National Study of Child Care for Low-Income Families

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

Wave 1 Report

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

Prepared by
Jean I. Layzer
Barbara D. Goodson

Abt Associates Inc.
55 Wheeler Street
Cambridge, MA 02138

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

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

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

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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.

From individual families in these communities, we gathered information on how state and local policies and programs, as well as other factors, influence parents' decisions about child care, the stability and continuity of child care, the child care choices they make, and how these choices affect 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 use 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 portion of the study is the focus of this report.

Contents of this Report

This report presents findings from the first wave of data collection for the In-Depth Study of Family Child Care, a component 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 *parent and provider samples* for this interim report. The four chapters that follow focus on parents and their employment and child care experience. Chapters Four and Five describe the *employment schedules and child care arrangements* of the families in the study, including *parental considerations* in choosing a provider. Chapter Six examines *flexibility and stress* in the workplace and the child care arrangement. Chapter Seven describes *the relationship between parents and providers*. The remaining chapters focus on the family child care provider and her home as a child care environment. Chapter Eight *profiles the caregivers and the family child care homes*. Chapter Nine describes the *characteristics of the care environment*. Chapter Ten examines the nature of *caregivers' interactions with children*. Chapter Eleven describes *children's experiences in the family child care environment*, in terms of their activities and the level and quality of supervision. Chapter Twelve, deals more specifically and in depth with the *experience of the focus child*, the child whose use of family child care brought his or her family into the study. The report concludes with a discussion of key findings.

Volume 2 contains copies of the measures used for the study.

Chapter One: Background to the Study

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

How do children's experiences change over time?

The In-Depth Study was conducted in five of the 25 counties that are part of the National Study of Child Care for Low-Income Families. The five communities were 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 in Washington; and Franklin County in Massachusetts, the one rural county chosen.

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

Measures for the Study

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

Questionnaires

Parent Interview

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

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

	Number of Families/Focus Children					
	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

Provider Interview

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

School-Age Child Interview

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

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

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

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

Reliability of the Observation Measures

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

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

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

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

Recruiting the Sample

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

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

Recruiting Through Lists

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

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 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 CCR&R s and other referral agencies. We trained recruiters to give a brief presentation about the study, if invited by provider organizations or church groups.

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.

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 serve 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, and the Final Report that will follow it, provide 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: Description of the Parent and Provider Samples

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

Characteristics of Families and Focus Children

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

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

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

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

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

Exhibit 3-1: ADULTS IN THE HOUSEHOLD

Number of Adults by Ethnicity of Family

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

Source: Parent Interview

Exhibit 3-2: CHILDREN UNDER 18 IN THE HOME

Number of Children by Ethnicity of Family

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

Source: Parent Interview

Exhibit 3-3: HOUSEHOLD SIZE

Number of Household Members by Ethnicity of Family

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

Source: Parent Interview

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

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

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

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

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

Exhibit 3-4: RELATIVE CARE

Use of Relative Care by Ethnicity of Family

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

Source: Parent Interview

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

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

Exhibit 3-5: RECEIPT OF SUBSIDY

Receipt of a Child Care Subsidy by Ethnicity of Family

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

Source: Parent Interview

Characteristics of Providers

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

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

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

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

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

Exhibit 3-6: PROVIDER EDUCATION

Level of Education by Type of Home

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

Source: Provider Interview

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

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

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

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

Exhibit 3.7: PROVIDER TRAINING

Child Care or Early Education Training by Type of Home

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

[a] Including Child Development Associate (CDA) training

Source: Provider Interview

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

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

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

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

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

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

Percentage of Providers by Type of Home

	All Children Related to Provider %	Some Children Related to Provider %	No Children Related to Provider %	All Family Child Care Homes %
Licensing Status and Monitoring				
Licensed by state	13.6	92.7	90.5	73.4
Not licensed, receive subsidies	68.0	2.0	7.6	19.2
Not licensed, no subsidies	18.4	5.3	1.9	7.4
Memberships				
Family child care organization[a]	3.2	28.0	35.1	25.5
Sponsored group[b]	18.4	17.7	12.7	15.6
Child and Adult Care Food Program	18.4	17.7	12.7	15.6
Meet with other providers[c]	27.8	61.0	73.2	56.9
Sample size	*125*	*158*	*247*	*530*

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

Characteristics of the Homes

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

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

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

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

Average Number of Children by Type of Home

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

Source: Family Child Care Home Observation: Roster

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

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

Age Groups Enrolled by Type of Home

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

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

Source: Family Child Care Home Observation: Roster

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

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

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

Proportion of Subsidized Children by Type of Home

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

Source: Provider Interview

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

Exhibit 3-12:

Presence of Related Children In the Family Child Care Home

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

Source: Family Child Care Home Observation, Provider Interview

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

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

The type of adult present in the home was related to the type of home and the ages of children in the home. In relative care, formal assistants were less common, possibly because these homes tended to be smaller (Exhibit 3-13). Conversely, members of the provider's family were more likely to be present.

Exhibit 3-13: OTHER ADULTS PRESENT IN THE FAMILY CHILD CARE HOME

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

	All Children Related to Provider %	Some Children Related to Provider %	No Children Related to Provider %	All Family Child Care Homes %
Assistant(s)	4.8	26.4	29.4	22.1
Adult member(s) of provider's family[a]	48.8	27.2	24.6	29.8
Unrelated adult(s)[b]	2.7	3.5	3.1	3.1
Parent(s) of children in home[c]	4.1	6.3	3.8	4.5
Sample size	*147*	*262*	*144*	*553*

[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.
[c] Median = 0 % of time present

Source: Family Child Care Home Observation: Snapshot

Observed Ratio of Children to Providers. In this sample of family child care homes, the average observed ratio of children to providers was three children to one provider, including the provider's own children.[9] Ratios ranged from a single child with one provider to 13 children with a single provider. The majority of homes (80%) had five or fewer children with a provider, and 44 percent of homes had three or fewer children (Exhibit 3-14). The number of children a provider cared for was related to the ages of the children in the home. Homes in which all children were less than 3 years old had the lowest average ratio (1.7 children to a provider), while homes in which all children were school age had a higher average ratio -- 2.4 children to a provider. Very few homes had more than ten children with one provider. Among these latter homes, all but one provided care for multiple age groups, either infants through school-age or preschool through school-age. (The single exception was a home that cared only for school-age children.)

[9] Ratio is calculated on the basis of counts of adults and children present taken every 20 minutes in a half day of observation. The ratio for a home is the ***average*** ratio observed across the half day. The number of children includes all children observed in the home, including the provider's own children.

Exhibit 3.14: NUMBER OF CHILDREN PER ADULT IN THE FAMILY CHILD CARE HOME

Average Number of Children per Adult[a] by Ages of Children in the Home

	Children Per Adult Mean	Ratio Less than 3:1 %	Ratio between 5:1 and 3:1 %	Ratio between 8:1 and 5:1 %	Ratio between 10:1 and 8:1 %	Ratio over 10:1 %
Single Age Group						
All infants/toddlers	1.6	80	20	0	0	0
All preschoolers	1.2	88	12	0	0	0
All school-age children	2.1	65	24	9	0	2
Mixed Ages						
Infants/toddlers and preschoolers	2.8	49	36	14	0	1
Infants/toddlers and school-age	2.5	59	30	10	1	0
Preschoolers and school-age	3.1	49	33	11	5	2
All age groups	3.8	25	45	27	2	1
All homes	*553*	*44*	*36*	*18*	*1*	*1*

[a] Average number of children/adult computed across up to 15 records of numbers of children and adults present in the home over a half-day period.

Source: Family Child Care Home Observation: Snapshot

The average ratio varied not only by the ages of the children in care but also by the type of home (Exhibit 3.15). Homes in which all of the children were related to the provider had the fewest children per provider, on average. This held true regardless of the ages of children in the home.

Exhibit 3.15: NUMBER OF CHILDREN TO EACH ADULT IN THE FAMILY CHILD CARE HOME

Average Number of Children Per Adult[a] by Type of Home

	All Children Related to Provider Mean	Some Children Related to Provider Mean	No Children Related to Provider Mean	All Family Child Care Homes Mean
Single Age Group				
All infants/toddlers	1.3	2.0	1.7	1.6
All preschoolers	1.2	NA[b]	2.1	1.2
All school-age children	1.7	3.7	4.3	2.1
Mixed Ages				
Infant/toddlers and preschoolers	2.0	3.1	3.3	2.8
Infants/toddlers and school-age	2.1	2.6	3.1	2.5
Preschoolers and school-age	2.7	3.3	3.1	3.1
All age groups	3.3	3.8	3.9	3.8
All Homes	*2.1*	*3.2*	*3.3*	*2.8*

[a] Average number of children/adult computed across up to 15 records of numbers of children and adults present in the home over a half-day period.

[b] No homes with all preschoolers and some related children

Source: Family Child Care Home Observation: Snapshot

Ethnicity of Children and Providers. In 69 percent of the family child care homes in this sample, all of the children in the home shared the same ethnic background. Nearly half of the homes cared for only Black, non-Hispanic children, another 15 percent cared for only White, non-Hispanic children, and 6 percent contained only Hispanic children (Exhibit 3.16). The majority of Black providers (86%) cared for children who were also Black; a smaller proportion, but still a majority, of Hispanic providers cared for children who were Hispanic (62%). White providers, on the other hand, were as likely to care for children from different ethnic groups as they were to care for White children. Homes in which all children were related to the provider had the highest proportion of homes with only one ethnic group represented by the children – 94 percent. This compares with 75 percent of homes in which some children were not related to the provider, and 54 percent of homes in which none of the children were related to the provider.

Exhibit 3-16: ETHNICITY OF CHILDREN AND PROVIDER IN THE FAMILY CHILD CARE HOME

Percentage of Homes with Single Ethnicity 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	43.6	0.0	7.0	6.9	15.2
All children Black, non-Hispanic	2.4	86.4	6.8	10.3	47.8
All children Hispanic	2.4	0.0	61.9	0.0	6.0
Children of Mixed Ethnicities					
Mix of ethnic groups[b]	51.5	13.5	22.3	82.7	31.0
Sample size	*163*	*286*	*41*	*29*	*519*

[a] Includes Asian, American Indian, Alaska native, Native Hawaiian, other Pacific Islander
[b] Mix of children from among Asian, American Indian, Alaska native, Native Hawaiian, other Pacific Islander, Black Non-Hispanic, White Non-Hispanic, Hispanic

Source: Provider Interview

Children with Special Needs.[10] Twenty-six percent of the homes had at least one child with special needs enrolled. Providers who did not care for relatives' children were more likely to care for a special needs child. Approximately 30 percent of these homes had a special needs child enrolled, while only 16 percent of homes with relative care served a child with special needs.

[10] 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.

Chapter Four: Parents' Employment Patterns and Schedules

In this 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.

Mothers' Employment

Almost all (91%) of mothers in the study were working at a paid job. Only a very small percentage (<3%) 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%). Eleven 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 4.1 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 4-1: EMPLOYMENT STATUS OF MOTHERS

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 (job search assistance)	6.3	3.1	3.7	5.2
Sample size	*383*	*128*	*107*	*618*

Source: 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 4.2).

Exhibit 4-2: WORK SCHEDULES

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	*351*	*115*	*93*	*559*[a]

a. Sample is employed mothers only.

Source: Parent Interview

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 4-2 and 4-3). Mothers working non-standard hours were somewhat more likely to use relatives as caregivers (Exhibit 4-4).

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 (working and non-working combined) spent an average of 38 hours a week outside the home in work-related activities. (Exhibit 4-5).

Exhibit 4-3: WORK SCHEDULES

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: Parent Interview

Exhibit 4-4: WORK SCHEDULES

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: Parent Interview

Exhibit 4-5: MOTHERS' HOURS AWAY FROM HOME

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: 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.

Mothers' Wages

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 4-6). Mothers who used a relative to care for their child(ren) had a lower hourly wage than those who used an unrelated caregiver (Exhibit 4-7).

Work-related Benefits

More than one-quarter (26%) of employed mothers reported that they receive 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 offer life insurance and/or a retirement plan.

Exhibit 4-6: MOTHERS' HOURLY WAGES

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: Parent Interview

Exhibit 4-7: MOTHERS' HOURLY WAGES

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: 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.

Summary of Findings

The majority of mothers in the study worked full-time, at a single job. 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.

Mothers worked an average of 33 hours a week and spent a average of 38 hours a week outside the home in work-related activities.

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.

Chapter Five: Child Care Arrangements

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.

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 an earlier chapter, parents' work schedules 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, 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.

Most of the focus children (90%) were in a single full-time child care arrangement;[11] 7 percent had two concurrent arrangements and the remainder were in three or four arrangements.[12] Since birth, more than one-third (34%) of the focus children had been in a single care arrangement, 26 percent had had two care arrangements, 25 percent had had three or four arrangements, and the remainder (15%) had had five or more arrangements.[13] Almost half (46%) of Hispanic children had been in a single care arrangement since birth, compared with 38 percent of Black children and 17 percent of White children (Exhibit 5.1). Children cared for by relatives had a somewhat more stable child care history than those cared for by non-relatives. Almost half (45%) of the children in relative care had been in a single care arrangement since they were born, compared with 27 percent of children in non-relative care (Exhibit 5-2).

[11] We did not include school or care by one or other parent in these calculations; other studies often include both in the calculation.

[12] Even with the explanation given above, this percentage is higher than that found in other studies.

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

Exhibit 5-1: 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	17	38	46	28	34
Two care arrangements	30	28	20	15	26
Three or more care arrangements	53	34	34	56	40
Sample size	*135*	*308*	*90*	*39*	*572*

Source: Parent Interview

Exhibit 5-2: CHILD CARE EXPERIENCE OF FOCUS CHILD

Number of Care Arrangements Since Birth by Use of Relative Care

	Relative Care %	Non-Relative Care %	All Children %
Single care arrangement	45	27	34
Two care arrangements	25	27	26
Three or more care arrangements	30	46	40
Sample size	*212*	*360*	*572*

Source: 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 all the parents (who at this time were all using family child care)would have preferred a different arrangement. About half (49%) 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 (15%), or to stay home to care for the child themselves (5%).

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 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%).[14] 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 5-3).

Exhibit 5-3: 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	*193*	*185*	*247*	*618*

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

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

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

Exhibit 5-4: 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 = 615 parents)

Source: Parent Interview

Exhibit 5-5: 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 = 615 parents)

Source: Parent Interview

Exhibit 5-6: 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 = 615 parents)

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 5-7). Parents of infants were less likely to know about child care options than parents of older children.

Exhibit 5-7: 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 = 615 parents)

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 5-8). 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 5-9).

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 5-10).

Exhibit 5-8: 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 of Home	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	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 = 618 parents)

Sources: Parent Interview

Exhibit 5-9: IMPORTANCE OF CHARACTERISTICS OF CHILD CARE ARRANGEMENT

Percentage of Parents at 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 = 618 parents)

Sources: Parent Interview

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

Exhibit 5-10: 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	*221*	*391*	*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 5-11). This is a smaller percentage than has been found in some earlier research (Hofferth et al., 1995 in Phillips and Budgman, 1995).

Paying for Child Care

Although the majority of families in this sample were receiving a child care subsidy, only 22 percent paid nothing for their child care. Nine percent of parents who did not receive subsidies paid nothing for their child care compared with 19 percent of subsidy recipients. 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 5-12).

Exhibit 5-11: 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	*221*	*391*	*612*

Sources: Parent Interview

Exhibit 5-12: 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.[15] 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 of most or all of the families that receive subsidies, they usually do not monitor the payment and act only if the provider

[15] 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.

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, 78 percent of the families in this sample were receiving a child care subsidy at the time they were recruited. Of the remaining 22 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[16] (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%).

