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REVIEWS OF RESEARCH
RESEARCH BRIEF

FAMILY CHILD CARE IN THE UNITED STATES

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The Reviews of Research series synthesizes research on selected topics in child care and early education. For each topic, Reviews of Research provides an in-depth Literature Review and a summary Research Brief. Also, for each, a companion Table of Methods and Findings from the literature reviewed is available on the *Research Connections* web site: www.researchconnections.org.

What We Know

Research shows that a large proportion of children spend a considerable amount of time—about 30 hours per week—in family child care (FCC), and the quality of care they receive varies greatly. To date, studies have examined the demographics of family child care providers and the families who use family child care, and have assessed children’s experiences and outcomes and the quality in this type of home-based, regulated care.

Given that state regulations vary for licensing and registration, the definition of family child care is not always precise in policy or the research literature. The research included in this review defines family child care as paid, home-based care by providers who are regulated through the state to care for nonrelative children (unless otherwise noted).

- ▶ Families using home-based care (both regulated and unregulated) are more likely to:
 - Prefer this care for infants and toddlers, but prefer preschools and centers for older children
 - Be single, female-headed households

Low-income families tend to use home-based, mostly unregulated care, but those families that access child care subsidies tend to use regulated care—either center or family child care.

- ▶ Family child care providers vary widely in race, age, educational attainment, and socioeconomic status, but share the following characteristics:
 - 95 percent of FCC providers are female.
 - 90 percent are parents themselves.
 - About 33 percent care for their own children in addition to unrelated children.

Most family child care providers cite enjoyment working with children as a motivation for providing care. Mothers who became family child care providers also cite the job as a way to earn extra income while staying at home to care for their own children.

- ▶ Family child care providers have a flexible but sometimes challenging work environment.
 - Most have low earnings (\$15,000 to \$25,000 annually for full-time care of low-income children), and most work long hours with little to no access to employment benefits such as health care and retirement.
 - Personal relationships with children’s parents may interfere with business aspects of child care, resulting in negative attitudes, late pick-ups, and/or late or inadequate payments.
 - Providers may feel socially isolated given that they have infrequent opportunities to interact with other adults; however, research is mixed regarding how problematic this is for providers.
- ▶ Most observational studies to date suggest that much of family child care is of “adequate” quality.
- ▶ Studies also suggest the following about the quality of FCC:
 - The quality of care is not associated with the provider’s age or years of experience, but is positively correlated with the training and education the provider receives.
 - Greater communication and partnership between the provider and the mother of the child is related to more positive provider-child interactions.
 - The majority of parents using both regulated and unregulated home-based care are satisfied with their care arrangement. Parents who prefer home-based care believe that their children receive more individual attention in home-based settings.

INTRODUCTION

Nearly one-quarter of all children are in family child care at some point before beginning elementary school. Furthermore, the majority of young children with working mothers are cared for in private homes. These children spend an average of 31 hours per week in family child care (Johnson, 2005), which can include nights and weekends (Davis & Connelly, 2005). Family child care providers also make up a sizeable portion of small business owners in the United States. Nationally, there are a total of 213,966 licensed family child care homes, which breaks down to 166,514 small family child care homes (serving up to 6 children) and 47,452 large licensed family child care homes (serving 7-12 children) (National Association for Regulatory Administration and the National Child Care Information Center, 2006). Given the prevalence of this type of care and its potential effect on children's development, a growing body of research has sought to better understand the characteristics of family child care and how children fare in this type of care. This understanding is essential for designing informed child care policy and support programs.

This research brief summarizes the literature review entitled *Child Care in the United States* written by Taryn W. Morrissey of the Department of Human Development, Cornell University, for *Research Connections*, and addresses the following questions:

- ▶ What is family child care?
- ▶ What do we know about family child care providers?
- ▶ What do we know about who uses family child care?
- ▶ What do we know about the quality of family child care?

This brief will also describe forthcoming studies on family child care and future areas of research in family child care.

WHAT IS FAMILY CHILD CARE?

