	89.3	94.2	32.4	38.0
Provider makes special arrangements to help parent with work/ family problems	--	77.9	--	38.5
Provider helps parent in other ways (transportation, equipment, etc.)	--	59.9	--	31.9
Negative feelings				
Been critical of each other as person or as parent/provider	13.9	21.5	3.4	5.1
Any disagreement	25.7	16.4	12.5	6.8
Disagreement about child rearing	17.9	14.1	5.9	5.3
Disagreement about money	8.7	5.9	4.2	3.0
Disagreement about late pick-up time	9.5	8.5	6.7	3.0
Provider resents parent as working mother	--	6.1	--	1.8
Sample size	*175*	*223*	*505*	*393*

Sources: Parent Interview, Provider Interview

Exhibit 8-3: PROVIDER ATTITUDES TOWARDS PARENTS[a] OF CHILDREN IN FAMILY CHILD CARE

Average Scores on Provider Attitude Scale by Use of Relative Care

	Relative Care Mean	Non-Relative Care Mean	All Family Child Care Providers Mean
Parent child-rearing practices[b]	4.2	4.1	4.1
Friendship with parent[c]	4.2	3.9	4.0
Mutual respect between parent, provider[d]	4.0	4.0	4.0
Communication[e]	4.2	4.3	4.3
Total score[f]	4.2	4.0	4.0
Sample size	*182*	*491*	*673*

[a] Provider rating relationship with specific parent of child in care, i.e., the parent of the focus child in the study.
[b] 8 items rated on a five-point scale, with 1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree.
[c] 12 items rated on a five-point scale, with 1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree.
[d] 9 items rated on a five-point scale, with 1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree.
[e] 6 items rated on a five-point scale, with 1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree.
[f] All items on scale (n=41) rated on a five-point scale, with 1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree.

Sources: Provider Interview

Parent Attitudes Towards Their Family Child Care Provider

The parents of focus children rated their family child care provider in five areas: their relationship and communication with the provider, the provider's ability and 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 (Exhibit 8-4).

Exhibit 8-4: PARENT[a] ATTITUDES TOWARDS THEIR FAMILY CHILD CARE PROVIDER

Average Scores on Parent Rating Scale by Use of Relative Care

	Relative Care Mean	**Non-Relative Care** Mean	**All Parents** Mean
Relationship and communication with provider[b]	3.6	3.5	3.5
Provider's ability and richness of environment[c]	3.5	3.5	3.5
Activities in the home[d]	3.4	3.5	3.4
Warmth/quality of provider-child relationship[e]	3.9	3.8	3.8
How child is doing in child care[f]	3.6	3.5	3.6
Total score[g]	3.6	3.5	3.7
Sample size	*231*	*411*	*642*

[a] Parents in sample are parents of focus children in study, i.e., one per family and one per family child care home.
[b] 8 items rated on a four-point scale, with 1=never true, 2=sometimes true, 3=often true, 4=always true.
[c] 9 items rated on a four-point scale, with 1= never true, 2=sometimes true, 3=often true, 4=always true.
[d] 10 items rated on a four-point scale, with 1= never true, 2=sometimes true, 3=often true, 4=always true.
[e] 13 items rated on a four-point scale, with 1= never true, 2=sometimes true, 3=often true, 4=always true.
[f] 3 items rated on a four-point scale, with 1= never true, 2=sometimes true, 3=often true, 4=always true.
[g] All items on scale (n=40) rated on a four-point scale, with 1= never true, 2=sometimes true, 3=often true, 4=always true.

Sources: Parent Interview

Summary of Findings

- Many parents and providers 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.

- Providers and parents had generally positive attitudes towards each other. However, there were some points of stress; for example, half of the parents felt that their children watched too much television in the provider's home.

Chapter Nine: Interactions between Providers and Children in the Family Child Care Home

At this point, we turn our attention to the interactions and activities that occurred in the child care setting. This chapter and the one that follows examine the interactions between caregivers and children, children's activities in the care setting and, finally, the family child care experience from the perspective of an individual child.

In family child care, the provider is the critical determinant of the children's experiences. How she interacts with children and structures their activities and experiences, her responsiveness to the children and her verbal interactions with them, define children'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. The description below is derived from the Abt Provider Rating (Parts I and II) and the Arnett Global Caregiver Rating Scale. These measures evaluate a variety of aspects of the caregiver's interaction with children. Taken together, the measures give us rounded picture of caregiver behavior.

Provider Warmth, Guidance and Supervision

Providers were rated in terms of how well they communicated interest in and affection for children; their responsiveness to children's requests and needs; the use of *positive* guidance and discipline and avoidance of negative and harmful interactions with children; and the adequacy of their 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. As Exhibit 9-1 shows, providers received high average ratings on the total scores in each of these areas, with scores ranging from 2.7 to 2.9 on 1 three-point scale, where **3** was defined as consistently positive practice. 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.

Ratings of provider behavior did not differ substantially by the type of home (Exhibit 9-2). Providers in homes with all children under 5 years of age had significantly higher ratings on *Caring and responding*, compared with providers in homes with school-age and children less than 5 years (Exhibit 9-3).

Exhibit 9-1: PROVIDER INTERACTIONS WITH CHILDREN: WARMTH, GUIDANCE, AND SUPERVISION IN THE FAMILY CHILD CARE HOME

Average and Distribution of Provider Ratings

Provider Ratings	Rarely/ Never %	Sometimes %	Consistently/ Usually %
Total: Caring and responding	**Average rating = 2.7 out of 3**		
Shows interest in children	0.9	17.8	81.3
Responds to children's language	1.7	16.4	81.9
Converses with each child	2.8	22.1	75.1
Shows affection to each child	3.0	23.0	74.0
Acknowledges child's efforts	4.4	28.1	67.5
Offers children help	1.0	14.6	84.5
Accepts children's feelings	1.7	17.5	80.7
Recognizes, responds to signs of distress	1.7	11.7	86.5
Plays with children interactively	33.8	30.6	35.7
Holds babies	5.3	20.4	74.2
Total: Positive guidance and discipline	**Average rating = 2.7 out of 3**		
States limits and consequences	2.1	21.6	76.4
Helps children express feelings	8.5	31.9	59.6
Helps children notice other's needs	8.9	31.9	60.1
Helps children experience consequences	2.8	16.6	80.6
Does not force children into activities	2.9	9.5	87.6
Focuses on what to do, not what not to do	2.4	22.1	75.6
Helps children resolve conflicts verbally	16.6	33.8	50.0
Redirects children who are frustrated	2.5	17.2	80.2
Time-out for self-control, not punishment	1.4	4.3	94.3
Total: Does no harm	**Average rating = 2.9 out of 3**		
No physical punishment	1.3	2.0	96.7
No rough handling of children	1.4	1.1	97.5
No criticism, shame, threats	1.6	4.7	93.7
Does not dominate play with children	1.7	3.3	95.0
Avoids power struggles with children	2.0	3.2	94.8
Total: Supervision, monitoring	**Average rating = 2.9 out of 3**		
Can see, hear children at all times	1.7	14.5	83.8
Supervises children as appropriate	2.0	18.1	79.8
Extra supervision of hazardous activities	0.3	1.3	98.4
Uses restraining equipment for short time	7.5	NA	92.5
Total across four areas	**Average rating = 2.8 out of 3**		

Sample size (n=637 family child care homes)

Source: Family Child Care Home Observation: Provider Rating System

Exhibit 9-2: PROVIDER INTERACTIONS WITH CHILDREN: WARMTH, GUIDANCE AND SUPERVISION IN THE FAMILY CHILD CARE HOME

Average Provider Ratings by Type of Home

Provider Ratings	A All Children Related to Provider Mean	B Some/No Children Related to Provider Mean	All Family Child Care Homes Mean	Significant Difference by Type of Home p-value[a]
Subscores				
Caring and responding	2.7	2.7	2.7	ns
Positive guidance, discipline	2.7	2.7	2.7	ns
Does no harm	2.9	3.0	2.9	ns
Supervision, monitoring	2.8	2.9	2.9	ns
Total score				
Total for caring, no harm, guidance, supervision	2.8	2.8	2.8	ns
Sample size	*173*	*464*	*637*	

a Significance levels: * = p < .05, ** = p < .01, *** = p <.001; ns=not statistically significant

Source: Family Child Care Home Observation: Provider Rating System

Exhibit 9-3: PROVIDER INTERACTIONS WITH CHILDREN: WARMTH, GUIDANCE and SUPERVISION IN THE FAMILY CHILD CARE HOME

Average Provider Ratings by Ages of Children Present in the Home

Provider Ratings	A All Children Under 3 Years Mean	B All Children Under 5 Years Mean	C School-Age Only Mean	D School-age and Younger[a] Mean	Significant Difference by Age Mix p-value[b]
Subscores					
Caring and responding	2.8	2.8	2.7	2.6	B>D**
Positive guidance, discipline	2.7	2.7	2.7	2.7	ns
Does no harm	2.9	2.9	2.9	3.0	ns
Supervision, monitoring	2.9	2.9	2.9	2.8	ns
Total score					
Total for caring, no harm, guidance, supervision	2.8	2.9	2.8	2.7	ns
Sample size	*42*	*256*	*53*	*286*	

a Includes homes with school-age & preschool, school-age & infant/toddler, and school-age & preschool & infant/toddler

b Significance levels: * = p < .05, ** = p < .01, *** = p <.001; ns=not statistically significant

Source: Family Child Care Home Observation: Provider Rating System

Fostering Children's Social Learning

One of the things that many parents want their children to learn in their care setting is how to relate to other children in positive way—learning to take turns, to share, to be empathetic. One part of the Provider Rating assessed the extent to which providers foster these types of social learning and understanding in the children in their care.

Providers received relatively low ratings on their support for children's acquisition of social skills, relative to their ratings on other aspects of interactions with and instruction of children. On average, providers received an average rating score of 2.3 out of 3 on the items in this domain (Exhibit 9-4). On most items, at least a third of providers were rated as providing inconsistent support for children to learn social skills or develop social understanding. There were no significant differences in the ratings of providers by ages of children present in the home (Exhibit 9-6). However, providers caring for all related children had significantly lower average ratings, compared with providers caring for at least some unrelated children (Exhibit 9-5).

Exhibit 9-4: PROVIDER INTERACTIONS WITH CHILDREN: FOSTERING SOCIAL SKILLS IN THE FAMILY CHILD CARE HOME

Average and Distribution of Provider Ratings[a]

Provider Ratings	Rarely/ Never %	Sometimes %	Consistently/ Usually %
Total: Fostering children's social skills	**Average rating = 2.3 out of 3**		
Opportunities for children to work together	9.4	28.2	62.4
Teach children to share/cooperate/take turns	7.8	26.6	65.6
Teach older children to care for younger	19.1	31.2	49.7
Teach social rules or limits	11.6	35.4	53.0
Attention to bullying and standing up for self	1.7	10.2	88.0
Teach children about community	63.1	23.9	13.1
Teach children about similarities, differences	18.7	40.0	41.3

Sample size (n=637 homes)

a Some items on the rating scale are coded as only "No" or "Yes," with no code for "Sometimes."

Source: Family Child Care Home Observation: Provider Rating System

Exhibit 9-5: PROVIDER INTERACTIONS WITH CHILDREN: FOSTERING SOCIAL SKILLS IN THE FAMILY CHILD CARE HOME

Average Provider Rating by Type of Home

	A All Children Related to Provider Mean	B Some/No Children Related to Provider Mean	All Family Child Care Homes Mean	Significant Difference by Type of Home p-value[a]
Total: Fostering children's social skills	2.3	2.4	2.3	B>A*
Sample size	*173*	*464*	*637*	

a Significance levels: * = p < .05, ** = p < .01, *** = p <.001; ns=not statistically significant

Source: Family Child Care Home Observation: Provider Rating System

Exhibit 9-6: PROVIDER INTERACTIONS WITH CHILDREN: FOSTERING SOCIAL SKILLS IN THE FAMILY CHILD CARE HOME

Average Provider Rating by Ages of Children Present in Home

	A All Children Under 3 Years Mean	B All Children Under 5 Years Mean	C School-Age Only Mean	D School-age and Younger[a] Mean	Significant Difference by Age p-value[b]
Total: Fostering children's social skills	2.2	2.4	2.2	2.4	ns
Sample size	*42*	*256*	*53*	*286*	

a Includes homes with school-age & preschool, school-age & infant/toddler, and school-age & preschool & infant/toddler

b Significance levels: * = p < .05, ** = p < .01, *** = p <.001; ns=not statistically significant

Source: Family Child Care Home Observation: Provider Rating System

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 (Exhibit 9-7). 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.

Exhibit 9-7: PROVIDER INTERACTIONS WITH CHILDREN: SUPPORT FOR PLAY IN THE FAMILY CHILD CARE HOME

Average and Distribution of Provider Ratings

Provider Ratings	Rarely/ Never %	Sometimes %	Consistently/ Usually %
Total: Supporting children's play	**Average = 2.7 out of 3**		
Free play opportunities with choice, 2 hrs+/day	13.4	0	86.6
Provider provides materials/suggestions for play	5.8	19.7	74.5
Daily time for active physical play	7.3	12.5	80.3

Sample size (n=637 homes)

Source: Family Child Care Home Observation: Provider Rating System

Neither the type of home nor the age mix of children in the home was strongly related to providers' level of support for children's play (Exhibits 9-8 and 9-9).

