

Citations	Groups Studied	Research Question	Research Approach	Data Source	Validity	Reliability	Findings
Anderson, S.G., Ramsburg, D. M., & Scott, J. (2005). <i>Illinois Study of License-Exempt Child Care: Final Report</i> . Springfield, IL: Illinois Department of Human Services. <www.researchconnections.org/location/ccrca7350>	Parents participating in the Illinois Child Care Assistance Program (CCAP) who used either subsidized licensed or license-exempt care for whom statewide administrative data were gathered (N=87,000 families and 170,000 children); and parents and their primary license-exempt provider participating in the CCAP program who were randomly selected from one of three geographically diverse study areas to participate in the linked surveys (N=303 parent-provider pairs).	What are the demographic characteristics and the patterns of care for families that utilized subsidized license-exempt child care and how do these differ from families that used subsidized licensed child care? What factors influence families to choose license-exempt child care providers rather than licensed providers? What are the characteristics of license-exempt subsidized child care providers? How do parents and license-exempt child care providers describe the quality of license-exempt care? What training and resources are needed to support the quality of care offered by license-exempt providers involved in the subsidy system?	Parents were surveyed on child care needs, selection factors, and costs. Providers were asked about their motivations for providing care, patterns of care provision, child care experience and training, interest in training and licensing, and what they found most satisfying and most difficult about care provision. Both parents and providers were also asked about parent and provider relationships, the impact of subsidies, and the operation of the CCAP. Administrative data analyses described patterns of both subsidized license-exempt and licensed care, and assessed selected characteristics of subsidized families and children. Additionally, longitudinal analyses provided information on length of care spells for subsidy users and on repeat use of the program over time.	Linked surveys of parents and their license-exempt providers. Longitudinal analysis of statewide CCAP administrative data.	No information provided.	Response rate of 58.6% for eligible parents and a response rate of 77.5% for eligible providers.	Over half (51.1%) of subsidized families in Illinois received care from a license-exempt provider. Subsidized school-age children were most likely (about 75%) to use a license-exempt provider, followed by infants. Toddlers and preschool-aged children (ages 2-5) were slightly more likely to be cared for by licensed providers (53% vs. 44%). Families typically used full-time FFN care (an average of 35.8 hours in the last week). 79.2% of parents reported being at work, school, or training during non-traditional hours in the past three months, and 70% of these parents had used license-exempt child care during non-traditional hours in the last week. Grandparents were the most common relative caregivers, followed by aunts and uncles. Over 60% of license-exempt providers cared for either one or two subsidized children. About one-fourth of license-exempt providers (25.9%) reported providing some unpaid care for children, and 30.2% received some non-monetary compensation for the care they provided. About two-thirds provided care during evening, overnight or weekend hours. Thirty percent of the providers lived with the family for which they provided care.
Boushey, H. & Wright, J. (2004). <i>Working Moms and Child Care</i> . (Data Brief No.3) Washington, DC: Center for Economic and Policy Research. <www.researchconnections.org/location/ccrca3636>	Subsample of the Survey of Income and Program Participation (SIPP) respondents—employed parents with children under the age of 6.	What kinds of child care arrangements do working mothers with children under age 6 use? What factors predict type of child care arrangement? How much do the different child care arrangements cost? How many families receive child care financial assistance?	Interviews with each participant three times per year about monthly experiences within the past four months	Panels from the 1996 and 2001 Survey of Income and Program Participation (SIPP), a longitudinal survey of a random sample of the U.S. population to learn about household composition, labor market behavior and income sources. It included detailed questions about child care arrangements of employed and unemployed families with children under age 6.	No information provided.	No information provided.	On average, between 1997 and 2001, relative care was the most common form of care for working mothers. One third of working mothers relied on relative care, 28% used center care and about 3% used nanny/sitter care. After controlling for maternal education and race/ethnicity, household composition, specifically single parents living alone or with family, predicted use of relative care. Mothers with household incomes in the top 20% or working more than 40 hours per week were least likely to use relative care and most likely to use center care. Mothers with a high school education or some college were less likely to use nanny/sitter care, while Hispanics and single parents living with other adults (not relatives) were more likely to use nanny/sitter care. No ethnic differences were found in the use of relative care. Working mothers were less likely to pay for relative care, but when they do, it accounted for roughly 7.1% of their income. Family child care accounted for 7.3% and center care, 9.4%.