Family child care (FCC) is one of several types of child care in the United States.¹ While there is no universally recognized definition, FCC is typically characterized as nonparental, paid care that generally takes place in the provider's home and is regulated by the state (i.e., the provider is subject to state licensing or regulation that governs aspects of care such as the maximum number of children in care, hours permitted, health and safety measures, minimum indoor and outdoor space). Family child care providers often care for mixed-age groups, siblings, and their own children along with other children, in contrast to most centers (Whitebook, Phillips, Bellm, Crowell, Almarez, & Jo, 2004). This type of care differs from other home-based providers—commonly referred to as unregulated, license-exempt, or family, friend, and neighbor caregivers (FFN)—who care for one or two related or unrelated children in their homes, but are not subject to state regulatory requirements.²

CURRENT POLICY LANDSCAPE

Support and regulations for FCC come from the federal, state, and local levels of government. At the federal level, family child care providers can be reimbursed through the U. S. Department of Agriculture's (USDA) Child and Adult Food Program for serving nutritious food to children; FCC providers caring for low-income children participating in Head Start or Early Head Start (EHS) also receive family support and health services; and families can use child care subsidies to pay for family child care as part of the Child Care and Development Fund (CCDF), created in 1996.

State-level policies for FCC include regulations, tiered reimbursement strategies, quality rating systems, and the inclusion of family child care in public preschool initiatives. In 2005, 41 states and the District of Columbia required licensure or registration of home-based child care providers who cared for more than two unrelated children (i.e., family child care providers). As of 2002, 33 states and the District of Columbia had implemented some sort of tiered strategy—including quality rating systems, rated licensing,

and tiered reimbursement systems³—for improving the quality of regulated care. Finally, 12 states allow qualified family child care homes to contract with the state or school districts to provide public prekindergarten (pre-k) services (Schumacher, Ewen, Hart, & Lombardi, 2005).

Child care resource and referral (CCR&R) agencies, funded through federal, state, and private funds, serve as the main source of local support for family child care. CCR&Rs offer support, information, and training, and refer children to child care providers.

SELECTION CRITERIA AND DESCRIPTION OF STUDIES REVIEWED

In preparing the literature review, a wide selection of studies on regulated U.S. family child care conducted within the past 20 years that used a wide range of research methods were scanned. They included large-scale surveys used to collect demographic and other descriptive information on family child care providers and families utilizing this care and observations, interviews, standardized assessments, and questionnaires used to collect more individualized information, such as quality of care, child outcomes, and the work environment of providers. The design, methods, and measures used in the studies selected for review met minimum standards of scientific inquiry and did not include local-level evaluation projects or descriptive studies. Thirty-nine studies were reviewed; however, these do not represent an exhaustive list of research on the topic.

Measures of Quality in Family Child Care

Two measures have been created specifically for assessing quality in family child care:

- ▶ **The Family Day Care Rating Scale (FDCRS)** assesses global care quality⁴ using seven scales: space and furnishings, basic care, language and reasoning, learning activities, social development, adult needs, and provisions for exceptional children.⁵
- ▶ **Child Care HOME Inventory (CC-HOME)** assesses the quality of the home-based child care environment through subscales used to observe

caregiver-child interactions along with structural, organizational, and educational aspects of the environment. There are separate versions for infant/toddler care and early childhood.

Other quality measures used across child care settings include: the Arnett Caregiver Involvement Scale—CIS, (Arnett, 1989); the Child-Caregiver Observation System—C-COS, (Fuller, Kagan, Loeb, & Chang, 2004); and the Observational Record of Care Environment—ORCE, (NICHD Early Child Care Research Network, 2004). All of these tools are designed for observations of child-provider interactions to measure quality. The C-COS and the ORCE track the experiences of a particular child, while the Arnett rates interactions with the children overall.

EMERGING THEMES

What Do We Know About Family Child Care Providers?