Exhibit 9-8: PROVIDER INTERACTIONS WITH CHILDREN: SUPPORT FOR PLAY IN THE FAMILY CHILD CARE HOME

Average Provider Rating by Type of Home

	A All Children Related to Provider Mean	B Some/No Children Related to Provider Mean	All Family Child Care Homes Mean	Significant Difference by Type of Home p-value[a]
Total: Supporting children's play	2.7	2.7	2.7	ns
Sample size	*173*	*464*	*637*	

a Significance levels: * = p < .05, ** = p < .01, *** = p <.001; ns=not statistically significant

Source: Family Child Care Home Observation: Provider Rating System

Exhibit 9-9: PROVIDER INTERACTIONS WITH CHILDREN: SUPPORT FOR PLAY IN THE FAMILY CHILD CARE HOME

Average Provider Rating by Ages of Children Present in Home

	A All Children Under 3 Years Mean	B All Children Under 5 Years Mean	C School-Age Only Mean	D School-age and Younger[a] Mean	Significant Difference by Age p-value[b]
Total: Supporting children's play	2.7	2.7	2.7	2.7	ns
Sample size	*42*	*256*	*52*	*286*	

a Includes homes with school-age & preschool, school-age & infant/toddler, and school-age & preschool & infant/toddler

b Significance levels: * = p < .05, ** = p < .01, *** = p <.001; ns=not statistically significant

Source: Family Child Care Home Observation: Provider Rating System

Supporting Children's Cognitive Development

With parents, the child care provider is one of the child's first teachers. Although there may be some disagreement about the extent to which preschool-age and younger children need to be taught pre-academic skills, there is little disagreement about the importance of the child's first five years, and especially the first three years, as a critical time for the child's acquisition of knowledge and intellectual skills. 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.

The Provider Rating System assessed the extent to which providers supported children's learning in literacy, math, science and creative arts, either formally or informally in the course of everyday activities. Providers were rated separately on their teaching strategies with children and on the learning opportunities they provided. In both of these areas, providers received relatively low ratings: 2.3 for their teaching behaviors and 2.1 for the learning opportunities provided (Exhibit 9-10). On twelve of the seventeen items in this area, fewer than half of the providers consistently supported children's learning, either through active involvement in teaching or by providing activities that communicate a variety of concepts or information. Providers received especially low ratings on to extent to which they provided learning opportunities. Less than half of the providers read even one book to children over a half-day or encouraged children to read or look at books on their own. Only one-quarter of providers consistently introduced any early math concepts, such as counting or measuring, into their everyday activities with children.

Exhibit 9-10: PROVIDER INTERACTION WITH CHILDREN: SUPPORT FOR COGNITIVE DEVELOPMENT IN THE FAMILY CHILD CARE HOME

Average and Distribution of Provider Ratings[a]

Provider Ratings	Rarely/Never %	Sometimes %	Consistently/ Usually %
Total: Strategies to support learning	**Average rating = 2.3 out of 3**		
Builds on "teachable moments"	18.1	36.8	45.2
Provides child activities at all times	9.6	28.0	62.4
Uses open-ended questions	20.6	39.4	40.0
Helps children learn specific skills	14.1	38.9	47.0
Teaches children to care for equipment	5.9	34.2	59.9
Introduces children to new activities	23.9	33.7	42.4
Total: Learning activities in the homes	**Average rating = 2.1 out of 3**		
Reads at least one book to children	58.6	NA	41.5
Encourages children to read books on own	36.5	25.4	38.1
Opportunities to learn shapes/sounds of letters/words	30.4	30.2	39.4
Encourages use of math in everyday contexts	43.5	29.0	27.5
Opportunities to explore natural environment	30.9	29.1	40.0
Open-ended, child-directed creative activities	19.5	27.9	52.6
Evidence of children's art available	41.1	17.4	41.6
Opportunities for children to make music	41.5	26.0	32.6
Opportunities to dance or move creatively	31.7	21.5	46.8
No more than 1 hour of TV, computer, video	37.6	NA	62.4

Sample size (n=637 homes)

a Some items on the rating scale are coded as only "No" or "Yes," with no code for "Sometimes."

Source: Family Child Care Home Observation: Provider Rating System

There were significant differences in providers' support for learning across different types of homes or ages of children present. Higher ratings on the learning opportunities provided were received by providers who cared for at least some unrelated children (Exhibit 9-11).

Exhibit 9-11: PROVIDER INTERACTIONS WITH CHILDREN: SUPPORT FOR CHILDREN'S COGNITIVE DEVELOPMENT IN THE FAMILY CHILD CARE HOME

Average Provider Ratings by Type of Home

Provider Ratings	A All Children Related to Provider Mean	B Some/No Children Related to Provider Mean	All Family Child Care Homes Mean	Significant Difference by Type of Home p-value[a]
Provider strategies to support learning	2.3	2.4	2.3	ns
Learning activities provided	2.0	2.2	2.1	B>A***
Sample size	*173*	*464*	*637*	

a Significance levels: * = p < .05, ** = p < .01, *** = p <.001; ns=not statistically significant

Source: Family Child Care Home Observation: Provider Rating System

Also, homes with school-age children were rated significantly lower than homes where all children were less than 5 years of age (Exhibit 9-12). These ratings suggest that providers found it more difficult to provide appropriate support for learning for older children.

Exhibit 9-12: PROVIDER INTERACTIONS WITH CHILDREN: SUPPORT FOR CHILDREN'S COGNITIVE DEVELOPMENT IN THE FAMILY CHILD CARE HOME

Average Provider Ratings by Ages of Children Present in Home

Provider Ratings	A All Children Under 3 Years Mean	B All Children Under 5 Years Mean	C School-Age Only Mean	D School-age and Younger[a] Mean	Significant Difference by Age p-value[b]
Provider strategies to support learning	2.2	2.4	2.3	2.3	ns
Learning activities provided	2.1	2.2	2.0	2.0	B>D,B>C ***
Sample size	*42*	*256*	*53*	*286*	

a Includes homes with school-age & preschool, school-age & infant/toddler, and school-age & preschool & infant/toddler

b Significance levels: * = p < .05, ** = p < .01, *** = p <.001; ns=not statistically significant

Source: Family Child Care Home Observation: Provider Rating System

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 (Part II) and the Arnett Global Caregiver Rating. These ratings are particularly important, since the provider's emotional responsiveness to children has been shown to be related to the child's learning and development in care.

Provider Rating System

On the Provider Rating System, nine characteristics of the provider were rated on a five-point scale, from "very much like" the provider to "not at all like" the provider. The measure 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 on all nine qualities (Exhibit 9-13). 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 (Exhibit 9-14) or the age mix of children present in the home (Exhibit 9-15).

Exhibit 9-13: PROVIDER INTERACTIONS WITH CHILDREN: STYLE OF ENGAGING CHILDREN IN THE FAMILY CHILD CARE HOME

Distribution of Ratings of Provider[a]

Provider Ratings	Not Like Provider %	Somewhat Like Provider %	Much Like Provider %	Very Much Like Provider %
Total: Overall style	**Average = 4.6 out of 5[a]**			
Relaxed with children	1.2	3.8	17.8	76.2
Gentle with children	1.7	3.9	26.7	67.7
In control of children	0.8	4.1	16.9	78.2
Physically competent	1.9	4.3	20.2	73.6
Enjoyment of children	1.4	6.2	17.5	74.9
Attentive to children	2.2	4.1	14.2	79.5
Patient with children	2.5	4.0	14.9	78.6
Flexible with children	3.1	5.5	22.6	68.8
Interactive with children	7.2	13.4	25.6	53.7

Sample size (n=637 homes)

a For purposes of summary, scores of 1 and 2 on the 5-point scale were combined as "Not like provider."

Source: Family Child Care Home Observation: Provider Rating System—Summary Rating of Provider

Exhibit 9-14: PROVIDER INTERACTIONS WITH CHILDREN: STYLE OF ENGAGING CHILDREN IN THE FAMILY CHILD CARE HOME

Average Provider Rating by Type of Home

	A All Children Related to Provider Mean	B Some/No Children Related to Provider Mean	All Family Child Care Homes Mean	Significant Difference by Type of Home p-value[a]
Provider style of engaging children	4.6	4.6	4.6	ns
Sample size	*173*	*464*	*637*	

a Significance levels: * = p < .05, ** = p < .01, *** = p <.001; ns=not statistically significant

Source: Family Child Care Home Observation: Provider Rating System

Exhibit 9-15: PROVIDER INTERACTIONS WITH CHILDREN: STYLE OF ENGAGING CHILDREN IN THE FAMILY CHILD CARE HOME

Average Provider Rating by Ages of Children Present in Home

	A All Children Under 3 Years Mean	B All Children Under 5 Years Mean	C School-Age Only Mean	D School-age and Younger[a] Mean	Significant Difference by Age p-value[b]
Provider style of engaging children	4.7	4.6	4.5	4.6	ns
Sample size	*42*	*256*	*53*	*286*	

a Includes homes with school-age & preschool, school-age & infant/toddler, and school-age & preschool & infant/toddler
b Significance levels: * = p < .05, ** = p < .01, *** = p <.001; ns=not statistically significant

Source: Family Child Care Home Observation: Provider Rating System

The Arnett Global Caregiver Rating

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. Each of these scores is the sum of seven or eight items, each scored from 1 ("Not at all like the provider") to 4 ("Very much like the provider").

The average score on the Arnett for provider warmth was 3.2 out of 4 (Exhibit 9-16), 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.[22]

The average scores on the Arnett did not differ as a function of the type of home (Exhibit 9-16). Scores did differ based on the age mix of children in the home (Exhibit 9-17). 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.

[22] 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.

Exhibit 9-16: PROVIDER INTERACTIONS WITH CHILDREN: ARNETT GLOBAL CAREGIVER RATING

Average Provider Ratings by Type of Home

Provider Ratings	A All Children Related to Provider Mean	B Some/No Children Related to Provider Mean	All Family Child Care Homes Mean	Significant Difference by Type of Home p-value[d]
Warmth[a]	3.0	3.2	3.1	ns
Harshness[b]	1.0	1.1	1.1	ns
Detachment[c]	2.3	2.3	2.3	ns
Sample size	*173*	*464*	*637*	

a Warmth: Average on 10 items, each rated on a 4-point scale: 1 = "Not at all like provider" to 4 ="Very much like provider."
b Harshness: Average of 7 items rated on a 4-point scale: 1 = "Not at all like provider" to 4 = "Very much like provider."
c Detachment: Average of 4 items rated on a 4-point scale: 1 = "Not at all like provider" to 4 = "Very much like provider."
d Significance levels: * = p < .05, ** = p < .01, *** = p <.001; ns=not statistically significant

Source: Family Child Care Home Observation: Arnett Global Caregiver Rating

Exhibit 9-17: PROVIDER RATINGS ON ARNETT GLOBAL CAREGIVER RATING

Average Provider Ratings by Ages of Children Present in Home

Provider Ratings	A All Children Under 3 Years Mean	B All Children Under 5 Years Mean	C School-Age Only Mean	D School-age and Younger[d] Mean	Significant Difference by Age p-value[e]
Warmth[a]	3.2	3.2	2.9	3.1	B>D,B>C **
Harshness[b]	1.1	1.1	1.0	1.1	ns
Detachment[c]	2.4	2.3	2.3	2.3	ns
Sample size	*42*	*256*	*53*	*286*	

a Warmth: Average on 10 items, each rated on a 4-point scale: 1 = "Not at all like provider" to 4 ="Very much like provider."
b Harshness: Average of 7 items rated on a 4-point scale: 1 = "Not at all like provider" to 4 = "Very much like provider."
c Detachment: Average of 4 items rated on a 4-point scale: 1 = "Not at all like provider" to 4 = "Very much like provider."
d Includes homes with school-age & preschool, school-age & infant/toddler, and school-age & preschool & infant/toddler
e Significance levels: * = p < .05, ** = p < .01, *** = p <.001; ns=not statistically significant

Source: Family Child Care Home Observation: Arnett Global Caregiver Rating

Summary of Findings

- 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.
- Providers consistently encouraged children's play, providing opportunities, suggestions and materials for play.
- Providers were inconsistent in their support for children's social and cognitive development, although providers with some or all unrelated children were rated more highly than those who cared for related children only.
- Providers of all types were emotionally responsive and seemed to enjoy the children in their care.

Chapter Ten: Children's Experiences in the Family Child Care Home

This chapter and the one that follows discuss the family child care experience from the perspective of the children. In this study, the description of the child's experiences in family child care homes was based on data from two measures--the Environment Snapshot and the Child-Focused Observation. The Snapshot measure is a time-sampled record of the types of activities and child groupings in the home at a given moment in time. Over a half day, the Snapshot was administered every twenty minutes. Each time, a record was made of the activities; the number of children and adults involved in each activity; and the presence of critical events that signal stress or distress among children, such as hostile, negative or disaffected behavior among children, or conflict among adults who are present. Data from the Snapshot provide information on the experience of all the children in the child care home: What is the children's day like? What activities do children get involved in? How much of the time are they monitored by an adult? Is the environment calm and psychologically safe for them?

A second pathway to understanding the experiences of children in family child care comes from an observation measure that focuses on individual children. This picture of care from the child's point of view is an important addition to the provider-centered descriptions of care that dominate the literature. To develop this picture of care, a focus child was selected in each of the families in the study. At the start of the study, this child could be any age from one to nine years. The picture of the care experiences of these focus children was derived from two sources. First, for each of the focal children, we developed a picture of the different care settings the child was in over the three years of the study. Second, we observed the focal children in their care settings, to describe what life was like for individual children in care. This included the children's activities while in care, the types and amount of social interaction with other children and adults in the home, and the types and amount of language experiences with other children and adults.

In this chapter, we first describe the experience of all children in the homes, using data from the Snapshot, and then go on to describe the experience of individual children using the more fine-grained information provided by the Child-Focused Observation measure.

Children's Activities in Family Child Care

The Snapshot was adapted and tested for use in family child care homes and across a range of ages as part of the current study. The first question addressed with data from the Snapshot is, "What activities occur in family child care homes and how much of children's experience does each type of activity account for?"

