

Child Care

Close to Home: A Simultaneous Equation Model of the Relationship Between Child Care Accessibility and Female Labor Force Participation

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Rising rates of maternal employment, particularly among current and former welfare recipients, have increased the use of substitute child care. Although much scholarly attention has focused on the cost of purchasing child care, little empirical work has examined the relationship between non-monetary components of child care and women's labor supply. The geographic supply of child care is one area that has not been explored. Drawing from economic models of female labor supply and the competitive firm, we combine census data with child care provider information for the state of Maryland to explore the simultaneous relationship between female labor supply and the geographic supply of child care. OLS and 3-SLS equations are estimated, and the findings are consistent across each estimator: women's labor supply is sensitive to the geographic supply of child care and vice versa. The estimated child care supply elasticity is 0.04, while the labor supply elasticity is 2.96.

The Impact of a Constructivist Training Program on Early Childhood Teachers' Views of Learning and Training

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This qualitative study examined the multidimensional views of 17 early childhood teachers on constructivist curriculum training. The teachers' perceptions and beliefs, as a result of the curriculum training, were ascertained through interviews over the course of one year. The findings generated themes that merged the teachers into three categories regarding teacher professionalism: Early Childhood Education (ECE) as a Career, ECE as a Conditional Career, and ECE as a Job/Task. Within each category, the data are presented in relation to the (a) group's characteristics, (b) developmental stages, and (c) knowledge structure via the teachers' self-reported beliefs and teaching practices.

Data were collected over the course of approximately 12 months in urban and rural communities in a Midwestern state. Cross-case analysis and constant comparison techniques (Glaser & Strauss, 1967) were used as the data collection and analysis process unfolded.

The work of Lilian Katz (1972) on the developmental stages of preschool teachers was used in discussing the teachers' developmental levels. An examination of James Gallagher's (1994) presentation on teaching and learning, expert and novice teachers, also informed the discussions of the teachers' characteristics and perceptions.

Teachers who presented their work with young children as a career demonstrated the greatest level of impact as a result of the curriculum training. These teachers also held beliefs about children, learning, and teaching that paralleled the ideas presented in the training. Many of the teachers expressed that the curriculum approach had validated their own beliefs and practices in working with children. They shared a history of more formal education, including early childhood/child development-specific education and training. They also had extensive experience in the early childhood classroom, and in the majority, worked in programs where there existed an expectation for continual training/education.

The second group of teachers expressed excitement about the curriculum philosophy. Their abilities to implement the training were bound by limited education and training. While their beliefs about children, learning, and teaching were somewhat indistinct and, therefore, showed some change as a result of the training, their usage of the curriculum was limited due to lack of understanding and awareness of sufficient theory and practice. They were all novice teachers.

The third group discussed their work with young children as a job/task. They demonstrated the least level of impact from the training. The pedagogy espoused by the curriculum training was often contrary to the teachers' beliefs about children, teaching, and learning. The teachers expressed an unwillingness to implement a curriculum approach that required a change in their educational philosophy or teaching behavior. This group had somewhat limited education in

child development/early childhood education. They worked in programs where there were no expectations for continual education for program improvement.

Lastly, the distinctions among teachers regarding professionalism and teacher characteristics are discussed as a guide for making programmatic curriculum (including the Project Construct Approach) choices, training, and mentoring formats.

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A Theoretical Framework for Conceptualizing Moderators of Child Care Effects: Application to the Early Head Start Research and Evaluation Project

