



Brief & to the Point

Wisconsin Child Care Research Partnership

Issue Brief No. 11 February 2003

What characteristics contribute to quality in family child care?

The context for family child care

The most popular non-parental child care arrangement for young children, particularly for infants and toddlers, is family child care.¹ In Wisconsin, about 7,000 state-licensed or county-certified family child care homes have the capacity to care for approximately 35,000 children, as compared with approximately 2,500 licensed centers with the capacity to care for about 126,000 children.² Many other children in Wisconsin are cared for in unregulated settings, which tend to provide significantly fewer learning activities and less warm and sensitive care for young children than regulated settings.³ Approximately 40 percent of children from low-income families on subsidies rely primarily on family child care.⁴ Wisconsin has a dual regulatory system (licensing and certification). Almost three-quarters of states require licensing for serving 1-6 children, and group family child care, and a second provider, for 7-12 children.

The work of family child care

Meeting the developmental needs of young children and their families within a family child care setting requires "intentionality."⁵ High quality family child care providers have skills both in guiding young children's curious minds and in nurturing their social and emotional development. Since the family child care provider typically has sole responsibility for operating the child care business, guaranteeing children's health, nutrition, and safety, and maintaining flexible relationships with parents, talents in custodial, communication, and business domains are necessary elements in the equation for success. In sum, the work of family child care is multidimensional, and provision of high quality, consistent care and education for young children and their families typically requires education and training,⁵ as well as professional commitment,³ not to mention sheer energy!

Training and support for family child care

Unfortunately, few family child care providers in the field have strong educational qualifications and training in child development.⁶ Consequently, Wisconsin has supported an infrastructure that encourages provider training (e.g. grants and scholarship programs). At the same time, following the lead of several European countries that mandate supportive services for family child care providers, Wisconsin has strengthened providers' professional commitment at the local level through technical assistance and support from child care resource and referral agencies, and other groups.

Despite efforts to encourage professional support and high quality standards, however, support groups for family child care providers are not available in most communities. Only about 300 of the 7,000 family child care providers are currently members of the Wisconsin Association for Family Child Care, and only 22 providers in the state have been accredited by the National Association for Family Child Care.

Research suggests that although both education and commitment may be related to quality, highly committed family child care providers often have little education and training. Minimal regulations, absence of high quality standards, and lack of support services in many areas continue to plague the field leading to a broad continuum of quality in family child care statewide. Identification of the key determinants of high quality family child care would be an important first step toward strengthening the infrastructure that informs child care policy.

Questions answered by this Brief:

- How do licensed and certified family child care settings differ?
- Which family child care providers deliver higher quality care and education?



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Wisconsin Data

In 2000, 452 family child care providers, representing 89% of all Wisconsin counties, completed questionnaires. Providers were randomly selected from all programs providing state-subsidized care in Wisconsin (roughly 80% of all programs). In Spring 2001, we randomly selected 70 of these 452 family child care homes (an 88% participation rate) for three types of analyses: (a) providers' characteristics and beliefs about children⁶ were assessed from self-report questionnaires; (b) family child care quality was assessed using the family day care rating scale (FDCRS, Harms & Clifford, 1989); (c) professional commitment was assessed using content analyses of 5-day open-ended diaries completed by 65 of the observed family child care providers.

Are there significant differences in family child care by regulation type?

- Licensed providers enroll more children, are more likely to care for only unrelated children, and have fewer subsidized children.
- Licensed providers are older, have more child care experience, higher incomes, and more college degrees.
- Licensed providers are more likely to have a business contract with parents, be members of professional associations, belong to a support group, and hire paid staff.

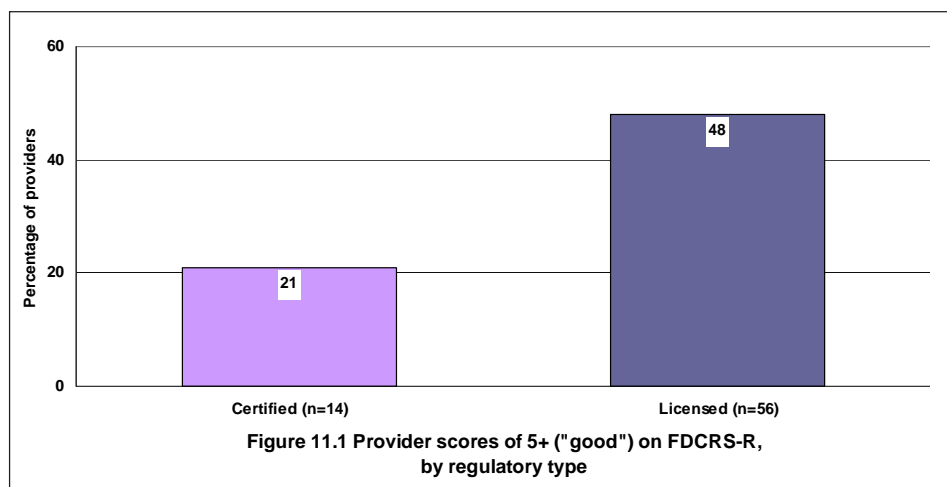
Table 11.1 Significant differences between licensed and certified family child care providers (n=452)