Counting Activities

For the analysis, we combined the data from all of the Snapshots in each family child care home. (The typical number of Snapshots of a single home was 15.) On each Snapshot, children and

adults in the home were distributed into one or more of twenty different activities. To represent the proportion of children's experiences accounted for by each of the activities, we computed a total number of "activity units" that were observed across all of the Snapshots. Activity units are defined on each Snapshot as the total number of times a child (with or without an adult) or an adult alone was involved in each activity. To provide an example, let's assume a hypothetical home with one provider and three children present over the entire observation, and that fifteen Snapshots are completed in the observation. For this home, the maximum number of activity units on each Snapshot is four. Let us further assume that on the first Snapshot, two of the children are observed in fine motor play and the third child is reading with the caregiver. Fine motor play thus accounts for two out of three activity units on that Snapshot, and reading accounts for one activity unit. Let's further assume that the three children and the provider are involved in these same activities on ten of the 15 Snapshots, and that on the other five Snapshots, the children and provider are in outdoor play. The total number of activity units for the observation is (3 x 10) + (3 x 5) or 45. (Note that as long as the provider is involved in an activity with children, she is not included in the computation of activity units.) To compute the proportion of time accounted for by an activity over the day, the number of activity units for that activity across all Snapshots is computed and divided by the total number of activity units. In our example, fine motor play accounts for 20 activity units (2 children x 10 Snapshots). This translates into 20/45 or 44.4% of the activities in the home.[23] This approach means that the denominator depends on the number of children present in the home. For ease of reporting, results from these analyzes of the Snapshot data are described in terms of the proportion of activities.

The activities described on the Snapshot are assumed to represent the range of activities likely to be observed in an early childhood care setting. Some of the activities are more important than others, from the perspective of promoting children's development. In some conceptualizations of children's activities, *learning* and *creative* activities are defined as representing high-level activity, that is, activity that is likely to promote children's development and learning.

Another conceptualization of children's activities focuses on activities that are able to produce "rich play" (play that promotes learning) and that engage children fully. This conceptualization, based on work by Piaget and Vygotsky, groups activities as follows:

> The richest activities [for children] in terms of complex activity evoked almost invariably have two characteristics. In the first place, they have a clear goal and some means (not always obvious) available for its attainment. And secondly they almost always have what for lack of a better name can be called "real-world feedback"—the child most often knows how he is doing, whether it is building, drawing, or doing puzzles without advice from another. He may seek

[23] This approach takes into account the fact that different numbers of children may be participating in the activities and weights the frequency of activities by the number of children involved. This will become particularly important when we have data in later waves on children in family child care homes and in child care centers, where the numbers of children will be quite different. If we simply compute the proportion of Snapshots in which an activity occurs, we could get different results. In the case above, based on proportion of Snapshots, fine motor play would have a frequency of 10 out of 15, or 26%.

> praise or approval. But he knows his progress on his own. These are the "high yield" activities. Somewhat behind them are play involving pretending, play with small-scale toys, and manipulating sand or dough. And well behind these come informal and impromptu games, gross motor play, and unstructured social playing about and "horsing around." These rarely lead to high–level elaboration of play. Much of the latter unelaborated play appears to be serving the function of release of tension–in physical activity or in sheer social contact and "chatting."
>
> Bruner (1980, p 60)

In our analyses, we used a schema for grouping activities on the Snapshot that parallels Bruner's definitions and was originally developed as part of our previous work on the preschool care environment.[24,25] This schema for categorizing activities was adapted to be appropriate for the wider age range we would encounter in family child care. The schema uses five composite categories used to describe children's activities:

In our earlier observational study of preschool children in center-based care, children's activities (described on a parallel Classroom Snapshot developed at that time for center-based care) were grouped into six categories, based in part on the work of Jerome Bruner.[26] The categories represent differences in the extent to which the activities are planful, provide feedback on progress, and evoke elaborated play. Bruner named these activities "high-yield," because they stimulate children's cognitive development. A similar categorization of activities was developed for the activities described on the Environment Snapshot.

The table below presents the composites and their component activities in this study and those used in the earlier study. As the table shows, the groupings of activities are very similar. The exceptions are primarily because new codes have been added to the Snapshot to make the measure fully appropriate for family child care as well as center care, for example, codes that involve real-life chores that could occur only in homes. (Although the Snapshot includes new codes that apply to very young children, these codes would also be applicable for center care for young children.)

Distribution of Activities

More than a third (34%) of children's activities involved daily routines, including naps, toileting, hand washing, mealtimes, etc. Creative activities constituted 22 percent of the activities, with

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[24] 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.

[25] The six activity composites in the schema developed for the earlier study are as follows: goal-directed activities: literacy/numeracy, science/nature, fine motor play, reading ("high-yield" activities); arts and music: music/dance, arts/crafts; exploration activities: pretend/dramatic play; group activities: group time, television; informal activities: gross motor play, socializing; and routines: meal/snack, arrival/departure, physical care, nap/sleep, transition/clean-up.

[26] Layzer, J., Goodson, B.D., and Moss, M. (1993). Observational Study of Early Childhood Programs. Final Report. Volume I. Life in preschool. Cambridge, MA: Abt Associates Inc.

the category dominated by fine motor play. By contrast, learning activities constituted less than 10 percent of activities (Exhibit 10-1).

The distribution of activities was related to both the type of home and the ages of children present. In homes with all related children, there were more routine activities and more television-watching (Exhibit 10-1). In homes with more infants, routine activities were more frequent, while increased frequency of television-watching was observed in homes with more school-age children (Exhibit 10-2). These are linked rather than separate findings: homes with related children were more likely to serve infants and school-age children.

ACTIVITY CONSTRUCTS AND COMPONENT ACTIVITIES

Activities Construct	Observational Study of Center-Based Care for Low-Income Preschoolers	Current Study of Family Child Care Homes
Learning activities	Language arts Math activities	Numeracy, literacy, homework
	Reading	Reading
	Science activities	Science, nature
	Table games, puzzles	Fine motor play (including puzzles)
	Sewing, cooking, woodwork	
Creative activities	Art Music, dance	Arts, crafts Music, dance
Exploration activities	Sand, water Dramatic play	Dramatic play (includes sensory play)
Group activities	Circle time, planning, discuss	Group time
Television	Television, videos, computer	Television, videos, computer
Informal activities	Active play	Gross motor play
	Socializing	Socializing
	Field trip	Walk, field trip
	Non-constructive behavior	Non-constructive behavior
		Real-life chores
		Child awake in swing, crib
Routines	Physical care Lunch, snack Arrival, departure Transition between activities Nap	Physical care Meal/snack Arrival, departure Transition between activities Sleep, nap

Occurrence of Critical Activities

There is increasing awareness of the importance of early learning activities and opportunities for children's development and school readiness. We were sensitive to the fact that these activities could occur more informally in homes than in centers and the coding directions reflected that understanding. For this analysis, we focus on a subset of activities considered to be supportive

of children's cognitive and language development. The analysis asks about whether these activities ***ever*** occurred in a home (instead of the frequency of the activity).

We observed at least one of the four learning activities in 64 percent of homes (Exhibit 10-3). This means that in a third of homes, no learning activity was observed on the half-day of observation. 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. Creative activities were more common—at least one creative activity was observed in 86 percent of homes. The most frequent creative activity was a fine motor activity such as play with toy cars or small figures.

Exhibit 10-1: CHILDREN'S ACTIVITIES IN THE FAMILY CHILD CARE HOME

Average Percentage of Children's Activities[a] by Type of the Home

Children's Activities	A All Children Related to Provider %	B Some/No Children Related to Provider %	All Family Child Care Homes %	Significant Difference by Type of Home p-value[b]
Routine activities				
All routines	**28.7**	**35.8**	**33.9**	**B>A*** **
Arriving, departing	2.1	2.9	2.6	
Meals, snacks	9.7	9.9	9.8	
Sleeping, resting	8.5	10.0	9.5	
Physical care, toileting	6.1	8.5	7.9	
Transition between activities	2.3	4.5	4.0	
Learning activities				
All learning activities	**8.2**	**8.3**	**8.3**	**ns**
Science, nature	0.8	0.9	0.9	
Math, literacy	5.0	3.8	4.1	
Group time	0.2	0.8	0.6	
Reading	2.2	2.8	2.7	
Creative activities				
All creative activities	**15.8**	**20.5**	**19.3**	**B>A*** **
Pretend play, dramatic play	3.9	5.9	5.4	
Music, dance	0.8	1.8	1.5	
Arts, crafts	3.4	3.9	3.7	
Fine motor play	7.7	9.0	8.7	
Activities with media				
Television, videos, computers	24.9	15.4	17.9	**A>B*** **
Other informal activities				
All informal activities	**22.4**	**20.0**	**20.6**	**ns**
Gross motor play	9.2	8.8	8.9	
Walk, field trip	0.8	0.5	0.6	
Informal conversations (not in activity)	5.7	2.8	3.6	
Real-life chores	2.4	1.4	1.7	
Child awake in crib, swing	0.8	3.6	2.8	
Non-constructive behavior	3.6	2.9	3.0	
Sample size	*173*	*464*	*637*	

a Percentage = A percentage of all child activities observed across all Snapshots for each home.
b Significance levels: * = p < .05, ** = p < .01, *** = p <.001; ns=not statistically significant

Exhibit 10-1: CHILDREN'S ACTIVITIES IN THE FAMILY CHILD CARE HOME

Average Percentage of Children's Activities[a] by Type of the Home

Source: Family Child Care Home Observation: Environment Snapshot

Exhibit 10-2: CHILDREN'S ACTIVITIES IN THE FAMILY CHILD CARE HOME

Average Percentage of Children's Activities[a] by Ages of Children Present in the Home

Children's Activities	A All Children Under 3 Years %	B All Children Under 5 Years %	C School-Age Only %	D School-age and Younger %	Significant Difference by Age p-value[b]
Routine activities					
All routine activities	**33.4**	**38.1**	**23.4**	**12.1**	**B>C,D, A>C *** **
Arriving, departing	0.5	1.6	4.6	3.5	
Meals, snacks	10.4	10.7	11.3	8.6	
Sleeping, resting	11.2	11.4	2.3	8.9	
Physical care, toileting	9.1	9.6	2.8	7.3	
Transition between activities	2.2	4.8	2.3	3.8	
Learning activities					
All learning activities	**5.7**	**6.9**	**14.0**	**8.9**	**C>A,B,D *** **
Science, nature	0.7	0.8	1.1	1.0	
Math, literacy	1.0	2.4	8.9	5.3	
Group time	1.1	0.9	0.1	0.4	
Reading	2.9	2.8	3.9	2.3	
Creative activities					
All creative activities	**21.0**	**21.3**	**15.4**	**18.0**	**ns**
Pretend play, dramatic play	4.4	6.3	4.2	4.9	
Music, dance	1.1	1.8	1.1	1.4	
Arts, crafts	3.3	4.0	5.3	3.3	
Fine motor play	12.2	9.3	4.8	8.3	
Activities with media					
Television, videos, computers	17.5	13.6	31.0	19.3	**C>A,B,D, *** **
Other informal activities					
All informal activities	**22.3**	**20.1**	**16.0**	**21.8**	**ns**
Gross motor play	7.8	9.1	7.5	9.2	
Walk, field trip	1.2	0.6	0.2	0.6	
Informal conversations	2.5	2.7	3.1	4.6	
Real-life chores	1.3	0.8	2.4	2.3	
Child awake in crib, swing	3.8	4.0	0	2.2	
Non-constructive behavior	5.7	2.8	2.7	2.9	
Sample size	*42*	*256*	*53*	*286*	

a Percentage = A percentage of all child activities observed across all Snapshots for each home.

b Significance levels: * = p < .05, ** = p < .01, *** = p <.001; ns=not statistically significant

Source: Family Child Care Home Observation: Environment Snapshot

Exhibit 10-3: CRITICAL ACTIVITIES IN THE FAMILY CHILD CARE HOME

Any Occurrence of Critical Activities[a] by Type of Home

Children's Activities	A All Children Related to Provider %	B Some/No Children Related to Provider %	All Family Child Care Homes %	Significant Difference by Type of Home p-value[b]
Learning Activities				
All learning activities	**59.5**	**67.2**	**64.6**	ns
Science, nature	8.7	14.8	13.1	
Numeracy, literacy	39.3	36.5	37.1	
Group time	1.7	11.2	8.5	
Reading	24.9	38.2	34.6	
Creative Activities				
All creative activities	**71.7**	**83.2**	**79.4**	B > A***
Pretend play, dramatic play	34.1	52.1	47.1	
Music, dance	10.4	26.0	36.9	
Arts, crafts	26.0	41.1	62.2	
Fine motor play	49.1	67.6	75.2	
Television				
Television, other media	**84.4**	**67.6**	**75.2**	**A > B*** **
Sample size	173	*464*	*637*	

a Percentage = proportion of homes in which activity observed at least one Snapshot.
b Significance levels: * = p < .05, ** = p < .01, *** = p <.001; ns=not statistically significant

Source: Family Child Care Home Observation: Environment Snapshot

Creative activities occurred in fewer of the homes in which all children were related to the provider. Seventy-two percent of these homes had some learning activities, compared with 83 percent of the homes in which some or no children were related to the provider (Exhibit 10-3).

For many of the activities, the likelihood of their occurring was related to the ages of children in the family-care child home. For example, 38 percent of homes that served only infants and toddlers had some learning activity compared with two-thirds or more of homes that served some school-age children (Exhibit 10-4).