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Brandon, P. (2002). <i>The Child Care Arrangements of Preschool Children in Immigrant Families in the United States</i> . New York: The Foundation for Child Development Working Paper Series. < www.researchconnections.org/location/ccrca1475 >	Subsample of Survey of Income and Program Participation (SIPP) respondents who were employed parents with children under the age of 6	Why does child care use among some children in immigrant families come to resemble child care use among children in non-immigrant families, while for others, differences persist across the first-, second-, and third-generations? Are differences in child care use related to immigrant status and ethnicity attributable to factors that existed before immigrant families came to the United States (e.g., economic status) or are differences due to immigration-specific factors such as cultural preferences, language barriers, or a lack of knowledge about the child care system in the United States? What are the patterns of child care use among families that immigrate to the United States, and how do these patterns compare to those of non-immigrant families in the United States?	Interviews with each participant three times per year about monthly experiences for the past four months	1990, 1991, 1992, 1993 and 1996 panels of the Survey of Income and Program Participation (SIPP), a longitudinal survey of a random sample of the U.S. population to learn about household composition, labor market behavior and income sources. It included detailed questions about child care arrangements of employed and unemployed families with children under age 6.	No information provided.	No information provided.	Immigrant status, generational status, ethnicity and economic status were shown to affect child care use patterns in the United States. Immigrant families (foreign-born or with one foreign-born parent) were most likely to use relative care, while non-immigrant families (US-born) were more likely to use center-based care and parent care than relative care. Children from both immigrant and non-immigrant families spent less than 35 hours per week in child care, but children from non-immigrant families tended to spend more time in child care than immigrant children. When immigrant families used center-based care, they paid a higher percentage of their income for this care than non-immigrants. Of the four immigrant groups in this study, Mexican, Asian and White immigrants used relative care at higher rates and center-based care at lower rates than their ethnic non-immigrant counterparts. Conversely, Black non-immigrants used more relative care than Black immigrants and were equally likely to use center-based care. Mexican immigrant families were most likely to use relative care. Non-immigrant Mexican families were also most likely to use relative care of the non-immigrant families.
Brandon, R., Maher, E., Joesch, J., & Doyle, S. (February, 2002). <i>Understanding Family, Friend, and Neighbor Care in Washington State: Developing Appropriate Training and Support Full Report</i> . Seattle: University of Washington, Human Services Policy Center. < www.researchconnections.org/location/ccrca207 >	1200 households in the state of Washington with children under 13, and 300 FFN caregivers	What is the demand for FFN care in Washington state? What is the supply of FFN care? What are the policy implications for the supply and demand of FFN care?	A household survey for families in the state of WA with children under age 13 on who uses FFN care, how much FFN care is used, and why that care was selected. A survey of FFN caregivers asked about the number of children in care, if payment was received, how many hours of care provided, demographic characteristics of caregiver, and if they had received any training. A focus group with FFN caregivers, and interviews with policy experts and professional advocates.	Surveys of families and FFN caregivers in the state of Washington, a focus group with FFN providers, and a discussion forum with policy experts.	An oversample of low-income households was taken. To produce estimates that represented the general population of WA and not the oversample, the survey data was weighted.	26,080 households were called. Of these, 1,185 eligible parent households participated in the parent survey, and 278 eligible caregiver households participated.	FFN care was the most common form of care in the state of Washington for infants (age 0-1), toddlers (ages 1-2), and school-age children (ages 6-12). One-third of families receiving a subsidy used it for FFN care. Approximately half of the hours spent in care were during non-traditional hours. FFN caregivers ranged in age from 16 to 83. FFN caregivers provided care for an average of 18 hours per week, and 40% of them were paid for caregiving. The majority of caregivers did not have any training in child care, child development, or parenting. Two-thirds of FFN caregivers desired some type of support.

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<p>Capizzano, J., Tout, K., & Adams, G. (2002). <i>Child Care Patterns of School-Age Children with Employed Mothers</i>. (Occasional Paper Number 41.) Washington, DC: The Urban Institute. <www.researchconnections.org/location/ccrca235></p>	<p>A randomly selected group of families with children ages 6-12 with employed mothers from the National Survey of America's Families nationally representative sample of households.</p>	<p>What are the patterns of child care for school-age children with employed mothers?</p>	<p>Interviews with the person most knowledgeable about the child (76% of time, mother), types of care used and number of hours child spent in each form of care.</p>	<p>1997 National Survey of America's Families (NSAF).</p>	<p>No information provided</p>	<p>No information provided</p>	<p>While child care use patterns changed with age, FFN arrangements (nanny/babysitter or relative care) remained a prevalent form of child care for school-age children, and more common than before-and-after school programs (with the sole exception of 6-9 year olds with a single mother employed full time—and it was unclear if that was a statistically significant difference). Relative care was used at higher rates than nanny/babysitter care. Relative care was the most common form of supervised child care for 10-12 year olds, and more common across 6-12 year old Black children, 6-9 year old Hispanic children, and children whose parent(s) had full-time employment. The patterns of using nanny/babysitter or relative care changed with age, with 60% of 10-12 year olds in supervised primary child care arrangements using one of those as compared to 47% of 6-9 year olds. This change was accounted for by a drop in use of before- and-after school programs by the 10-12 year olds, rather than a change in the use of relative or nanny/babysitter care. Relative care was a consistently prevalent form of care across school-age groups: 19% of 5-year olds (regardless of school enrollment), 21% of 6-9 year olds, and 17% of 10-12 year olds. (Five-year old children enrolled in school were using relative care/nanny/babysitter care as much as center-based care.)</p> <p>There were no ethnic difference across White (non-Hispanic), Black (non-Hispanic), and Hispanic families for 6-9 year olds in use of relative care and in the amount of time spent there however, Black families of 10-12 year olds have higher rates of relative care than White and Hispanic families (27% vs. 16% and 18%). For both 6-9 year olds and 10-12 year old groups, single or two-parent families with full-time employment were the most frequent users of relative care (27% and 25%) compared to those with part-time employment. There were no differences found in the use of nanny/babysitter care or relative care by parental work schedule.</p>