	Licensed (n=227)	Certified (n=225)
Characteristics of children		
Total # of children	11	7
% providers with no related children	42%	20%
% children on subsidy	44%	52%
Characteristics of providers		
Age	41 years	38 years
Experience	10 years	7 years
Income	\$18,451	\$11,360
% with degree (A.A.+)	24%	16%
Business practices		
Contract with parents	95%	76%
Member of professional association	35%	11%
Belong to a support group	43%	16%
Hire paid staff	27%	6%

What do observations tell us about family child care quality?

Almost half of licensed providers had "good" quality scores.

Three-hour observations were conducted in the homes of 70 providers (80% licensed). FDCRS ratings were made on a 7-point scale for 32 aspects of family child care quality. Licensed providers were almost twice as likely to receive scores of 5 ("good") or above than certified providers. Though higher quality was found in licensed care, there was also a wide range of quality in both certified and licensed care. We found high quality care among certified providers who had several key attributes: a commitment to this profession, key business components, and child development training. We found low quality in some licensed homes where personal concerns were more important than child development



services. Thus, regulation is not the only predictor of quality. Regulation alone is a predictor of quality, on average. It just isn't the only predictor. But when licensing

requirements lead to more hours of training and better business practices, then licensing will increase the quality of childrens' care.

Providers' training in child development, business practices and professional commitment are related to family child care quality

Training in child development

Approximately one quarter (23%) of observed family child care providers had specialized training in child development (an A.A. or B. A. degree or a Child Development Associate credential).

Business Practices

Family child care providers were assigned one point for the presence of each of the following business practices:

- Contract with parents
- Member of a professional association
- Belong to a support group
- Hire paid staff

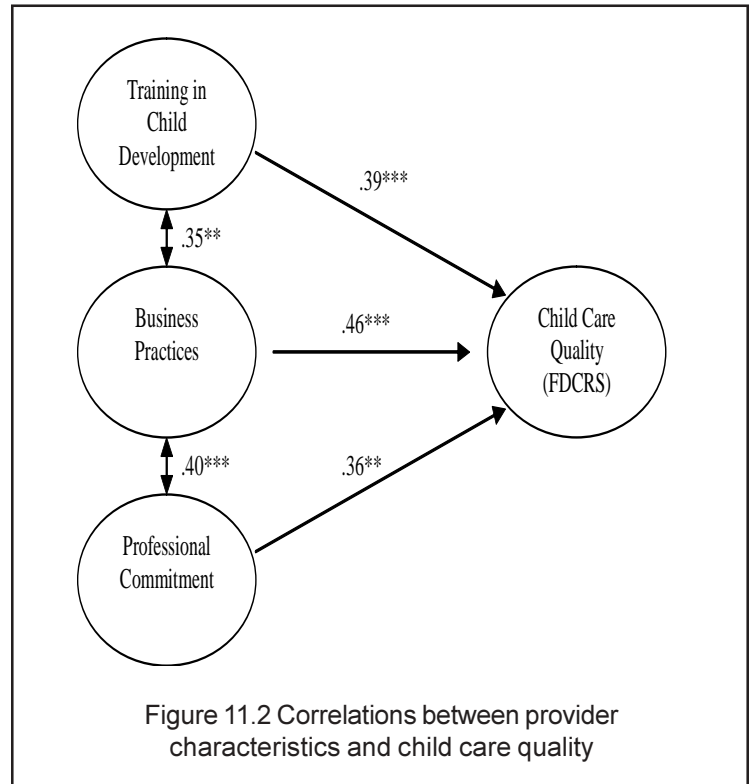
Total business practices scores were distributed as follows: 0 or 1 (39%), 2 (34%), 3 (20%), and 4 (7%).