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

Exhibit 10-4: CRITICAL ACTIVITIES IN THE FAMILY CHILD CARE HOME

Any Occurrence of Critical Activities[a] by Ages of Children Present in the Home

Children's Activities	A All Children Under 3 Years %	B All Children Under 5 Years %	C School-Age Only %	D School-age and Younger %	Significant Difference by Age p-value[b]
Learning activities					
All learning activities	**45.2**	**62.9**	**68.5**	**70.3**	**D>A*** **
Science, nature	9.5	12.4	9.3	15.4	
Math, literacy	11.9	28.6	46.3	47.9	
Group time	7.1	12.0	1.9	7.0	
Reading	26.2	39.0	37.0	32.5	
Creative activities					
All creative activities	**73.8**	**85.7**	**61.1**	**80.4**	**B>C, D>C *** **
Pretend play, dramatic play	38.1	52.6	33.3	47.6	
Music, dance	11.9	26.3	11.1	21.7	
Arts, crafts	31.0	40.9	25.9	37.4	
Fine motor play	52.4	66.0	33.3	67.5	
Activities with media					
Television, videos, computers	**78.6**	**68.0**	**87.0**	**81.5**	**C>B, D>C *** **
Sample size	*42*	*256*	*53*	*286*	

a Percentage = percentage of homes in which activity was observed in at least one Snapshot.
b Significance levels: * = p < .05, ** = p < .01, *** = p <.001; ns=not statistically significant

Source: Family Child Care Home Observation: Environment Snapshot

Indications of Stress

On each Snapshot, indications of stress or unhappiness among the children were noted. These include children crying, listless or withdrawn children, children fighting, or children teasing or bullying other children. In addition, conflict among adults was noted as another potential stress on children in the home. In general, distress was rare in the family child care homes (Exhibit 10-5). 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 (Exhibit 10-5). The only significant difference in signs of stress related to ages of children present in the home was that homes with infants had significantly more crying, as might be expected (Exhibit 10-6).

Exhibit 10-5: STRESS IN THE FAMILY CHILD CARE HOME

Occurrence of Indicators of Stress[a] by Type of Home

Indicators of Stress	A All Children Related to Provider %	B Some/No Children Related to Provider %	All Family Child Care Homes %	Significant Difference by Type of Home p-value[b]
Any child crying	3.6	10.0	8.4	B>A***
2 or more children crying	0.1	0.8	0.6	B>A*
Any listless child	1.3	4.8	3.9	B>A***;
2 or more listless children	0.0	0.3	0.2	ns
Any children fighting	2.5	4.5	4.1	B>A*
Any children teasing other children	1.5	1.7	1.7	ns
Sample size	*172*	*463*	*639*	

a Percentage = percent of Snapshots in which evidence of stress observed.
b Significance levels: * = p < .05, ** = p < .01, *** = p <.001; ns=not statistically significant

Source: Family Child Care Home Observation: Environment Snapshot

Exhibit 10-6: STRESS IN THE FAMILY CHILD CARE HOME

Occurrence of Indicators of Stress[a] by Ages of Children Present in the Home

Indicators of Stress	A All Children Under 3 Years %	B All Children Under 5 Years %	C School-Age Only %	D School-age and Younger %	Significant Difference by Age p-value[b]
All child crying	9.1	10.0	0.3	8.3	A,B,D>C ***
2 or more children crying	1.4	0.7	0	0.4	ns
Any listless child	4.4	4.0	1.2	4.2	ns
2 or more listless children	0	3.4	0.3	0.2	ns
All children fighting	2.0	4.3	1.7	4.5	ns
All children teasing others	0.8	1.8	0.7	1.9	ns
All conflict among adults	0	0	0	0.1	ns
Sample size	*42*	*256*	*53*	*286*	

a Percentage = percent of Snapshots in which evidence of stress observed.
b Significance levels: * = p < .05, ** = p < .01, *** = p <.001; ns=not statistically significant

Source: Family Child Care Home Observation: Environment Snapshot

Provider Involvement

The Snapshot allows us to assess the extent to which providers are involved in activities with children in contrast to being engaged in activities not involving children, such as doing chores away from the children, talking on the phone, etc. Chapter 10 described observer ratings of levels of provider involvement across the sample of homes. The Snapshot offers objective data on two aspects of provider involvement. First, on each Snapshot, it was noted if the provider

was not involved in any activity with children. If the provider was in an activity with children, her activity was coded as engaged with the children or only monitoring them.

Providers spent most of their time with children, although their level of involvement varied. Over half the time (54%), providers were engaged with children in some activity (Exhibit 10-7). By comparison, in an earlier study of center-based programs, staff were actively engaged with children about two-thirds of the time.[27] Provider involvement in children's activities was higher in homes with related children (Exhibit 10-7). Also, homes in which there were infants and toddlers had the highest level of provider involvement with children (Exhibit 10-8), perhaps because children this age require more physical care and more adult attention.

Exhibit 10-7: PROVIDER INVOLVEMENT IN CHILDREN'S ACTIVITIES IN THE FAMILY CHILD CARE HOME

Provider Involvement by Type of Home

Provider Involvement with Children	A All Children Related to Provider %	B Some/No Children Related to Provider %	All Family Child Care Homes %	Significant Difference by Type of Home p-value[c]
Provider monitors activity[a]	91.8	86.4	87.9	A > B***
Provider involved in activity[b]	59.5	52.5	54.4	A > B***
Sample size	*173*	*464*	*641*	

a Proportion of activities monitored by an adult
b Proportion = average proportion of Snapshots in which provider is involved in any activity with children.
c Significance levels: * = p < .05, ** = p < .01, *** = p <.001; ns=not statistically significant

Source: Family Child Care Home Observation: Environment Snapshot

Exhibit 10-8: PROVIDER INVOLVEMENT IN CHILDREN'S ACTIVITIES IN THE FAMILY CHILD CARE HOME

Provider Involvement by Ages of Children Present in the Home

Provider Involvement with Children	A All Children Under 3 Years %	B All Children Under 5 Years %	C School-Age Only %	D School-age and Younger %	Significant Difference by Age p-value[c]
Provider monitors activity[a]	93.4	89.3	93.2	84.8	A, C>D, **
Provider involved in activity[b]	74.3	68.4	65.2	69.7	A, B > D***
Sample size	*42*	*256*	*53*	*286*	

a Proportion of activities monitored by an adult
b Proportion = average proportion of Snapshots in which provider is involved in any activity with children.
c Significance levels: * = p < .05, ** = p < .01, *** = p <.001; ns=not statistically significant

Source: Family Child Care Home Observation: Environment Snapshot

[27] 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.

Experiences of Individual Children

The information on the experiences of the focus children in their care settings comes from annual observations of the children. An initial observation was conducted of each focal child in a family child care home. Additional observations were conducted in later waves of data collection if the child changed care settings. Observations were conducted in any new family child care settings; and, for children not yet in school, observations also were conducted of the child in a child care center or other early childhood center-based setting. Observations were not conducted of children in after-school programs.

The observations were conducted using the Child-Focused Observation. This measure provides detailed information on the child in six intensive five-minute observation periods,[28] 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 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

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

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 relative care, there is probably more consensus of opinion on the importance of the quality of the child's experiences in the areas described above in any care setting, including the child's own home.

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 present the findings in terms of percentage of time.

Children's Play with Objects

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 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 observation measure, ranging from the most simple (carrying objects, mouthing them), which are typical of very young children, to the most complex, where children use objects as something other than what they are originally intended for (i.e., using a block as a telephone). In addition, a variable labeled "high level" object play was created by combining the two most complex types of object play--creative play and dramatic play with objects.

Object play was observed in about half of the observations of children (Exhibit 10-9). Overall, the most frequent type of object play observed was functional object play, in which objects are used just as they are intended to be used. High-level play (creative or dramatic play) was relatively rare--it occurred only 10 percent of the time. We might expect to see the frequency of this type of play increase with age, but, as Exhibit 10-9 shows, this was not true for our sample. Although the amount of high-level object play increased in frequency from infants and toddlers to preschoolers (e.g., increasing from 6 percent to 14 percent), among school-age children it was again quite low (9 percent).

Although the frequency of high-level object play was low in all homes, it was lowest in homes with all related children. The amount of high-level object play was more than 50 percent higher in homes with some or no related children (Exhibit 10-10). This finding could be explained by the difference in ages of children in the homes, since homes with all related children had fewer preschoolers and more infants and school-age children.

Exhibit 10-9: CHILDREN'S PLAY WITH OBJECTS IN THE FAMILY CHILD CARE HOME

Average Percentage of Time[a] by Age of Focus Child

Type of Object Play	Infant/ Toddler %	Preschool %	School-Age %	All Ages %
Carry, mouth objects	11.8	7.4	8.1	8.6
Manipulate objects	8.6	5.3	3.4	5.2
Functional use of objects	19.7	24.0	29.9	25.7
Creative play with objects	3.3	8.0	5.1	5.7
Dramatic play with objects	2.8	6.1	3.8	4.3
Summary Variable				
Any object play	46.2	50.8	50.0	49.6
High-level object play[b]	6.1	14.1	8.9	10.1
Sample size	*136*	*210*	*282*	*628*

a Percentage = percent of observations in which child engages in each type of object play.
b High-level object play includes creative or dramatic use of objects.

Source: Family Child Care Home Observation: Child-focused Observation

The amount of high-level object play was related to the age mix of children in the home. Although there was no difference across homes with different age mixes in the amount of object play, there was a different in the amount of high-level play. Homes with only young children present had significantly less high-level play than homes with some older children present, as might be expected (Exhibit 10-10). Homes with only school-age children, however, also had very little high-level object play. One possible explanation is that these homes may not offer opportunities for or encourage the kind of play with objects that represents more advanced developmental levels. This interpretation would be consistent with the trend toward a higher frequency of television-watching in homes caring for older children.

Homes with and without unrelated children also differed in the amount of high-level object play (Exhibit 10-11). High-level play was significantly less frequent in homes in which all children were related to the provider.

Exhibit 10-10: CHILDREN'S PLAY WITH OBJECTS IN THE FAMILY CHILD CARE HOME

Average Percentage of Time[a] by Ages of Children Present in Home

Type of Object Play	A All Children Under 3 Years %	B All Children Under 5 Years %	C School-Age Only %	D School-age and Younger %	Significant Difference by Age p-value[b]
Carry, mouth objects	12.5	7.0	5.3	10.0	ns
Manipulate objects	10.2	5.7	3.8	4.3	
Functional use of objects	19.1	24.1	28.5	27.6	
Creative play with objects	1.4	7.1	4.0	5.5	
Dramatic play with objects	1.8	4.8	2.8	4.6	
Summary Variables					
Any object play	45.0	48.6	44.5	52.0	ns
High-level object play[b]	3.2	11.9	6.9	10.1	B,D>A**
Sample size	*42*	*247*	*53*	*285*	

a Percentage = percent of Snapshots in which evidence of stress observed.
b Significance levels: * = p < .05, ** = p < .01, *** = p <.001; ns=not statistically significant

Source: Family Child Care Home Observation: Environment Snapshot

Exhibit 10-11: CHILDREN'S PLAY WITH OBJECTS IN THE FAMILY CHILD CARE HOME

Average Percentage of Time[a] by Type of Home

Type of Object Play	A All Children Related to Provider %	B Some/No Children Related to Provider %	All Family Child Care Homes %	Significant Difference by Type of Home p-value[c]
Carry, mouth objects	14.3	6.5	8.6	ns
Manipulate objects	5.7	5.0	5.2	
Functional use of objects	25.1	25.9	25.7	
Creative play with objects	3.1	6.7	5.7	
Dramatic play with objects	3.0	4.9	4.3	
Summary Variables				
Any object play	51.2	48.9	49.6	ns
High-level object play[b]	6.1	11.6	10.1	B > A***
Sample size	*173*	*455*	*628*	

a Percentage = percent of observations in which child engages in each type of object play.
b High-level object play defined as creative or dramatic uses of objects.
c Significance levels: * = p < .05, ** = p < .01, *** = p <.001; ns=not statistically significant

Source: Family Child Care Home Observation: Child-focused Observation

Children's Play with Peers

In the same way that the child's play with objects offers a window into his or her development, the child's social play with peers is a measure of his or her stage of thinking and social

development. A developmental sequence of six types of social play was defined, moving from the earliest type of social activity, parallel play, to social pretend play that involves children in planning a social activity, and allocating and taking on social roles. In addition, two summary variables were created. The first variable represents "high level" social play, which combined three of the levels of social play—play that requires the child to take another child's perspective (reciprocal play) or to collaborate (social pretend play) or take turns (games with rules).

A second variable, play with goals, describes play that is goal-directed or "planful," that is, in which the child has an objective towards which play is organized and directed. This is defined on the basis of both object play and social play. Planful play is exhibited through (a) types of object play that clearly involve "planned" uses of objects, as shown in functional, creative or dramatic object play, or (b) higher-level play with reciprocity, role-playing or rules. Play with goals comprises high level play because it is based on and requires the child to employ a plan for his/her play, which is a higher order cognitive activity.

The overall level of social play did not vary much with age (Exhibit 10-12).[29] Infants and toddlers spent 65 percent of their time in peer play, while children age 3 years and older spent about 70 percent of their time playing with other children. The frequency of different types of social play did vary with age, however. The simpler forms of social play (simple socializing and parallel play) accounted for more than a third of the social interactions among infants and toddlers but less than 3 percent of the interactions among older children. Conversely, high level social play was much less frequent among the youngest children. The amount of high level play increased with age of child. Preschool children engaged in high-level play with peers about three times as often as the youngest children, and school-age children engaged in high-level play with peers more than four times as often. Older children would be expected to engage in more high-level social interactions, since these types of social interactions require cognitive skills such as perspective-taking and planning that typically do not develop until children are at least age 3 or 4 years.