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

Summary of Findings

Child care arrangements had been stable for the majority of the focus children in the study; more than half had had two or fewer different arrangements since birth. Almost half of the children cared for by relatives had been in a single care arrangement since birth.

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 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 Six: 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

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.

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.

Conflicts between Job and Family Demands

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. Perhaps more revealing were the parents' feelings about how their jobs affect their family lives (Exhibit 6-1). 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.17 Overall, about a third of parents (32%) reported that a description of balancing work and family as "difficult" was somewhat or very true (Exhibit 6-2).

Exhibit 6-1: 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=560 parents)

Source: Parent Interview

Exhibit 6-2: 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 cause 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=560 parents)

Source: Parent Interview

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

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

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.

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 6-2). 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 can 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 6-3). 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 6-3: 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=616 parents)

[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.

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 Seven: The Relationship Between the Parent and the Family Child Care Provider

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 7-1). 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 (71% of each group). Over half of the respondents in both groups reported that they were friends and saw each other socially, although more parents felt this way than providers (83 percent versus 55%). About half of the parents reported that their provider had made special arrangements to help them out with work or family problems or had helped them out in other ways, such as lending them a car.

Parents reported a low incidence of critical interactions or disagreements. Eleven percent said that their provider had been critical of them as a parent or as a person and about 9 percent reported having had a disagreement with their provider. Slightly more providers report disagreements (14%), 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 7-2). 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 7-1: 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 %
Positive Feelings		
Talk about how child is doing	93.4	93.2
Share personal feelings	71.3	71.4
Consider other person a personal friend	54.7	82.6
Get together socially	56.3	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	13.9	9.2
Disagreement about child rearing	12.5	8.6
Disagreement about money	6.4	4.0
Disagreement about pick-up time	6.3	5.0
Been critical of each other as person or as parent/provider	7.0	11.0
Provider resents parent as working mother	--	3.3
Sample size	*532*	*616*

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 7-3).

Exhibit 7-2: 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 %
Positive Feelings				
Talk about how child is doing	92.5	92.4	93.9	93.7
Consider other person a personal friend	95.0	93.3	57.0	76.6
Share personal feelings	81.5	85.2	65.2	63.5
Get together socially	93.5	94.2	33.7	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	12.5	21.5	3.7	5.1
Any disagreement	23.6	16.4	8.1	6.8
Disagreement about child rearing	22.0	14.1	6.7	5.3
Disagreement about money	9.5	5.9	4.6	3.0
Disagreement about pick-up time	7.5	8.5	5.5	3.0
Provider resents parent as working mother	--	6.1	--	1.8
Sample size	*193*	*223*	*339*	*393*

Sources: Parent Interview, Provider Interview

Exhibit 7-3: 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]	4.3	4.1	4.2
Friendship with parent[c]	4.3	4.0	4.1
Mutual respect between parent, provider[d]	4.2	3.8	4.0
Communication[e]	4.2	4.1	4.1
Total score[f]	4.2	4.0	4.1
Sample size	*193*	*339*	*530*

[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 are 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 7-4).

Exhibit 7-4: 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	*223*	*393*	*616*

[a] Parents in sample are parents of focus children in study, i.e., one per family and one per family child care homes.
[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 Eight: The Family Child Care Providers

In this chapter we turn to family child care providers and their homes. The chapter discusses provider attitudes about child care and provider perceptions of the advantages and disadvantages of family child care for parents and for themselves as providers.

In addition, the chapter describes some of the features of the family child care homes: the schedule for providing care and the flexibility of that schedule, arrangements for when a child or caregiver is sick, the amount of turnover in enrollment, fees charged for care and variations in payments received by the providers in the sample. Again, differences between homes with children related to the provider and those with unrelated children are examined, as well as differences between homes with various age configurations of children.

Reasons Providers Care for Children

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 8-1). Providers of relative care cited their desire to help relatives or friends as the main reason for initially going into family child care. For other providers, the reason given most frequently was to be able to have a job while staying at home with their own children. For all types of providers, enjoyment of children was high on the list of reasons for providing family child care. 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 8-2). 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 8-1: MAIN REASON PROVIDERS START OUT IN FAMILY CHILD CARE

Percentage of Providers by Type of Home

	All Children Related to Provider	Some Children Related to Provider	No Children Related to Provider	All Family Child Care Providers
	%	%	%	%
Stay home with own children	14.8	37.8	47.9	38.4
Enjoyment of children	24.6	19.2	17.1	19.5
Help relatives/friends	39.3	14.7	5.4	16.2
Fill need for good child care	7.4	9.6	8.3	8.5
Make money	3.3	4.5	8.8	6.2
Have own business	0.8	4.5	4.2	3.5
Had taught in child care center	4.1	0.6	2.9	2.5
Trained/experienced in child care	3.3	1.3	1.7	1.9
Playmates for own children	0.8	1.9	1.2	1.4
Religious calling	0.8	2.6	0.4	1.2
Sample size	*122*	*156*	*240*	*518*

Source: Provider Interview

Exhibit 8-2: MAIN REASON PROVIDERS CONTINUE IN FAMILY CHILD CARE

Percentage of Providers by Type of Home

Main Reason	All Children Related to Provider	Some Children Related to Provider	No Children Related to Provider	All Family Child Care Providers
	%	%	%	%
Enjoyment of children	26.6	51.7	48.7	43.2
Stay home with own children	11.7	12.9	22.7	17.3
Help relatives/friends	41.7	9.5	5.2	15.3
Fill need for good child care	8.3	12.2	11.4	10.9
Make money	4.2	4.1	7.4	5.6
Have own business	0.8	5.4	3.5	3.4
Teach children what they need	1.7	0.7	0.4	0.8
Other reasons[a]	5.0	3.4	0.7	3.4
Sample size	*120*	*147*	*229*	*496*

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

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 8-3). Almost two-thirds of the providers believed it is advantageous for a child to be cared for in a setting that is more like the child's own home. Also, more than half of the providers believed that 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 are that he or she can be with siblings (26%) or with children of different ages (15%).

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

Percentage of Providers by Type of Home[a]

	All Children Related to Provider %	Some Children Related to Provider %	No Children Related to Provider %	All Family Child Care Providers %
Parent Needs				
Flexibility of hours/match parent's schedule	32.8	49.0	48.4	45.0
Siblings can be in same place	19.3	34.2	25.0	26.4
Lower cost	14.3	27.1	19.3	20.5
Care is close to child's home	3.4	11.0	13.5	10.4
Children can stay in care if ill	0.8	0	1.2	0.8
Any parent need (above)	70.6	89.0	84.4	82.6
Parent/Provider Relationship				
Provider is like family member	28.6	30.3	35.2	32.2
Can help parent and child	24.2	19.4	20.5	21.0
Provider shares parent values	12.6	14.2	15.2	14.3
Parents know, trust provider	3.4	0.7	2.9	2.3
Any aspect of parent/provider relationship (above)	50.4	45.8	48.8	48.3
Child Care Environment				
Care is like a home	54.6	63.2	66.8	62.9
More individual attention	37.8	67.7	61.9	58.1
Children of mixed ages	6.6	14.8	19.7	14.7
Safe, healthy environment	0	3.2	3.3	2.5
Consistent care with 1 provider	0	0.6	1.2	0.8
Any aspect of care environment	71.4	89.7	87.7	84.6
Sample size	*119*	*155*	*244*	*518*

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

Source: Provider Interview

The major advantage for ***parents*** (cited by 45% 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 (21%); 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 14 percent and 32 percent of providers, respectively. Further, about one-fifth (21%) of providers saw themselves as a resource for parents as well as children.

Providers in different types of family child care homes perceived different advantages of family child care. Providers who cared only for related children were less likely to identify individual attention for children as an important advantage (38% versus more than 60% among other providers). They were also less likely to mention flexibility of hours as an advantage for parents (33% versus more than 40% for other providers). Indeed, these providers came up with fewer advantages overall, suggesting that this was not a question to which they had given as much thought, compared with providers caring for unrelated children.

Advantages of Being a Family Child Care Provider

Providers were asked about the advantages to them of being family child care providers. For providers who cared only for related children, helping others was the most important advantage of being a family child care provider (Exhibit 8-4). Different ways of helping others (helping children learn, helping out young parents) were cited by 68 percent of these providers, compared with 57 percent of providers who cared for both unrelated and related children and 52 percent of providers who cared only for unrelated children.

For providers who cared for unrelated children, different characteristics of the job itself were the most important advantages, including working for oneself while still being a teacher and not having to worry about standard job requirements such as business attire (72% compared with 41 percent of those who care only for related children). Being able to stay home with one's own children was cited as an advantage by almost half (47%) of the providers.[18] It was more of a factor for providers who cared for unrelated children (58%) than for providers who cared only for related children (24%), most of whom were grandparents.

[18] 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.

Disadvantages of Being a Family Child Care Provider

Most providers (76%) saw no personal disadvantage to the caregiver role; unrelated providers were even less likely (92%) to perceive any disadvantages (Exhibit 8-5). The most commonly identified disadvantages were personal stresses. Nineteen percent of caregivers mentioned some personal stress, although less than half as many of the providers caring for only related children mentioned any personal disadvantages. The stresses mentioned most often were insufficient personal time (10%) and wear and tear on their home (10%). Professional disadvantages were mentioned by 9 percent of providers, but primarily by providers caring for unrelated children. Problems with parents were cited by unrelated providers but not by providers who cared for related children.

Exhibit 8-4: PERSONAL ADVANTAGES TO PROVIDERS OF FAMILY CHILD CARE

Percentage of Providers by Type of Home[a]

	All Children Related to Provider %	Some Children Related to Provider %	No Children Related to Provider %	All Family Child Care Providers %
Job Characteristics				
Feel independent	18.6	29.9	45.5	38.3
No business attire or traffic	10.3	24.3	26.4	22.5
Being a teacher but working for self	12.4	19.6	20.4	18.5
Feel like professional	8.2	8.1	14.5	11.2
Like working from home	1.0	2.7	3.8	2.9
Need/like the money	4.1	1.4	0.8	1.7
Any job characteristic (above)	41.2	60.8	71.5	62.1
Helping Others				
Can teach children things they need	47.4	42.6	37.9	41.2
Can help young parents	41.2	29.7	23.8	29.2
Enjoy working with children	0	7.4	9.8	7.1
Any aspect of helping others (above)	68.0	56.8	51.9	56.7
Benefits to Own Family				
Can stay at home with own children	23.7	44.6	58.3	47.1
Like caring for family members	4.1	0.7	0.8	1.5
Any benefit to own family (above)	26.8	45.3	59.2	48.3
Sample size	*97*	*148*	*235*	*480*

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

Source: Provider Interview

Exhibit 8-5: PERSONAL DISADVANTAGES OF PROVIDING CHILD CARE

Percentage of Providers by Type of Home[a]

	All Children Related to Provider %	Some Children Related to Provider %	No Children Related to Provider %	All Family Child Care Providers %
Personal Life				
Wear and tear on home	3.1	8.1	14.9	10.4
Not enough personal time	5.2	10.1	11.9	10.0
Not enough time for own children	0	2.7	3.4	2.5
Always at home/isolated	0	0	1.3	0.6
Any aspect of personal life[b]	8.2	16.9	24.3	18.8
Problems with Parents				
Parents pick up children late	0	2.0	6.8	4.0
Parents change schedules	0	1.4	5.5	3.0
Parents don't respect provider	0	1.4	5.1	2.9
Parents don't pay	0	6.1	1.3	2.5
Parents pay late	0	0	3.4	1.7
Transportation problems for kids	0	2.9	0	0.8
Any problem with parents	0	6.1	15.7	9.6
Professional Life				
Not paid enough	2.1	6.1	8.5	6.4
Not seen as a professional	0	0.7	5.5	2.9
Any aspect of professional life[c]	2.1	6.1	13.6	9.0
Difficulties of Job				
Hard to treat children the same	1.0	0	0.4	0.4
Licensing standards are too high	0	0.8	0.4	0.4
Any difficulty of job[d]	1.0	0.8	1.7	1.3
No disadvantages mentioned	92.2	77.8	66.7	76.1
Sample size	*97*	*148*	*235*	*480*

[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

Stresses on Providers

Providers were asked about various kinds of stresses related to their jobs (Exhibit 8-6). 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 kinds of stress they experienced in the preceding three-month period, most providers did not report mental health issues. The most commonly-cited, identified by a quarter to a third of providers, were; insufficient time for themselves; being unable to get everything done that they wanted to; and 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 25 percent of providers. Although providers in different types of homes did not give answers that were very different, fewer providers who cared for only related children reported feeling stressed compared with other providers.

Exhibit 8-6: STRESSES FOR FAMILY CHILD CARE PROVIDERS

Percentage of Providers by Type of Home

	All Children Related to Provider %	Some Children Related to Provider %	No Children Related to Provider %	All Family Child Care Providers %
Feelings of Stress in Last 3 Months[a, b]				
Insufficient time for self	20.0	32.9	45.7	35.8
Unable to get everything done	21.6	28.5	40.8	32.6
Felt used up at end of day	13.7	24.1	29.6	24.2
Insufficient time for family	11.2	18.9	24.7	19.6
Felt tired when facing work day	15.2	13.3	21.4	17.5
Felt burned out by work	9.6	11.4	14.2	12.2
Lack of energy to do things	7.2	13.9	15.0	12.8
Not been in a good mood	5.6	8.9	14.2	10.6
Felt nervous or stressed	4.0	8.2	4.8	5.7
Work/Family Conflicts				
Need to do housework while working with the children	64.2	64.7	62.8	63.7
Own children resent children in care	20.0	34.7	42.0	35.0
Parents picking up late	9.8	36.5	46.3	34.8
Parents who bring sick children	18.3	26.1	39.9	28.4
Other family members resent disruption	8.6	24.8	28.3	22.6
Other conflicts	1.7	8.3	14.5	9.6
Areas of Life Creating Stress[c, d]				
Personal or family finances	46.8	48.1	4.9	50.9
Providing care for children	24.8	39.5	45.9	39.0
Own health	40.8	34.2	35.8	36.5
Family relationships	31.2	30.4	27.8	34.0
Health of family members	29.6	25.4	30.7	28.8
Care of family member w/ disability	17.2	14.9	11.8	14.1
Sample size	*125*	*158*	*249*	*532*

[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

On the other hand, many providers said that they experienced conflicts between their responsibilities to their families and to the children they care for. More than 60 percent of all providers reported needing to do their own housework or errands while caring for children. More than a third of providers had problems with parents picking up their children late, and more than a quarter of providers had problems with parents who leave 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 the child care in the home (23%). Work/family conflicts were reported half as frequently by providers who cared only 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. About half of all providers said that personal or family finances cause "some" or "a lot" of stress. Three other areas of stress for at least a third of providers were: caring for their own children; the providers' own health; and relationships in their own families.

Income From Child Care

Average annual income from child care was $19,000, which represented just over half (53%) of the average annual household income for these providers (Exhibit 8-7). The average across all providers masks large differences among providers in the proportion of household income that came from child care . For providers who cared only for related children, the average annual income from child care was $4,000, compared with $21,000 a year for providers who cared for a mix of related and unrelated children and $23,000 a year for providers who cared for unrelated children only. One reason that relative caregivers received less income from child care is that they were much less likely to receive cash payments from parents, or they were paid token amounts for the care provided. The income from child care for the three groups of providers represented 28 percent, 63 percent, and 60 percent of their household income, respectively.