Characteristics of FCC providers

- ▶ Family child care providers vary widely in race, age, educational attainment, and socioeconomic status (Kontos, Howes, Shinn, & Galinsky, 1995; Hofferth, Brayfield, Deitch, & Holcomb, 1991; Hofferth, Shauman, Henke, & West, 1998; New Jersey Association of Child Care Resource and Referral Agencies, 2006).
- ▶ 95 percent of FCC providers are female (Faddis, Aherns-Gray, & Klein, 2000; Hofferth, Brayfield, Deitch, & Holcomb, 1991; Kontos, Howes, Shinn, & Galinsky, 1995; New Jersey Association of Child Care Resource and Referral Agencies, 2006);
- ▶ 90 percent are parents themselves, and about one-third care for their own young children in addition to unrelated children (Atkinson, 1988; Hofferth, Brayfield, Deitch, & Holcomb, 1991; Kontos, Howes, Shinn, & Galinsky, 1995).

Motivations of FCC providers

Family child care providers commonly state that they are motivated to provide child care for children other

than their own due to their enjoyment of working with children and because it allows them to stay at home with their own children while earning extra income. (Helburn, Morris, & Modigliani, 2002; Kontos, 1992; Kontos, Howes, Shinn, & Galinsky, 1995; Layzer & Goodson, 2006; Marshall et al., 2003).

Work environment of FCC providers

Although family child care providers enjoy much flexibility in running their own business, they also face several challenges. Most FCC providers have low earnings, estimated at \$15,000 to \$25,000 annually for full-time care of low-income children (Helburn, Morris, & Modigliani, 2002; Layzer & Goodson, 2006; New Jersey Association of Child Care Resource and Referral Agencies, 2006). Most work long hours and have little or no access to employment benefits such as health care and retirement (Atkinson, 1992; Helburn & Howes, 1996; Helburn, Morris, & Modigliani, 2002; Kontos, 1992; Kontos, Howes, Shinn, & Galinsky, 1995; Kontos & Riessen, 1993; Marshall et al., 2003; New Jersey Association of Child Care Resource and Referral Agencies, 2006). Given that the provider's home becomes a place of business and that providers must balance their own children's needs with those of the children they care for, work life and personal life can become enmeshed (Atkinson, 1987, 1988; Layzer & Goodson, 2006; Nelson, 1988). Personal relationships with children's parents may interfere with business aspects of child care, resulting in difficult attitudes, late pick-ups, and/or late or inadequate payments (New Jersey Association of Child Care Resource and Referral Agencies, 2006). Providers typically have infrequent opportunities to interact with other adults, and there are some indications that this results in feelings of social isolation (Mueller & Orimoto, 1995). The research, however, is mixed on provider isolation, as some studies have found it to be problematic for providers (Mueller & Orimoto, 1995) while others indicate that it is not an issue (Atkinson, 1988; Kontos & Riessen, 1993). Social support and provider networks and associations appear to be beneficial for care quality, leading to providers' greater commitment to providing child care and fewer child injuries and fatalities (Kontos & Riessen, 1993; Wrigley & Dreby, 2005).

Despite these challenges, most providers (both regulated and unregulated) report being satisfied (Kontos & Riessen, 1993), and have noted advantages to their being family child care providers, such as working for themselves and being able to stay at home with their own children (Layzer & Goodson, 2006). Turnover rates for FCC providers tend to be comparable to those of child care center staff, which range from 15 to 25 percent (Whitebook et al., 2004).

Who Uses Family Child Care?

A family's selection of child care is influenced by several factors, including: child's age; family income, structure, demographics, and location; maternal career choice, income, and education; and the use of child care subsidies. The studies reviewed found that:

- ▶ Parents tend to use family child care (and other home-based settings) for infants and toddlers and preschools and centers for older children (Johnson, 2005; NICHD Early Child Care Research Network, 2004; Phillips & Adams, 2001).
- ▶ Lower-income families, in general, are more likely to use home-based care—mostly unregulated, relative care—than higher-income families (Johnson, 2005; NICHD Early Child Care Research Network, 2004). At the same time, higher maternal wages (but not paternal wages) are also associated with the likelihood of using home-based care, mostly nannies (Gable & Cole, 2000).
- ▶ Single mothers and families with fewer children are also more likely to use home-based care (both regulated and unregulated) (NICHD Early Child Care Research Network, 2004). Other research, however, shows that parents with more than one child are more likely to use home-based care, as children of mixed ages can be cared for in one location (Davis & Connelly, 2005; Johansen, Liebowitz, & Waite, 1996).⁶
- ▶ White children are most likely to receive care from a nonrelative (including FCC providers), while black and Latino children are more likely to receive care from relatives (Johnson, 2005; Gable & Cole, 2000).

- ▶ Across all ethnicities, families are more inclined to select providers of their own ethnic background, often to reinforce cultural values and practices (Faddis, Aherns-Gray, & Klein, 2000; Kontos, Howes, Shinn, & Galinsky, 1997).
- ▶ Families living in rural areas tend to use relative caregivers rather than regulated FCC homes or centers, most likely because they have less access to group care settings because of long travel distances (Atkinson, 1994).
- ▶ Both mothers with demanding work schedules and mothers who work part-time tend to prefer home-based care due to its flexibility (Gable & Cole, 2000).
- ▶ Families that access child care subsidies are more likely to use regulated child care (either center or family care) (Henly & Lyons, 2000).

What is the Quality of Family Child Care?

Similar to studies of center-based child care, observational studies to date suggest that the quality of family child care varies widely, with roughly 60 percent of family child care providing adequate to mediocre quality of care (Helburn & Howes, 1996; Kontos, Howes, Shinn, & Galinsky, 1995; Whitebook et al., 2004).⁷ Two national, multi-site studies found that less than 10 percent of family child care homes could be considered “good” quality, while about half provided “adequate” care, as rated using measures of structural, process, and adult work environment quality, including the FDCRS (Helburn & Howes, 1996; Kontos, Howes, Shinn, & Galinsky, 1995).

Family characteristics and quality

As with all types of child care, access to the limited supply of high-quality care is dependent on family factors. We know that:

- ▶ Low-income and minority children are more likely to be in lower-quality care than higher-income and white children (Coley, Chase-Lansdale, & Li-Grining, 2001; Kontos, 1994; Kontos, Howes, Shinn, & Galinsky, 1997; Li-Grining & Coley, 2006; Marshall et al., 2003; Votruba-Drazil, Coley, & Chase-Lansdale, 2004; Whitebook et al. 2004).

- ▶ FCC homes with smaller proportions of children receiving child care subsidies tend to be of higher quality than FCC homes with larger proportions of subsidized children (Raikes, Raikes, & Wilcox, 2005).

Provider characteristics and quality

- ▶ The presence of the provider’s own children is unrelated to the quality of care (Burchinal, Howes, & Kontos, 2002; Clarke-Stewart et al., 2002).
- ▶ Having a mix of school-age children with children under age 5 has been associated with decreased quality in FCC settings, as the provider’s attention is more likely to be shifted away from the younger children (Burchinal, Howes, & Kontos, 2002; Clarke-Stewart et al., 2002).
- ▶ Following the National Association of Family Child Care’s (NAFCC) guidelines for accreditation (for example, age-weighted group size recommendations) is associated with higher-quality care (Clarke-Stewart et al., 2002).
- ▶ The quality of care is not associated with the provider’s age or years of experience, but is positively correlated with the training and education the provider has completed, which result in richer learning environments and warmer and more sensitive caregiving (Clarke-Stewart et al., 2002; Raikes, Raikes, & Wilcox, 2005; Burchinal, Howes, & Kontos, 2002; Weaver, 2002; Whitebook et al., 2004).
- ▶ Children in family child care with more educated and trained providers score higher on measures of language and cognitive development (Clarke-Stewart et al., 2002).
- ▶ Providers with higher levels of depression may provide lower-quality care (Weaver, 2002; Hamre & Pianta, 2004). Family child care providers, however, reported the lowest rates of depressive symptoms among child care types (Clark-Stewart et al., 2002; Hamre & Pianta, 2004).
- ▶ Greater communication and partnership between the child’s provider and mother are related to more positive provider-child interactions (Owen, Ware, & Barfoot, 2000).