Across all age groups, play with goals occurred about 40 percent of the time (Exhibit 10-12). This varied substantially with the age of child, however. Children under 3 years of age engaged in play with goals 27 percent of their time, compared with over 40 percent of the time for preschool and school-age children.

[29] These analyses exclude 7% of homes that had only one child present during the observation.

Exhibit 10-12: CHILDREN'S PLAY WITH PEERS IN THE FAMILY CHILD CARE HOME

Average Percentage of Time[a] by Age of Focus Child: Homes with Two or More Children

Type of Play with Peers	Infant/ Toddler %	Preschool %	School-Age %	All Ages %
Solitary play	40.9	33.4	36.6	36.3
Parallel play	1.0	0.6	0	0.5
Simple social play	35.1	1.8	0	8.8
Reciprocal play	20.4	49.5	46.0	40.9
Games with rules	2.1	8.4	10.4	7.9
Social pretend play	0	5.6	4.1	3.7
Summary Variables				
Any play with peers	59.1	66.6	63.4	63.7
High-level play with peers[b]	4.0	14.7	17.3	13.5
Peer play with goals[c]	27.3	43.2	44.8	40.5
Sample size	*136*	*210*	*282*	*628*

a Percentage = percent of observations in which child engages in each type of peer play.
b High-level peer play defined as reciprocal play, social pretend play, or games with rules.
c Play with goals defined as functional, creative or dramatic play with objects, or any high-level peer play.

Source: Family Child Care Home Observation: Child-focused Observation

Since we know that the distribution of types of social play varies by the age of child, it is not unexpected that the patterns of play were related to the age mix of children in the homes. The overall amount of social play was highest in homes with preschool children, as compared with homes with only infants and toddlers or only school-age children. (Exhibit 10-13). High-level social play and play with goals both occurred significantly more frequently in homes with only school-age children, and occurred significantly less frequently in homes with only children younger than 3 years of age.

The pattern of play among children was also related to the type of home (Exhibit 10-14). The overall level of social play was significantly lower in homes with only related children. The two types of high level play also were significantly less frequent in these same homes. High level social play was nearly twice as frequent in homes with some or all unrelated children, compared with homes with all related children.

Exhibit 10-13: CHILDREN'S PLAY WITH PEERS IN THE FAMILY CHILD CARE HOME

Average Percentage of Time[a] by Ages of Children Present: Homes with Two or More Children

Type of Play with Peers	A All Children Under 3 Years %	B All Children Under 5 Years %	C School-Age Only %	D School-age and Younger %	Significant Difference by Age p-value[d]
Solitary play	56.0	31.8	3.2	32.2	ns
Parallel/parallel aware play	1.3	0.4	0	0.5	
Simple social play	24.4	12.0	2.3	4.9	
Reciprocal play	16.0	43.4	26.1	45.2	
Social pretend play	1.4	7.5	4.8	9.8	
Games with rules	0.8	3.9	2.3	5.0	
Summary Variables					
Any social play	44.0	68.2	36.8	67.8	B,D>A,C***
High-level play with peers[b]	2.3	12.5	7.4	17.3	D>A,B,C B>A ***
Peer play with goals[c]	23.8	40.8	37.1	43.3	D,B>A***
Sample size	*42*	*247*	*53*	*285*	

a Percentage = percent of observations in which child engages in each type of peer play.
b High-level peer play defined as reciprocal play, social pretend play, or games with rules.
c Play with goals defined as .functional, creative or dramatic play with objects, or any high-level peer play.
d Significance levels: * = p < .05, ** = p < .01, *** = p <.001; ns=not statistically significant

Source: Family Child Care Home Observation: Environment Snapshot

Children's Use of Language

Whatever form of care children are in, the environment should encourage the use of language to communicate thoughts and feelings, and should expose the child to increasingly complex language as the child develops. The observations described the frequency with which the children used language with peers or adults, and whether the language content expressed positive or negative emotions.

On average, children used language about 40 percent of the time (Exhibit 10-15). The amount of language increased substantially with age, from 28 percent among infants and toddlers to 42 percent among preschoolers and 48 percent among school-age children. Virtually all of this talk was positive or neutral; there was almost no negative language, regardless of children's age. Children directed their language to both peers and adults in the environment. For the youngest children, language was evenly split between verbal communication with peers and with adults. With preschool children, a higher proportion of verbal interactions was directed to peers and, among school-age children, twice as much language was directed toward peers as toward adults.

Exhibit 10-14: CHILDREN'S PLAY WITH PEERS IN THE FAMILY CHILD CARE HOME

Average Percentage of Time[a] by Type of Home: Homes with Two or More Children

Type of Play with Peers	A All Children Related to Provider %	B Some/No Children Related to Provider %	All Family Child Care Homes %	Significant Difference by Type of Home p-value[d]
Solitary play	60.7	27.1	36.3	
Parallel play	0.3	0.5	0.5	
Simple social play	2.8	10.8	8.8	
Reciprocal play	28.3	45.8	40.9	
Social pretend play	5.5	8.9	7.9	
Games with rules	2.2	4.8	4.0	
Summary Variables				
Any play with peers	39.3	72.9	63.7	B>A***
High-level play with peers[b]	7.9	15.7	13.5	B>A***
Peer play with goals[c]	33.7	43.0	40.5	B>A***
Sample size	*173*	*455*	*628*	

a Percentage = percent of observations in which child engages in each type of peer play.
b High-level peer play defined as reciprocal play, social pretend play, or games with rules.
c Play with goals defined as .functional, creative or dramatic play with objects, or any high-level peer play.
d Significance levels: * = p < .05, ** = p < .01, *** = p <.001; ns=not statistically significant

Source: Family Child Care Home Observation: Child-focused Observation

Exhibit 10-15: CHILDREN'S USE OF LANGUAGE IN THE FAMILY CHILD CARE HOME

Average Percentage of Time[a] by Age of Focus Child

Characteristics of Children's Language	Infant/ Toddler %	Preschool %	School-Age %	All Ages %
Any language by focus child	27.9	41.8	48.2	41.5
Positive/neutral talk to peer(s)	10.3	20.0	27.8	21.2
Positive/neutral talk to adult	10.7	14.1	10.6	11.8
Positive/neutral talk to peer(s) & adult(s)	5.6	7.5	9.5	7.9
Negative talk to peer(s)	0.8	0.5	0.4	0.5
Negative talk to adult	0.4	0.1	0.0	0.1
Negative talk to peer(s) & adult(s)	0.0	0.0	0.0	0.0
Summary Variables				
Any positive/neutral talkb	26.7	41.1	47.9	40.9
Any negative talkc	1.2	0.7	0.4	0.1
Any positive/neutral talk to peer(s)d	16.0	27.1	37.2	29.1
Any positive/neutral talk to adult(s)e	16.4	21.5	20.1	19.7
Sample size	*136*	*210*	*282*	*628*

a Percentage = percent of observations in which child exhibits each type of language.
b Includes positive/neutral talk to peers or adults.
c Includes negative talk to peers or adults.
d Includes positive/neutral talk to peers only or to peers and adults.
e Includes positive/neutral talk to adults only or to adults and peers.

Source: Family Child Care Home Observation: Child-focused Observation

Since the pattern of children's language varies with age of child, it is not surprising that children's language with others was also related to the age mix of children in the home (Exhibit 10-16). The overall amount of language was lowest (32 percent) in homes where all children were under three years, but it was only significantly lower than the amount of language in homes with school-age and preschool children. The amount of language directed to other children was significantly higher in homes with school-age and younger children (35 percent), compared with homes with any other age mix. Also, homes with all children under 5 years of age had higher levels of language with peers, compared with homes where all children were under 3 years of age.

Exhibit 10-16: CHILDREN'S USE OF LANGUAGE IN THE FAMILY CHILD CARE HOME

Average Percentage of Time[a] by Ages of Children Present in Home

Characteristics of Children's Language	A All Children Under 3 Years %	B All Children Under 5 Years %	C School-Age Only %	D School-age and Younger %	Significant Difference by Age p-value[f]
Any language by focus child	31.9	39.8	42.4	44.3	
Positive/neutral talk to peer(s)	6.7	18.0	18.9	26.5	
Positive/neutral talk to adult(s)	16.4	13.1	17.4	8.9	
Positive/neutral talk to peer(s) & adult(s)	7.8	8.0	5.9	8.3	
Negative talk to peer(s)	0.6	0.6	0.2	0.5	
Negative talk to adult(s)	0.5	0.1	0	0.1	
Negative talk to peer(s)/adult(s)	0	0	0	0	
Summary Variables					
Any positive/neutral talk[b]	30.9	39.0	42.3	43.7	D>A**
Any negative talk[c]	1.1	0.8	0.2	0.6	ns
Positive/neutral talk to peer(s)[d]	14.5	30.0	24.8	34.8	D>A,B,C B>A ***
Positive/neutral talk to adult(s)[e]	24.1	21.1	23.4	17.2	ns
Sample size	*42*	*256*	*53*	*286*	

a Percentage = percent of observations in which child exhibits each type of language.
b Includes positive/neutral talk to peers or adults.
c Includes negative talk to peers or adults.
d Includes positive/neutral talk to peers only or to peers and adults.
e Includes positive/neutral talk to adults only or to adults and peers.
f Significance levels: * = p < .05, ** = p < .01, *** = p <.001; ns=not statistically significant

Source: Family Child Care Home Observation: Environment Snapshot

There was less language among children in homes where all children were related to the provider, compared with homes with some or all unrelated children (Exhibit 10-17). One possible reason for this pattern is related to the fact that homes providing only relative care tended to be smaller, on average, than homes where care was provided for unrelated children.

This in itself could explain why children in relative care have fewer verbal interactions with other children.

Exhibit 10-17: CHILDREN'S USE OF LANGUAGE IN THE FAMILY CHILD CARE HOME

Average Percentage of Time[a] by Type of Home

Characteristics of Children's Language	A All Children Related to Provider	B Some/No Children Related to Provider	All Family Child Care Homes	Significant Difference by Type of Home
	%	%	%	p-value[f]
Any language by focus child	38.2	42.9	41.5	
Positive/neutral talk to peer(s)	15.7	23.2	21.2	
Positive/neutral talk to adult(s)	16.3	10.1	11.8	
Positive/neutral talk to peer(s) & adult(s)	5.6	8.9	7.9	
Negative talk to peer(s)	0.5	0.5	0.5	
Negative talk to adult(s)	0.2	0.1	0.1	
Negative talk to peer(s) & adult(s)	0.0	0.0	0.0	
Summary Variables				
Any positive/neutral talk[b]	37.5	42.3	40.9	B>A*
Any negative talk[c]	0.7	0.7	0.1	ns
Any positive/neutral talk to peer(s)[d]	21.3	32.2	29.1	B>A***
Any positive/neutral talk to adult(s)[e]	21.9	19.0	19.7	ns
Sample size	*173*	*455*	*628*	

a Percentage = percent of observations in which child exhibits each type of language.
b Includes positive/neutral talk to peers or adults.
c Includes negative talk to peers or adults.
d Includes positive/neutral talk to peers only or to peers and adults.
e Includes positive/neutral talk to adults only or to adults and peers.
f Significance levels: * = p < .05, ** = p < .01, *** = p <.001; ns=not statistically significant

Source: Family Child Care Home Observation: Child-focused Observation

Prosocial and Antisocial Behavior Among Children

Understanding the needs and feelings of other children and acting on this understanding through prosocial behavior such as sharing, comforting or providing affection is an important part of social learning. In addition, learning not to express antisocial feelings through hostile, angry, or physical behavior is an important aspect of children's social development. In the observation, instances of prosocial and antisocial behavior among children were recorded, both instances instigated by the target child and instances directed toward the child from other children in the home.

Children rarely acted in an antisocial way, whereas prosocial behavior occurred almost 10 percent of the time (Exhibit 10-18). The frequency of prosocial behavior increased with the age of the child, which is not surprising since prosocial behavior requires the ability to empathize or take the part of the other, and the abstract cognitive operations underlying this perspective-taking typically do not begin to develop until the child is nearing age five. The frequency of antisocial behavior, although low, decreased with age, as children learned to control antisocial impulses.

Antisocial or prosocial behaviors directed at the focus children also were infrequent (Exhibit 10-18). The amount of prosocial behavior directed toward other children increased and the amount of antisocial behavior decreased with the child's age.

Exhibit 10-18: PROSOCIAL AND ANTISOCIAL BEHAVIOR AMONG CHILDREN IN THE FAMILY CHILD CARE HOME

Average Percentage of Time[a] by Age of Focus Child

Children's Social Behavior	Infant/ Toddler %	Preschool %	School-Age %	All Ages %
Child to Peer(s), Adult(s)				
Prosocial to peer(s)	2.2	3.5	6.9	4.7
Prosocial to adult	1.8	2.4	2.1	2.1
Prosocial to peer(s) & adult	1.1	0.6	1.2	1.0
Antisocial to peer(s)	0.6	0.4	0.1	0.3
Antisocial to adult	0.1	0.0	0	0.0
Antisocial to peer(s) & adult	0.0	0.0	0.0	0.0
Summary Variables				
Any prosocial behavior to peer(s)	3.3	4.1	8.1	5.6
Any antisocial behavior to peer(s)	0.7	0.5	0.1	0.4
Any prosocial behavior to peers, adults	5.0	6.5	10.2	7.8
Any antisocial behavior to peers, adults	0.8	0.5	0.1	0.4
Peer(s) to Child				
Prosocial behavior to focus child	3.1	3.5	6.7	4.8
Antisocial behavior to focus child	0.6	0.4	0.2	0.3
Sample size	*136*	*210*	*282*	*628*

a Percentage = percent of observations in which focus child or peer exhibits behavior.