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In their recent reviews of child care literature, Clarke-Stewart and Allhusen (2002) and Lamb (1998) cautioned against focusing on main effects of child care and overgeneralizing findings, instead suggesting that research focus on *circumstances* under which child care experiences may be most beneficial or detrimental. Although a growing body of literature has begun to address this question, there appears to be no coherent theoretical framework guiding this work, and, as a result, methodological and analytic approaches vary widely across studies that address the interaction of child care variables with potential moderators. Despite the lack of a coherent framework, there has been some limited reference to three relevant hypotheses, which were recently summarized by NICHD ECCRN (2002): the *compensatory hypothesis* predicts that early child care may buffer at-risk children from poor outcomes, the *lost resources hypothesis* predicts that low-risk children may be particularly at risk for poor outcomes if they attend child care settings that are poorer in quality than their home environments, and the *dual risk hypothesis* predicts that at-risk children will be impacted most detrimentally by child care, particularly if it is of poor quality. However, with the exception of the term “compensatory,” which has been referenced only occasionally in the child care moderation literature, these terms have rarely been used and, thus, do not yet appear to be formally guiding this body of research. Perhaps as a result of this lack of theory, the majority of researchers do not give sufficient information about the nature of interactions to allow fully meaningful comparisons across studies. By employing consistent terminology that corresponds to specific patterns of moderation and using similar methods to interpret interactions, these cross-study comparisons should be more straightforward. The poster presents a comprehensive theoretical framework for understanding moderation of child care effects. The proposed model integrates the three hypotheses summarized above and also offers a more expansive and flexible framework for understanding potential child care interaction effects. The poster also use this framework to analyze child care and moderator (gender, ethnicity, parenting) data drawn from the Early Head Start Research and Evaluation Project. Cognitive, language, and behavioral outcomes at 24 and 36 months are considered as outcomes. Analyses, driven by the theoretical model, focus on simple effects contrasts within the context of analysis of covariance models. Policy implications and suggestions for future research will be discussed.

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Parenting and Child Care in Rural Environments

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The purpose of this study was to identify parental beliefs, attitudes and values, parental perceptions of ideal child care, and decisions parents make about child care as described by rural, low-income parents in central Iowa. The research question guiding this study was: How does parents' understanding of child development and parental roles influence their use of existing child care supports? Our objectives were to describe parenting beliefs of rural, low-income parents, describe the place of child care in their lives and describe ideal child care, or what child care best meets their needs

Ten families participating in Early Head Start in three rural, central Iowa counties participated in the study. We used focus groups interviews in an attempt to capture the essence (Patton, 1990) and multiple perceptions (Brotherson & Goldstein, 1992) of experiences for participants. Focus group tour questions included:

1. As a parent, what do you think are the most important things you can do for your child?
2. If money was not object and you could design ideal child care to support parents like yourself, what would it look like?
3. What do parents think about when they make decisions about child care?

Each focus group was audiotaped, notes were recorded, tapes were transcribed and transcriptions were checked against the tapes and notes. Statements were grouped by themes and subcategories and significant statements were labeled, checked, and discussed until we reached consensus regarding their classification. Trustworthiness (Guba, 1981) was addressed through attempts to maintain truth value, applicability, dependability and neutrality.

Both proximal and distal factors affected parents' child care choices. Children's characteristics (including special needs), experiences with and in extended family, and information from peers and community influences all surfaced, as parents described what they consider when making child care choices.

Parents' relationships with and knowledge of the child care provider were key factors in their decision-making. Often, they found that the places they preferred for their children were full, wouldn't take infants, or they were uncomfortable with the provider's ability or willingness to care for children with special needs.

Statements by these families led us to consider several implications for practice in programs serving families in rural areas. First, programs should follow parents' leads when building child care partnerships. Second, providing information in the context of relationships parents already have may be helpful. Third, family and child care partnership agreements may be one strategy for supporting families and improving quality of child care services. Finally, Early Head Start programs could serve as a hub for training and technical assistance, developing family and provider networks that recognize, create and maintain important relationships while supporting

high quality child care. Exploring individual parent's values and definitions of quality and bringing those together with professional definitions of quality could help EHS and other prevention/early intervention programs directly address parental beliefs and work within the framework of those beliefs for maximum effectiveness in service delivery.

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The Impact of Center Provider Change on the School Readiness of Diverse, Urban, Low-Income Preschool Children in Subsidized Care

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Prior research suggests that many preschoolers routinely experience unstable childcare and that these unstable care experiences may have negative effects on their school readiness outcomes. For example, approximately 1 in 5 children (ages 0 to 5) in the U.S. regularly spend time in more than one arrangement per week (U.S. Bureau of the Census, 2002) and the use of more multiple concurrent arrangements during the preschool years has been linked with poorer academic progress at the end of 1st grade (Howes, 1988).