Type of care and quality

In general, centers average higher-quality care than regulated family child care providers, who in turn had higher average quality than unregulated FFN providers (Hamre & Pianta, 2004; NICHD Early Child Care Research Network, 2004; Coley, Chase-Lansdale, & Li-Grining, 2001; Votruba-Drazil, Coley, & Chase-Lansdale, 2004; Helburn & Howes, 1996; Fuller, Kagan, Loeb, & Chang, 2004; Loeb, Fuller, Kagan, & Carrol, 2004). Lower ratings for family child care have been attributed to a tendency to focus on routine activities like naps, meals, physical care, television watching, and so on, while spending less time on learning activities such as reading (Kontos, 1992; Kontos, Howes, Shinn, & Galinsky, 1995; Layzer & Goodson, 2006). This tendency may also result from quality measurement tools' emphasis on care environment and activities, with less value placed on provider-child interactions.

Parent satisfaction

The majority of parents using both regulated FCC and unregulated FFN home-based care are satisfied with their care arrangement (Britner & Phillips, 1995; Coley, Chase-Lansdale, & Li-Grining, 2001; Kontos, Howes, Shinn, & Galinsky, 1995; Hofferth, Shauman, Henke, & West, 1998). Families using family child care report higher levels of satisfaction than parents using child care centers (Coley, Chase-Lansdale, & Li-Grining, 2001). One study found that parents feel their child receives more individual attention in a home-based setting and that the flexibility of hours works better for parents' work schedules (Layzer & Goodson, 2006).

Other reasons for parents' satisfaction with care included: their child's experience, attributes of the facility (such as being a home), low provider turnover, parent-provider agreement about traditional child-rearing practices, and the quality of the parent-provider interactions (Britner & Phillips, 1995).

METHODOLOGICAL ISSUES

Several methodological issues in research on the use of family child care became apparent from the review of this literature.

Inconsistent definitions. There currently is no clear, agreed-upon distinction between FCC and FFN care, creating difficulties defining samples and generalizing research findings to one group. For instance, some studies defined FCC providers as non-relatives who are paid to provide care, while others specified FCC providers as registered or licensed. Still other studies have grouped together regulated and unregulated home-based providers. State variation in regulatory law further compounds this difficulty.

Creating valid measures. There is also debate on whether the components of quality in family child care should be the same as those in center care, as most studies on family child care use assessment tools that were modified from instruments used in center care. Some researchers have criticized assessment measures used in FCC for too narrowly defining quality according to structural quality aspects often found in centers, such as the presence of enriching materials (see, for example, Porter & Kearns, 2005a). Future measurements should capture the unique strengths of family child care such as flexibility in hours, low caregiver-to-child ratios, and the mix of young and school-age children.⁸

ISSUES FOR FURTHER STUDY

The literature review highlights several areas that warrant further study.

- ▶ More research is needed to examine the effects of federal and state policies aimed at promoting quality in FCC, such as USDA Child and Adult Care Food Program, state tiered reimbursements, and quality rating systems.
- ▶ Given the debate on what constitutes quality in family child care settings, studies are needed that create or pilot new assessment tools designed to capture the unique strengths of FCC.

- ▶ The research to date tells us little about the effects of support and quality-enhancement strategies for FCC providers. Evaluations of quality-promotion programs (such as classroom-based trainings, home visiting programs, mentor programs, and provider networks) are needed to learn about their impacts on the quality of care and whether different strategies are more effective for specific populations of FCC providers.
- ▶ The majority of FCC studies focus on white, black, and Latino families living in urban areas. More research that includes other ethnic groups and rural families is needed to understand their specific child care preferences, needs, and the quality of care used in order to tailor supports and supply-enhancing strategies that are culturally and contextually appropriate.
- ▶ Little is known about the effects of the growing number of state prekindergarten programs on FCC providers. We need information on how states permit FCC providers to participate in their pre-k programs, and which FCC providers choose to and why.