Source: Family Child Care Home Observation: Child-focused Observation

The frequency of prosocial and antisocial behavior among children did not differ consistently by the type of home (Exhibit 10-19). The single statistically significant difference was for prosocial behavior by children toward adults and peers, which was more frequent in homes where all children were related to the provider; and this difference appears to be driven by the amount of children's prosocial behavior directed toward the provider. This may be related to the fact that relative care homes tend to be smaller, with half as many children per provider, on average.

Since prosocial behavior typically increases with age, it is predictable that the frequency of prosocial behavior was related to the age mix of children in the home (Exhibit 10-12). Homes with only children under 3 years of age had the least prosocial behavior among children.

Exhibit 10-19: PROSOCIAL AND ANTISOCIAL BEHAVIOR AMONG CHILDREN IN THE FAMILY CHILD CARE HOME

Average Percentage of Time[a] by Type of Home

Children's Social Behavior	A All Children Related to Provider %	B Some/No Children Related to Provider %	All Family Child Care Homes %	Significant Difference by Type of Home p-value[b]
Child to Peer(s), Adult(s)				
Prosocial to peer(s)	6.4	4.1	4.7	
Prosocial to adult(s)	3.8	1.5	2.1	
Prosocial to peer(s) & adult (s)	0.7	1.1	1.0	
Antisocial to peer(s)	0.4	0.3	0.3	
Antisocial to adult(s)	0.0	0.0	0.0	
Antisocial to peer(s) & adult	0.0	0.0	0.0	
Summary Variables				
Any prosocial behavior to peer(s)	7.1	5.1	5.6	ns
Any antisocial behavior to peer(s)	0.4	0.3	0.4	ns
Any prosocial behavior to peers, adults	10.9	6.6	7.8	A>B**
Any antisocial behavior to peers, adults	4.8	0.4	0.4	ns
Peer(s) to Focus Child				
Prosocial behavior to focus child	5.7	4.5	4.8	ns
Antisocial behavior to focus child	0.4	0.3	0.3	ns
Sample size	*173*	*455*	*628*	

a Percentage = percent of observations in which focus child or peer exhibits behavior.

b Significance levels: * = p < .05, ** = p < .01, *** = p <.001; ns=not statistically significant

Source: Family Child Care Home Observation: Child-focused Observation

Adult Contact with the Focus Child

One of the possible advantages of family child care homes is that the smaller number of children results in each child receiving more individual attention from the provider. In the observations, both the extent of adult monitoring of the child and the amount and intensity of physical contact between the provider and the child were recorded.[30]

[30] Note that, since the provider knew which child was the focus child, this knowledge could have influenced both the amount of contact with that child and, as we note later, her conversations with the child.

Exhibit 10-20: PROSOCIAL AND ANTISOCIAL BEHAVIOR AMONG CHILDREN IN THE FAMILY CHILD CARE HOME

Average Percentage of Time[a] by Ages of Children Present in Home

Children's Social Behavior	A All Children Under 3 Years %	B All Children Under 5 Years %	C School-Age Only %	D School-age and Younger %	Significant Difference by Age p-value[a]
Focus Child to Peer(s), Adult(s)					
Prosocial to peer(s)	0.5	3.5	4.3	6.5	
Prosocial to adult(s)	3.4	1.8	1.1	2.5	
Prosocial to peer(s) & adult (s)	0.2	0.8	0.8	1.2	
Antisocial to peer(s)	0.2	0.5	0.1	0.2	
Antisocial to adult(s)	0.2	0.0	0	0.0	
Antisocial to peer(s) & adult	0	0.0	0	0.0	
Summary Variables					
Any prosocial behavior to peer(s)	0.7	4.3	5.1	7.6	D>A,B**
Any antisocial behavior to peer(s)	0.1	0.5	0.4	0.3	ns
Any prosocial behavior to peers, adults	4.2	6.0	6.2	10.1	D>A*
Antisocial behavior to peers, adults	0.4	0.6	0.1	0.3	ns
Peer(s) to Focus Child					
Prosocial behavior to child	0.1	3.6	4.3	6.5	D>A,B,C*
Antisocial behavior to child	0.0	0.5	0.2	0.2	ns
Sample size	*42*	*247*	*53*	*285*	

a Percentage = percent of observations in which focus child or peer exhibits behavior.
b Significance levels: * = p < .05, ** = p < .01, *** = p <.001; ns=not statistically significant

Source: Family Child Care Home Observation: Environment Snapshot

On average, there was a high level of contact between adults and children in family child care homes—the adults were in visual, verbal or physical contact with the children 89 percent of the time (Exhibit 10-21).[31] The most common type of monitoring involved the adult being in the same room as the children, in visual and/or verbal contact but not physically involved. About 18 percent of the time, the caregiver went beyond this kind of monitoring and established physical contact with the child. Half of the time, the physical contact involved active play with the child or physical expressions of affection.

The amount of adult monitoring decreased only slightly with age of child. Children under 3 years had adult monitoring 94 percent of the time, while school-age children had adult monitoring 86 percent of the time. Also, the proportion of physical contact with an adult was

[31] Note that this figure is almost exactly the same as the frequency of monitoring computed from the Snapshot (Chapter 11).

lower for school-age children (13 percent), and nearly twice as high for younger children (25 percent).

Exhibit 10-21: ADULT MONITORING OF AND CONTACT WITH CHILDREN IN THE FAMILY CHILD CARE HOME

Average Percentage of Time[a] by Age of Focus Child

Adult Contact with Child	Infant/ Toddler %	Preschool %	School-Age %	All Ages of Focus Children %
No contact with/monitoring of children	6.3	8.7	14.3	10.6
Visual contact from another room	7.1	11.3	11.3	10.3
In same room but no contact	4.7	2.1	3.5	3.3
In same room, visual/verbal contact	57.4	58.6	58.2	58.2
Low-level physical contact[b]	12.2	5.8	5.8	7.1
Moderate physical contact[c]	2.0	1.4	0.8	1.2
High-level physical contact[d]	10.3	12.2	6.1	9.2
Summary Variables				
Any adult contact/monitoring	93.7	91.3	85.7	89.4
Any adult physical contact	24.5	19.4	12.7	17.6
Sample size	*136*	*210*	*282*	*628*

a Percentage = percent of observations in which adult exhibits type of behavior with focus child.
b Low-level physical contact: touching child only for necessary discipline, redirection, and physical care.
c Moderate physical contact: warm or helpful physical contact.
d High-level physical contact: hugging, holding, interactive play.

Source: Family Child Care Home Observation: Child-focused Observation

The level of adult monitoring of children varied across the two types of home (Exhibit 10-22). The average frequency of adult monitoring of children was high in all homes, but it was significantly higher in schools with some or all unrelated children (88 percent), compared with relative care (83 percent). There was no difference by type of home in the frequency of physical contact.

The level and type of adult monitoring was related to the age mix of children in the home (Exhibit 10-23). Homes with all children under 5 years and all children under 3 years, although not different from each other, both had significantly higher levels of adult monitoring and more physical contact between the provider and children, compared with homes with school-age children.

Exhibit 10-22: ADULT MONITORING OF AND CONTACT WITH CHILDREN IN THE FAMILY CHILD CARE HOME

Average Percentage of Time[a] by Type of Home

Adult Contact with Child	A All Children Related to Provider %	B Some/No Children Related to Provider %	All Family Child Care Homes %	Significant Difference by Type of Home p-value[e]
No contact with/monitoring of child	7.2	12.0	10.6	
Visual contact from another room	9.5	10.7	10.3	
Same room but no contact	1.1	4.2	3.3	
Same room, visual/verbal contact	66.3	55.0	58.2	
Low-level physical contact[b]	10.6	5.9	7.1	
Moderate physical contact[c]	0.8	1.4	1.2	
High-level physical contact[d]	4.5	10.9	9.2	
Summary Variables				
Any adult contact/monitoring	82.8	88.0	89.4	B>A**
Any adult physical contact	15.9	18.1	17.6	ns
Sample size	*173*	*545*	*628*	

a Percentage = percent of observations in which adult exhibits each level of contact with focus child.
b Low-level physical contact: touching child only for necessary discipline, redirection, and physical care.
c Moderate physical contact: warm or helpful physical contact.
d High-level physical contact: hugging, holding, interactive play.
e Significance levels: * = p < .05, ** = p < .01, *** = p <.001; ns=not statistically significant

Source: Family Child Care Home Observation: Child-focused Observation

Exhibit 10-23: ADULT MONITORING OF AND CONTACT WITH CHILDREN IN THE FAMILY CHILD CARE HOME

Average Percentage of Time[a] by Ages of Children Present in Home

Adult Contact with Child	A All Children Under 3 Years %	B All Children Under 5 Years %	C School-Age Only %	D School-age and Younger %	Significant Difference by Age p-value[e]
No contact/monitoring of child	4.9	7.8	12.9	13.4	
Visual contact from other room	4.4	10.3	11.9	11.0	
Same room but no contact	4.5	3.6	1.4	3.2	
Same room, visual/verbal contact	58.9	56.8	62.1	58.5	
Low-level physical contact[b]	14.1	6.5	5.9	6.9	
Moderate physical contact[c]	2.8	1.3	1.0	1.0	
High-level physical contact[d]	10.6	13.7	4.7	6.1	
Summary Variables					
Any adult contact/monitoring	95.1	92.2	87.1	86.6	A,B>D***
Any adult physical contact	27.4	21.5	11.7	13.9	A, B>C,D***
Sample size	*42*	*247*	*53*	*285*	

a Percentage = percent of observations in which adult exhibits each level of contact with focus child.
b Low-level physical contact: touching child only for necessary discipline, redirection, and physical care.
c Moderate physical contact: warm or helpful physical contact.
d High-level physical contact: hugging, holding, interactive play.
e Significance levels: * = p < .05, ** = p < .01, *** = p <.001; ns=not statistically significant

Source: Family Child Care Home Observation: Environment Snapshot

Adult Language Directed to the Child

One of the most important aspects of the provider's behavior with children is the language that she directs to them, both the amount of language and the content of the adult-child conversation. Adult language can be a powerful learning tool for children's own language development, especially if the adult language encourages the child to express his or her own thoughts in increasingly complex ways. In the observation, adult-child verbal interaction was characterized in terms of (a) amount, (b) type (extent to which it elicits complex language from the child), and (c) communication of positive, warm support for the child.

In addition, a summary variable was created to describe "high level" adult language, which combined any language that involved open-ended questioning or provision of information. Two other summary variables were created that combined characteristics of adult language with characteristics of adult physical contact with child. "High level" adult contact is defined as the co-occurrence of high-level adult language, physical contact by the adult and positive language from the adult.

In about one-third of the observations, the adult was involved in verbal interaction with the child (Exhibit 10-24).[32] The majority of the verbal interaction involved either simple socializing or management suggestions ("Let's clean up our things now"). Only 10 percent was "high-level language" that went beyond management or simple socializing to provide information, teach the child, or call for an elaborated response from the child (i.e., a response beyond yes or no that requires the child to formulate a thought and express it). Positive language was also relatively rare, occurring only 2 percent of the time, on average.

[32] Since the provider knew who the focus child was, it is not infeasible that she talked more to that child while she was being observed for the study.

Exhibit 10-24: ADULT LANGUAGE TO CHILDREN IN THE FAMILY CHILD CARE HOME

Average Percentage of Time[a] by Age of Focus Child

Adult Language with Child	Infant/ Toddler %	Preschool %	School-Age %	All Ages of Focus Children %
Any language	40.9	35.9	30.5	34.6
Positive language	3.1	1.8	1.4	1.9
Negative language	0.3	0.0	0.1	0.1
Type of language				
▪ Simple socializing	16.1	13.7	13.1	14.0
▪ Manage, direct, suggest	10.9	9.2	6.7	8.4
▪ Teach, reason, explain	9.7	10.1	8.1	9.2
▪ Open-ended questions	0.8	1.0	0.8	0.9
Summary Variables				
High-level adult language[b]	10.5	11.1	8.9	10.0
High-level adult involvement[c]	20.9	20.2	13.6	17.6
Sample size	*136*	*210*	*282*	*628*

a Percentage = percent of observations in which adult uses each type of language and level of involvement with focus child.
b High-level adult language includes teaching, reasoning, explaining and open-ended questions.
c High-level adult involvement is defined as high physical contact, high-level adult language *and* positive language.

Source: Family Child Care Home Observation: Child-focused Observation

The frequency of high-level verbal interactions between the provider and children was significantly higher in homes with some or all unrelated children, compared with the level in relative care (Exhibit 10-25). Also, the frequency of high level adult/child contact was significantly higher in homes with some or all unrelated children, compared with the level in relative care.

The homes with younger children (all children under 5 years or all children under 13 years) had significantly more high-level adult language and high-level adult contact, compared with homes with school-age children (Exhibit 10-26).