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

Average and Median by Type of Home

	All Children Related to Provider	Some Children Related to Provider	No Children Related to Provider	All Family Child Care Providers
Annual household income				
●Median income	$16,000	$30,000	$39,000	$28,500
Annual income from child care				
●Mean income	$4,083	$20,556	$23,299	$19,200
●Median income	$2,000	$19,999	$18,000	$16,000
Income from child care as % of household income				
●Mean proportion of HH income	27.6	63.2	59.8	56.4
●Median proportion of HH income	13.3	63.1	56.4	50.0
Sample size	*125*	*158*	*249*	*532*

Source: Provider Interview

Aspects of the Care Arrangement

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

Schedule of Care

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

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

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

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

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

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

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

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

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

Source: Provider Interview

Care Arrangements for Children who are Sick

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

emergency (Exhibit 8-9). Almost half (42%) 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 has a severe cough. Less than one-third (29%) were willing to have parents leave a child with a rash.

Providers who cared for all related children were more willing to take care of feverish children than providers who care for unrelated children (60% vs. 44% and 33%) and twice as likely to care for a child with a rash (51% vs. 21% and 23%), probably because they assumed that siblings would already have been exposed.

Almost all providers (93%) were willing to administer prescription medicines to a child, and almost as many (88%) were willing to administer over-the-counter drugs when necessary; and this was true for all types of homes.

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 26 percent of all caregivers said that they do not provide care when sick, and this proportion was similar across all types of homes. The majority of providers (59%) found someone to cover for them when they are sick; and a much smaller number (15%) continued to provide care when they are sick. Responses varied little among different types of homes and providers.

Emergency Procedures

Almost all providers had procedures in place for medical or household emergencies. At least 90 percent of providers had a list of doctors' phone numbers for all children, medical release forms for all children in case emergency medical care is needed, and a plan in place in case a child in care needs emergency medical care. In addition, nearly all providers had a list of persons to whom a child could be released. A smaller proportion of providers who cared only for related children had medical release forms for all children in care and actual lists of persons who could pick up children.

Exhibit 8-9: ARRANGEMENTS FOR SICK CHILDREN, PROVIDER ILLNESS, AND EMERGENCIES

Percentage of Providers by Type of Home

	All Children Related to Provider %	Some Children Related to Provider %	No Children Related to Provider %	All Family Child Care Homes %
When Child is Sick				
Allow parents to leave child with:				
Feverish appearance	59.7	43.6	32.6	42.2
Severe cough	63.1	47.1	50.6	52.6
Rash	51.2	20.6	23.1	28.9
Administer medicines to child:				
Over-the-counter medicines	86.4	88.6	88.3	88.0[a]
Prescription medicines	93.6	91.8	93.1	92.8[b]
Sick children are separated[c]	65.8	68.8	68.0	67.8[d]
When Provider is Sick				
No care provided	23.1	21.0	30.4	25.8
Provider finds another caregiver	61.2	64.2	55.4	59.4
Provides care anyway	15.7	14.9	14.3	14.8
Emergency Procedures				
Keeps phone number of each child's doctor	80.8	89.9	92.7	89.1[e]
Medical release for each child	74.4	93.0	95.6	89.8[d]
Plan in case a child needs emergency medical care	94.4	100.0	98.8	98.1
List of person child can be released to	67.2	97.5	98.4	95.5[g]
Plan in case of fire	96.8	99.4	99.2	98.7
Sample size	*125*	*158*	*247*	*530*

[a] An additional 10% 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 14% responded "sometimes" put in separate room.
[e] An additional 8% say that they have doctor's phone number for "some but not all children."
[f] An additional 8% say they have a medical release for "some but not all children."
[g] An additional 4% say that they have a list for "some but not all children."

Source: Provider Interview

Turnover and Replacement of Children in Care

The child population in these homes was pretty stable. More than two-thirds (69%) of providers reported that, in a specific three-month period, no children left care; and more than half (57%) reported that no new children entered the home in the same period. In almost 10 percent of homes, a single child left the home during the three-month period, and in 15 percent a new child entered the home. The remaining 20 percent of homes experienced substantial turnover; in almost 12 percent, two or three children left the home in a three-month period, and in 18 percent, two or three new children entered the home. In 7 percent of

homes, between four and six children left the home and a similar number of new children entered the home.

Fees for Care

Across all types of homes, the average weekly fee charged for child care was $83.17. The average weekly fee charged for relative care was $60.03.

Most providers charge varying fees, depending on a range of factors (Exhibit 8-10). Nearly half of all 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. Between 30 percent and 40 percent of providers took family income into account when setting fees and charged extra for picking up and/or dropping off children.

Other factors cited by about one-quarter of providers as reasons for varying parent fees were: whether an agency was paying for the care; or whether meals or diapers were provided.

Exhibit 8-10: REASONS FOR VARIATION IN FEES CHARGED FOR CARE

Percentage of Providers by Type of Home

	All Children Related to Provider %	Some Children Related to Provider %	No Children Related to Provider %	All Family Child Care Homes %
Provider does not vary fees	40.0	30.4	17.7	26.1
Reasons for varying fees:				
Number of children from same family	22.9	56.1	49.7	47.0
Family income	42.0	36.1	36.5	37.6
Relationship of provider to family	27.7	26.6	20.0	23.7
Hours/week child is in care	50.0	43.5	51.6	48.8
Child's age	46.5	43.2	51.0	47.7
Child is not yet toilet trained	31.2	18.8	14.4	19.4
Child has handicap	26.2	17.7	16.4	19.1
Outside agency is paying for care	22.3	28.5	28.8	27.3
Special services are provided for child:				
Diapers	20.8	9.6	6.8	10.9
Meals	28.0	11.5	13.3	16.2
Transportation	28.2	11.5	6.1	12.8
Sample size	*125*	*158*	*249*	*532*

Source: Provider Interview

Summary of Findings

The ability to work at home while raising young children motivated many providers; however, for those who were caring for a relative's children, a desire to help out a family member was the dominant reason.

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 was seen as the major advantage.

The average weekly fee for care was $83.17. For care by a relative, the weekly fee was $60.03.

Average annual income from child care was $19,000, representing just over half of average annual household income. For those who cared only for related children, the average annual income from child care was much lower—$4,000 compared with $23,000 a year for providers with no related children in care.

Family child care homes provided care on average for 13 hours a day, 67 hours a week year-round. About half offered weekend or off-hours care and almost half would accommodate irregular schedules. Almost half were willing to take care of children when they were sick.

Just over one-third of the providers felt stressed by the lack of personal time and the demands placed on their time. A similar proportion reported resentment of the children in care on the part of other family members. These kinds of stresses were much less frequent for providers who care only for the children of relatives.

Chapter Nine: The Family Child Care Environment

This chapter, and the ones that follow it, present findings from our analyses of observational data collected in each of the family child care homes. This chapter describes the physical environment: the adequacy and comfort of the space used by children; the safety of the home, both in terms of physical safety and of health concerns; and the resources and materials available to children in the homes.

Space in Homes

Virtually all of the family child care homes—88 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 53 percent of homes, all of the space that was used for child care was shared with the family, while, in another 35 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 four or five 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 9-1). 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.[19] On all six aspects of space, the majority of homes received the highest rating.

Exhibit 9-1: SPACE AND COMFORT IN THE FAMILY CHILD CARE HOME

Distribution of Ratings and Average Score for Environmental Space and Comfort

	Rarely/Never %	Sometimes %	Consistently %
Space	Average rating = 2.6 out of 3.0		
Children can use what they can reach	8	20	72
Enough space, not cramped	11	19	70
Comfortable, cozy space available[a]	15	NA	85
Space to work, play without interference[b]	10	20	70
Area for active play	12	18	70
Space for children learning to walk	2	17	81
Comfort	Average rating = 2.6 out of 3.0		
Lighting is sufficiently bright	4	18	78
Setting does not smell[a]	7	NA	93
Comfortable level of background noise	2	10	88
Television is off	41	31	28
Total score for space and comfort	Average rating = 2.6		

Sample size (n = 554 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, on the summary rating for environmental comfort, the overall rating was high—2.6 out of 3. Also, on three of the four items, the majority of homes were rated at the highest level: adequacy of lighting, absence of odors and level of background music. There was one aspect of comfort for which 41 percent of the homes received a low rating—the amount of time that the television was on. In these homes, the television was never or rarely turned off. The adequacy of the space and its comfort did not vary by type of home or by the age mix of children in the home.

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 these materials for children of different ages.

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

Indoor Play Materials

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

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

Distribution of Ratings and Average Score for Indoor Play Materials

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

Sample size (n=554 homes)

[a] Rated only if any children of that age enrolled.
[b] Infants = birth - 11 months, toddlers = 12 - 35 months, preschool = 36 - 59 months, .school-age = 60 months and older.
[c] item coded as only "No" or "Yes" with no code for "Some".

Source: Family Child Care Home Observation: Environment Checklist

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

Outdoor Play Materials

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

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

Health and Safety in Homes

Indoor Health and Safety

The family child care homes in the study are, on average, safe and healthy places for children (Exhibit 9-3). Their overall score of 2.721 for indoor health and safety indicates there was consistent evidence of good health practices, as defined by national pediatricians' groups. None of the areas rated within the category 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 half had doors on bedrooms and bathrooms used by the children that could be locked from the inside. A quarter of the homes failed to follow consistent health practices for children's hand washing and, in a third of the homes, providers did not use universal health precautions when dealing with blood. There were no large differences in rating scores for indoor health and safety by type of home or age of children in the home.

Dangerous Situations

Ten critical safety issues in homes were singled out for attention in the observations and ratings as posing particular dangers for children (Exhibit 9-4). Although the majority of homes had at least one of these dangers present, only one danger was consistently observed across a majority of homes: failure to have fire evacuation procedures posted. 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 is going to do in case of fire. However, if there are other adults present in the event 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 more than a third of the homes—unlocked cabinets where unsafe items were kept and an insufficient number of fire extinguishers. Guns were rarely reported (in less than one percent of homes overall). Although guns were not kept in places accessible to children, they were not always kept in locked closets.

The proportion of homes with any dangerous situation differed by the type of home. Homes with all related children in care were more likely to present dangerous situations to children, compared with other homes. Whereas 97 percent of the homes with all related children had at least one dangerous situation, the comparable percentages for homes with some related children and for homes with no related children were 70 percent and 60 percent, respectively. 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 all related children compared with other types of homes.

[21] A score of 1 = rarely safe, 2 = sometime safe, 3 = consistently or usually safe.

Exhibit 9-3: INDOOR HEALTH AND SAFETY IN THE FAMILY CHILD CARE HOME

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

	Rarely/ Never %	Sometimes %	Consistently %
Furnishing and Equipment	Average rating = 2.8 out of 3		
Equipment in good repair	2	13	85
Windows safety guarded[a]	4	8	88
Any toy chest is safe[a]	1	NA	99
Climbing structures have soft cushioning underneath[a]	2	NA	98
No infant walkers[a]	9	NA	91
Safe use of wood stove, space heater, fireplace[a]	3	NA	97
Portable space heaters not used for heating[a]	2	NA	98
Hot items out of children's reach[a]	4	NA	96
No latex balloons[a]	3	NA	97
Small objects out of reach of children under 3 years[a]	14	NA	86
Electric fans safely covered or inaccessible[a]	4	NA	96
Electrical outlets covered when not in use[a]	55	NA	45
Exits and Stairs	Average rating = 2.6 out of 3		
Two exits on each floor used by children[a]	24	NA	76
Indoor stairs closed off at top and bottom (if infants) [a]	20	NA	80
Exits usable and unobstructed[a]	5	NA	95
Bathroom, bedroom doors cannot be locked[a]	54	NA	46
Stairs with 3+ steps have safe railings	3	5	92
Pets	Average rating = 2.9 out of 3		
Pets in good health, even-tempered, or inaccessible	3	NA	97
Litter boxes, food dishes, pet toys out of reach	8	NA	92
Food Preparation, Toileting	Average rating = 2.8 out of 3		
Food stored, prepared, served in sanitary manner	2	9	90
Meals, snacks are nutritious	3	11	87
Meals, snacks sufficient in quantity	2	7	92
Cooking appliances used safety	3	8	90
Dishwashing is sanitary	2	6	92
High chairs are safe[a]	4	NA	97
Children sit down to eat meals	8	10	82
Children helped to learn to feed themselves	6	14	81
Children held during bottle-feeding	16	28	56
Adults wash hands before preparing food, eating	9	16	75
Children wash hands before eating, after toileting	22	19	59
Universal health precautions if handling blood	33	NA	67
Hands washed with soap, gels; individual towels[a]	25	19	56
Children safe and secure at sink	17	12	71
Sink used for food preparation only or disinfected[a]	7	5	88
Diapering/toileting separate from food areas[a]	4	NA	96
Children kept safe on changing table[a]	3	NA	97
Diaper containers are kept covered, out of reach	13	NA	87
Diapers checked at least every 1.5 hours	13	35	52
Naps	Average rating = 2.7 out of 3		
No bottles while children lying down[a]	19	NA	81
Safe sleeping arrangements for babies	9	15	76
Cribs meet safety standards	2	5	93
Sample size (n=554 homes)			

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

Source: Family Child Care Home Observation: Environment Checklist

Exhibit 9-4: DANGEROUS SITUATIONS IN THE FAMILY CHILD CARE HOME

Percentage of Homes by Type of Home

	All Children Related to Provider %	Some Children Related to Provider %	No Children Related to Provider %	All Family Child Care Homes %
Gun(s) in home	1.0	0.0	0.0	0.2
Unsafe items in unlocked lower kitchen cupboards	66.7	33.0	27.7	38.0
Insufficient smoke detectors	40.7	14.6	10.4	19.8
Insufficient fire extinguishers	74.3	20.6	24.1	36.6
No posted fire evacuation procedures	95.2	55.0	55.1	65.9
Inadequate first aid kit	35.0	2.2	2.0	10.6
Drugs, prescriptions in reach of children	3.4	3.4	2.7	3.1
Smoking in children's presence	17.0	4.1	2.7	6.9
Matches, lighters in reach of children	6.1	0.0	1.2	2.2
Poisonous, dangerous substances	13.8	9.0	9.0	10.2
Any dangerous situation	96.6	70.3	63.6	74.1
Sample size	*147*	*263*	*144*	*554*

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 9-5). 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 9-6). There were no consistent differences on ratings of outdoor health and safety associated with the type of home or the age mix of children in the homes.

Exhibit 9-5: OUTDOOR HEALTH AND SAFETY IN THE FAMILY CHILD CARE HOME

Average Rating by Type of Home

	All Children Related to Provider Mean	Some Children Related to Provider Mean	No Children Related to Provider Mean	All Family Child Care Homes Mean
Outdoor stairs have safe railings	2.9	2.9	2.9	2.9
Equipment safe and in good repair	2.2	2.7	2.8	2.7
Play equipment safely spaced	1.9	2.8	2.5	2.6
Swings safely constructed	3.0	3.0	2.9	3.0
Play space free of dangerous materials	2.5	2.8	2.8	2.7
Sand box covered when not in use	3.0	2.9	2.7	2.8
Play space enclosed or safe from traffic	2.4	2.8	2.9	2.8
Swimming pools safely supervised	3.0	3.0	3.0	3.0
Water play carefully supervised	3.0	3.0	3.0	3.0
No hot tubs, spas	3.0	3.0	3.0	3.0
Total score for outdoor health/safety[a]	2.8	2.9	2.9	2.9
Sample size	*147*	*263*	*144*	*554*

[a] Average of ratings on ten items on outdoor health/safety, each rated on a 3-point scale: 1=rarely, 2=sometimes, 3=consistently present.

