

**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:  
Executive Summary**

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Abt Associates Inc.  
55 Wheeler Street  
Cambridge, MA 02138

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

*Prepared by*  
Jean I. Layzer  
Barbara D. Goodson



# Executive Summary

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The *National Study of Child Care for Low-Income Families* was a seven-year research effort conducted in 17 states and 25 communities within those states. The study was designed to provide federal, state and local policy makers with information on the effects of federal, state and local policies and programs on child care at the community level, and on the employment and child care decisions of low-income families.<sup>1</sup> It also provides insights into the characteristics and functioning of family child care, a type of care frequently used by low-income families, and the experiences of parents and their children with this form of care.<sup>2</sup> Abt Associates Inc. of Cambridge, Massachusetts, and the National Center for Children in Poverty at Columbia University's Joseph Mailman School of Public Health in New York City, conducted the study under contract to the Administration for Children and Families in the U.S. Department in Health and Human Services.

The study was initiated in the wake of sweeping welfare reform legislation enacted in 1996. It looked at 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 these 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 investigated 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 examined, 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 to what extent the care provided in that environment supports parents' work-related needs and meets children's needs for a safe, healthy and nurturing environment. This portion of the study involved multiple data collection efforts over a 2½-year period, making it possible to track changes in parental employment, subsidy status and child care arrangements over time.

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. Its initial focus is on low-income parents with young children and their employment and child care experiences. The report presents profiles of the family child care providers used by these families, descriptions of their homes as child care environments and the experiences of individual children in the homes. Information for the report was gathered through in-person interviews with parents and providers and systematic observations in the care setting.

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

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

<sup>2</sup> In this study, family child care is defined as care by an adult, related to the child or unrelated, in that adult's own home and outside the child's own home.

## Highlights of Findings

- **Although most of the mothers in the study were working full-time at a single job, their employment was unstable and, for the most part, did not conform to a standard nine-to-five schedule.** The majority of mothers interviewed had been unemployed at some point in the prior twelve months. Their work schedules were often off-hours or varied from week to week. Employed spouses or partners were almost as likely to work non-standard hours.
- **Most children had experienced stable child care arrangements; more than half had had two or fewer out-of-home care arrangements since birth.** Half of the children who were cared for by relatives had been in a single care arrangement since birth.
- **Parents were knowledgeable about the availability of different child care arrangements and believed they had alternatives to the child care arrangement they had chosen.** Parents reported few options for care for school-age children and more choices, including center-based care, for toddlers and preschool-age children. It took parents a month, on average, to make their child care arrangement, often on the basis of information or advice from someone they trusted. Less than 10% wanted a different arrangement from the one they were using.
- **The safety of the home, practical considerations such as hours that matched work schedules, and the parent's relationship with and trust in the child care provider were the most compelling reasons for the choice of child care arrangement.** Across families of different ethnicities and with children of different ages, reasons given for the choice of child care arrangement differed little if at all. Many parents and providers had close personal relationships, viewing each other as a friend and seeing each other socially.
- **Subsidies made child care considerably more affordable for families, but did not determine their choice of child care arrangement.** On average, parents spent \$121.17 per month on child care; the average amount spent per child was \$81.03. Families who received subsidies spent, on average, less than half of the amount paid by families who bore the whole cost of care. For the most part, parents did not change their child care arrangements when they began receiving a subsidy or when they lost the subsidy.
- **Family child care homes provided year-round care for an average of 13 hours a day, 67 hours a week.** Half the providers offered weekend or off-hours care and almost as many would accommodate irregular schedules. Almost half were willing to care for children when they were sick. Parents viewed this flexibility as a major advantage of this type of care arrangement.
- **The average weekly fee charged by providers for child care was \$83.17; for relative care the weekly fee was \$60.03.** Average annual income from child care was \$19,000, making up more than half of the provider's annual household income. For those who provided care only for related children, average annual income from child care was much lower—\$4,000, compared with \$23,000 for providers with no related children.
- **Family child care homes were generally safe places for children and provided consistent evidence of good health practices. More than two-thirds (69%-70%) of homes had adequate supplies of developmentally-appropriate materials for infants, toddlers and preschoolers. Just over half (58%) had adequate supplies for school-age children.** Space in the homes was safe, adequate for play and learning activities, well-lit and not overly noisy. Areas of concern included: uncovered electrical outlets (55% of homes); doors that could be locked from the inside (50%); accessibility of unsafe materials (38%); and inconsistent hygiene

practices (25%). About half of the homes had inadequate supplies of books and basic art materials.

- **Family child care providers showed interest in and affection for children, supervised their activities and were responsive to their needs.** There was little stress or conflict in the homes and few children were observed to be in distress (crying, listless or withdrawn). Providers encouraged and were involved in children's play. They were much less likely to spend time teaching children social skills or supporting children's learning in other areas.
- **Learning activities (reading or being read to, math science or nature activities) constituted a small fraction (less than 10%) of children's activities in the family child care home.** Routines such as naps, meals and snacks, and physical care were the most common activities. Almost as frequent were play activities such as working with puzzles, playing games, pretend play and active physical play. Reading activities were observed in only 37% of the homes. Compared with caregivers in center-based programs for preschool children, family child care providers spent less time in activities that promote cognitive and language development.
- **Across homes, the level of contact between providers and children was very high—providers were in visual, verbal or physical contact with children almost all of the time.** Most interactions were positive; children displayed almost no antisocial behavior with either adults or other children.
- **The presence and use of television was a concern.** In more than 40% of the homes, the television was rarely or never turned off. In the majority of homes, at least one child was watching television at each observation point.