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Capizzano, J. & Adams, G. (2000). <i>The Number of Child Care Arrangements Used by Children Under Five: Variation Across States</i> . (Series B. No. B-12.) Washington, DC: The Urban Institute. < www.research-connections.org/location/ccrca167 >	A nationally representative sample of households with children under five with employed mothers.	What are the number of child care arrangements that children under five with employed mothers use each week nationally and across selected states?	Interviews were conducted with the person most knowledgeable about the child (76% of time, mother), who was asked about the number of hours that the child spent in each category of care .	1997 National Survey of America's Families (NSAF).	No information provided	No information provided	Nationally, nearly 40% of children under age 5 are in multiple, non-parental child care arrangements. Most of the children (65%) placed in multiple child care arrangements were in some combination of "formal" licensed care (center-based or family child care) and "informal" non-licensed care (family, friend, or neighbor child care). The age of the child affected the type of multiple arrangement. Infants and toddlers were more likely to have two informal arrangements than three and four-year olds (24% vs. 7%). Conversely, three and four-year olds were more likely than infants and toddlers to have two formal child care arrangements (25% vs. 15%). Lower and higher income families did not differ in the extent to which they used combinations of formal and informal care.
Chase, R. (2005). <i>Child care use in Minnesota: Report of the 2004 statewide household child care survey</i> . St. Paul, MN: Wilder Research Center < www.researchconnections.org/location/ccrca7711 >	1,363 randomly selected households in Minnesota (stratified by region) with a child under age 12 that used any form of child care at least once a week in the prior two weeks from the date of the recruitment phone call. The adult most knowledgeable about child care arrangements responded for one randomly selected child.	Goal of the survey was to collect information about all types of child care used at least once a week for the two prior weeks for one child in a household, What are parents' reasons for choosing care? What are their costs of care? Are there any work-related issues? Are parents satisfied with current care arrangements?	Telephone interviews were conducted with one adult per household about child care arrangements and experiences for one randomly selected child in the family. Households were selected from random digit samples of listed and unlisted telephone numbers for each region in the state.	Telephone survey designed for the study, conducted in English, Spanish, Hmong, and Somali.	No information provided.	The statewide sample of 1,363 has a sampling error of about plus or minus 2.7%. Sub-samples have higher sampling errors, for example, plus or minus 4% for the Greater Minnesota subsample of 601 households; and 5% for the low-income subsample of 500 households.	Of households in Minnesota that used child care, 46% used family, friend and neighbor (FFN) care as their primary arrangement during the school year and two-thirds of families used FFN care at least part of the time during the school year. During the school year, FFN care use was highest for children under age 3 (78%) and school-age children age 6-12 (66%), and though still fairly high, least frequent for children age 3 to 5 (61%). Parents reported using the following FFN care during the school year: grandparents (34%), non-relatives (24%), older siblings (14%), and other relatives (17%). In addition to standard weekday hours during the school year, 48% of children were regularly in non-parental care (mostly FFN care) during weekday evenings (6 p.m. to 10 p.m.), and 44% were regularly in non-parental care on weekends. Low-income households receiving child care assistance were more likely than low-income families not receiving subsidies to use center-based care as their primary child care arrangement (57% vs. 18%). Characteristics of households more likely to have used FFN care only included households with children age 2 and younger (39% vs. 19%); parents with less than college educations (45% vs. 19%); households of color (36% vs. 22%); households with mothers not in the work force (32% vs 22%); those with a special-needs child (38% vs. 23%); parents under age 30 (37% vs. 21%); low-income households (32% vs. 21%) and household without child care subsidies (25% vs. 18%)

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Chase, R., Arnold, J., Schauben, L., & Shardlow, B. (2006a). <i>Family, friend, and neighbor caregivers—Results of the 2004 Minnesota statewide household child care survey</i> . St. Paul, MN: Wilder Research Center. < www.researchconnections.org/location/ccrca9110 >	The Minnesota statewide child care survey study included 400 randomly selected households with one or more adults over the age of 18 who provided FFN care for someone else's children ages 12 or younger at least once a week in each of the prior two weeks.	What is the care that FFN caregivers provide to children age 12 or younger? What resources and information do FFN caregivers have access to, most commonly use, and would find most helpful?	Random digit samples of listed and unlisted telephone numbers were used with trained interviewers called each telephone number (more than 29,000) to determine eligibility. Interviewers spoke with one caregiver per household, who answered general questions about FFN child care and provided detailed information for one randomly selected child.	FFN Caregiver Telephone interview	No information provided.	The survey had a response rate of 62.5% and a sampling error of plus or minus 4.9% for the statewide sample. Sub-samples had higher sampling errors; for example, plus or minus 5.8% for the sub-sample of 287 relative caregivers and 9.3% for the sub-sample of 112 non-relative caregivers.	FFN caregivers in Minnesota in this study were mostly grandparents. On average FFN caregivers cared for two children (not their own). FFN care primarily took place in the caregiver's home. Most relatives provided child care for free, and of those who were paid for providing care—20% (or 4.8% of all FFN caregivers) were paid by a state or county agency. On average FFN caregivers provided 19 hours of care in a typical week. They provided care during standard hours (78%), evenings (73%), weekends (75%), early mornings (39%), and late at night (51%).
Coley, R. L, Chase-Lansdale, P. L., & Li-Grining, C. P. (2001). <i>Child Care in the Era of Welfare Reform: Quality, Choices and Preferences</i> . Policy Brief 01-04 from <i>Welfare, Children, & Families: A Three-City Study</i> . Baltimore, MD: Johns Hopkins University. < www.researchconnections.org/location/ccrca834 >	181 low-income families living in either Boston, Chicago, or San Antonio with a child between the ages of 2 and 4 in regular non-maternal care (for at least 10 hours per week) chosen from the approximately 2,400 randomly-selected low-income children and their caregivers who participated in the Study of the Welfare, Children and Families: A Three-City Study.	What are the characteristics and quality of care that low-income children receive, and what are mothers' perceptions of their children's care?	Face-to-face interviews were conducted with mothers to collect information on their level of satisfaction with care. Interviews were also conducted with child care providers to assess structural quality. The primary nonmaternal care arrangement was observed to assess the quality of care offered.	Parent interviews, provider interviews, and observation measures: the Early Childhood Environment Rating Scale—Revised (ECERS), the Family Day Care Rating Scale (FDCRS), and the Arnett Caregiver Interaction Scale (CIS)	No information provided.	No information provided.	Almost even numbers of children were cared for in unregulated homes and regulated centers (46% and 44%), with a small percentage cared for in regulated family child care homes (10%). Unregulated homes had the smallest average number of children (3 vs. 6 for regulated homes and 15 for center classrooms); the lowest child:adult ratio (1:1 vs. 3:1 for regulated homes and 6:1 for centers); and the highest percentage of relative caregivers (85% vs. 45% in regulated homes). Children experienced the greatest stability in home-based settings, as they were cared for by the caregiver for an average of 25 months in unregulated care, 20 months in regulated care, and eight months in centers (although it was possible that care in the home settings had been on-and-off for a period of time). Mothers using regulated homes paid the highest average weekly rate, roughly double the cost of centers or unregulated homes. Almost half of children in unregulated homes and one-third of children in regulated homes received free child care.