Source: Family Child Care Home Observation: Environment Checklist

Exhibit 9-6:OUTDOOR HEALTH AND SAFETY IN THE FAMILY CHILD CARE HOME

Distribution of Ratings on Outdoor Health and Safety

	Rarely/Never %	Sometimes %	Consistently %
Outdoor stairs have safe railings	3	5	92
Equipment safe and in good repair	7	19	74
Play equipment safely spaced	25	14	71
Swings safely constructed	1	4	95
Play space free from dangerous materials	6	16	79
Sand box covered when not in use[a]	8	NA	92
Play space enclosed or safe from traffic[a]	12	NA	89
Swimming pools inaccessible and safely supervised[a]	1	NA	99
Water play carefully supervised[a]	0	NA	100
No hot tubs, spas[a]	<1	NA	100

Sample size (n=554 homes)

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

Source: Family Child Care Home Observation: Environment Checklist

Summary of Findings

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.

The majority of homes had adequate supplies of developmentally-appropriate indoor and outdoor play materials. However, some important types of materials were in short supply. Less than half of the homes had at least ten books for each age group cared for, and almost half lacked basic art materials. Also, materials for school age children were rated as adequate in only 58 percent of the homes caring for their age group.

Family child care homes were safe and healthy places for children, providing consistent evidence of good health practices. Areas of concern included: uncovered electrical outlets (in 55% of the homes); doors that could be locked from the inside by children (50%); failure to use universal health precautions in handling blood (33%); inconsistent hygiene practices (25%); fire extinguishers (57%) or the absence of a posted fire evacuation plan (65%). In more than one-third of the homes, unsafe materials were kept in cabinets accessible to children and there were insufficient fire extinguishers.

In general, environmental characteristics of family child care homes did not differ greatly by the type of home or the ages of children in care. One exception was the presence of dangerous situations. Dangerous situations were observed more often in homes in which all the children were related to the provider.

Chapter Ten: The Provider's Interaction with Children

In family child care, the provider is the critical determinant of the children's experiences. How she interacts with children, how she structures their activities and experiences, her emotional tone and the content of her spoken interactions are what primarily define the child's daily experience in care. A major part of the observation of the family child care homes involved rating multiple aspects of the caregiver's interactions with the children in her care. The description below is derived from three measures: Part I and II of the Provider Rating 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 given us rounded picture of caregiver's behavior.

Provider Warmth, Guidance and Supervision

Providers were rated in terms of: their expression of interest in and affection for children and their responsiveness to childrens' requests and needs; use of positive guidance and discipline; avoidance of harmful interactions with children; and supervision of children.[22] In general, providers received high average ratings in all four areas (Exhibit 10-1). Average scores ranged from 2.6 to 2.9 out of 3, where 3 means consistent positive practices. There were only two items on which a substantial number of providers were rated as inconsistent. Only half of the providers consistently helped children to work out their conflicts with words. The one item on which providers received a lower rating was interactive play. Only 41 percent of providers were rated as consistently playing interactively with children, and 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 10-2), or by the age mix of children in the home (Exhibit 10-3).

[22] These results came from Part I of the Provider Rating System.

Exhibit 10-1: PROVIDER WARMTH, GUIDANCE, AND SUPERVISION IN THE FAMILY CHILD CARE HOME

Distribution of Ratings and Average Scores on Provider Warmth, Guidance, and Supervision

	Rarely/ Never %	Sometimes %	Consistently/ Usually %
Caring and Responding	Average rating = 2.7 out of 3		
Shows interest in children	1	16	84
Responds to children's language	2	14	84
Converses with each child	3	17	81
Shows affection to each child	2	21	77
Acknowledges child's efforts	0	15	85
Offers children help	4	22	74
Accepts children's feelings	1	18	81
Recognizes, responds to signs of distress	1	15	84
Plays with children interactively	35	24	41
Holds babies	6	22	72
Positive Guidance and Discipline	Average rating = 2.6 out of 3		
States limits and consequences	2	21	77
Helps children express feelings	8	27	65
Helps children notice other's needs	10	26	64
Helps children experience consequences	3	17	79
Does not force children into activities	6	15	79
Focuses on what to do, not what not to do	4	26	71
Helps children resolve conflicts verbally	16	28	56
Redirects children who are frustrated	2	19	79
Time-out used for self-control, not punishment	2	5	92
Does No Harm	Average rating = 2.8 out of 3		
No physical punishment	4	4	92
No rough handling of children	4	2	94
No criticism, shame, threats	4	5	91
Does not dominate play with children	5	4	92
Avoids power struggles with children	5	2	93
Supervision, Monitoring	Average rating = 2.9 out of 3		
Can see, hear children at all times	2	18	80
Supervises children as appropriate	2	19	78
Special supervision of hazardous activities	1	0	99
Only uses restraining equipment for short time	10	0	90

Sample size (n=554 homes)

Source: Family Child Care Home Observation: Provider Rating System

Exhibit 10-2: PROVIDER WARMTH, GUIDANCE AND SUPERVISION IN THE FAMILY CHILD CARE HOME

Average Scores in Four Areas by Type of Home

	All Children Related to Provider Mean[a]	Some Children Related to Provider Mean	No Children Related to Provider Mean	All Family Child Care Homes Mean
Caring and responding	2.7	2.7	2.7	2.7
Positive guidance, discipline	2.7	2.6	2.7	2.6
Does no harm	2.8	2.8	2.9	2.8
Supervision, monitoring	2.8	3.0	2.9	2.9
Total	2.7	2.7	2.8	2.7
Sample size	*147*	*263*	*144*	*554*

[a] Average of ratings on individual items in domain (see Exhibit 10-1), each rated on a 3-point scale: 1 = rarely evident, 2 = sometimes evident, 3 = consistently/usually evident.

Source: Family Child Care Home Observation: Provider Rating System

Exhibit 10-3: PROVIDER WARMTH, GUIDANCE and SUPERVISION IN THE FAMILY CHILD CARE HOME

Average Score in Four Areas by Age Mix of Children in the Home

	Infant/ Toddler Mean[a]	Infant/ Toddler/ Preschl Mean	Infant/ School-Age Mean	Preschl/ School-Age Mean	School-Age Only Mean	All Age Groups Mean	All Homes Mean
Caring and responding	2.7	2.7	2.6	2.6	2.7	2.7	2.7
Positive guidance, discipline	2.6	2.6	2.6	2.7	2.7	2.7	2.6
Does no harm	2.9	2.8	2.8	2.8	2.9	2.8	2.8
Supervision, monitoring	2.8	2.9	2.9	2.9	2.9	3.0	2.9
Total	2.7	2.8	2.7	2.7	2.7	2.8	2.7
Sample size	*37*	*107*	*68*	*40*	*50*	*252*	*554*

[a] Average of ratings on individual items in domain (see Exhibit 10-1), each rated on a 3-point scale: 1 = rarely evident, 2 = sometimes evident, 3 = consistently/usually evident.

Source: Family Child Care Home Observation: Provider Rating System

Fostering Children's Social Learning

One of the things that parents hope their children will learn in a family child care setting is to relate to other children in a positive way—learning to take turns, share, be empathetic. A portion of Part I of the Provider Rating System assessed the extent to which providers foster social learning and understanding in children.

Providers were not rated as high on teaching children social skills as they were rated on other areas of interaction with children (Exhibit 10-4). Across the items in this domain, providers received an average score of 2.3 out of 3. On most of the items, at least a third of providers were rated as not consistently supporting children in learning social skills or developing social understanding. There were no large differences in providers' support for children's social learning, by type of home, number or ages of children (Exhibits 10-5 and 10-6).

Exhibit 10-4: PROVIDER FOSTERING OF CHILDREN'S SOCIAL SKILLS IN THE FAMILY CHILD CARE HOME

Distribution of Ratings[a]

	Rarely/ Never %	Sometimes %	Consistently/ Usually %
Opportunities for children to work together[a]	11	27	62
Teach children sharing, cooperating, taking turns	8	27	65
Teach older children to care for younger	18	29	53
Teach social rules or limits	16	30	54
Attention to bullying and standing up for self	2	9	89
Teach children about community	68	20	12
Teach children about people's similarities, differences	14	34	51

Sample size (n=554 homes)

[a] Items rated on a 3-point scale, with 1 = rarely/never evident, 2 = sometimes evident, 3 = consistently /usually evident.

Source: Family Child Care Home Observation: Provider Rating System

Exhibit 10-5: PROVIDER FOSTERING OF CHILDREN'S SOCIAL SKILLS IN THE FAMILY CHILD CARE HOME

Average Total Score by Type of Home

	All Children Related to Provider Mean[a]	Some Children Related to Provider Mean	No Children Related to Provider Mean	All Family Child Care Homes Mean
Total for fostering social skills	2.2	2.4	2.4	2.3
Sample size	*147*	*263*	*144*	*554*

[a] Average of ratings on 7 individual items, each rated on a 3-point scale: where 1 = rarely evident, 2 = sometimes evident, 3 = consistently /usually evident.

Source: Family Child Care Home Observation: Provider Rating System

Exhibit 10-6: PROVIDER FOSTERING OF CHILDREN'S SOCIAL SKILLS IN THE FAMILY CHILD CARE HOME

Average Total Score by Age Mix of Children in the Home

	Infant/ Toddler Mean[a]	Infant/ Toddler/ Preschl Mean	Infant/ School-Age Mean	Preschl/ School-Age Mean	School-Age Only Mean	All Age Groups Mean	All Homes Mean
Total for fostering social skills	2.2	2.4	2.3	2.4	2.3	2.4	2.3
Sample size	*37*	*107*	*68*	*40*	*50*	*252*	*554*

[a] Average of ratings on 7 individual items, each rated on a 3-point scale: where 1 = rarely evident, 2 = sometimes evident, 3 = consistently /usually evident.

Source: Family Child Care Home Observation: Provider Rating System

Supporting Children's Play

Providers were rated on their support for children's play (Part I of the Provider Rating System). For young children, play, both fine motor and more active physical play, is a crucial avenue for learning and development. In any good environment for children, there are plenty of opportunities for free play, 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 (Exhibit 10.7). The average rating for provider encouragement of play was high—2.7 on the three-point scale. All of the items in the scale show caregivers consistently supporting play, by offering opportunities for free play and by providing support in terms of attention, suggestions, and materials for play.

Exhibit 10-7: PROVIDER SUPPORT FOR CHILDREN'S PLAY IN THE FAMILY CHILD CARE HOME

Distribution of Ratings on Individual Items

	Rarely/ Never %	Sometimes %	Consistently/ Usually %
Free play opportunities with choice, at least 2 hrs/day	17	0	83
Provider provides materials, suggestions for play	5	19	76
Daily time for active physical play	7	12	81
Sample size (n=554 homes)			

[a] Items rated on a 3-point scale: 1 = rarely/never evident, 2 = sometimes evident, 3 = consistently /usually evident.

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' ability to support children's play (Exhibits 10-8 and 10-9).

Exhibit 10-8: PROVIDER SUPPORT FOR CHILDREN'S PLAY IN THE FAMILY CHILD CARE HOME

Average Score by Type of Home

	All Children Related to Provider Mean[a]	Some Children Related to Provider Mean	No Children Related to Provider Mean	All Family Child Care Homes Mean
Total for supporting play	2.6	2.7	2.8	2.7
Sample size	*147*	*263*	*144*	*554*

[a] Average of ratings on individual items in domain (see Exh 10-1), each rated on a 3-point scale: 1 = rarely evident, 2 = sometimes evident, 3 = consistently /usually evident.

Source: Family Child Care Home Observation: Provider Rating System

Exhibit 10-9: PROVIDER SUPPORT FOR CHILDREN'S PLAY IN THE FAMILY CHILD CARE HOME

Average Score by Age Mix of Children in the Home

	Infant/ Toddler Mean[a]	Infant/ Toddler/ Preschl Mean	Infant/ School-Age Mean	Preschl/ School-Age Mean	School-Age Only Mean	All Age Groups Mean	All Homes Mean
Total for supporting play	2.7	2.7	2.6	2.6	2.8	2.7	2.7
Sample size	*37*	*107*	*68*	*40*	*50*	*252*	*554*

[a] Average of ratings on individual items in domain (see Exh 10-1), each rated on a 3-point scale: 1 = rarely evident, 2 = sometimes evident, 3 = consistently /usually evident.

Source: Family Child Care Home Observation: Provider Rating System

Supporting Children's Cognitive Development

Together with the child's parents, the child care provider is one of the child's first teachers. Although there is some disagreement about the extent to which preschool 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.

A section of Part I of the Provider Rating System assessed the extent to which providers support children's learning in literacy, math, science or creative arts, either formally or informally in the course of everyday activities. The average score for these items was 2.2 out of 3. On twelve of the seventeen items in this area, fewer than half of the providers consistently supported learning, either through active involvement in teaching or by providing activities that teach a variety of concepts or information (Exhibit 10-10). Providers

received especially low ratings on their provision of learning opportunities. Less than half of the providers read even one book to children or encouraged them to read or look at books on their own. Only one-quarter of providers consistently introduced math concepts, such as counting or measuring, into their everyday activities with children.

There were no large differences in support for learning in different types of homes or by ages of children served (Exhibits 10-11 and 10-12).

Exhibit 10-10: PROVIDER SUPPORT FOR CHILDREN'S LEARNING IN THE FAMILY CHILD CARE HOME

Average Scores in Two Areas and Distribution of Ratings[a] and Average Scores on Support for Learning

	Rarely/Never %	Sometimes %	Consistently/ Usually %
Provider Involvement in Learning	Average rating = 2.3 out of 3		
Provider builds upon natural "teachable moments"	20	34	46
Children have activities to do at all times	11	24	65
Provider uses open-ended questions	22	40	38
Provider helps children learn specific skills	18	35	47
Provider teaches children to take care of equipment	9	32	59
Provider introduces children to new activities	25	34	41
Learning Activities	Average rating = 2.1 out of 3		
Provider reads at least one book to children[b]	56	NA	44
Provider encourages children to read books on own	37	23	39
Opportunities to learn shapes, sounds of letters, words	33	27	40
Children encouraged to use math in everyday contexts	48	26	25
Opportunities to explore the natural environment	34	26	40
Open-ended, child-directed creative activities	23	24	53
Evidence of children's art available	43	14	43
Opportunities for children to make music	44	21	35
Opportunities to dance or move creatively	32	20	48
No more than 1 hour of TV, computer, video[b]	36	NA	64

Sample size (n=554 homes)

[a] Items rated on a 3-point scale, with 1 = rarely/never evident, 2 = sometimes evident, 3 = consistently /usually evident.
[b] 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 10-11: PROVIDER SUPPORT FOR CHILDREN'S LEARNING IN THE FAMILY CHILD CARE HOME

Average Scores by Type of Home

	All Children Related to Provider[a] Mean	Some Children Related to Provider Mean	No Children Related to Provider Mean	All Family Child Care Homes Mean
Provider involvement in learning	2.2	2.3	2.4	2.3
Learning activities	1.9	2.2	2.2	2.1
Total for supporting learning[b]	2.0	2.2	2.3	2.2
Sample size	*147*	*263*	*144*	*554*

[a] Average of ratings on individual items in domain (see Exh 10-1), each rated on a 3-point scale: 1 = rarely evident, 2 = sometimes evident, 3 = consistently /usually evident.

[b] Total is average of items under "provider involvement in learning" and "learning activities".

Source: Family Child Care Home Observation: Provider Rating System

Exhibit 10-12: PROVIDER SUPPORT FOR CHILDREN'S LEARNING IN THE FAMILY CHILD CARE HOME

Average Scores by Age Mix of Children in the Home

	Infant/ Toddler Mean[a]	Infant/ Toddler/ Preschl Mean	Infant/ School-Age Mean	Preschl/ School-Age Mean	School-Age Only Mean	All Age Groups Mean	All Homes Mean
Provider involvement	2.5	2.4	2.3	2.4	2.3	2.3	2.3
Learning activities	2.1	2.2	2.0	2.0	2.0	2.2	2.1
Total for supporting learning[b]	2.2	2.5	2.1	2.1	2.1	2.2	2.2
Sample size	*37*	*107*	*68*	*40*	*50*	*252*	*554*

[a] Average of ratings on individual items in domain (see Exh 10-1), each rated on a 3-point scale: 1 = rarely evident, 2 = sometimes evident, 3 = consistently /usually evident.