## Parental Employment Patterns and Schedules

Almost all (91%) of mothers in the study were working at a paid job. Only a very small percentage 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. 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.

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).

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). Mothers working non-standard hours were somewhat more likely to use relatives as caregivers.

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

While most of the mothers were employed at the time of the first interview, just over one-third had worked continuously over the prior twelve-month period, and almost half had been unemployed at some point in the three months preceding the interview. On average, mothers in the study had worked eight of the prior twelve months.

## **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.

## **Child Care Arrangements**

All of the families recruited for the study were using some form of family child care when the study began. More than one-third of the focus<sup>3</sup> children were cared for by a relative in the relative's home. More than half had one or more siblings in the same child care arrangement.

Child care arrangements for the children in the study were remarkably stable. Most of the focus children (90%) were in a single full-time child care arrangement;<sup>4</sup> 7 percent had two concurrent arrangements and the remainder were in three or four arrangements. Since birth, more than one-third 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. 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.

### **Finding Child Care**

Just over half of the parents considered other arrangements for their child before making their decision, visiting other providers or child care facilities or thinking about staying home to care for the child themselves. Almost one-third had no alternative to the arrangement they chose. However, lack of choice did not always translate into dissatisfaction with their arrangement; less than 10 percent of

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<sup>3</sup> In each family, we selected one child as the primary subject of our questions about child care and the focus of our observations of individual children in the family child care home.

<sup>4</sup> We did not include school or care by one or other parent in these calculations; other studies often include both in the calculation.

all the parents (who at this time were all using family child care) would have preferred a different arrangement, usually another home-based arrangement. On average, it took parents about a month to make the final arrangement.

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

### **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. No single reason dominated parents' choices, but safety was the prime consideration for almost one-quarter of the parents, and one of several factors for 60 percent of them. Almost equally important were practical considerations such as accessibility and hours that matched the parent's work schedules, and the parent's relationship with and trust in the child care provider. Aspects of the care arrangement that might be related to school readiness were rarely given as the most important reasons for parents' choice and less than 20 percent of parents mentioned these considerations at all. Across families with children of different ages and different ethnicities, reasons for choosing a care arrangement differed little if at all.

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

### **Friendship and Conflict Between the Parent and Provider**

Family child care is characterized by the intimacy of the relationship between the parent and the provider. Parents and providers may be friends before the provider cares for the child and, in the case of relative care, there is certainly a prior relationship between parent and provider before the child care arrangement is made. Once a parent decides to use a particular provider, there are possibilities for positive and negative consequences as a result of the closeness of the parent-provider relationship. Providers and parents may become friends as a result of sharing the care of the child, and this situation may strengthen their relationship, or there may be new strains on their relationship because of disagreements about rearing the child, payments, the child care schedule, or other issues.

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

Parents reported a low incidence of critical interactions or disagreements. Eleven percent said that their provider had been critical of them as a parent or as a person and about 9 percent reported having had a disagreement with their provider. Slightly more providers reported disagreements (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 those who were not related. When parents and providers were related, there were stronger feelings, both positive and negative. Related parents and providers reported stronger friendships and more disagreements than parents and providers who were not related.

### **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.

For 80 percent of the parents who were receiving subsidies, the monthly payment represented the required copayment; 10 percent had no copayment.<sup>5</sup> 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.

### **Family Child Care Providers and Their Homes**

Most of the family child care providers in the study completed high school and more than one-third had some college experience. Only five percent had a college degree. There were large differences in educational background between related and unrelated providers. Providers who cared for unrelated children were three times as likely to have had some education beyond high school as those who cared for the children of relatives. On average, they had been providing child care for more than seven years.

### **Income from Child Care**

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

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<sup>5</sup> 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.



## **Characteristics of the Homes**

### ***Licensed Status***

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. Nearly all providers who cared for unrelated children were licensed, compared with fewer than 15 percent of those who cared for related children only.

### ***Number of Children***

The number of children enrolled in the family child care homes ranged from a single child to 20 children,<sup>6</sup> 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 were related to the caregiver tended to be smaller, with an average of three children and a range of from one to ten children.

### ***Ages of Children***

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

### ***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 provided care all 52 weeks of the year.

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 other types of homes.

Many of the parents in the study worked during non-standard hours or had irregular schedules, and many homes were able to accommodate these schedules. More than half of the homes provided care during weekend hours, and a majority provided off-hours care. Almost half 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 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 and to accommodate both off-hours and irregular schedules.

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<sup>6</sup> 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.

