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Research Notes

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Home-Based Child Care—Characteristics Associated with Different Levels of Quality

While the majority of research on the quality of early care and education focuses on center-based settings, more than half of young children in care spend time in home-based settings. The most vulnerable children, those from low-income, single-parent, and limited education families, are even more likely to use home-based care. This Research Note summarizes a study funded by the U.S. Department of Health and Human Services, Office of Planning, Research, and Evaluation and conducted by Child Trends. The purpose of the study was to better understand the needs and strengths of family child care and to guide the content of professional development specifically designed for home-based providers.¹

A major focus of the study was to generate three profiles of quality by simultaneously considering multiple dimensions of family child care. Providers were grouped into three quality categories according to their scores on observational measures of global quality (teaching and interaction, tone/discipline, and provisions for health), instructional supports for literacy, and caregiver sensitivity. Researchers then examined the three profiles of differential quality looking for differences among the providers based on their professional characteristics, attitudes, supports, and the characteristics of their home-based settings.

Sample and Instrumentation

The sample for this study included 341 family child care providers from five states (CA, IA, MN, NE, and NC) who participated in the Quality Interventions for Early Care and Education (QUINCE) study.² Family child care providers were randomly selected for participation from lists of providers seeking quality enhancement services from 24 agencies. The majority of providers were white (75%), had some college (63%), and an average of 9 years of experience. The sample included both licensed and license-exempt programs.

Providers' background, characteristics of their setting, and their professional supports were measured by a survey. Provider attitudes were measured through adaptations of several scales including the *Parent Modernity Scale* which measures traditional (or authoritarian) and progressive (or child-centered) views on childrearing; the *Early Childhood Teaching Inventory* which measures responsiveness, focus, professional knowledge, and crisis management; and the *Child Care Worker Job Stress Inventory* which measures family child care providers' job demands. Three observational measures of quality, the *Family Day Care Rating Scale* (FDCRS), *Caregiver Interaction Scale* (CIS), and *Early Childhood Environmental Rating Scale-Extension* (ECERS-E) were used to determine the appropriate quality profile.

Findings and Interpretation

Researchers had hypothesized that the quality-level profiles would show a nuanced picture of quality in family child care, demonstrating relative strengths and areas in need of improvement. This hypothesis was not supported by the analysis. The multidimensional profiles of quality mirror previous research findings based solely on measures of global quality in family child care: one-third of the sample (38%) were in the *Low* quality profile, one-half (50%) were in the *Moderate* quality profile, and only 12% were in the *Above Moderate* quality profile.

Table 1. Mean Scores for Different Levels of Quality

Table 1 provides a summary of the quality-level data. Providers who scored high on one measure of quality tended to score high on the other measures; providers who scored low on one quality measure, tended to score low on the other measures.

Quality Profiles and Percent of Sample	Low 38%	Moderate 50%	Above Moderate 12%
Teaching and Interaction (FDCRS)	2.4	3.4	4.7
Tone/Discipline (FDCRS)	2.8	4.1	5.2
Provisions for Health (FDCRS)	2.2	2.9	3.7
Sensitivity (CIS)	2.4	3.1	3.4
Instructional Supports for Early Literacy (ECERS-E)	1.7	2.4	3.6

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Characteristics of providers, care settings, attitudes, and supports were compared to identify differences among providers in the three quality profiles. Researchers found significant differences as follows:

Provider characteristics: years of experience and hours of training within the past two years

- ◆ Providers in the *Above Moderate* quality profile were more experienced ($M = 15$ years) than providers in the *Low* ($M = 7$ years) or *Moderate* ($M = 10$ years) quality profiles.
- ◆ Providers in the *Above Moderate* quality profile had an average of 43 hours of training in the past two years, compared to an average of 27 hours among providers in the *Moderate* quality profile, and 23 hours in the *Low* quality profile.
- ◆ There were no significant differences based on years of education, depressive symptoms, or family income.

Characteristics of the care setting: licensed status and subsidy density

- ◆ Of the providers in the *Above Moderate* quality profile, 98% were licensed; 82% were licensed in the *Moderate* and 67% in the *Low* quality profiles.
- ◆ Providers in the *Low* quality profile (22%) and the *Above Moderate* quality profile (25%) had higher average subsidy density than providers in the *Moderate* quality profile (15%).
- ◆ There were no significant differences based on the number of children in care, presence of children with special needs, presence of the provider's own children, having a paid assistant, or accreditation status.

Provider attitudes: child centered-beliefs, professional motivation, and confidence in professional knowledge and teaching practices

- ◆ Child-centered beliefs were more likely to be held in the higher quality profiles: *Moderate* ($M = 54.69$) and *Above Moderate* ($M = 54.20$) versus *Low* ($M = 50.13$).
- ◆ Providers in *Above Moderate* quality profile had the highest ratings on professional motivation ($M = 4.59$), followed by providers in the *Low* and *Moderate* quality profiles ($M = 4.33$ and $M = 4.38$).
- ◆ Providers who were more confident in their professional knowledge and teaching practices were more likely to be in the *Above Moderate* ($M = 4.67$) quality profile than the *Moderate* ($M = 4.45$) or *Low* ($M = 4.42$) quality profiles.
- ◆ There were no significant differences based on the providers' intent to stay in the field or the degree to which they perceived their jobs to be demanding.

Provider supports: membership in a professional organization

- ◆ More than two-thirds of providers (69%) in the *Above Moderate* quality profile were members of a professional organization as compared to 46% in the *Moderate* and 29% in the *Low* quality profiles.
- ◆ There were no significant differences based on receipt of encouragement from peers, family, or other support, or frequency of contact with other providers.

In Sum

Findings from this study suggest that the level of quality offered by family child care providers is consistent across multiple dimensions of quality. Only 12% of family child care providers seeking professional development were in the *Above Moderate* quality profile highlighting the critical need to address quality in home-based settings. Finally, the significance of beliefs, attitudes, and motivation as correlates of higher quality in family child care suggests a professional development approach aimed at modifying belief systems.

1. Forry, N.D., Iruka, I., Kainz, K., Tout, K., Torquati, J., Susman-Stillman, A., Bryant, D., Starr, R., & Smith, S. (2012). *Identifying profiles of quality in home-based child care, Issue Brief OPRE 2012-20*. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
2. Bryant, D.M., Wesley, P.W., Burchinal, et al. (2009). *The QUINCE-PFI study: An evaluation of a promising model for child care provider training: Final report*. Chapel Hill, NC: FPG Child Development Institute.

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