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Drake, P. J., Unti, L., Greenspoon, B., & Fawcett, L. K. (2004). <i>First 5 California Informal Child Caregiver Support Project focus group and interview result</i> . Scotts Valley, CA: ETR Associates.	300 FFN caregivers or parents using FFN care across 25 counties in California that participated in the First 5 School Readiness Initiative program.	What support do FFN caregivers of children under age 6 in and around School Readiness Initiative programs in California counties need and want? What strategies would be best for providing this support to FFN caregivers?	Focus groups with 245 caregivers, who were license-exempt and cared for at least one child under age six and 39 parents who had at least one child under age who was cared for by an FFN caregiver. Interviews with 21 parents and caregivers of children with disabilities and other special needs.	Focus groups with FFN caregivers and parents using FFN care.	Data are not necessarily representative of the entire population of FFN caregivers in California. The data reflect the demographics of the study population which was not a random sample but a purposeful sample of caregivers mostly in and around neighborhoods with School Readiness Initiative programs.	No information provided.	Among the sample of family, friend, and neighbor providers in this study almost all were female; the average age was 43 years; 37% were interested in obtaining a child care license; 40% did not graduate from high school while 40% had some college or a college degree; 64% did not receive a child care subsidy; 40% cared for a grandchild; and 11% of FFN caregivers cared for a child with disabilities or special needs. On average caregivers said they worked close to a typical five-day, 40 hour work week, although 6% said they worked after 7 pm on at least one day during a typical week and 15% typically provided care on the weekends.
Fuller, B., Kagan, S. L., Loeb, S., & Chang, Y. (2004). Child care quality: Centers and home settings that serve poor families. <i>Early Childhood Research Quarterly</i> , 19, 505-527. < www.researchconnections.org/location/ccrca4676 >	166 centers, 118 FFN caregivers, and 69 licensed FCC homes caring for preschool children in three states—Connecticut, Florida, and California- participating in the Growing Up in Poverty (GUP) study.	What types of child care do low-income parents select? What is the observed quality of that care? How does the quality of care in centers and home-based settings compare? How are the dimensions of quality interrelated, and do those patterns vary for center-based and home-based settings? Are community and family-factors predictive of the quality of care selected?	Mothers' interview included questions about their child care arrangement, including flexibility of hours, their beliefs about the safety and happiness of their child, and parent-provider communication. Provider interview included questions about their educational attainment, motivation, feelings about providing child care, and interest in training, as well as specifics about structural features. Observations of the child care settings (including observations of the quality of the environment and the kinds of provider-child interactions and child activities)	Provider interviews Parent interviews Observation Measures: Early Childhood Environmental Ratings Scale (ECERS), Family Day Care Rating Scale (FDCRS), Child Caregiver Observational System (C-COS), and the Arnett Caregiver Interaction Scale (CIS)	(See Quality of Care in Family, Friend, and Neighbor Care—Table of Methods and Findings)	(See Quality of Care in Family, Friend, and Neighbor Care—Table of Methods and Findings)	Of the families who received care, there were no differences in maternal age, education or ethnicity across type of care used. There was a difference in child age across settings, with home-based settings having younger children than centers (27 months vs.31 months). There were regional differences in the selection of type of care, with mothers in Tampa selecting center-based care at higher rates and FFN providers at lower rates than mothers in Connecticut. (For findings related to the quality of care across settings see Quality of Care in Family, Friend, and Neighbor Care—Table of Methods and Findings.)

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<p>Fuller, B., Chang, Y., Suzuki, S., & Kagan, S. L. (2001). <i>Child-Care Aid and Quality for California Families: Focusing on San Francisco and Santa Clara Counties. Policy Analysis for California Education</i>. Berkeley, CA: University of California. <www.researchconnections.org/location/ccrca574></p>	<p>410 mothers entering a new state welfare-to-work program who had at least one preschool aged child (between 12-24 months old) from the San Francisco and Santa Clara counties in California- a California subsample of the Growing Up in Poverty Project. Of the 410 mothers, 259 selected a child care provider and 216 providers granted permission for an observational visit of the child care setting.</p>	<p>What kinds of child-care arrangements do mothers select and what levels of quality characterize these settings? Which mothers are able to access child-care subsidies—either slots in centers or vouchers for home-based arrangements—and does this support bolster their employability?</p>	<p>Mothers' interview included questions about their child care arrangement, including flexibility of hours, their beliefs about the safety and happiness of their child, and parent-provider communication. A half-day observation of the child's child care setting including an interview with the provider. The Provider interview included questions about their educational attainment, motivation, feelings about providing child care, and interest in training. Comparative data on child care quality were gathered in 1997 by observing 175 centers and 203 family child care homes in the Bay Area and Connecticut using the Environmental Rating Scale (ECERS).</p>	<p>Parent interviews Provider interviews Observation Measures: Environmental Ratings Scale (ECERS), Family Day Care Rating Scale (FDCRS), Child Caregiver Observational System (C-COS), and the Arnett Caregiver Interaction Scale (CIS)</p>	<p>No information provided.</p>	<p>No information provided.</p>	<p>Of the three states in the study (California, Connecticut, and Florida) Connecticut and California had high rates of FFN use (77% and 54%), while Florida had a lower use (25%). California also had significantly higher use of family child care (FCC). Structural features of FFN settings were observed in the counties of San Francisco and Santa Clara in California in which the average group size was two or three children; group sizes were larger in San Francisco for 12-24 month olds and larger in Santa Clara for 24-42 month olds. The average child:adult ratio was between 1.6 and 2. Nearly three-quarters of FFN providers in San Francisco completed high school, while 41% in Santa Clara did. FFN providers were significantly less likely to complete high school in both counties than FCC or center-based providers. Mothers using unlicensed settings were much less likely to use subsidies (70% vs. 19%). Mothers with younger children (under 30 months), more adults in the household, and strong social support networks were less likely to select centers, as were Latina and Asian-American mothers. Furthermore, mothers with less time on welfare were more likely to select licensed care. Community context affected parent's child care decision, such that the number of centers and slots within a mile from home correlated with parents' choices.</p>