### ***Care When Children are Sick***

Working parents are faced with a problem when children are sick. Most centers and many family child care homes will not allow a parent to bring a sick child to the center or home and will ask parents to come and pick up a child who falls sick while in care. Almost half of the homes in the study would allow a parent to leave a feverish child in care, and more than half would care for a child who has a severe cough. Less than one-third 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 and twice as likely to care for a child with a rash, probably because they assumed that siblings would already have been exposed.

### ***Arrangements When the Provider is Sick***

The assumption is often made that a family child care home arrangement will be disrupted if the provider is sick; the providers in the study suggested otherwise. Only 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 found someone to cover for them when they were sick; and a much smaller number (15%) continued to provide care when they were sick. Responses varied little among different types of homes and providers.

## **The Family Child Care Environment**

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. Space in the family child care homes was rated as generally adequate for children’s needs, with comfortable and adequate indoor space for play and learning activities, space for active play, places where children could play or work in peace, and a safe and unrestricted environment for very young children. The average score across all ten items used to rate the adequacy and comfort of the space was high—2.6 out of 3.0, where 3 indicates that the home consistently met standards.<sup>7</sup> On one aspect of comfort 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.

### **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. The majority of homes had enough developmentally-adequate indoor and outdoor play materials and equipment for preschool and younger children enrolled in the home, but only 58 percent of homes had adequate materials for school-age children. 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 types or for homes with different ages of children.

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<sup>7</sup> It should also be noted that, on four of the six items, at least 10 percent of the homes were rated as not adequate.

## **Health and Safety in Homes**

The family child care homes in the study were, on average, safe and healthy places for children. Their overall score of 2.7<sup>8</sup> for indoor health and safety indicates there was consistent evidence of good health practices, as defined by national pediatricians' groups. At the same time, some of the 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.

## **Providers' Interactions With Children**

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

### **Provider Warmth, Guidance and Supervision**

Providers were rated in terms of: their expression of interest in and affection for children and their responsiveness to children's requests and needs; use of positive guidance and discipline; avoidance of harmful interactions with children; and supervision of children. In general, providers received high average ratings in all four areas. 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, and only 41 percent were rated as consistently playing interactively with children; 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 or by the age mix of children in the home.

### **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. These skills are, of course, important aspects of children's readiness for school, and we expected to see some explicit teaching of them. However, providers were not rated as high on teaching children social skills as they were rated on other areas of interaction with children. At least a third of providers were rated as not consistently supporting children in learning social skills or developing social understanding. There were no large differences in providers' support for children's social learning, by type of home, number or ages of children.

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<sup>8</sup> A score of 1 = rarely safe, 2 = sometime safe, 3 = consistently or usually safe.

## **Supporting Children’s Play**

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. Most providers consistently encouraged and supported children’s play, by offering opportunities for free play and by providing support in terms of attention, suggestions, and materials for play.

## **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 language and cognitive 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.

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

## **Children’s Experiences in the Family Child Care Environment**

More than a third of children’s activities in the family child care home involved daily routines, including naps, toileting, hand washing, mealtimes, etc. Creative activities (dramatic play, music, art and fine motor play) constituted 22 percent of the activities and were dominated by fine motor play. By contrast, activities that involved reading and books, science and nature, or math constituted a small proportion (9%) of all the activities. The distribution of activities was related to both the type of home and the ages of children present. In homes with all related children, which were more likely to contain infants and school-age children, there were more routine activities and more television-watching.

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

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

### **Provider Involvement**

One way to think about the care environment is the extent to which providers are involved with the children in contrast to being engaged in activities not involving children, such as doing chores away from the children or talking on the phone. 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. By comparison, in an earlier study of center-based programs, staff were actively engaged with children about two-thirds of the time. Provider involvement in children's activities was higher in homes with no related children.

### **Children's Play**

Children spent about half their time in play activities, but creative and dramatic play were both rare and occurred least often in homes with all related children. Most of children's play involved other children, but only 13 percent of this social play involved higher-level interactions such as perspective taking, collaboration or taking turns.

### **Children's Language and Interactions**

Whatever form of care the young child is in, the environment should encourage the child to use language to communicate his or her thoughts and feelings, exposing the child to increasingly complex language as the child gets older. In the observations of family child care homes, the focus children, on average, used language about 40 percent of the time. The amount of language increased substantially with age, from 29 percent for children who were 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.

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

Across the homes in this sample, the level of contact between the provider and children was very high—providers were in visual, verbal or physical contact with children almost all of the time. 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 their conversation consisted mostly of providing management suggestions or relatively low-level chat. Little adult language

involved providing information, teaching or eliciting a response from the child beyond a simple “yes” or “no”.

## 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.

These child care arrangements were remarkably stable. 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.

### *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.

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.

***Family child care homes were comfortable and safe for children, and met some important 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. As we noted earlier, providers did little explicit teaching about the social skills children need to work comfortably with other children as well as adults. In addition, there were few activities in which children might expand their language and cognitive skills. 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”. Since we know that low-income children demonstrate wide achievement gaps in language and emergent literacy skills in particular, this lack of opportunity is troubling. Television was ubiquitous; in many homes it was rarely turned off and at least one child was watching it during most observations.



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