However, there is currently a lack of research on the role of stability in low-income and minority preschool children, who are at the most risk for academic problems and difficulties (Duncan & Brooks-Gunn, 1997). Also, there is a need for research on how the impact of stability may differ by family demographics such as ethnicity and gender.

The current study examined: (1) the impact of center change in center-based childcare from the beginning to the end of the school year—a measure of childcare stability—on cognitive/linguistic skills and socio-emotional health of low-income, ethnic minority children who are in subsidized childcare, and (2) how effects of provider change status may differ by gender and ethnicity status. Outcomes were measured in terms of gains made from the beginning to the end of the school year and averaged performance across the beginning and end of the school year.

Children's cognitive/linguistic and socio-emotional skills were measured with the Learning Accomplishment Profile-Diagnostic (LAP-D; Nehring, et al. 1992) and the Devereux Early Childhood Assessment (DECA; LeBuffe & Naglieri, 1999), Teacher and Parent report versions. The LAP-D measures four major domains of development: cognitive, language, fine motor, and gross motor skills; the DECA measures the four subscales of initiative, self-control, attachment with adults, and behavioral concerns.

Participants were 3,238 4-year-old preschoolers (47% female; 62% Hispanic/Latino, 33% African American, and 5% White) attending subsidized childcare centers.

Results showed that children who changed providers scored on average higher at both time points on language than children who did not change providers, which suggests that parents were more likely to switch centers for children with high language ability. But teachers reported higher overall initiative and adult closeness/attachment for children who did not change providers than for children who changed providers.

None of the interactions involving time x provider change proved significant and there were no differences in provider change status over time between boys and girls. However, pre-post gains made by children who changed providers versus children who did not change differed by ethnic

group for teacher-reported initiative and adult closeness. Compared to White, Hispanic/Latino, and non-center changing African American children, African American children who changed center providers from the beginning to the end of the year showed a decrease in performance from pre to post on these outcomes.

The findings suggest that African American children may be adversely affected when they change center providers and that all children who change centers show less attachment/closeness with adults.

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Measuring Quality of Caregiving in Family Child Care Homes: A Comparison of Instruments

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While virtually all early childhood professionals agree that state regulations for licensure or certification of family child care homes represent the floor of caregiving quality, disagreement exists among the same group of professionals about how to define and measure higher levels of quality in family child care homes. Some professionals contend that quality family child care homes should be like “family care” (i.e., a loving, safe environment), while others advocate that quality family child care homes should meet the same quality standards as child care centers (i.e., educational). The purpose of the present study was to address two main questions. First, we asked how quality ratings for a sample of providers varied across assessment tools. Second, we sought to understand how the tools measured quality in family child care homes.

Trained observers measured the quality of child care in 95 family child care homes in a large urban county using the Family Day Care Rating Scale (FDCRS) (Harms & Clifford, 1989), the Caregiver Interaction Scale (CIS) (Arnett, 1989), the Environment Checklist (EC) (Goodson, Layzer, and Creps, 2002), and the Provider Rating System (PRS) (Goodson, Layzer, and Creps, 2002). While the FDCRS and the CIS are widely used measures of child care quality, the EC and PRS are less well-known. The EC and the PRS were used to assess family child care quality in the National Study of Child Care for Low-Income Families. The EC consists of 78 items across seven areas including space, environmental comfort, equipment and materials, indoor safety and health, daily routines, outdoor safety and health, and dangerous situations. The PRS consists of 55 items from the National Family Child Care Accreditation measure. Both the EC and the PRS measure quality of caregiving on a 3-point scale where a score of 1 corresponds to “usually true”, 2 corresponds to “sometimes true”, and 3 corresponds to “little or no evidence” that the behavior is true. Scores on the EC and PRS were reverse coded where appropriate so that higher scores corresponded to higher levels of caregiving as with the FDCRS. Because the FDCRS and the EC measure characteristics of the caregiving environment and the CIS and the PRS measure characteristics of the provider and her interactions, we focused our analysis on the two sets of assessment measures.