Professional commitment

Family child care providers were assigned one point for evidence in their diaries of high quality:

- Relationships with parents
- Relationships with children
- Intentionality to do child care
- Job satisfaction

Total scores reflecting the overall quality of providers' professional commitment were distributed as follows: 0 or 1 (34%), 2 (29%), 3 (26%), and 4 (11%).



Policy Implications

1. The “two regulatory systems” approach for family child care in Wisconsin providers is confusing to new providers and the public. We found that family providers delivered a higher quality service when they had specialized training in child development, followed strong business practices, and demonstrated professional commitment. State policy could encourage professional development and training of family child care through a streamlined licensing system should be supported.
2. The links to quality as documented by higher global quality scores included participation in family child care support groups and professional activities. “Systems” that help local providers focus on high quality standards would assist providers, as well as consumers as they select this important sector of the child care market.
3. The link between training and quality is clear, and has implications for school readiness of children. Raising the minimal standards that include training for all providers would help better guarantee the protection of children.

End Note: The next Issue Brief will focus on the subsidy system's impact on families and children.

References

1. Galinsky, E., Howes, C., Kontos, S., and Shinn, M. (1994). *The study of Children in Family Child Care and Relative Care*. Families and work Institute.
2. Department of Health and Family Services Report (2002). Year 2001 Summary Reports of Licensing Activity. Madison, WI: Bureau of Regulation and Licensing.
3. Kontos, S. (1994). The Ecology of family day care. *Early Childhood Research Quarterly*, 6, 249-262.
4. DWD Warehouse
5. Adams, D. B., Roach, M., Riley, D. and Edie, D. (2001). Losing ground or keeping up? *A report on the Wisconsin early care and education workforce*, p. 29. Madison, WI: UW-Extension.
6. Schaefer, E. & Edgerton, M. (1985). Parent and child correlates of parental modernity. In I.E. Sigel (Ed.), *Parental belief system* (287-318). Hilldale, NJ: Erlbaum.



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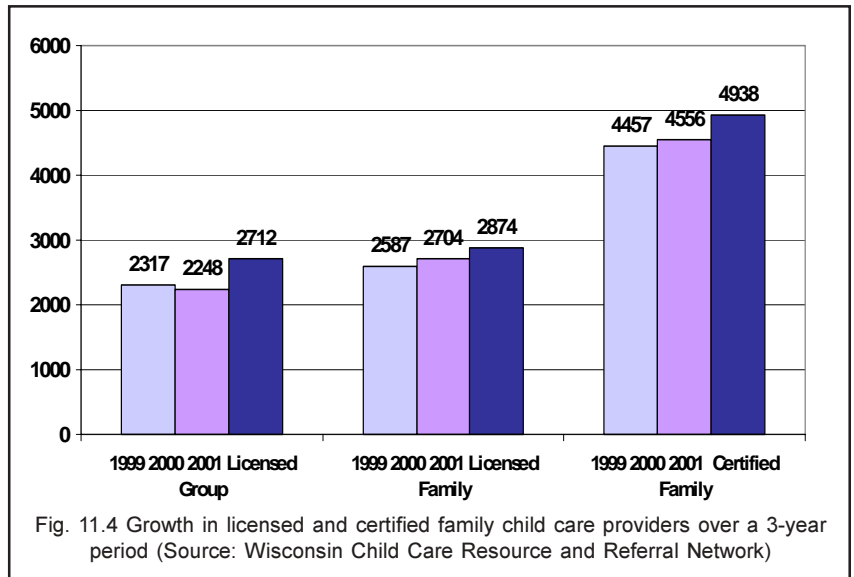
Issue Brief #11:

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University of Wisconsin-Extension (UWEX), Wisconsin Department of Workforce Development (DWD) Office of Child Care, and Wisconsin Child Care Resource and Referral (CCR&R) Network have joined in partnership to assess the quality of child care for low-income children.

Leaders in the Research Partnership include Mary Roach, Diane Adams, Dave Riley and David Edie (UW-Extension), and Jane Penner-Hoppe (Child Care Resource & Referral Network). Data collectors include staff from Wisconsin CCR&R agencies. Diaries were coded by Melissa Schieble. Data analyses are conducted by UW-Extension staff: Diana Durant, Bong-Woon Ha and George Hagenauer. "Brief & to the Point" is produced by Deb Zeman.

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We are grateful to the child care programs and providers who enthusiastically responded to our research requests, and we dedicate our findings to the young children in Wisconsin who depend upon high quality child care for their "good beginnings."



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