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<p>Guzman, L. (1999). <i>The Use of Grandparents as Child Care Providers</i>. (NSFH Working Paper No. 84). Madison, Wisconsin: University of Wisconsin-Madison, Center for Demography and Ecology. <www.researchconnections.org/location/ccrca424></p>	<p>Households with children under age 5 whose mothers were employed participating in the National Survey of Families and Households (waves 1 and 2).</p>	<p>What is the role maternal preferences and inter-generational ties play in the decision to use grandparents for child care? Do maternal preferences and inter-generational ties predict the use of grandparent care? What factors are associated with the use of grandparent child care (separate from other relatives)?</p>	<p>Interviews with one adult per household who was randomly selected (wave 1) and interviews with that adult and his or her current spouse or partner (wave 2). Female primary respondents with children under age 5 and who were employed were asked about three key child care issues: child care provider(s); number of hours child spends with each provider; and whether care is provided in respondents' home or elsewhere.</p>	<p>The National Survey of Families and Households (waves 1 and 2)</p>	<p>No information provided.</p>	<p>No information provided.</p>	<p>Nearly 75% of the surveyed families of employed mothers with preschool children used FFN care. While about 28% of families used grandparent care and 17% also used other family members to provide care, almost 34% of families use an informal, non-relative provider. Maternal work hours (part-time versus full-time) did not affect the use of grandparent care, or the use of other family relatives or informal non-relative providers. Maternal work hours affected the use of husband/partner care and the use of organized child care facilities such that mothers working part-time use more husband/partner care and mothers working full-time were more likely to use an organized child care facility. Children age 3 and older were more likely to be in grandparent care than children under 3. Children under the age of 1, age 1, age 3 and age 5 were more likely than children age 2 or 4 to be cared for by a family member other than a grandparent. The same pattern, although stronger, was also evident for informal non-relative providers. Single mothers in general, and single mothers with the child's maternal grandmother living nearby, used maternal grandparent care more frequently than mothers who were married or cohabitating. They also used other relatives as providers more frequently than married or cohabitating families. Mothers who were married or cohabitating used grandparent care most frequently when both grandmothers lived nearby, and were equally likely to have used maternal or paternal grandmother care if either one lived nearby. Mother's varying work times appeared to discourage the use of grandparent care, which may mean that the flexibility of FFN care was not as large of a selection factor.</p>

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<p>Layzer, J. I., & Goodson, B. D. (June, 2006). <i>National Study of Child Care for Low-Income Families—Care in the Home: A Description of Family Child Care and the Experience of Families and Children That Use It</i>. Wave 1 Report. Cambridge, MA: Abt Associates. <www.researchconnections.org/location/ccra11568></p>	<p>650 low-income working parents with at least one child under age nine in family child care and their linked home-based provider from five counties participated in the In-Depth Study, an embedded study within the National Study of Child Care for Low-Income Families. Families were either eligible for child care subsidy or receiving a child care subsidy. Providers only served low income children.</p>	<p>What factors influence parents to choose family child care? How does the presence or absence of subsidy affect parent choice of care, type of care, stability, and continuity of parent's employment? What are the characteristics of family child care providers? What is the motivation for providing child care services? What is the nature of the relationship between parents and providers? What are the characteristics of the care environment? What is the nature of young children's experience in the child care setting?</p>	<p>Parent and provider interviews and half-day observations were conducted in the home-based care environment.</p>	<p>Parent interviews Provider interviews Observation Measures: Environment checklist, Environment Snapshot, the Arnett Caregiver Interaction Scale, and the Quest child observation instrument.</p>	<p>No information provided.</p>	<p>(See Quality of Care in Family, Friend, and Neighbor Care—Table of Methods and Findings)</p>	<p>Approximately one third (36%) of all families in the study used relative caregivers. Black families used relative care the most frequently (46%); followed by Hispanics (39%); Asian, Pacific-Islander, or multi-racial (32%), and White, non-Hispanics (13%). Of families receiving subsidies, one-third used care provided by a relative. Relative providers had the lowest average ratios of children to adults (2:1), and the mean number of children cared for in relative home settings was 2.8 (range 1-11). Relative providers were more likely to provide care for all weeks of the year, to provide care during weekends and non-traditional hours, and were more willing to care for sick children. Relative providers were less likely to receive cash payments from parents and/or were paid token amounts for their caregiving. About 90% of relative providers received subsidies, compared to 60% of providers caring for unrelated children. Subsidy use or loss did not result in changes in child care arrangements. Children with relative caregivers were somewhat more likely to have had the same child care arrangement since birth and more likely to have had fewer child care arrangements. Parents were satisfied with their child care arrangements, with less than 10% preferring a different care arrangement. Compared to non-relative care, parents emphasize general flexibility and flexibility of hours, that the provider helps the parent and child, better safety/health, and knowing/trusting the provider. (For findings on the quality observed see Quality in Family, Friend, and Neighbor Child Care—Table of Methods and Findings.)</p>

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Loeb, S., Fuller, B., Kagan, S. L., & Carrol, B. (2004). Child care in poor communities: Early learning effects of type, quality and stability. <i>Child Development</i> , 75 (1), 47-65. <www.researchconnections.org/location/ccrca3525>	451 mothers across three sites—California, Connecticut, and Florida—who were entering a new state welfare-to-work program and had at least one preschool child between 12 and 42 months of age for the Growing Up in Poverty Project.	How does the type and quality of child care attended influence young children's cognitive development? How does the type and quality of child care attended influence young children's social development? Do differences in developmental outcomes persist after controlling for family differences in children's earlier skills, maternal cognitive skill, home practices and other family characteristics?	During wave 1, mothers were interviewed, their selection of a child care provided was tracked, and a half-day observation of the child care setting including an interview with the provider was conducted. Child assessments of language and cognitive skills were conducted, and mothers completed child behavior rating scales. During wave 2, mothers were interviewed and their cognitive and language proficiency as well as their mental health were assessed. Child assessments of language, cognitive and school readiness skills were conducted, and mothers completed child behavior rating scales.	Mothers' interviews, Environmental Ratings Scales (ECERS and FDCRS), the Arnett Caregiver Interaction Scale, Child Assessments: MacArthur Communicative Development Inventory (CDI), Bracken Basic Concept Scale, Story and print concepts portion of the Family and Child Experiences Survey (FACES), and the Child Behavior Checklist (CBCL 2/3) (maternal report)	CDI has reliability and validity statistics for this age group (see Fenson, et al, 1994). FACES survey used in national evaluation of Head Start CBCL predictive of outcomes in later childhood (Achenbach, et al, 1987).	No information provided.	In controlling for site, ethnic background, maternal education and mental health, income and work, and child age, African-American mothers tended to choose licensed care over unlicensed care, while Asian-American mothers were significantly more likely to choose licensed family child care over FFN providers. Center care was preferred for older children, and employed mothers receiving welfare were more likely to choose family child care than FFN care.
Maxwell, K. (2005). <i>Legal, Nonregulated Care in North Carolina</i> . Preliminary findings presented at the Society for Research and Development.	Legal, unregulated family child care providers in North Carolina, participating the child care subsidy system. (N=190 in year 1, 180 in year 2, and 172 in year 3)	What are the characteristics and quality of legal, unregulated family child care homes? What are the characteristics of families and children served in legal, unregulated family child care homes?	The longitudinal study (three year) included annual provider interviews, observations, and parent interviews. Brief phone interviews were also conducted with providers every three months to determine if there had been any changes in patterns of care.	Provider annual interview, parent survey, brief provider interview. Measures: Family Daycare Rating Scale (FDCRS), Arnett Caregiver Interaction Scale, Learning Activities Scale, Summary Provider Rating, and modified Child Care HOME Inventory.	No information provided.	No information provided.	Preliminary findings show: that the average age of FFN providers in the study was 51; 85% were minorities; they cared for children for nine years on average; and 48% had a high school diploma or less. FFN providers cared for an average of four children with 68% caring for relatives only. They also tended to provide care for long hours (10.5 hours) with varying schedules. The majority of providers (75%) continued to care for children in year 2.