Results indicated that provider scores on the FDCRS and the EC were significantly correlated with one another as were provider scores on the two measures of caregiver sensitivity, the CIS and the PRS. We suggest, however, that for the FDCRS and the EC in particular, the information gathered about the quality of caregiving is quite different. We found that the EC was focused primarily on the presence or absence of materials in the caregiving environment and failed to note how providers used the materials to provide developmentally appropriate learning environments. Providers who had the highest scores on the EC had only medium or average scores on the FDCRS.

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Home-based Technical Assistance for Improving Quality in Family Child Care Homes: A Preliminary Look Inside the “Black Box”

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Improving the quality of family child care has become a priority as more and more children spend some or most of their day in family child care homes. In order to meet the needs of family child care providers who offer multiple shifts of care, interventions aimed at improving quality employ a home visiting strategy. Home visiting strategies, while popular, have demonstrated limited success (Gomby et al., 1999).

Our recent findings support Gomby’s assertion. As part of an evaluation of a program designed to increase the quality of caregiving in family child care homes in a large urban county, we found that instead of increases in quality as a result of home-based technical assistance, quality scores declined significantly. In order to better understand why the home-based intervention was ineffective, we sought to examine how technical assistance was being delivered by technical assistants (TAs) and received by family child care providers.

Participants included 10 TAs and a convenience sample of 22 family child care providers who were recruited by their TAs. Observations of the technical assistance sessions generally lasted 90 minutes. Two observations of the same TA/child care provider dyad were completed for 21 of 22 dyads for a total of 43 visits.

During observations, qualitative data about the TA sessions were recorded and analyzed. We found that person characteristics, materials characteristics, and facility characteristics influenced the quality of the visits. For example, we noted that provider characteristics such as intentionality, communication skills, flexibility with change, assertiveness, and mental and/or physical health influenced a session’s success. A TA’s use of materials, preparation of activities, ability to seize teachable moments, and knowledge of developmentally appropriate practice also affected the effectiveness of the session. The rapport between the TA and the children and the ability of the TA or provider to manage children’s behavior became critical to the success of visits in some instances. The number of children and ages of the children influenced the quality of some sessions. When four or more children were present and when the age range of the children was wide or when there was a child with special needs, TAs were challenged to provide activities that met the needs of all the children in care. Finally, materials and facility characteristics also affected sessions. The amount of space available for activities, the use of the television for an activity or having the television on during the session, the difficulty of the information to be taught, and the appropriateness and quality of the materials used in activities, all influenced the overall quality of technical assistance sessions.

In summary, this first glimpse of the organization of technical assistance visits was informative for training purposes as well as for future assessments of technical assistance. These initial insights provide suggest why some technical assistance may be ineffective in improving quality of caregiving in family child care homes. Fidelity to the curriculum, an area we were unable to

assess, and the importance of fidelity to improving quality remains an area of additional investigation.

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Parent-Teacher Agreement and Child Referral Decisions in a Subsidized Childcare Setting

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The study explored predictors of child referral recommendations made by early childhood teachers and clinicians in an urban, subsidized childcare setting. It is important for researchers and practitioners to understand how referral decisions are made in the community because the long term consequences of an at-risk child being referred to an agency for evaluation and intervention are profound, for both the quality of that child's life and for society in general. The sample consisted of low-income, ethnically diverse (67% Hispanic/Latino, 21% black/African-American, and 11% white/Caucasian/other) preschool children (N = 899, mean age = 48 months, 47% female) attending subsidized childcare programs (N = 61) in a major Southeastern city participating in a community initiative (Natural Environment Educational Development [NEED]) designed to help identify children with special needs and assist regular community childcare centers and caregivers in providing appropriate interventions and referrals for such children. All children at these centers were individually assessed at the beginning and end of the academic year with the LAP-D (Nehring, Nehring, Bruni, & Randolph, 1992) and parents and teachers also completed the Devereux Early Childhood Assessment (DECA; LeBuffe & Naglieri, 1999) at both time points. Children were observed in the classroom by a clinician if they had low scores in multiple domains of the LAP-D or DECA. These clinicians then decided whether or not the children would be referred for further evaluation or given intervention in the classroom.