Exhibit 10-25: ADULT LANGUAGE TO THE CHILDREN IN THE FAMILY CHILD CARE HOME

Average Percentage of Time[a] by Type of Home

Adult Language with Child	A All Children Related to Provider %	B Some/No Children Related to Provider %	All Family Child Care Homes %	Significant Difference by Type of Home p-value[d]
Any language	30.6	36.1	34.6	
Simple socializing	17.5	12.8	14.0	
Teaching, reasoning, explaining	6.5	10.1	9.2	
Managing, directing, suggesting	4.8	9.9	8.4	
Open-ended questions	0.5	1.0	0.9	
Positive language	1.2	2.2	1.9	
Negative language	0.0	0.2	0.1	
Summary Variables				
High-level adult language[b]	7.0	11.1	10.0	B>A***
High-level adult involvement[c]	11.7	19.7	17.6	B>A***
Sample size	*173*	*545*	*628*	

a Percentage = percent of observations in which adult uses each type of language and level of involvement with focus child.
b High-level adult language includes teaching, reasoning, explaining and open-ended questions.
c High-level adult involvement is defined as high physical contact, high-level adult language *and* positive language.
d Significance levels: * = p < .05, ** = p < .01, *** = p <.001; ns=not statistically significant

Source: Family Child Care Home Observation: Child-focused Observation

Exhibit 10-26: ADULT LANGUAGE TO CHILDREN IN THE FAMILY CHILD CARE HOME

Average Percentage of Time[a] by Ages of Children Present in Home

Adult Language with Child	A All Children Under 3 Years %	B All Children Under 5 Years %	C School-Age Only %	D School-age and Younger %	Significant Difference by Ages of Children p-value[d]
Any language	45.7	40.2	30.3	28.8	
Simple socializing	21.0	14.2	17.1	12.3	
Teaching, reasoning, explaining	9.6	12.3	5.9	7.0	
Managing, directing, suggesting	10.2	10.0	4.8	7.5	
Open-ended questions	0.5	1.2	0.8	0.6	
Positive language	3.7	2.3	1.6	1.3	
Negative language	0.6	0.2	0.1	0.0	
Summary Variables					
High-level adult language[b]	10.1	13.5	6.6	7.6	A,B >C,D***
High-level adult involvement[c]	22.2	23.7	11.2	12.8	A,B>C,D***
Sample size	*42*	*247*	*53*	*285*	

a Percentage = percent of observations in which adult uses each type of language and level of involvement with focus child.
b High-level adult language includes teaching, reasoning, explaining and open-ended questions.
c High-level adult involvement is defined as high physical contact, high-level adult language *and* positive language.
d Significance levels: * = p < .05, ** = p < .01, *** = p <.001; ns=not statistically significant

Source: Family Child Care Home Observation: Environment Snapshot

Summary of Findings

- Children in the family child care homes spent more than one-third of the time in routines such as toileting, handwashing, meals and cleanup.

- Learning activities, both formal and informal, constituted less than 10 percent of children's activities. In one-third of all homes, no learning activity was observed.

- In homes where all children in care were related to the provider, more time was spent in routines and in watching television.

- Reading, either by the provider to the children or by the children themselves (including looking at books) and other activities related to literacy were observed in just over one-third of the homes.

- Signs of stress or unhappiness were rare but occurred more often in homes with some or all unrelated children.

- Providers were very attentive to children. They spent 88% of their time monitoring and more than half the time (54%) actively engaged in children's activities. Caregivers were in visual, verbal or physical contact with a child almost all the time.

- High-level play when the child was playing alone occurred only 10% of the time, and the proportion did not increase for older children.

- High-level social play was observed only 14% of the time and was twice as frequent in homes with some or all unrelated children.

- Children rarely exhibited antisocial behavior and demonstrated prosocial behaviors almost 10% of the time.

- While providers were involved in verbal interactions with children about one-third of the time, most of these interactions involved simple socializing or management; only 10% involved "high-level" language to provide information or elicit an elaborated response (beyond "yes" or "no") from the child. The frequency of high-level verbal interactions was greater in homes with some or all unrelated children.

Chapter Eleven: 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 changes. 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

Forty percent of the original sample of family child care providers were interviewed and/or observed more than once over the two year study period. In the sample of providers who were seen more than once, the number of months between observations of the same family child care provider varied widely, from 6 months up to 24 months (Exhibit 11-1).

Exhibit 11-1: TIME ELAPSED BETWEEN OBSERVATIONS OF THE SAME FAMILY CHILD CARE PROVIDERS

Number of Months	Median # Months Elapsed	N	Frequency
6 - 12 months	9.8 months	99	37%%
13 - 17 months	15.7 months	106	40%
18 or more months	19.8 months	60	23%
Total sample with 2 or more observations	14.5 months	265	

Source: Provider Interview

These repeated observations provide information about the stability of provider characteristics and behavior over time. The extent of stability in provider behavior from time 1 to time 2 is a function not only of the provider herself but also of the number and ages of children in the home. 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 (Exhibit 11-2). 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. Also, it appears that as the amount of time between interviews increases, the differences increase, suggesting that the characteristics of the care setting and the payment arrangements are quite stable over a year to a year and a half but then began to change.

EXHIBIT 11-2: FAMILY CHILD CARE HOMES OVER TIME
Differences in Characteristics of Family Child Care Homes by Elapsed Time between Provider Interviews[a]

	All Providers with Multiple Interviews (n = 254)		Providers with 6 -12 Months between Interviews (n = 99)		Providers with 13 - 17 Months between Interviews (n = 106)		Providers with 18 Months+ between Interviews (n=60)	
	Differ-ence	p-value[a]	Differ-ence	p-value[a]	Differ-ence	p-value[a]	Differ-ence	p-value[a]
Characteristics of Home								
# children in care	-.03	ns	.11	ns	-.08	ns	-.17	ns
% related children in care	.01	ns	-.01	ns	-.00	ns	.01	ns
% subsidized children in care	-.05	decrease[b] *	-.04	ns	-.05	ns	-.07	decrease (p< .10)
# hours open/week	-3.4	decrease *	-.04	ns	-3.9	ns	-7.0	decrease (p< .10)
Payment								
% HH income from child care	.01	ns	-.00	ns	.01	ns	.00	ns
Average fee (all children)	7.92	increase ***	4.34	ns	11.02	increase ***	8.39	increase (p< .10)
Average fee (paying children)	5.00	increase **	1.43	ns	8.05	increase **	5.43	ns
Average parent payment (all children)	.57	ns	.07	ns	.82	**ns**	.95	ns
Average parent payment (paying children)	4.67	increase **	1.44	ns	8.05	increase **	5.43	increase (p< .10)
Amount/child from subsidies	36.45	increase (p< .10)	2.87	ns	41.75	increase (p< .10)	23.69	ns
% costs paid by subsidies	-.03	ns	-.01	ns	-0.04	ns	-.05	ns
% costs paid by parent fees	.02	ns	-.01	ns	.03	ns	.03	ns
% costs not from parents/ subsidies	.01	ns	.02	ns	.01	ns	.02	ns

a Significance levels from paired t-tests: * = p < .05, ** = p < .01, *** = p <.001; decrease/increase without asterisks = p < .10; ns=not statistically significant

b "Decrease" signifies reduction in value of variable from early to later interview; "increase" signifies growth in value of variable from early to later interview.

Source: Provider Interview

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.

The longitudinal design of the study provided us with an opportunity to compare children's experiences in home-based and center-based care. Two types of analyses were conducted to investigate changes in children's care experience over time:

- **Children who changed to center care by Wave 3**: For children who were in center care at their last observation and *who were not yet in school*, analyses compared the experiences of children in the two forms of care.
- **Children who stayed in family child care Wave 1—Wave 3**: Analyses compared the care experiences in family child care of children who were in family child care at both their first and last observations (on average, 20+ months apart). Separate analyses were conducted for children who were under 3 years at the first observation and did not achieve school-age by the last observation, and children who were at least 3 years of age at the first observation.

Comparison of Experiences of Children in Family Child Care and Center 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.[33] 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 (Exhibit 11-3). For the most part, center-based care provided more stimulating environments for the children.[34]

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.

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[33] I.e., in a child care center; after-school programs were not observed.

[34] It is important to note that these were centers chosen by parents who opted to move from family child care to center-based care. They tended to be centers that provided care to other low-income children, including some Head Start programs, but it they are not necessarily representative of these types of center-based programs

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)

Exhibit 11-3: PRESCHOOL CHILDREN'S EXPERIENCES in Family Child Care versus Center-based Care
Averages for Characteristics of Environments, Provider Behavior and Provider/Child Interactions for Preschool Children (3-5 years of age)[a]

Setting/Provider Characteristics	A Family Child Care Mean	B Center-Based Care Mean	Significant Difference by Type of Care Setting p-value[b]
Physical Setting[c]			
Space and comfort of setting	2.66	2.75	B > A***
Materials and resources	2.46	2.17	
Indoor safety and health	2.76	2.86	B > A ***
Outdoor safety and health	2.90	2.93	B > A**
Total score on environment	2.72	2.76	B > A***
Absence of dangerous situations	2.67	2.74	B > A***
Caregiver Behavior[c]			
Caring and responding	2.72	2.83	B > A**
Positive guidance and discipline	2.69	2.80	B > A**
Does no harm	2.93	2.97	
Responsiveness	2.77	2.86	B > A***
Fostering social skills	2.36	2.50	B > A**
Support for cognitive learning	2.38	2.67	B > A***
Learning activities	2.16	2.64	B > A***
Support for play	2.73	2.89	B > A***
Supervision	2.86	2.95	B > A***
Total rating	2.55	2.76	B > A***
Summary rating	4.62	4.77	B > A**
Arnett: positive relationship with children	3.18	3.36	B > A*
Arnett: lack of detachment from children	2.31	2.35	
Provider/Focal Child Interactions[d]			
High-level object play	16.4%	12.4%	
Provider contact (visual, verbal) with child	95.0	98.6	B > A***
Provider positive physical contact with child	20.5	25.8	
High-level provider contact with child	20.7	30.5	B > A***
Provider language with child	38.1	50.0	B > A**
High-level provider language with child	11.3	17.1	B > A***
Positive provider language with child	2.3	2.0	
High-level peer interactions	21.3	22.0	B > A**
Activities with goals	50.2	48.6	B > A**
Child prosocial behavior with peers	5.7	5.7	
Activities[d]			
High-level activities	44.3%	57.4%	B > A***
Creative activities	35.7	39.5	
Learning activities	13.0	28.1	B > A***
Provider supervises/involved with children	88.4	96.8	B > A***
Routines	56.0	57.8	
Sample size	*365*	*63*	
Median age in months	*42.9*	*48.9*	

a Children in the sample at the later observation point are between their 3rd and 6th birthdays and not yet enrolled in school.
b Significance levels: * = p < .05, ** = p < .01, *** = p <.001; ns=not statistically significant
c Environment ratings and caregiver ratings range from 1 (not true) to 3 (usually true)
d Proportions = average proportion of time (defined by average proportion of activities observed on Snapshots and Child-Focused Observation)

Source: Environment Snapshot, Child-Focused Observation, Provider Rating

Comparison of Experiences of Children in Family Child Care at Two Time Points

We compared the experiences of a subsample of children who remained in family child care over one or two years. These analyses help us understand how children's experiences in family child care changed as they got older. We conducted 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, to see how the experience of infants and toddlers changed as they became preschoolers and how the experience of preschoolers changed as they moved closer to school age or entered kindergarten.

Children who were Preschoolers at the First Observation. One hundred and seven of the children in the baseline sample were 3 years or older at the time of the first observation and were still in family child care at a later observation point. The average age of the sample at the first observation was 44 months; the children were 52 months, on average, at the later observation point.

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 (Exhibit 11-4). 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 (see Exhibit 11-4).

Children who were Infants/toddlers at the First Observation. Fifty-six of the children in the baseline sample were less than 3 years at the time of the first observation in family child care and were still in family child care at a later observation point. The average age of the sample at the first observation was 29 months; at the later observation point, these children were 45 months, on average.

Exhibit 11-4: Changes in CHILDREN'S EXPERIENCES in Family Child Care over two years: PRESCHOOL-AGE at first observation[a]
Averages for Characteristics of Environments, Provider Behavior and Provider/Child Interactions (n = 107)

Setting/Provider Characteristics	Wave 1 Mean	Later Waves (W2 or W3[b]) Mean	Significant Difference p-value[c]
Physical Setting[d]			
Space and comfort of setting	2.66	2.75	B > A*
Materials and resources	2.46	2.17	A > B***
Indoor safety and health	2.76	2.86	B > A***
Outdoor safety and health	2.90	2.93	
Total score on environment	2.67	2.76	B > A*
Caregiver Behavior[d]			
Caring and responding	2.66	2.69	
Positive guidance and discipline	2.59	2.70	B > A*
Does no harm	2.92	2.96	
Responsiveness	2.71	2.77	
Fostering social skills	2.39	2.43	
Support for cognitive learning	2.32	2.52	
Learning activities	2.19	2.30	B > A**
Support for play	2.74	2.82	
Supervision	2.85	2.89	
Total rating	2.52	2.61	B > A*
Summary rating	4.58	4.64	
Arnett: positive relationship with children	3.15	3.22	
Arnett: lack of detachment from children	2.28	2.38	B > A**
Provider/Focal Child Interactions[e]			
High-level object play	12.1%	16.4%	B > A*
Provider contact (visual, verbal) with child	89.6	95.0	B > A**
Provider positive physical contact with child	17.5	20.5	
High-level provider contact with child	19.2	22.5	
Provider language with child	35.5	36.4	
High-level provider language with child	13.1	12.6	
Positive provider language with child	1.2	2.1	
High-level peer interactions	12.1	21.3	B > A***
Activities with goals	41.6	50.1	B > A**
Child prosocial behavior with peers	6.6	5.7	
Activities[e]			
High-level activities	46.7%	51.7%	
Creative activities	36.9	27.7	
Learning activities	14.8	19.1	B > A*
Provider supervises/involved with children	82.8	93.5	B > A***
Routines	61.1	56.9	
Median age in months	*44.5*	51.7	

a Sample consists of children who were (a) 3 years or older at Wave 1; (b) not yet in school at the later observation wave, and (c) in family child care in at least one later observation point.
b If child was in a FCCH at both W2 and W3, the latest observation was used.
c Significance levels: * = p < .05, ** = p < .01, *** = p <.001.
d Environment ratings and caregiver ratings range from 1 (not true) to 3 (usually true)
e Proportions = average proportion of time (defined by average proportion of activities observed on Snapshots and Child-Focused Observation)

Source: Environment Snapshot, Child-Focused 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 (Exhibit 11-5). There also was some evidence that providers played more with children as they changed from toddlers to young preschoolers.