[b] Total is average of items under "provider involvement in learning" and "learning activities".

Source: Family Child Care Home Observation: Provider Rating System

Provider Emotional Responsiveness to Children

In addition to rating the provider on many specific items related to her behavior with children, two overall qualitative ratings summarize the provider's behavior and emotional tone with children: Part II of the Provider Rating System 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 functioning in care. On the Provider Rating System, nine characteristics of the provider are rated on a five-point scale, from "very much like" the provider to "not at all like" the provider. The measure focuses 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, on average, consistently received high ratings on all eight qualities (Exhibit 10-13). The average score on the qualitative rating was 4.6 out of 5, which means that providers were seen as being much like the positive qualities being rated. There were no differences in the overall ratings by type of home (Exhibit 10-14) or by the age mix of children in the home (Exhibit 10-15).

Exhibit 10-13: PROVIDER RESPONSIVENESS TO CHILDREN IN THE FAMILY CHILD CARE HOME

Distribution of Ratings[a]

	Not At All Like Provider %	Somewhat Like Provider %	Very Much Like Provider %
Relaxed with children	<1	23	76
Gentle with children	1	33	66
In control of children	<1	20	80
Physically competent	<1	25	75
Enjoyment of children	<1	23	77
Attentiveness to children	<1	22	78
Patience with children	<1	23	77
Flexibility with children	1	33	66
Sample size (n=554 homes)			

[a] For purposes of summary, scores on the 5-point scale were combined as follows: 1 or 2="Not at all like provider," 3 = "Somewhat like provider," and 4 or 5="Very much like provider."

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

Exhibit 10-14: PROVIDER RESPONSIVENESS TO CHILDREN IN THE FAMILY CHILD CARE HOME

Average Score by Type of Home

	All Children Related to Provider Mean[a]	Some Children Related to Provider Mean	No Children Related to Provider Mean	All Family Child Care Homes Mean
Total score (out of 5)	4.7	4.6	4.6	4.6
Sample size	*147*	*263*	*144*	*554*

[a] Average of nine items each rated on a 5-point scale; 1="Not at all like provider" to 5 = "Very much like provider."

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

Exhibit 10-15: PROVIDER RESPONSIVENESS TO CHILDREN IN THE FAMILY CHILD CARE HOME

Average Score by Age Mix of Children in the Home

	Infant/ Toddler Mean[a]	**Infant/ Toddler/ Preschl** Mean	**Infant/ School-Age** Mean	**Preschl/ School-Age** Mean	**School-Age Only** Mean	**All Age Groups** Mean	**All Homes** Mean
Total score (out of 5)	4.6	4.6	4.6	4.5	4.7	4.6	4.6
Sample size	*37*	*107*	*68*	*40*	*50*	*252*	*554*

[a] Average of nine items each rated on a 5-point scale; 1="Not at all like provider" to 5 = "Very much like provider."

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

The Arnett Global Caregiver Rating, 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).

For this sample of providers, the average score for warmth was 3.2 out of 4 (Exhibit 10-16), 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.

The average scores on the Arnett were not different as a function of the type of home (Exhibit 10-16) or the age mix of children in the home (Exhibit 10-17). Also, this sample of providers compares favorably with samples of caregivers in centers on these ratings.[23]

[23] 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 10-16: PROVIDER SCORE ON ARNETT GLOBAL CAREGIVER RATING

Average Scores by Type of the Home

	All Children Related to Provider Mean[a]	Some Children Related to Provider Mean	No Children Related to Provider Mean	All Family Child Care Homes Mean
Warmth[a]	3.2	3.2	3.6	3.2
Harshness[b]	1.1	1.1	1.1	1.1
Detachment[c]	2.3	2.3	2.3	2.3
Sample size	*147*	*263*	*144*	*554*

[a] Average score for items in each domain.
[b] Warmth: 10 items rated on a 4-point scale: 1 = "Not at all like provider" to 4 ="Very much like provider."
[c] Harshness: 7 items rated on a 4-point scale: 1 = "Not at all like provider" to 4 = "Very much like provider."
[d] Detachment: 4 items rated on a 4-point scale: 1 = "Not at all like provider" to 4 = "Very much like provider."

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

Exhibit 10-17: PROVIDER SCORE ON ARNETT GLOBAL CAREGIVER RATING

Average Scores by Age Mix of Children in the Home

	Infant/ Toddler Mean[a]	Infant/ Toddler/ Preschool Mean	Infant/ Toddler/ School-Age Mean	Preschool/ School-Age Mean	School-age Only Mean	Infant/Toddler/ Preschool/ School-Age Mean	All Homes Mean
Warmth[b]	3.2	3.3	3.1	3.2	3.2	3.2	3.2
Harshness[c]	1.2	1.1	1.1	1.2	1.1	1.1	1.1
Detachment[d]	2.4	2.3	2.3	2.3	2.3	2.3	2.3
Sample size	37	105	69	40	49	252	552

[a] Average score for items in each domain.
[b] Warmth: 10 items rated on a 4-point scale: 1 = "Not at all like provider" to 4 ="Very much like provider."
[c] Harshness: 7 items rated on a 4-point scale: 1 = "Not at all like provider" to 4 = "Very much like provider."
[d] Detachment: 4 items rated on a 4-point scale: 1 = "Not at all like provider" to 4 = "Very much like provider."

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

Summary of Findings

Providers showed interest in and affection for the children in their care, supervised their activities, and were responsive to their needs.

Providers consistently encouraged children's play, providing opportunity and materials, and setting aside time for physical play. Although they were less likely to be partners in play with the children, they were substantially involved, perhaps more in organizing and managing rather than participating.

A majority of providers did not consistently spend time teaching children social skills or supporting learning in a variety of areas.

There were no large differences in these behaviors between providers who cared only for related children and other providers, or between providers caring for different ages of children.

Chapter Eleven: Children's Experiences in the Family Child Care Environment

Up to this point, the description of family child care homes has focused on the interactions in the home from the perspective of the provider. Now it is time to look at family child care from the perspective of the children: What is a child'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 the child?

To describe the family child care homes from the child's perspective, two kinds of measures were used. The first, called the Environment Snapshot, provides a time-sample of the range and types of activities going on in the home over a half day. Every twenty minutes, a record is made of: the activities; how many children and adults are involved in each activity; and critical events that signal stress or distress among children, such as hostile behavior among children, or conflict among adults who are present. The second, called the Child-Focused Observation, follows a single child at multiple points in the course of the day describing the child's play, interactions with materials and with peers, and individual attention from the provider.

This chapter is based on data from the Snapshot, which provides information on the experiences of ***all*** children in the child care home. In Chapter 12, we examine the experiences of our focus child in the child care environment.

Children's Activities

The Environment Snapshot was adapted and tested for use in family child care homes and across a range of ages as part of the current study. We used the data from the Environment Snapshot to answer the question, "What activities occur in family child care homes and which activities account for the greatest part of children's experiences?"

Our analytic approach starts with the frequency of each activity in a home over 15 Snapshots. The frequency is a count of the number of times that activity was observed, multiplied by the number of children involved in it. (For example, if fine motor play occurred in four of the fifteen Snapshots, and each time one child was involved, the frequency of fine motor play would be 4 x 1 = 4.) Then, the frequency of each activity is expressed as a proportion of the total number of activity units possible in a home. (For example, if there are six children present for each of the fifteen Snapshots, the total number of child activity units is 6 x 15 = 90.) For this hypothetical child care home, fine motor play occurs in 4 of the 90 (4.4%)

child-activity units.[24] This approach means that the denominator depends on the number of children present in the home. Each child present in the home is counted as contributing one "activity-unit" to each Snapshot. 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 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

[24] This approach is different than if we simply computed the proportion of Snapshots in which an activity occurred. In the case above, fine motor play would have a frequency of 4 out of 15, or 26% of the time, using the simple computation. The approach that was used 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.

preschool care environment.[25,26] 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: These composites and their component activities are listed below, together with the composites and component activities used in the earlier study.

In the earlier observation 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.[27] The categories represent differences in the extent to which the activities are planful, provide

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

25 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.

26 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.

27 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.

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. As shown below, the groupings of activities are very similar. The exceptions are codes that are added to the Snapshot in family child care, such as codes that pertain only to very young children (child awake in crib) or codes that involve real-life chores that could occur only in homes.

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 and was dominated by fine motor play. By contrast, learning activities constituted a small proportion (9%) of all the activities (Exhibit 11-1).

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 11-1). 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 11-2). These are linked rather than separate findings: homes with related children were more likely to serve infants and school-age children.

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 11-3). 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 fine motor play such as playing with toy cars or small figures.

Learning activities occurred in fewer of the homes in which all children were related to the provider. Fifty-seven percent of these homes had some learning activities, compared with 69 percent of the homes in which no children were related to the provider (Exhibit 11-3).

Exhibit 11-1: CHILDREN'S ACTIVITIES IN THE FAMILY CHILD CARE HOME

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

	All Children Related to Provider	Some Children Related to Provider	No Children Related to Provider	All Family Child Care Homes
	%	%	%	%
Routine Activities	35.8	35.5	27.4	33.5
Arriving, departing	1.7	1.6	1.4	1.6
Meals, snacks	12.7	13.1	11.1	12.4
Sleeping, resting	10.1	11.5	7.2	9.7
Physical care, toileting	5.9	5.1	5.7	5.6
Transition between activities	5.5	4.3	2.1	4.2
Learning Activities	8.7	7.8	8.7	8.5
Science, nature	0.4	0.4	1.2	0.8
Math, literacy	5.0	4.1	3.1	3.9
Group time	0.5	1.2	1.3	1.0
Reading	2.8	2.1	3.2	2.8
Creative Activities	21.3	21.1	22.5	21.8
Pretend play, dramatic play	5.2	6.2	6.6	6.1
Music, dance	1.0	2.7	1.9	1.9
Arts, crafts	4.0	3.8	4.3	4.1
Fine motor play	11.2	8.4	9.6	9.7
Television	21.4	17.5	14.0	16.9
Television, videos, computers	21.4	17.5	14.0	16.9
Other Informal Activities	21.2	18.1	19.0	19.2
Gross motor play	9.2	9.5	11.0	10.1
Walk, field trip	0.6	0.5	0.9	0.7
Informal conversations (not in activity)	4.5	1.9	1.9	2.6
Real-life chores	2.5	1.1	1.0	1.4
Child awake in crib, swing	1.1	2.5	1.9	1.8
Non-constructive behavior	3.3	2.6	2.3	2.6
Sample size	*147*	*144*	*262*	*553*

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

Source: Family Child Care Home Observation: Environment Snapshot

Exhibit 11-2: CHILDREN'S ACTIVITIES IN THE FAMILY CHILD CARE HOME

Percentage of Children's Activities[a] by Age Mix of Children in the Home

	Infant/ Toddler %	Infant/ Toddler/ Preschl %	Infant/ School -Age %	Preschl/ School-Age %	School-Age Only %	All Age Groups %	All Homes %
Routine Activities	32.1	36.5	34.5	23.2	21.8	36.1	33.5
Arriving, departing	0.8	0.8	2.2	1.8	1.7	1.8	1.6
Meals, snacks	12.4	13.3	12.0	11.5	10.9	12.5	12.4
Sleeping, resting	8.4	11.1	10.4	3.5	3.4	11.3	9.7
Physical care, toileting	7.8	6.8	6.7	2.5	3.0	5.5	5.6
Transition between activities	2.7	4.6	3.2	4.0	2.8	4.9	4.2
Learning Activities	5.2	5.8	8.2	12.5	14.1	8.5	8.5
Science, nature	0.7	0.7	0.5	0.8	0.6	.09	0.8
Numeracy, literacy	1.8	1.8	3.1	8.4	9.8	3.4	3.9
Group time	1.3	1.0	0.3	0.9	0.4	1.3	1.0
Reading	1.4	2.3	4.2	2.5	3.3	2.8	2.8
Creative Activities	25.4	23.7	15.5	24.3	16.8	22.8	21.8
Pretend play, dramatic play	4.2	6.3	3.9	8.3	3.6	7.1	6.1
Music, dance	0.5	2.2	1.4	3.2	1.2	2.0	1.9
Arts, crafts	2.7	3.8	2.5	4.8	5.7	4.4	4.1
Fine motor play	18.0	11.3	7.7	7.9	6.5	9.3	9.7
Television	14.2	15.0	22.9	20.1	27.0	3.4	16.9
Television, videos, computers	14.2	15.0	22.9	20.1	27.0	3.4	16.9
Other Informal Activities	23.1	19.0	18.8	20.0	20.2	28.4	19.2
Gross motor play	10.1	9.4	8.6	11.2	11.0	10.2	10.1
Walk, field trip	1.2	0.1	0.6	2.5	1.2	0.6	0.7
Socializing (not in activity)	2.0	3.5	1.8	1.9	4.3	2.3	2.6
Real-life chores	1.0	1.0	2.4	2.1	2.4	1.0	1.4
Child awake in crib, swing	2.0	2.6	1.6	0.2	0.0	2.1	1.8
Non-constructive behavior	6.8	2.4	3.8	2.1	1.3	2.2	2.6
Sample size	*37*	*106*	*69*	*40*	*49*	*252*	*553*

[a] Percentage = A percentage of all children's activities observed across all Snapshots for each home.

Source: Family Child Care Home Observation: Environment Snapshot

Exhibit 11-3: CRITICAL ACTIVITIES IN THE FAMILY CHILD CARE HOME

Occurrence of Critical Activities[a] by Type of Home

	All Children Related to Provider %	Some Children Related to Provider %	No Children Related to Provider %	All Family Child Care Homes %
Learning Activities	57.1	63.2	69.1	64.4
Science, nature	4.8	8.3	17.6	11.7
Numeracy, literacy	35.4	44.4	35.1	37.6
Group time	6.1	14.6	12.2	11.2
Reading	31.3	30.6	44.7	37.4
Creative Activities	82.3	86.8	87.4	85.9
Pretend play, dramatic play	43.5	53.5	57.6	52.8
Music, dance	14.3	30.6	24.4	23.3
Arts, crafts	30.6	36.1	42.4	37.6
Fine motor play	59.9	71.5	70.2	67.8
Television	83.0	77.1	69.1	74.9
Television, videos, computers	83.0	77.1	69.1	74.9
Sample size	*147*	*144*	*262*	*553*

[a] Percentage = proportion of homes in which activity observed at least one Snapshot.

Source: Family Child Care Home Observation: Environment Snapshot

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 11-4).

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.

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, and children teasing or bullying other children. In addition, conflict among adults is noted, as a potential stress on children in the home. In general, distress was rare in the family child care homes (Exhibit 11-5). Even the most commonly-observed type of distress—children crying—occurred less than 10 percent of the time.

Crying was observed much less often in homes with all related children although listless children were observed more often in these same homes (Exhibit 11-5). Homes with infants tended to have more crying children, as might be expected (Exhibit 11-6).