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Mulligan, G. M., Brimhall, D, West, J., & Chapman, C. (2005). <i>Child care and early education arrangements of infants, toddlers and preschoolers: 2001</i> . Statistical Analysis Report. National Center for Education Statistics, National Household Education Surveys Program, US Department of Education. (NCES 2006-039). Washington, DC: National Center for Education Statistics. <www.researchconnections.org/location/ccrca7538>	For the National Household Education Survey's (NHES) Early Childhood Program Participation Survey, interviews were conducted with 6,741 parents or guardians of children under age 6 who were not yet enrolled in kindergarten.	What is children's participation in different types (center-based, non-relative, or relative) of non-parental care? How does participation in various types of care vary by the child's age? What is the location of nonparental child care arrangements? What is the average amount of time spent in nonparental care? What are the average out of pocket expenses for nonparental care? How do these patterns differ according to race, household income, mother's education level, and region of the country?	The National Household Education Survey (NHES) is a series of telephone surveys across the 50 states and the District of Columbia. Households were selected using a multiple stage sampling framework. The first stage of selection in NHES 2001 involved the selection of a list-assisted random digit dial (RDD) sample of telephone numbers. Households from this list were contacted, and a screener interview was used to enumerate household members and to collect demographic and educational information that determined eligibility for the three NHES:2001 topical surveys—the Early Childhood Program Participation Survey (ECP), the Before- and After-School Programs and Activities Survey (ASP), and the Adult Education and Lifelong Learning Survey (AELL).	National Household Education Survey's 2001 Early Childhood Program Participation Survey (ECP)	Response rate for the ECPP parent interview was 59.9%. When weighted to reflect national totals, these data represent the child care and early educational experiences of approximately 20.3 million children under the age of 6 who are not yet enrolled in kindergarten or higher grades.	All differences cited in this report are significant at the .05 level using student's statistic. When mean estimates are compared, the discussion is limited to differences where the effect size, as calculated using Cohen's d statistic (Cohen 1988), is .2 or larger.	A larger percentage of children received non-parental care in centers than from relatives or nonrelatives (33% compared to 22% and 16%, respectively). However, the type of care received was related to the child's age. Infants were more likely to be cared for by relatives than by nonrelatives or in centers, and older children were more likely than younger children to be in center-based care (73% of 5-year olds had center-based arrangements compared to 8% of infants). Children living at or above the poverty threshold were more likely than those living below the poverty threshold to receive nonrelative (17% vs. 9%) or center-based care (35% vs. 27%), while they were less likely to receive care from relatives (21% vs. 26%). Approximately 81% of children under the age of 6 who received nonrelative care were cared for in a home other than their own, compared with 21% who received care in their own home. For children with relative care arrangements, the comparable percentages were 66% (other home) and 44% (own home).
National Institute of Child Health and Development (NICHD) Early Child Care Research Network. (1996). Characteristics of infant child care: Factors contributing to positive caregiving. <i>Early Childhood Research Quarterly</i> , 11, 269-306. <www.researchconnections.org/location/ccrca589>	576 infants (age 6 months) in five types of nonmaternal child care: centers, child care homes (care in the caregiver's home- 27% were licensed), in-home sitters (care in the child's home), grandparents, and fathers) across 10 sites.	What are the structural characteristics of infant child care settings? What are the characteristics and qualifications of infant caregivers? Are caregiver behaviors related to these structural characteristics and caregiver qualifications? Do caregiver behaviors vary in different types of settings?	Participating families were first recruited from hospitals in the 10 sites. Follow up visits and telephone calls with families determined child care arrangements for observation. Two half-day observations were conducted within weeks of the infant turning 6 months old. Caregivers were also interviewed and given a questionnaire.	Provider interviews and questionnaires. Observational Measures: Observational Record of the Caregiving Environment (ORCE), Assessment Profile for Early Childhood Programs, and the Child Care HOME.	(See Quality in Family, Friend, and Neighbor Child Care—Table of Methods and Findings)	(See Quality in Family, Friend, and Neighbor Child Care—Table of Methods and Findings)	Roughly equal numbers of infants were found in four types of care (with fathers, grandparents, in-home sitters, and in centers); twice as many infants (35%) were in child care homes. In some home-care settings (fathers, grandparents, and in-home sitters), infants were most often cared for alone (79%); whereas in child care homes, children were typically cared for in mixed-age groupings with older children (78%). (For findings on the quality of care observed see Quality in Family, Friend, and Neighbor Child Care—Table of Methods and Findings.)