Exhibit 11-5: changes in CHILDREN'S EXPERIENCES in Family Child Care over two years: UNDER 3 YEARS OF AGE at first observation[a]
Averages for Characteristics of Environments, Provider Behavior and Provider/Child Interactions (n = 56)

Setting/Provider Characteristics	Wave 1 Mean	Later Waves (W2 or W3[b]) Mean	Significant Difference p-value[c]
Physical Setting[d]			
Space and comfort of setting	2.62	2.65	
Materials and resources	2.41	2.03	A > B***
Indoor safety and health	2.73	2.82	B > A*
Outdoor safety and health	2.90	2.93	
Total score on environment	2.70	2.70	
Absence of dangers	2.71	2.76	
Caregiver Behavior[d]			
Caring and responding	2.73	2.76	
Positive guidance and discipline	2.67	2.74	
Does no harm	2.88	2.96	
Responsiveness	2.76	2.80	
Fostering social skills	2.32	2.35	
Support for cognitive learning	2.39	2.45	
Learning activities	2.19	2.22	
Support for play	2.66	2.84	B > A*
Supervision	2.86	2.85	
Total rating	2.55	2.59	
Summary rating	2.60	4.69	
Arnett: positive relationship with children	3.2	3.3	
Arnett: lack of detachment from children	2.3	2.3	
Provider/Focal Child Interactions[e]			
High-level object play	7.9%	14.1%	B > A*
Provider contact (visual, verbal) with child	92.3	94.4	
Provider positive physical contact with child	23.9	20.3	
High-level provider contact with child	20.8	21.5	
Provider language with child	41.0	35.1	
High-level provider language with child	11.3	11.9	
Positive provider language with child	2.5	1.2	
High-level peer interactions	8.7	15.1	B > A*
Activities with goals	35.7	41.3	
Child prosocial behavior with peers	10.1	8.3	
Activities[e]			
High-level activities	49.0%	43.3%	
Creative activities	40.6	34.9	

Exhibit 11-5: changes in CHILDREN'S EXPERIENCES in Family Child Care over two years: UNDER 3 YEARS OF AGE at first observation[a]
Averages for Characteristics of Environments, Provider Behavior and Provider/Child Interactions (n = 56)

Setting/Provider Characteristics	Wave 1 Mean	Later Waves (W2 or W3[b]) Mean	Significant Difference p-value[c]
Learning activities	11.6	13.2	
Provider supervises/involved with children	84.6	92.0	B > A*
Routines	55.6	55.0	
Median age in months	29.2	44.7	

a Sample consists of children who were (a) younger than 3 years of age at Wave 1; (b) not yet in school at the later observation wave, and (c) in family child care in at least one later observation point.
b If child was in a FCCH at both W2 and W3, the latest observation was used.
c Significance levels: * = p < .05, ** = p < .01, *** = p <.001.
d Environment ratings and caregiver ratings range from 1 (not true) to 3 (usually true)
e Proportions = average proportion of time (defined by average proportion of activities observed on Snapshots and Child-Focused Observation)

Summary of Findings

- Over the course of the study, family child care homes remained quite stable in terms of the number of children cared for, and whether or not they cared for related children. Over time, the number of children receiving subsidies declined.

- The settings experienced by children who shifted from family child care to center-based care had significantly higher ratings than the settings experienced by children who remained in family child care in several areas: 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.

- Compared with children who remained in family child care, children who switched to 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.

- Compared with the providers of children who remained in family child care, providers for children who switched to 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. They provided significantly more support for learning, offered children more learning activities, and provided more support for play.

- Compared with children who remained in family child care, children who switched to 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)

- For preschool children who remained in family child care, the experience changed over time in positive ways. As they grew older, 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 the children as they grew older.

- For infants and toddlers who remained in family child care the difference in experiences was smaller but positive: the children engaged in more high-level play and providers played more with them as they changed from toddlers to 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.[35] 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 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.

[35] There is some evidence that much of this "churning" occurs during the first year of the family child care home's operation

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.

References

Brayfield, A., Deich, S.G., & Hofferth, S.L. (1993). Caring for Children in Low-Income Families: A Substudy of the National Child Care Survey, 1990. Washington, DC: Urban Institute Press.

Butler, J., Brigham, N. & Schultheiss, S. (1991). No Place Like Home: A Study of Subsidized In-Home and Relative Child Day Care. Providence, RI: Rosenblum and Associates.

Capizzano, J., Adams, G. & Sonestein, F. (2000). Child Care Arrangements for Children Under Five: Variation Across States. New Federalism: National Survey of America's Families, Series B, No. B-7. Washington, D.C.: The Urban Institute.

Caruso, G, L. (1992). Patterns of Maternal Employment and Child Care for a Sample of Two-Year-Olds. Journal of Family Issues, 13(3), 297-311.

Casper, L.M. (1995). What Does it Cost to Mind Our Preschoolers? Current Population Reports, P70-52. Washington, DC: U.S. Department of Commerce.

Casper, L.M. (1997). Who's Minding Our Preschoolers? Fall 1994 Update. Current Population Reports, P70-62. Washington, DC: U.S. Department of Commerce.

Clark-Stewart, Alison (1991). "A Home is Not a School: The Effects of Child Care on Children's Development", Journal of Social Issues, 47(2), 105-123.

Coelen, C., Glantz, F., & Calore, D. (1979). Day Care Cetners in the U.S.: A National Profile. Cambridge, MA: Abt Associates Inc.

Collins, A. and Carlson, B. (1998). Child Care by Kith and Kin: Supporting Family, Friends, and Neighbors Caring for Children. New York: National Center for Children in Poverty.

Collins, Ann & Li, Jiali (1997). A Study of Regulated Child Care Supply: A Report of the NCCP Child Care Research Partnership, New York: National Center for Children in Poverty.

Duncan, G.J.; Brooks-Gunn, J. & Klebanov, P.K. (1994). "Economic Deprivation and Early Childhood Development", Child Development, 65: 296-318.

Emlen, A. (1997). Quality of care from a parent's point of view: Working papers. Report compiled for the Researchers' Roundtable, Oregon Child Care Research Partnership. Portland: Portland State University.

Emlen, A.C., Koren, P.E., & Schultze, K.H. (1999). From a Parent's Point of View: Measuring the Quality of Child Care. Final Report. Portland, OR: Regional Research Institute for Human Services, Portland State University.

Folk, K.F. & Beller, A.H. (1993). Part-Time Work and Child Care Choices for Mothers of Preschool Children. Journal of Marriage and the Family, 55, 146-157.

Folk, K.F. (1994). For Love or Money: Costs of Child Care by Relatives. Journal of Family and Economic Issues, 15(3), 243-260.

Fuller, B., Holloway, S.D. & Liang, X. (1996). Family Selection of Child Care Centers: The Influence of Household Support, Ethnicity, and Parental Practices. Child Development, 67, 3320-3337.

Fuller, B., Kagan, S.L., et al. (2000). Remember the Children: Mothers Balance Work and Child Care Under Welfare Reform. Growing Up in Poverty Project: Wave 1 Findings. University of California, Berkeley and Yale University.

Galinsky, E., C. Howes, S. Kontos, and M. Shinn (1994). The Study of Children in Family and Relative Care. New York: The Families and Work Institute.

Galinsky, E., Howes, C., Kontos, S., & Shinn, M. (1994). The Study of Children in Family Child Care and Relative Care: Highlights of Findings. New York, NY: Families and Work Institute.

Gilbert, N., Duerr, J., & Meyers, M.K. (1991). GAIN Family Life and Child Care Study: Final Report. Berkeley, CA: Family Welfare Research Group, School of Social Welfare, University of California at Berkeley.

Hayes, C.D., Palmer, J., & Zaslow, M. (Eds.). (1990). Who cares for America's children? Child Care Policy for the 1990s. Washington, DC: National Academy Press. (ERIC Document Reproduction Service No. ED 319 523)

Hofferth, S.L., Brayfield, A., Deich, S. & Holcomb, P. (1991). National Child Care Survey, 1990. Washington, DC: Urban Institute Press.

Hofferth, S., A. Brayfield, S. Deich, and P. Holcomb (1991). National Child Care Survey, 1990, A National Association for the Education of Young Children Study, Report 91-5. Washington, D.C.: Urban Institute Press.

Hofferth, S.L. & Phillips, D.A. (1987). Child Care in the United States, 1970 to 1995. Journal of Marriage and the Family, 49, 559-571.

Jendrek, M.P. (1993). Grandparents who parent their grandchildren: Effects on lifestyle. Journal of Marriage and the Family, 55, 609-621.

Kisker, E.E., Maynard, R., Gordon, A. & Strain, M. (1989). The Child Care Challenge: What Parents Need and What is Available in Three Metropolitan Areas. Princeton, N.J.: Mathematica Policy Research, Inc.

Kontos, S., Howes, C., Shinn, M., & Galinsky, E. (1995). Quality in Family Child Care and Relative Care. New York, New York: Teachers College Press.

Kontos, S. & Riessen, J. (1993). Predictors of job satisfaction, job stress, and job commitment in family day care. *Journal of Applied Developmental Psychology*, 14: 427-441.

Kuhlthau, K. & Mason, K.O. (1996). Market Child Care Versus Care by Relatives: Choices Made by Employed and Nonemployed Mothers. Journal of Family Issues, 17(4), 561-578.

Lesser, D. (2000). A Vital Child Care Quality Initiative: Addressing the Needs of License-Exempt Home Providers.

Malaske-Samu, K. (1996). Highlights from the 1996 license-exempt child care provider survey. Los Angeles, CA: County of Los Angeles Department of Human Services.

Mason, K.O. & Kuhlthau, K. (1989). Determinants of child care ideals among mothers of preschool-aged children. Journal of Marriage and the Family, 51, 593-603.

Meyers, M. (1993). Child Care in JOBS Employment and Training Program: What Difference Does Quality Make? Journal of Marriage and the Family, 55: 767-83.

Meyers, M. (1992). GAIN Family Life and Child Care Study, Technical Report. Berkeley, CA: University of California at Berkeley, School of Social Welfare.

McLoyd, V.C. & Wilson, L. (1991). "The strain of living poor: Parenting, social support, and child mental health", In A. Huston (Ed.), Children in Poverty: Child Development and Public Policy, New York: Cambridge University Press, 105-135.

NICHD Early Child Care Research Network. (1997). Poverty and Patterns of Child Care. In Duncan, G.J. & Brooks-Gunn, J. (Eds.), Consequences of Growing up Poor. New York: Russell-Sage.

NICHD Early Child Care Research Network. (1996). Characteristics of Infant Child Care: Factors Contributing to Positive Caregiving. Early Childhood Research Quarterly, 11, 269-306.

Peth-Pierce, R. (2000). The NICHD Study of Early Child Care. Washington, D.C.: National Institute of Child Health and Human Development, Public Information and Communications Branch.

Phillips, D. (1995). Child Care for Low-Income Families, Summary of Two Workshops. Washington, D.C.: National Academy Press.

Phillips, D.A. & Bridgman, A. (1995). New Findings on Children, Families, and Economic Self-Sufficiency: Summary of a Research Briefing. Washington, D.C.: National Academy Press.

Piecyk, J.B., Collins, A., & Kreader, J.L. (1999). Patterns and Growth of Child Care Voucher Use by Families Connected to Cash Assistance in Illinois and Maryland. New York, NY: Columbia University, National Center for Children in Poverty.

Porter, T. (1998). Neighborhood Child Care: Relatives Friends and Neighbors Talk about Caring for Other People's Children. New York, NY: Bank Street College of Education, Center for Family Support, Division of Continuing Education.

Porter, T. (1991). Just Like Any Parent: The Child Care Choices of Welfare Mothers in New Jersey. New York, NY: Bank Street College of Education, Center for Family Support, Division of Continuing Education.

Presser, H.B. (1989). Some economic complexities of child care provided by grandparents. Journal of Marriage and the Family, 51, 581-591.

Siegel, G. and L. Loman (1991). Child Care and AFDC Recipients in Illinois: Patterns, Problems and Needs. Prepared for the Division of Family Support Services, Illinois Department of Public Aid. St. Louis, MO: Institute of Applied Research.

Smith, J.R. (1991). REACH/JOBS Participants "Approved Home" Child Care Survey. Trenton, NJ: State of New Jersey Department of Human Services, Division of Economic Assistance.

Sonenstein, F. and D. Wolf (1991). "Satisfaction with Child Care: Perspectives of Welfare Mothers," Journal of Social Issues, 47(2), 15-31.

U.S. Department of Health and Human Services, Administration on Children Youth and Families (1999). Child Maltreatment 1997: Reports from the States to the National Child Abuse and Neglect Data System. Washington, DC: U.S. Government Printing Office.

U.S. Government Printing Office (1996). Personal Responsibility and Work Opportunity Act of 1996 (Public Law 104-193).

Waite, L., Leibowitz, A, and Witsberger, C. (1988). What Parents Pay For: Child Care and Child Care Costs. Unpublished paper. Santa Monica, CA: Rand Corportation.

West, J., Wright, D.A. & Hausken, E.G. (1996). Statistics in Brief: Child Care and Early Education Program Participation of Infants, Toddlers, and Preschoolers. Washington, DC: National Center for Educational Statistics.

Willer, B., S. Hofferth, E. Kisker, P. Divine-Hawkins, E. Farquhar, and F. Glantz (1991). The Demand and Supply of Child Care in 1990: Joint Findings from the "National Child Care Survey 1990" and "A Profile of Child Care Settings". Washington, D.C.: National Association for the Education of Young Children.

Zinsser, C. (1991). Raised in East Urban: Child Care Changes in a Working Class Community. New York: Teachers College Press of Columbia University.