CONCLUSION

Family child care is a significant presence in the child care market, providing a flexible, home-based care arrangement that is often convenient for parents. Current research indicates that younger children, children from low-income households, and children with single mothers are more likely to use both regulated (FCC) and unregulated (FFN) home-based care. As in other types of care, the quality of FCC varies considerably. Using current measures, the quality of FCC tends to be higher than unregulated FFN care but lower than center care. Family child care providers enter the field due to the job's nature and flexibility, although they receive low wages and face other difficulties associated with running their own home-based businesses.

However, more research is needed to better understand the ecology of family child care. More clarity and awareness about the definition of family child care, particularly considering the state variation in licensing/accreditation regulations, is also important. FCC providers are diverse in their demographic characteristics and the families they serve, creating difficulties for researchers, policymakers, and parents trying to differentiate family child care from other forms of care and generalizing research findings. There also remains much debate over what constitutes quality in FCC. Future research regarding FCC should capture the unique strengths of FCC to help build our knowledge about its quality and help guide our understanding of what support programs effectively help FCC providers and improve the quality of care.

Studies to Watch For

QUINCE. The Quality Interventions for Early Care and Education (QUINCE) study is an experimental evaluation of a training program that involves on-site consultation approaches to improving quality for both regulated FCC providers and unregulated FFN providers.

Cornell Caring for Quality Pilot Project. This is an evaluation and demonstration pilot study of a 12-month program offering biweekly home visits and monthly group meetings for both licensed and unlicensed providers in Rochester, New York.

Sparking Connections. This four-year national initiative of the Families and Work Institute released its final report in December 2006. The initiative sought to demonstrate and evaluate strategies to support home-based caregivers in eight sites, exploring nontraditional partnerships (such as with retailers, libraries, senior citizen centers, and others) to bring child development information and resources to home-based caregivers. One site (South Carolina) was specific to FCC providers.

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ENDNOTES

1. Child care types are typically categorized according to setting, regulatory status, and the provider-child relationship (Morgan, Azer, & Lemoine, 2001) and include center-based care, family child care, and family, friend, and neighbor care.
2. States vary in their definition of which providers must be regulated. See the following *Research Connections* forthcoming literature reviews by Amy Susman-Stillman for further information on FFN care: *Family, Friend, and Neighbor Care in the United States: Demographics*; and *Quality in Family, Friend, and Neighbor Care in the United States*.
3. Tiered reimbursement strategies vary from state to state, but generally offer child care providers reimbursement rates above the market rate for offering high-quality care (defined in a number of ways) when they care for children receiving child care subsidies. For example, in Minnesota, child care centers and licensed family child care providers that are accredited, as well as family child care providers with state-approved educational credentials, are eligible to receive up to 10 percent above the county maximum rate for their type of care (as long as it does not exceed the rate charged to private-pay families) (Tout & Zaslow, 2004).
4. Global quality is an assessment of both *structural* quality aspects of child care regulated by the government, such as group size, and *process* quality—how children experience care—such as provider-child interactions and children's exposure to materials and activities (Helburn & Howes, 1996).
5. A revised version of the FDCRS, called the Family Child Care Environment Rating Scale (FCCERS) is scheduled to be released in March 2007.
6. See the full *Family Child Care in the United States* literature review for further discussion, available at www.childcareresearch.org/location/ccrca11683.
7. These findings were taken from studies using the ECERS, ITERS, and FDCRS, for which scores range from 1-7, and a score above 5 is considered high/good quality. Scores below 3 were considered poor quality, and scores from 3-4.9 were considered mediocre/adequate (Glantz & Layzer, 2000).
8. See Maher, E. J. (2007). *Measuring quality in family, friend, and neighbor child care: Conceptual and practical issues*. Research to Policy Connections No. 6. New York: Child Care and Early Education Research Connections, National Center for Children in Poverty, Columbia University Mailman School of Public Health.

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