The following variables were analyzed in relation to both clinicians' and classroom teachers' referral recommendations (refer, classroom intervention, no follow-up): children's LAPD assessment scores at pre and post, parents' and teachers' DECA ratings from pre and post, parent-teacher agreement on the DECA, clinician's classroom observations, and teacher interviews. Findings revealed that the children who were ultimately recommended for referral by the clinician had the lowest scores on LAP-D cognitive, language, and fine motor functioning, whereas scores for children who received classroom intervention only and children who received nothing were very similar. Children referred for classroom intervention only had the least positive information from classroom observations, and children who did not receive follow up had the most positive information. Disagreement between parent and teacher on the self-control scale of the DECA was significantly related to the clinician's referral decisions, in that children who were actually referred were the ones about whom parents and teachers agreed the least and children recommended for classroom intervention only had parents and teachers who disagreed the least. Parent DECA scores were not related in any way to clinician referral behavior, indicating that the classroom observers/clinicians did not use parent report information much to inform their decisions. Referral decisions made by the classroom observers in this study were, however, related to teacher-reports on the DECA.

In sum, the referred group of children was made up of those with the lowest scores on both assessments and whose parents and teachers showed the most disagreement, therefore, they were in fact the children who were most in need and most at risk for developmental problems.

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Investigating Prekindergarten Child Care Characteristics and Head Start on Kindergarten Outcomes: Analyses Using the Early Childhood Longitudinal Study

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(Summary not available)

The Enhanced Home Visiting Pilot Project: How Early Head Start Programs are Reaching Out to Kith and Kin Caregivers

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The national evaluation of Early Head Start found that a large proportion of families, especially those in the home base option, rely on child care provided by family, friends, and neighbors (“kith and kin”) (Administration for Children and Families, 2004). Although state and local agencies are exploring strategies to support kith and kin caregivers, little is known about how to effectively engage and provide services in ways that promote quality care for young children (Anderson, Ramsburg, & Scott, 2005; Collins and Carlson, 1998; Porter, 1998). To address this need, the Head Start Bureau funded 23 Early Head Start programs to implement the Enhanced Home Visiting Pilot Project, a three-year initiative to provide services to kith and kin caregivers of children enrolled in Early Head Start.

This poster presents findings from the evaluation of the Enhanced Home Visiting Pilot Project on implementation experiences during the initiative’s first year. The primary aim of the evaluation is to describe program implementation, and to identify promising models for outreach and service delivery to assist caregivers in acquiring the knowledge and resources they need to promote children’s development. The evaluation involves 1) interviews with Early Head Start staff and community partners, 2) focus groups with caregivers and parents, 3) case reviews of participating families, and 4) administrative data on family and caregiver characteristics, child care arrangements, and pilot services.

By the end of the first year, 394 caregivers had been enrolled across the 23 pilot sites. The vast majority of caregivers were family members and over half were grandparents. Programs were successful in recruiting caregivers largely because they had already established trusting relationships with the Early Head Start family. Focusing on how pilot services would be helpful to the child was also effective in encouraging caregivers to participate.

Most of the sites based their program on the model used to provide home visits to Early Head Start families, with a strong emphasis on engaging the caregiver and child in activities to address the child’s developmental goals. Improving parent-caregiver communication and consistency in caregiving practices between parent and caregiver was also a focus. All of the sites provided books and educational toys to caregivers, and over half provided health and safety equipment as well. Home visitors made referrals for health and social services when needed, and most sites offered some type of group training activity for caregivers.

The pilot programs experienced a variety of implementation challenges over the course of the first year. These included recruiting caregivers into the program, encouraging caregiver attendance in group training activities, and maintaining the home visit focus on child development rather than other family needs. Yet despite these challenges, the pilot programs experienced a number of early successes. These included increasing caregivers’ knowledge about child development and use of developmentally appropriate practices, increasing consistency in

caregiving practices, and reducing caregivers' social isolation. Overall, the evaluation suggests that enhanced home visiting services within Early Head Start represents a promising approach to promoting quality care among kith and kin caregivers.

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