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Porter, T. (1998). <i>Neighborhood child care: Family, friends, and neighbors talk about caring for other people's children</i> . New York, NY: Bank Street College of Education, Center for Family Support, Division of Continuing Education. < www.researchconnections.org/location/ccra3639 >	A total of 45 low-income FFN caregivers living in New York City (the South Bronx and Brooklyn) who participated in formal focus group discussions (conducted in both English and Spanish).	How did the care arrangement start? Why may the arrangements have ended? What role does payment play in the caregiving arrangement? What issues do caregivers face in their daily care of other people's children? What kind of help, if any, do they want in their caregiving roles?	Focus group interviews with FFN caregivers.	Focus group interviews	No information provided.	No information provided.	42% of the FFN caregivers in the focus group were relatives. Neighbors ranked second, representing nearly a third of the caregivers (35%), and friends followed, accounting for 22%. The majority of the caregivers had children of their own. Two-thirds of the caregivers cared for one or two children other than their own. Nearly half of the children cared for were toddlers (age 12 months to two years) and two-thirds of the children in care were under age six. Most of the caregiving arrangements started from the parents' request for the caregiver's help, though some arrangements began because another family recommended them, they considered themselves "caregivers of the neighborhood," or they actively sought out parents who needed child care. Consistent with their explanations of how the arrangements started, some cited the gratifying experience of being able to help out their relatives, their friends, or their neighbors. Others talked about the satisfaction of caring for children and watching them grow as well as teaching them and seeing them learn. Caregivers cared for children during traditional hours, evenings, and weekends and some provided full-week (Monday-Friday) care. Most caregivers said they do not receive payment however, or they received nominal payments from parents.
Reschke, K. & Walker, S. (2005). <i>Grandmothers as Child Caregivers: A Unique Child Care Arrangement</i> . Perspectives on Family, Friend and Neighbor Child Care: Research, Programs and Policy, p. 33-37. NY: Bank Street College of Education. < www.researchconnections.org/location/7949 >	42 working low-income women who named their own mothers as their regular child care providers and were participants in Rural Families Speak, a large-scale study, were selected.	What were mothers' reasons for using their child's grandmother as a caregiver, and what are the advantages and disadvantages of this arrangement?	Interviews with mothers.	Interviews with mothers.	No information provided.	No information provided.	Mothers appreciated practical aspects about grandmother care such as flexibility, physical proximity of the grandmother, and financial benefits- where care is often given in exchange for other goods or services. Mothers also listed relational benefits of using grandmother care such as trust, knowing their child is loved by their grandmother and that the grandmother-child relationship is enhanced due to the care arrangement. In terms of challenges, mothers noted they struggled with parenting boundaries; they may have difficulties recognizing or raising any concerns with caregiving due to the mother-daughter relationship with the caregiver.

Citations	Groups Studied	Research Question	Research Approach	Data Source	Validity	Reliability	Findings
<p>Snyder, K. & Adelman, S. (2004). <i>The Use of Relative Care While Parents Work: Findings from the 1999 National Survey of America's Families</i>. Washington, DC: The Urban Institute. <www.researchconnections.org/location/ccra5334></p>	<p>From a nationally representative sample of families with children under 13, employed families with children under age 13 who use relative care during work hours as part of the 1999 National Survey of America's Families (NSAF). (Appendices offer data on children with unemployed parents and 5 year olds)</p>	<p>Nationally, who uses relative care? How many hours do they use relative care for? How often is it a sole arrangement or part of a combination of arrangements? How does relative care use vary by family characteristics such as income, race and ethnicity, educational level, family structure, parent availability, and parent work schedule?</p>	<p>Interviews with the person most knowledgeable about the child (76% of time, the mother). For children who were cared for in a home setting, questions included details about the provider, whether the provider was a relative, if the provider was over 18, and for in-home providers, whether the provider lived with the family.</p>	<p>1999 National Survey of America's Families (NSAF)</p>	<p>No information provided.</p>	<p>No information provided.</p>	<p>Across all age groups, use of relative care (in any amount) ranged from approximately 24% (10-12 year olds) to 35% (under 3). Children under age 3 were most likely to be in relative care as their only non-parental source of care (28%), followed by 6-9 year olds (22%), 10-12 year olds (21%) and 3-4 year olds (18%). Three and 4 year-olds were most likely to have relative care in combination with another form of non-parental care (13%), followed by children under age 3 (7%), 6-9 year olds (5%), and 10-12 year olds (3%). Lower-income families with children age 3 and over (below 200% of the federal poverty line) used only relative care or a combination of relative care and other care significantly more than higher income families. There were no differences by family income in use of relative care for children under age 3. For low-income families who recently participated in TANF, relative care was more likely for children age 3 and 4 and 6-9 (26% and 22% respectively) than low income families who did not participate in TANF (8% and 7% respectively). Black and Hispanic families across most age categories used significantly more relative care than Whites. Relative care use varied by family structure and work status. Across all age groups, children in single parent families (with full-time or partial employment) spent significantly more time in relative care than children from two-parent families; and two-parent families working full-time relied on relative care significantly more than two-parent families with partial employment (except for the families of 3 and 4 year olds). Relative care use did not vary as much as expected by parent work schedule. There were no differences in the use of relative care by parent work schedule (traditional and non-traditional hours) for children under age 3 or age 3 and 4. Parents use of relative care for school-aged children was significantly higher when they worked between 6 pm and 6 am. Younger children (under age 3 or ages 3 and 4) were significantly more likely to be cared for in a relative's home than their own home than school-aged children.</p>