Exhibit 11-4: CRITICAL ACTIVITIES IN THE FAMILY CHILD CARE HOME

Occurrence of Critical Activities[a] by Age Mix of Children in the Home

	Infant/ Toddler %	Infant/ Toddler/ Preschl %	Infant/ School -Age %	Preschl/ School-Age %	School -Age Only %	All Age Groups %	All Homes %
Learning Activities	37.8	50.0	65.2	67.5	71.4	72.2	64.4
Science, nature	5.4	11.3	7.2	17.5	6.1	14.3	11.7
Numeracy, literacy	13.5	18.9	37.7	45.0	57.1	44.0	37.6
Group time	10.8	10.4	2.9	5.0	8.2	15.5	11.2
Reading	10.8	33.0	47.8	35.0	36.7	40.9	37.4
Creative Activities	83.8	89.6	75.4	92.5	67.4	90.1	85.9
Pretend play, dramatic play	40.5	50.9	36.2	57.5	32.7	63.1	52.8
Music, dance	5.4	22.6	18.8	32.5	18.4	27.0	23.3
Arts, crafts	24.3	32.1	24.6	45.0	32.6	45.2	37.6
Fine motor play	67.6	70.8	50.7	60.0	51.0	75.8	67.8
Television	70.3	68.8	88.4	75.0	85.7	72.2	74.9
Television, videos, computers	70.3	68.8	88.4	75.0	85.7	72.2	74.9
Sample size	*37*	*106*	*69*	*40*	*49*	*252*	*553*

[a] Percentage = proportion of homes in which activity observed on at least one Snapshot.

Source: Family Child Care Home Observation: Environment Snapshot

Exhibit 11-5: STRESS IN THE FAMILY CHILD CARE HOME

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

	All Children Related to Provider %	Some Children Related to Provider %	No Children Related to Provider %	All Family Child Care Homes %
Any child crying	2.9	10.5	10.9	8.6
2 or more children crying	0.1	1.1	0.7	0.6
Any listless child	10.9	3.8	4.6	3.4
2 or more listless children	0.1	0.5	0.4	0.3
Any children fighting	2.4	4.4	5.1	4.3
Any children teasing other children	0.8	0.6	1.6	1.6
Any conflict among adults	0.2	0	0.1	0.1
Sample size	*147*	*144*	*262*	*553*

[a] Percentage = percent of Snapshots in which evidence of stress observed.

Source: Family Child Care Home Observation: Environment Snapshot

Exhibit 11-6: STRESS IN THE FAMILY CHILD CARE HOME

Occurrence of Indicators of Stress[a] by Age Mix of Children in the Home

	Infant/ Toddler %	Infant/ Toddler/ Preschl %	Infant/ School-Age %	Preschl/ School-Age %	School-Age Only %	All Age Groups %	All Homes %
All child crying	7.1	10.3	4.7	3.0	1.4	11.6	8.7
2 or more children crying	0.6	0.7	0.3	2.1	0	10.3	0.6
Any listless child	1.3	1.9	3.2	3.5	2.1	4.6	3.4
2 or more listless children	0.6	0.2	0.2	0.6	0	0.5	0.3
All children fighting	5.2	4.3	1.7	2.7	2.0	5.6	4.3
All children teasing others	0.3	1.0	0.4	0.4	0.2	2.5	1.6
All conflict among adults	0	0	0.2	0.5	0	0.1	0.1
Sample size	*37*	*106*	*69*	*40*	*49*	*252*	*553*

[a] Percentage = a percent of Snapshots in which evidence of stress is observed.

Source: Family Child Care Home Observation: Environment Snapshot

Provider Involvement

One way to think about the care environment is the extent to which providers are involved with the children in contrast to being engaged in activities not involving children, such as doing chores away from the children, talking on the phone, etc. The Snapshot offered two perspectives on provider involvement. First, if a provider was not involved with children at the time the Snapshot was recorded, this was noted as a "non-child" activity. If the provider was with children, her activity was coded either as involved or monitoring. (In the Snapshot, "involvement" did not necessarily imply interactive participation. A provider would be coded as involved if, for instance, she were sitting at a table with children while they painted.)

We observed a high level of provider involvement in children's activities. Almost 70 percent of the time, providers were engaged with children in some activity (Exhibit 11-7). By comparison, in an earlier study of center-based programs, staff were actively engaged with children about two-thirds of the time.[28] Provider involvement in children's activities was higher in homes with no related children (Exhibit 11-7). Also, homes in which there were infants and toddlers had the highest level of provider involvement with children (Exhibit 11-8), perhaps because children this age require more physical care and more adult attention.

[28] 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 11-7: PROVIDER INVOLVEMENT IN THE FAMILY CHILD CARE HOME

Provider Involvement in Children Activities [a] by Type of Home

	All Children Related to Provider %	Some Children Related to Provider %	No Children Related to Provider %	All Family Child Care Homes %
Provider is involved in activities with children[a]	63.1	69.7	72.4	69.2
Sample size	*147*	*144*	*262*	*553*

[a] Proportion = average proportion of Snapshots in which provider is involved with children.

Source: Family Child Care Home Observation: Environment Snapshot

Exhibit 11-8: PROVIDER INVOLVEMENT IN ACTIVITIES IN THE FAMILY CHILD CARE HOME

Provider Involvement in Children's Activities by Age Mix of Children in the Home

	Infant/ Toddler %	Infant/ Toddler/ Preschl %	Infant/ School-Age %	Preschl/ School-Age %	School-Age Only %	All Age Groups %	All Homes %
Provider is involved in activities with children[a]	74.0	68.3	70.1	68.2	65.1	69.6	69.2
Sample size	*37*	*106*	*69*	*40*	*49*	*252*	*553*

[a] Proportion = average proportion of Snapshots in which provider not involved in non-child activity.

Source: Family Child Care Home Observation: Environment Snapshot

Comparison with Child Care Centers

Similar observations were conducted in a sample of child care centers that served low-income four-year-olds as part of a previous study.[29] These data provide a point of comparison for the child care environment in our sample of family child care homes. In the discussion below, for purposes of comparability, we considered only the 398 family child care homes that served preschool-age children (either solely or in combination with other age groups). Homes serving only infants, toddlers and/or school-age children were not included in the analyses, since these homes might be quite different from classrooms in child care centers that have only preschool children.

One way of comparing homes and centers is in terms of the percentage of time that activities occur.[30] As Figure 1 shows, the largest difference between family child care homes and

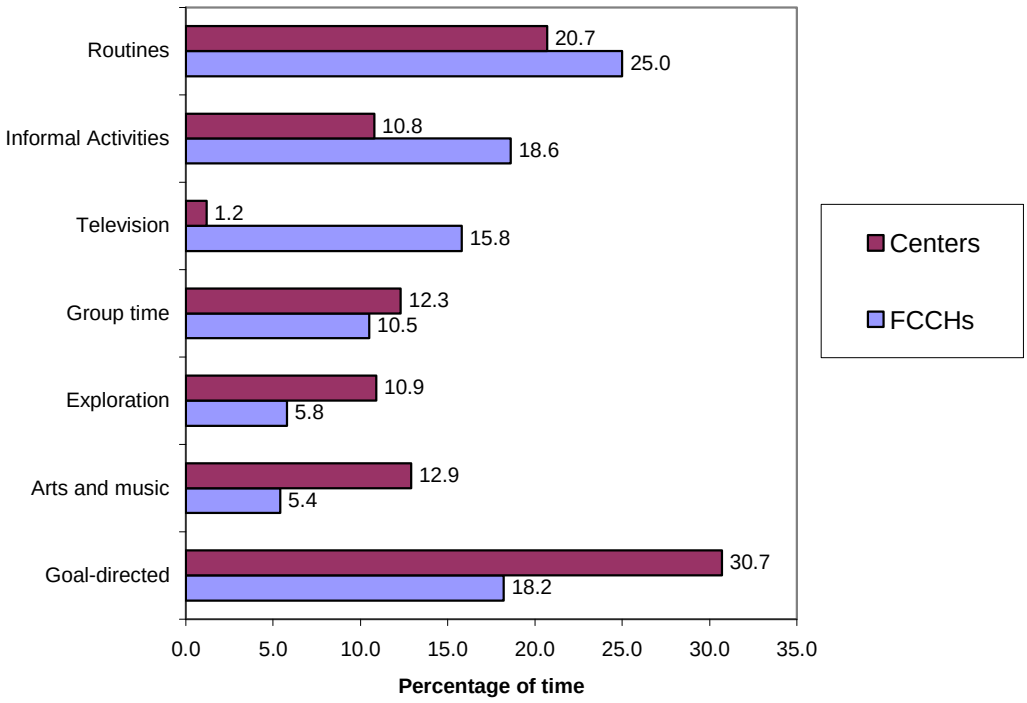
[29] Layzer, Goodson & Moss (1993), op cit.

[30] Activity composites are defined following Bruner. We reanalyzed the Snapshot data from this study, using Bruner's schema, for comparability with the earlier study.

center classrooms is in the frequency of the “goal-directed” activities, which include learning activities and fine motor activities. Preschool children in centers spent 31 percent of their time in these activities, compared with 18 percent of time for children in homes with preschoolers. Compared with children in centers, children in the family child care homes spent less time in goal-directed, art and music and exploration activities, and more time in routine and informal activities.

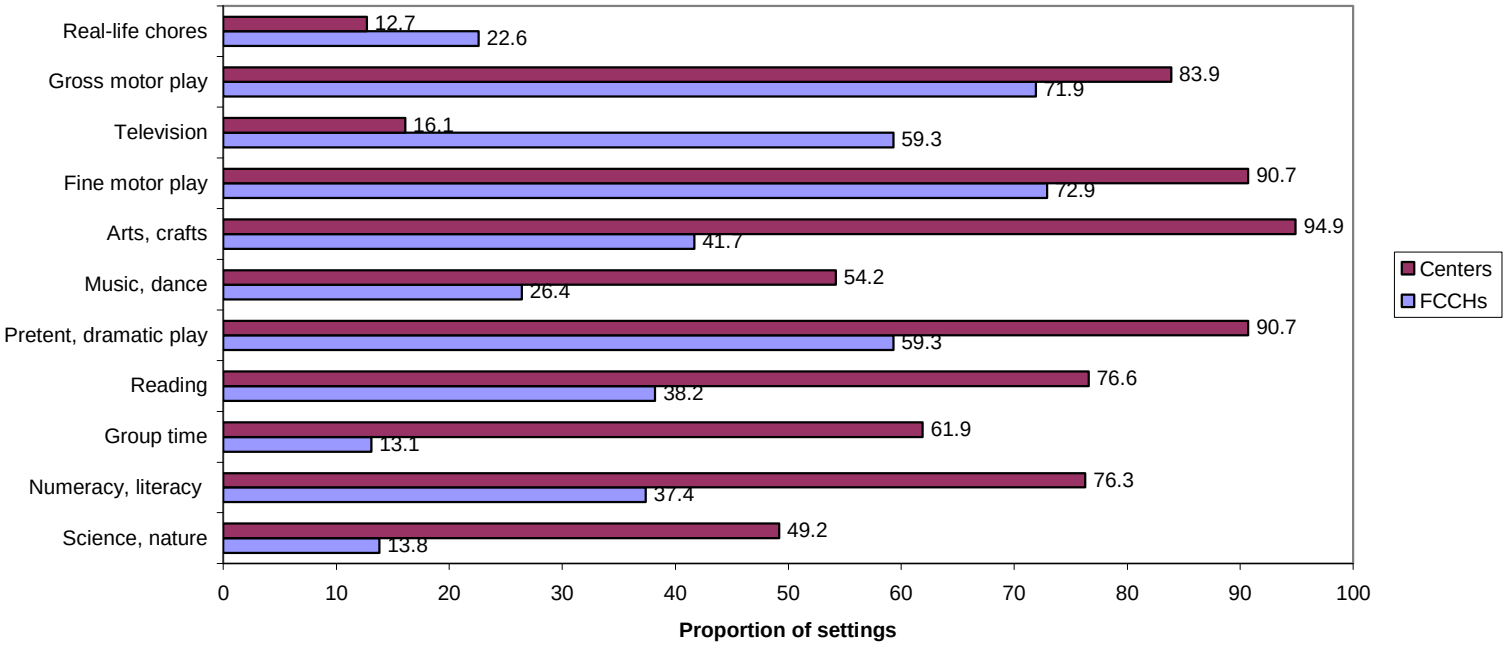
A second comparison can be made in terms of the proportion of settings in which an activity occurs at least once (Figure 2). Family child care homes and centers look quite different in terms of the proportion of settings with any learning activities (science, numeracy, reading, group time) and any exploration activities: With the exception of fine motor activity, more than twice as many centers as homes had at least one instance of these learning and exploration activities. Conversely, more than three times as many family child care homes as centers had some television-watching. Gross motor activity occurred in relatively equal proportions of homes and centers.

Figure 1: Proportion of Time Activities Occur



Percentage = percentage of Snapshots in which the activity was observed.
Sample of homes includes only those in which at least one preschool child (ages 3 – 5 years) is enrolled (n=>398).
Sample of centers: n= 39 Head Start programs, n=38 school district preschool programs, and n=42 community child care centers.
Goal-directed activities=numeracy/literacy, reading, science/nature, fine motor activities ("high-yield" activities).
Arts and music activities=music/dance, arts/crafts activities.
Exploration activities=pretend/dramatic play.
Group activities=meals, group time.
Informal activities=socializing, walks, gross motor play.
Routines=arrival/departure, physical care, transition activities.

Figure 2: Proportion of Settings in Which Activities Occurred



Percentage = proportion of settings in which the activity occurred at least once.
Sample of homes includes only those in which at least one preschool child (ages 3-5 years) is enrolled (n=398).
Sample of centers: n=39 Head Start programs, n=38 school district preschool programs, and n=42 community child care centers.

Summary of Findings

The most common type of activities in these family child care homes involved routines such as naps, meals and snacks and physical care. These accounted for more than a third of activities. Another third of the activities involved play – creative activities such as pretend or dramatic play, working with puzzles or playing games, as well as active physical play. A small portion (less than 10%) of the children's experience involved learning activities such as reading or being read to, math, science or nature activities. More than 60 percent of homes had no learning activities across the morning. Reading was observed in only 37 percent of homes. In the majority of homes, at least one child was watching television at each observation point.

Children's activities were monitored nearly all of the time, and providers were actively involved with children in their activities almost 70 percent of the time.

There was little stress or conflict in the homes. Crying, listless or withdrawn children were rarely observed.

The distribution of activities was related to the age mix of children in the home, which in turn is related to the type of home. Homes with younger children had more physical care activities, while homes with school-age children had both more learning activities and more television-watching. These type of activities were more frequent in homes with related children probably because they were more likely to contain both infants and school-age children.

Homes with all related children had few learning activities but more activities in which the provider was directly involved in the activity with the children.

Compared with caregivers in programs for preschool children, family child care providers spent less time in activities that promote cognitive and language development. Family child care homes had more television watching and more routine activities.

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

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

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

- The kind of ***object play*** that the child engages in. The level of his or her object play is an accepted indicator of the child's developmental level.

- The child's ***play with peers***. These data tell us something about the quality of the child's social life in care. In addition, the level of complexity of the child's level of social interactions provides another indicator of the child's development.

- The child's ***language with peers and adults*** is an important indicator of the child's language learning and overall cognitive development.

- The ***prosocial and antisocial behavior that the child exhibits and experiences*** from peers are critical in the eyes of many parents and early childhood educators. The development of empathy is an important part of our long-term socialization goals for our children, and the expression of prosocial behavior is an indicator of the beginning of this social learning. At the same time, antisocial behavior suggests a child who is not developing and perhaps not being taught about the importance of accommodation and trying to understand

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

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

- The intensity of the child's ***contact with the adult(s)*** in the care environment—this part of the observation tells us whether the child experiences a high level of contact with the adult(s) in the environment, whether he or she experiences any visual or physical contact.

- The ***language of adults with the child***—again, this information tells us about the language input that the child receives from the adult(s) in the care environment, not only the amount but its qualities—is it in the service of teaching or managing the child, is it positive or negative? The adult in family child care is a major determinant of the quality of the child's experience, and adult language is a good indicator of the relationship between the adult and the child.

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

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

Child Object Play

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

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

in dramatic play, as something other than what the object was originally intended for (i.e., using a block as a telephone). The most frequent type of object play was functional object play, which represents using objects just as they are intended to be used (Exhibit 12-1). Creative and dramatic play were both relatively rare.