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Snyder, K., Dore, T., & Adelman, S. (2005). <i>Use of Relative Care by Working Parents</i> . (Snapshots of America's Families No. 23). Washington, DC: The Urban Institute. < www.researchconnections.org/location/ccrca5978 >	From a nationally representative sample of families with children under 13, employed families with children under age 13 who use relative care during work hours as part of the 1999 National Survey of America's Families (NSAF).	Who uses relative care? How many hours do they use this care? How often is relative care a sole arrangement or part of a combination of child care arrangements?	Interviews with the person most knowledgeable about the child, generally the mother.	2002 National Survey of America's Families and 1999 National Survey of America's Families (NSAF)	No information provided.	No information provided.	Results for the 2002 survey indicated that 27% of children under age 13 with an employed parent used relative care. Approximately one-third of preschool children received relative care (under 3, 33%; 3-4 year olds 31%). A quarter of all children under age 3 with employed parents received only relative care, while a smaller percentage of children age 3-4 did (17%). Three-to-four year-old children had higher rates of relative care in combination with other care. Almost 40% of preschool children spent at least 35 hours per week in relative care. A smaller but notable proportion of school-age children spent time in relative care (20% for 6-9 year olds, 17% for 10-12 year olds). School-age children generally spent less time in full-time relative care (15% for 6-9 year olds; 10% for 10-12 year olds).
Sonenstein, F. L., Gates, G. J., Schmidt, S., & Bolshun, N. (2002). <i>Primary child care arrangements of employed parents: Findings from the 1999 National Survey of America's Families</i> (Occasional Paper No. 59). Washington, DC: The Urban Institute. < www.researchconnections.org/location/ccrca587 >	A nationally representative sample of employed families with children under age 13 were surveyed about their possible child care arrangements, including child care centers, before- and after-school care, family child care providers, relatives, and babysitters or nannies as part of the 1999 National Survey of America's Families (NSAF) .	What is the "primary" child care arrangement used while employed parents work?	Interviews with the person most knowledgeable about the child, generally the mother. Respondents were asked to describe the non-parental care arrangements they made for one of their children under age 6 and for a second child between the ages of 6 and 12, as applicable.	The 1999 National Survey of America's Families (NSAF)	No information provided.	No information provided.	About one third of all preschool children (age 0-4) were cared for primarily by a relative, nanny, or babysitter. Twenty-two percent of 5 year-olds were primarily cared for by a relative, nanny, or babysitter (outside of school); and 27% of 6-12 year-olds were cared for primarily by relatives, nanny, or babysitter outside of school hours. Care by relatives was less common among children in two-parent families at either income level compared to children with single parents (25% vs. 33%). Both preschool-age children and school-age children in two-parent families were much less likely than children in single-parent families to use relatives for care, regardless of income. Among preschool children with employed parents between 1997 and 1999, a smaller proportion were in center-based care (28% compared with 32% in 1997) and a larger proportion were cared for by relatives (27% compared with 23% in 1997). These shifts primarily occurred among two-parent families. The increase in the use of relatives occurred primarily among children in single-parent families, regardless of income level. For these families the use of relatives as the primary out-of-school child care arrangement increased substantially, by 10 percentage points.

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Todd, C. M., Robinson, V., & McGraw, L. A. (2005). <i>Contextual Influences on Informal Caregivers: Implications for Training</i> . Paper presented at the Biennial Meeting of the Society for Research in Child Development.	162 family, friend, and neighbor care-givers who receive subsidies and are regulated through Georgia's Child and Parent Services Program (CAPS) were interviewed.	How does public policy, and the contexts in which providers live and work, interact with provider characteristics to affect training?	Across four studies: an examination of state agency and census data; 30 minute interviews with providers; analysis of CAPS survey data (N=564); and focus groups with providers.	State agency and census data, interviews and focus groups with providers, and a survey of providers participating in the Georgia Child and Parent Services Program	No information provided.	No information provided.	The CAPS family, friend, and neighbor providers represented 26% of all child care sites that accepted subsidies, although only 7% of the children in Georgia who receive subsidies were cared for by these providers. The majority of these providers are located in rural counties. The FFN providers in CAPS represented one half of the total child care sites in rural counties. CAPS providers were primarily middle-aged, African-American women. Most were not employed in other paid positions. They generally cared for only a few children, most of whom were related and school-aged. Most cared for children full-time and often during odd hours. The majority expressed interest in training; 90% of the experienced providers had attended training in the past year; and 10% said they had no interest. Providers consistently also said they would like a wider variety of training topics.
Vandell, D. L., Mc-Cartney, K., Owen, M. T., Booth, C., & Clarke-Stewart, A. (2003). Variations in child care by grandparents during the first three years. <i>Journal of Marriage and the Family</i> , 65, 375-381. < www.researchconnections.org/location/ccrca9850 >	1,364 families (across 10 sites) with healthy newborns, who spoke English and were over age 18 participated in the National Institute of Child Health and Human Development (NICHD) Study of Early Child Care. Approximately 432 of the participating families used grandparent care and were identified for this study.	What are the variations in use and intensity of grandparent care over a three-year period of time? What other factors are associated with use of grandparent care?	Tri-monthly interviews of mothers regarding their employment hours and work schedule, household composition, types and hours of child care used routinely. Interviews were conducted over a three-year period, resulting in 12 interviews over time.	Interviews with mothers.	No information provided.	No information provided.	Over the three year study period, roughly 14% of children received care from grandparents at each interview. About 35% of the sample received grandparent care during at least one of the three-month periods. The largest number of grandparents providing care provided sporadic care (routine care for less than one year or providing care in varying amounts), usually over only one three-month period, for an average of 9.7 hours. A smaller number of grandparents provided extended part-time care (less than 30 hours per week for at least one year) for an average of 24 months, and a number of grandparents provided extended full-time care (caring for children at least 30 hours per week for at least one year) for an average of 27.6 hours per week. Having a coresident grandparent predicted a higher likelihood of using extended full-time, extended part-time, and sporadic grandparent care. Maternal full-time employment predicted a higher likelihood of extended full-time grandparent care, and maternal employment during nonstandard hours predicted the likelihood of sporadic and extended part-time care. Mothers of color were more likely than non-Hispanic White families to use extended full-time care. Younger mothers were most likely to use sporadic grandparent care rather than other types of care. Family income, household structure, and maternal education did not predict type of grandparent care overall, but did correlate with different types of care when considered separately.

This Table of Methods and Findings is part of the Reviews of Research series that 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, as well as the companion Table of Methods and Findings from the literature reviewed. Copies of these items are available on the *Research Connections* web site: www.researchconnections.org.

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