High-level object play involves creative use of objects (in this scheme, creative and dramatic play with objects). This high-level use of objects occurred only 9 percent of the time. We would expect to see the frequency of this type of play increase with the child's age, but, as Exhibit 12-1 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 7 percent to 13%), among school-age children it was again quite low (8%).

Exhibit 12-1: FOCUS CHILD'S PLAY WITH OBJECTS IN THE FAMILY CHILD CARE HOME

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

	Infant/ Toddler %	Preschool %	School-Age %	All Focus Children %
No object play	52.4	46.6	47.1	48.7
Carry, mouth objects	10.5	7.1	6.0	7.8
Manipulate objects	9.9	6.7	5.4	7.3
Functional use of objects	20.3	26.4	33.9	27.1
Creative play with objects	4.1	7.7	3.5	4.9
Dramatic play with objects	2.9	5.5	4.1	4.1
Any object play	47.6	53.4	52.9	51.3
High-level object play[b]	6.9	13.2	7.6	9.1
Sample size	*180*	*162*	*200*	*542*

[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

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 12-2). 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.

The amount of high-level object play was related to the age mix of children in the home. Homes with only young children tended to have very little high-level play, as would be expected (Exhibit 12-3). Homes with only older children, however, also had very little high-level object play, which suggests that these homes may not encourage the kind of play with objects that represents more advanced developmental levels. This finding is consistent with the trend toward a higher frequency of television-watching in homes caring for older children.

Exhibit 12-2: FOCUS CHILD'S PLAY WITH OBJECTS IN THE FAMILY CHILD CARE HOME

Average Percentage of Time[a] by Type of Home

	All Children Related to Provider %	Some Children Related to Provider %	No Children Related to Provider %	All Family Child Care Homes %
No object play	48.1	49.5	48.6	48.7
Carry, mouth objects	8.8	7.6	7.4	7.8
Manipulate objects	8.1	7.7	6.6	7.3
Functional use of objects	28.9	25.7	26.9	27.1
Creative play with objects	2.6	4.8	6.3	4.9
Dramatic play with objects	3.5	4.7	4.1	4.1
Any object play	51.9	50.5	51.4	51.3
High-level object play[b]	6.1	9.5	10.5	9.1
Sample size	*146*	*142*	*254*	*542*

[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.

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

Exhibit 12-3: FOCUS CHILD'S PLAY WITH OBJECTS IN THE FAMILY CHILD CARE HOME

Average Percentage of Time[a] by Age Mix of Children in the Home

	Infant/ Toddler %	Infant/ Toddler/ Preschl %	Infant/ School-Age %	Preschl/ School-Age %	School-Age Only %	All Age Groups %	All Homes %
No object play	49.2	51.0	48.2	47.8	47.9	48.1	48.7
Carry, mouth objects	14.0	8.7	9.8	7.3	5.6	6.5	7.8
Manipulate objects	11.3	7.2	9.4	3.5	3.4	7.5	7.3
Functional use of objects	21.4	24.4	28.1	30.3	39.2	26.0	27.1
Creative play with objects	2.1	4.1	1.7	5.2	2.2	7.1	4.9
Dramatic play with objects	2.0	4.5	2.7	5.8	1.7	4.8	4.1
Any object play	50.8	49.0	51.8	52.2	52.1	51.9	51.3
High-level object play[b]	4.1	8.6	4.5	11.0	3.9	11.9	9.1
Sample size	*37*	*103*	*68*	*39*	*48*	*247*	*542*

[a] Percentage = percent of observations in which child engages in each type of peer play.
[b] High-level object play defined as creative or dramatic uses of objects.

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

Focus Child'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. The observation system categorizes children's social play into six types that form a sequence from the earliest social activity, parallel play, to social pretend play that involves

planning a social activity, allocating and taking on social roles, and pretending to be someone you are not.

Children age 3 and older spent around 70 percent of their time playing with other children; similarly infants and toddlers spent 65 percent of their time in peer play (Exhibit 12-4).[32] Simpler forms of social play (simple socializing and parallel play) accounted for the majority of the interactions among children regardless of their age—together they represented nearly half of the social interactions among children. High-level forms of social play—those that require the child to take another child's perspective, to collaborate, to take turns—are defined as including reciprocal interactions, social pretend play, and games with rules. On average, children engaged in these kinds of high-level play about 13 percent of the time. The amount of higher-level play increased with age of child (Exhibit 12-4). Both preschool and school-age children engaged in higher-level play with peers about three times as often as the youngest children. This pattern is what we would expect, since higher-level social interactions require the development of cognitive skills such as perspective-taking and planning that typically do not emerge until children are at least age 3 or 4 years.

Exhibit 12-4: FOCUS CHILD'S ACTIVITIES WITH PEERS IN THE FAMILY CHILD CARE HOME

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

	Infant/ Toddler %	Preschool %	School-Age %	All Focus Children %
Solitary play	35.2	28.8	30.3	31.5
Parallel/parallel aware play	36.5	0	0	12.2
Simple social play	22.7	55.3	53.3	43.7
Reciprocal play	3.0	8.9	8.8	6.9
Games with rules	0.8	1.2	2.3	1.5
Social pretend play	1.8	5.8	5.2	4.3
Any play with peers	64.8	71.2	69.7	68.5
High-level play with peers[b]	5.6	15.9	16.3	12.6
Play with goals[c]	28.9	44.4	47.1	40.3
Sample size	*168*	*150*	*187*	*505*

[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

The pattern of play among children was related to the type of home (Exhibit 12-5). Homes with no or some related children had more peer play overall and more higher-level play, compared with homes with all related children.

Another way of thinking about children's play is the extent to which it is goal-directed or "planful," that is, whether the child has an objective towards which they organize and direct their play. This is defined on the basis of both object play and social play. Planful play is exhibited

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

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. Across all ages, children engaged in play with goals about 40 percent of the time (Exhibit 12-4). This varied substantially with the age of child, however. Children under 3 years of age engaged in goal-directed play 29 percent of their time, compared with over 40 percent of the time for preschool and school-age children (Exhibit 12-4). The amount of planful behavior varied somewhat by type of home (Exhibit 12-5). Homes in which no children were related to the provider, had play with goals occurred 43 percent of the time, compared with 38 percent in homes with some related children and 36 percent in homes with all related children.

Exhibit 12-5: FOCUS CHILD'S ACTIVITIES WITH PEERS IN THE FAMILY CHILD CARE HOME

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

	All Children Related to Provider	Some Children Related to Provider	No Children Related to Provider	All Family Child Care Homes
	%	%	%	%
Solitary play	50.2	31.5	22.7	31.5
Parallel/parallel aware play	4.1	12.2	15.9	12.2
Simple social play	36.1	43.9	47.1	43.7
Reciprocal play	6.1	6.2	7.7	6.9
Social pretend play	3.3	4.4	4.6	4.3
Games with rules	0.2	1.8	1.8	1.5
Any play with peers	49.8	68.5	77.3	68.5
High-level play with peers[b]	9.6	12.5	14.1	12.6
Play with goals[c]	36.3	38.4	43.2	40.3
Sample size	*116*	*139*	*250*	*505*

[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. As would be predicted, the overall amount of social play was lowest in homes with infants and toddlers (Exhibit 12-6). High-level social play varied widely across homes, ranging from 1 percent in homes with only children less than 3 years of age, up to 23 percent in homes with preschool and school-age children but no younger children.

Exhibit 12-6: FOCUS CHILD'S ACTIVITIES WITH PEERS IN THE FAMILY CHILD CARE HOME

Average Percentage of Time[a] by Age Mix of Children in the Home: Homes with Two or More Children Present

	Infant/ Toddler %	Infant/ Toddler/ Preschl %	Infant/ School-Age %	Preschl/ School-Age %	School-Age Only %	All Age Groups %	All Homes %
Solitary play	47.4	33.4	43.0	24.5	36.3	26.3	31.5
Parallel/parallel aware play	29.5	19.8	10.3	0	0	11.9	12.2
Simple social play	22.1	35.8	40.9	52.8	47.2	47.7	43.7
Reciprocal play	0.3	5.5	3.2	13.1	10.6	7.6	6.9
Social pretend play	0.0	4.9	2.1	6.1	3.4	4.9	4.3
Games with rules	0.7	0.7	0.5	3.5	2.5	1.6	1.5
Any social play	52.5	66.6	57.0	75.5	63.7	73.7	68.5
High-level play with peers[b]	1.0	11.1	5.8	22.7	16.5	14.0	12.6
Play with goals[c]	22.5	35.5	33.2	51.3	49.9	42.5	40.3
Sample size	*25*	*93*	*65*	*38*	*40*	*244*	*505*

[a] Percentage = percent of observations in which child exhibits each type of language.
[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

Child's Use of Language

Whatever form of care the young child is in, the environment should encourage the child to use language to communicate his or her thoughts and feelings, exposing the child to increasingly complex language as the child gets older. The observation of the focus child describes the frequency with which the focus child uses language with peers or adults, and whether the language content expresses positive or negative emotions.

In the observations of family child care homes, the focus children, on average, used language about 40 percent of the time (Exhibit 12-7). The amount of language increased substantially with age, from 29 percent for children who are infants and toddlers to 41 percent among preschoolers. However, the average amount of language was only slightly higher among school-age children (47%). Virtually all of this talk was positive or neutral; there was almost no negative language on the part of the focus child, regardless of age. Children directed their language to both peers and adults in the environment. For the youngest children, language was evenly split between communication to peers and to adults. With preschool children, more of the child's language was directed to peers, and by the time children are school-age, twice as much language was directed toward peers as toward adults.

The child's use of language is remarkably constant across types of homes: Children in all three types of homes used language around 40 percent of the time (Exhibit 12-8). The one

Exhibit 12-7: FOCUS CHILD'S USE OF LANGUAGE IN THE FAMILY CHILD CARE HOME

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

	Infant/ Toddler %	Preschool %	School-Age %	All Focus Children %
Any language by focus child	29.2	41.5	47.2	39.5
Positive/neutral talk to peer(s)	11.1	20.2	28.7	20.3
Positive/neutral talk to adult	12.0	14.9	9.9	12.1
Positive/neutral talk to peer(s) & adult(s)	5.2	5.7	8.3	6.5
Negative talk to peer(s)	0.6	0.5	0.3	0.5
Negative talk to adult	0.3	0.2	0	0.2
Negative talk to peer(s) & adult(s)	0	0	0	0
Any positive/neutral talk[b]	28.2	40.8	46.9	38.9
Any negative talk[c]	1.0	0.7	0.3	0.7
Any positive/neutral talk to peer(s)[d]	16.2	25.9	37.0	26.8
Any positive/neutral talk to adult(s)[e]	17.2	20.5	18.2	18.5
Sample size	*180*	*162*	*200*	*542*

[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

Exhibit 12-8: FOCUS CHILD'S USE OF LANGUAGE IN THE FAMILY CHILD CARE HOME

Average Percentage of Time[a] by Type of Home

	All Children Related to Provider %	Some Children Related to Provider %	No Children Related to Provider %	All Family Child Care Homes %
Any language by focus child	38.3	40.5	39.7	39.5
Positive/neutral talk to peer(s)	15.7	21.8	22.1	20.3
Positive/neutral talk to adult(s)	17.3	10.5	10.0	12.1
Positive/neutral talk to peer(s) & adult(s)	4.7	7.5	6.9	6.5
Negative talk to peer(s)	0.4	0.5	0.5	0.5
Negative talk to adult(s)	0.2	0.2	0.2	0.2
Negative talk to peer(s) & adult(s)	0	0	0	0
Any positive/neutral talk[b]	37.7	39.7	39.0	38.9
Any negative talk[c]	0.6	0.8	0.6	0.7
Any positive/neutral talk to peer(s)[d]	20.4	29.3	29.0	26.8
Any positive/neutral talk to adult(s)[e]	22.0	17.9	16.9	18.5
Sample size	*146*	*142*	*254*	*542*

[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

difference was the amount of language directed to an adult. In homes where all children were related to the provider, children directed about the same amount of language to adults and to peers whereas, in the other homes, focus children directed nearly two-thirds of their language to peers. The ratio of children to provider in relative care was about half the size of the ratio in other types of homes, and this may explain why children in relative care spent more time talking to an adult.

Since the results show that the pattern of children's language varies by the age of the child, it is not a surprise that the pattern of children's language with others was related to the age mix of children in the home (Exhibit 12-9). In homes with all young children, the overall amount of language was lowest (22%). The amount of language varied narrowly between 40 percent and 44 percent, depending on the mix of young and older children. Also, in the homes with only children under 3 years of age, more of the children's language was directed to adults.

Exhibit 12-9: FOCUS CHILD'S USE OF LANGUAGE IN THE FAMILY CHILD CARE HOME

Average Percentage of Time[a] by Age Mix of Children in the Home

	Infant/ Toddler %	Infant/ Toddler/ Preschl %	Infant/ School-Age %	Preschl/ School-Age %	School-Age Only %	All Age Groups %	All Homes %
Any language	22.3	39.7	41.0	42.7	44.3	40.2	39.5
Positive/neutral talk: peers	4.4	15.6	18.9	25.0	25.3	23.1	20.3
Positive/neutral talk: adults	12.7	17.0	12.1	10.6	11.5	10.3	12.1
Positive/neutral talk: peers & adults	4.6	6.0	9.4	6.7	7.0	6.0	6.5
Negative talk: peer(s)	0.1	0.4	0.4	0.3	0.4	0.6	0.5
Negative talk: adult(s)	0.4	0.3	0.1	0	0	0.2	0.2
Negative talk: peers & adults	0	0	0	0	0	0	0
Any positive/neutral talk[B]	21.8	39.0	40.5	42.3	43.8	39.4	38.9
Any negative talk[c]	0.5	0.7	0.5	0.3	0.5	0.8	0.7
Any positive/neutral talk to peer(s)[d]	9.0	22.0	28.4	31.7	32.3	29.1	26.8
Any positive/neutral talk to adult(s)[e]	17.3	23.0	21.5	17.3	18.5	16.2	18.5
	Mean	Mean	Mean	Mean	Mean	Mean	Mean
Number of children/provider	1.7	2.4	2.4	3.1	2.1	3.9	*2.8*
Sample size	*37*	*103*	*68*	*39*	*48*	*247*	*542*

[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

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 are recorded, both instances instigated by the target child and instances directed to 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 12-10). Prosocial behavior is based on empathy, or the ability to take the part of the other. The abstract cognitive operations such as perspective taking, which typically do not begin to develop until the child is nearing age five, are necessary (if not sufficient) underpinnings for prosocial understanding. Therefore, it is no surprise that the frequency of prosocial behavior increased with the age of the child. It also is not surprising that the frequency of antisocial behavior, although low, decreased for older children, who are learning how to control their antisocial impulses.

As with prosocial and antisocial behavior ***by*** the child, there was a low frequency of such behaviors directed ***to*** the child (Exhibit 12-10). Also, there was an increased amount of prosocial behavior and less antisocial behavior directed to older focus children. This is not surprising, assuming that children tend to play with other children near their age and we know that, typically, prosocial behavior increases with age while antisocial behavior decreases.

There are not strong differences in the overall amount of the child's prosocial or antisocial behavior across types of homes (Exhibit 12-11). There was, however, more prosocial behavior by the child towards the provider in homes with only relative care (although it still was relatively rare, occurring only 4 percent of the time). As suggested above, this may be related to the fact that these homes tend to be smaller, with half as many children per provider, on average. There was more prosocial behavior among children in homes with no related children, taking into account behavior initiated by the child to peers and by peers to the child.

Since the results by age of focus child show that amount of prosocial behavior increased with age, it is predictable that amount of prosocial behavior was related to the age mix of children in the home (Exhibit 12-12). Homes with only children under 3 years of age had the least prosocial behavior among children, but the most prosocial and antisocial behavior directed to the adult in the home. Although the overall amount of prosocial behavior was low across all age mixes, homes with only older children had four to five times as much prosocial behavior as homes with only children under 3 years of age.

Exhibit 12-10: PROSOCIAL AND ANTISOCIAL BEHAVIOR AMONG CHILDREN IN THE FAMILY CHILD CARE HOME

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

	Infant/ Toddler %	Preschool %	School-Age %	All Homes %
Child to Peer(s), Adult(s)				
No prosocial or antisocial behavior	92.8	91.9	87.8	90.7
Prosocial to peer(s)	2.8	4.6	7.6	5.1
Prosocial to adult	2.2	2.2	2.2	2.2
Prosocial to peer(s) & adult	1.5	0.8	2.2	1.5
Antisocial to peer(s)	0.6	0.4	0.2	0.4
Antisocial to adult	0.2	0	0	0
Antisocial to peer(s) & adult	0	0	0	0
Any prosocial behavior to peer(s)	4.3	5.5	9.7	6.6
Any antisocial behavior to peer(s)	0.6	0.4	0.2	0.4
Any prosocial behavior[b]	6.5	7.7	12.0	8.9
Any antisocial behavior[c]	0.8	0.4	0.2	0.5
Peer(s) to Child				
No prosocial or antisocial behavior	95.4	95.0	91.7	93.9
Prosocial behavior to focus child	4.0	4.8	8.1	5.8
Antisocial behavior to focus child	0.6	0.2	0.2	0.3
Sample size	*180*	*162*	*200*	*542*

[a] Percentage = percent of observations in which focus child or peer exhibits behavior.
[b] Includes prosocial behavior to peers or adults in home.
[c] Includes antisocial behavior to peers or adults in home.

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

Exhibit 12-11: PROSOCIAL AND ANTISOCIAL BEHAVIOR AMONG CHILDREN IN THE FAMILY CHILD CARE HOME

Average Percentage of Time[a] by Type of Home

	All Children Related to Provider %	Some Children Related to Provider %	No Children Related to Provider %	All Family Child Care Homes %
Child to Peer(s), Adult(s)				
No prosocial or antisocial behavior	88.9	90.9	91.6	90.7
Prosocial to peer(s)	5.4	5.1	4.9	5.1
Prosocial to adult(s)	4.2	1.9	1.2	2.2
Prosocial to peer(s) & adult (s)	0.9	1.4	1.9	1.5
Antisocial to peer(s)	0.2	0.5	0.4	0.4
Antisocial to adult(s)	0.2	0.0	0.0	0.0
Antisocial to peer(s) & adult	0.0	0.0	0.0	0.0
Any prosocial behavior to peer(s)	6.4	6.6	6.8	6.6
Any antisocial behavior to peer(s)	0.2	0.5	0.4	0.4
Any prosocial behavior[b]	10.6	8.5	8.0	8.9
Any antisocial behavior[c]	0.5	0.5	0.4	0.5
Peer(s) to Focus Child				
No prosocial or antisocial behavior	94.6	94.2	93.5	93.9
Prosocial behavior to focus child	5.3	5.3	6.3	5.8
Antisocial behavior to focus child	0.2	0.5	0.3	0.3
Sample size	*180*	*162*	*200*	*542*

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

[b] Includes prosocial behavior to peers or adults in home.

[c] Includes antisocial behavior to peers or adults in home.

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

Exhibit 12-12: PROSOCIAL AND ANTISOCIAL BEHAVIOR AMONG CHILDREN IN THE FAMILY CHILD CARE HOME

Average Percentage of Time[a] by Age Mix of Children in the Home

	Infant/ Toddler	Infant/ Toddler/ Preschl	Infant/ School-Age	Preschl/ School-Age	School -Age Only	All Age Groups	All Homes
	%	%	%	%	%	%	%
Child to Peer(s)/Adult(s)							
No prosocial or antisocial behavior	91.9	92.2	87.7	86.9	88.4	91.8	90.7
Prosocial to peer(s)	0.6	4.0	5.9	7.4	6.6	5.4	5.1
Prosocial to adult(s)	5.9	2.1	3.4	3.5	2.7	1.1	2.2
Prosocial to peer(s) & adult (s)	0.9	1.3	2.8	2.0	2.1	1.2	1.5
Antisocial to peer(s)	0.0	0.3	0.2	0.3	0.2	0.5	0.4
Antisocial to adult(s)	0.7	0	0	0	0	0	0
Antisocial to peer(s) & adult	0	0	0	0	0	0	0
Any prosocial behavior to peer(s)	1.5	5.3	8.6	9.4	8.7	6.6	6.6
Any antisocial behavior to peer(s)	0	0.3	0.2	0.3	0.2	0.6	*0.4*
Any prosocial behavior[a]	7.4	7.5	12.1	12.8	11.4	7.7	8.9
Any antisocial behavior[b]	0.7	0.4	0.2	0.3	0.2	0.6	*0.5*
Peer(s) to Focus Child							
No prosocial/antisocial	97.9	94.9	91.8	91.2	93.8	94.0	93.9
Prosocial behavior to child	1.5	4.8	8.0	8.7	5.9	5.7	5.8
Antisocial behavior to child	0.5	0.3	0.2	0.2	0.3	0.3	0.3
Sample size	*37*	*103*	*68*	*39*	*48*	*247*	*542*

[a] Percentage = percent of observations in which focus child or peer exhibits each type of behavior with focus child.

[b] Includes prosocial behavior to peers or adults in home.

[c] Includes antisocial behavior to peers or adults in home.

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 means that each child can receive 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 with the child are recorded.[33]

[33] 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.

On average, there was a high level of contact between adults and focus children in family child care homes—the adults were in visual, verbal or physical contact with the children 88 percent of the time (Exhibit 12-13).[34] 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 monitoring and established physical contact with the child; and half of that time, the physical contact involved active play or expressions of affection.

As might be expected, the amount of adult monitoring decreased somewhat with the age of the focus child. School-age children spent more time without adult monitoring (18%, versus 7% for children under 3 years of age and 10% for preschool children). Also, the proportion of adult monitoring that involved physical contact with the child was lower for school-age children than for younger children.

Exhibit 12-13: ADULT CONTACT WITH THE FOCUS CHILD IN THE FAMILY CHILD CARE HOME

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

	Infant/ Toddler %	Preschool %	School-Age %	All Focus Children %
No contact with/monitoring of children	7.1	10.3	18.2	12.2
Visual contact from another room	4.3	9.2	10.2	8.0
In same room but no contact	4.4	4.8	6.4	5.2
In same room, visual/verbal contact	59.5	57.3	54.1	56.9
Low-level physical contact[b]	11.5	5.8	4.9	7.4
Moderate physical contact[c]	2.0	1.9	0.6	1.5
High-level physical contact[d]	11.2	10.7	5.5	8.9
Any adult contact/monitoring	92.9	89.7	81.8	87.8
Any adult physical contact	24.7	18.4	11.0	17.8
Sample size	*180*	*162*	*200*	*542*

[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 did not vary much by type of homes (Exhibit 12-14). The pattern of adult monitoring did however vary by age mix in the home. Homes with only children under 3 years had a higher level of adult monitoring, as well as more physical contact between the adult and the children (Exhibit 12-15).

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

Exhibit 12-14: ADULT CONTACT WITH THE FOCUS CHILD IN THE FAMILY CHILD CARE HOME

Average Percentage of Time[a] by Type of Home

	All Children Related to Provider	Some Children Related to Provider	No Children Related to Provider	All Family Child Care Homes
	%	%	%	%
No contact with/monitoring of children	10.4	15.4	11.4	12.2
Visual contact from another room	8.4	7.8	7.7	8.0
In same room but no contact	1.4	6.5	6.7	5.2
In same room, visual/verbal contact	62.5	53.0	55.8	56.9
Low-level physical contact[b]	10.4	6.1	6.3	7.4
Moderate physical contact[c]	1.0	1.7	1.6	1.5
High-level physical contact[d]	6.0	9.3	10.4	*8.9*
Any adult contact/monitoring	89.6	84.6	88.6	87.8
Any adult physical contact	17.4	17.1	18.4	17.8
Sample size	*146*	*142*	*254*	*542*

[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.

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

Exhibit 12-15: ADULT CONTACT WITH THE FOCUS CHILD IN THE FAMILY CHILD CARE HOME

Average Percentage of Time[a] by Age Mix of Children in the Home

	Infant/ Toddler %	Infant/ Toddler/ Preschl %	Infant/ School-Age %	Preschl/ School-Age %	School-Age Only %	All Age Groups %	All Homes %
No contact/monitoring	5.1	8.4	13.6	15.6	14.9	13.4	12.2
Visual contact--another room	1.9	6.0	8.0	5.2	11.2	9.5	8.0
Same room but no contact	2.1	1.9	5.4	7.1	1.7	7.4	5.2
Same room, visual/ verbal	60.3	61.8	54.9	56.1	58.7	54.6	56.9
Low-level physical contact[a]	19.9	8.1	8.8	7.1	6.3	5.1	7.4
Moderate physical contact[b]	1.5	2.6	1.0	0.5	1.0	1.3	1.5
High-level physical contact[c]	9.2	11.2	8.3	8.4	6.1	8.8	8.9
Any adult contact	94.9	91.6	86.4	84.4	85.0	86.6	87.8
Any adult physical contact	30.6	21.9	18.1	16.0	13.4	15.2	17.8
Sample size	*37*	*103*	*68*	*39*	*48*	*247*	*542*

[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.

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

Adult Language to the Child

One of the most important aspects of the provider's behavior with children is the language that she directs to them, the amount and the content. 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 language is described in terms of the extent to which it elicits complex language from the child and the extent to which it communicates warm, positive support for the child.

Overall, the provider talked to the focus child about two-thirds of the time (Exhibit 12-16).[35] Most of the adult language involved either simple socializing or management suggestions ("Let's clean up our things now"). Only 11 percent of the adult language was "high-level language" that provides information, teaches the child, or calls for an elaborated response from the child (i.e., a response that goes beyond yes or no and requires

Exhibit 12-16: ADULT LANGUAGE TO THE FOCUS CHILD IN THE FAMILY CHILD CARE HOME

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

	Infant/ Toddler %	Preschool %	School-Age %	All Focus Children %
Any language	59.5	63.4	71.4	65.0
Simple socializing	15.4	15.0	12.9	14.4
Teaching, reasoning, explaining	11.3	10.8	7.4	9.7
Managing, directing, suggesting	10.2	8.0	6.1	8.0
Questions inviting elaborated response	0.6	1.0	0.7	0.8
Positive language	2.9	1.8	1.4	2.0
Negative language	0.2	0.1	0	0.1
High-level adult language[b]	11.9	11.8	8.1	10.5
High-level adult involvement[c]	21.7	19.3	12.8	17.7
Low-level adult involvement[d]	81.5	84.7	91.1	86.0
Sample size	*180*	*162*	*200*	*542*

[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 questions calling for an elaborate response.
[c] High-level adult involvement includes high physical contact, high-level adult language and positive language.
[d] Low-level adult involvement includes no adult physical contact and no adult language.

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

the child to formulate a thought and express it). Positive language was also relatively rare, occurring only 2 percent of the time, on average. The overall amount of adult language to focus children was highest for school-age children (Exhibit 12-16).

[35] 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.

Although the overall amount of adult language did not differ appreciably across different types of homes, there was a tendency for providers in relative care to use less high-level language and do more simple socializing with children (Exhibit 12-17).

The homes with all school-age children had the most adult language (across all types of languages), and the homes with all infants and toddlers had the least adult language (Exhibit 12-18). Homes with only younger children also experienced the highest levels of adult involvement with children (high-level adult language or high-level physical contact), and homes of school-age children the least.

Exhibit 12-17: ADULT LANGUAGE TO THE FOCUS CHILD IN THE FAMILY CHILD CARE HOME

Average Percentage of Time[a] by Type of Home

	All Children Related to Provider	Some Children Related to Provider	No Children Related to Provider	All Family Child Care Homes
	%	%	%	%
Any language	66.5	64.8	64.4	65.0
Simple socializing	20.9	12.0	11.9	14.4
Teaching, reasoning, explaining	6.2	11.3	10.8	9.7
Managing, directing, suggesting	4.7	8.8	9.5	8.0
Questions inviting elaborated response	0.5	0.7	1.0	0.8
Positive language	1.2	2.2	2.3	2.0
Negative language	0	0.2	0	0.1
High-level adult language[b]	6.8	12.0	11.8	10.5
High-level adult involvement[c]	11.9	19.7	19.9	17.7
Low-level adult involvement[d]	86.7	86.0	85.5	86.0
Sample size	*146*	*142*	*254*	*542*

[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 questions calling for an elaborate response.
[c] High-level adult involvement includes high physical contact, high-level adult language and positive language.
[d] Low-level adult involvement includes no adult physical contact and no adult language.

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

Exhibit 12-18: ADULT LANGUAGE TO THE FOCUS CHILD IN THE FAMILY CHILD CARE HOME

Average Percentage of Time[a] by Age Mix of Children in the Home

	Infant/ Toddler %	Infant/ Toddler/ Preschl %	Infant/ School-Age %	Preschl/ School-Age %	School-Age Only %	All Age Groups %	All Homes %
Any language	54.8	59.1	65.1	66.6	72.3	67.3	65.0
Simple socializing	18.5	19.1	17.2	13.0	14.8	11.1	14.4
Teaching, reasoning	9.7	10.1	9.8	9.2	7.3	10.1	9.7
Managing, directing	10.7	7.7	5.9	9.4	3.5	9.0	8.0
Questions inviting elaborated response	0.7	1.3	0.5	0.4	0.7	0.7	0.8
Positive language	5.1	2.6	1.4	1.4	1.2	1.7	2.0
Negative language	0.5	0	0	0	0.1	0	0.1
High-level adult language[b]	10.4	11.4	10.3	9.6	8.0	10.8	10.5
High-level adult involvement[c]	22.2	19.9	17.0	14.0	12.8	17.9	17.7
Low-level adult involvement[d]	78.2	81.8	86.0	87.1	89.6	88.1	86.0
Sample size	*37*	*103*	*68*	*39*	*48*	*247*	*542*

[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 questions calling for an elaborate response.
[c] High-level adult involvement includes high physical contact, high-level adult language and positive language.
[d] Low-level adult involvement includes no adult physical contact and no adult language.

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

Summary of Findings

Children were engaged in play activities with objects about half of the time, but creative and dramatic play with objects were both rare. These occurred least often in homes with all related children. Most of children's play involved other children, but only 13 percent of this social play involved higher-level interactions such as perspective taking, collaboration or taking turns. Higher-level object and peer play were least common with younger children, as would be expected developmentally. In a related finding these high-level behaviors were more common in homes, with a mix of preschoolers and school-age children.

Children were using some language about 40 percent of the time, with language to adults decreasing with the age of the child and language to peers increasing in older children.

Children displayed almost no antisocial behavior towards either adults or children. Prosocial behaviors were demonstrated about 10% of the time; prosocial behavior with adults was more frequent in homes with all related children.

Across the homes in this sample, the level of contact between the provider and children was very high—providers were in visual, verbal or physical contact with children almost all of the time. Homes with the youngest children had the highest levels of contact and more ***physical*** contact between adults and children.

Providers spent two-thirds of their time talking to children, although it consisted mostly of providing management suggestions or relatively low-level chat. Little adult language involved providing information, teaching or eliciting a response from the child beyond a simple "yes" or "no".

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 had 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.[36] Providers in this study had been providing care for an average of seven years. The children in the study seem not to have experienced instability in their care arrangements; most had experienced only one or two arrangements since birth.

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.

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

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