

Citation	Study Participants	Research Question	Research Approach	Data Source/Measures*	Validity	Reliability	Findings
Atkinson, A. M. (1987). Fathers' participation and evaluation of family day care. <i>Family Relations</i> , 36(2), 146-151. <www.research-connections.org/location/ccrca777>	39 mothers and 24 fathers of children in registered family child care homes (FCC).	How are fathers involved in their children's family child care arrangements?	Questionnaires regarding fathers' involvement in child care at home and with the family child care arrangement and perceptions of and satisfaction with care quality were given to both mothers and fathers.	Fathers' participation in child care was assessed using a checklist of common child care activities (e.g., visiting the child at child care, talking to the provider). Demographic and employment information was also collected.	[No information provided.]	[No information provided.]	Fathers participated in the child care arrangements in many ways, including talking with the provider (83%), providing transportation to children (71%), and visiting the child at child care (38%). Most mothers and fathers felt the decision to select child care was jointly made. Few differences were found between fathers and mothers in their evaluations of family child care program goals, provider qualifications, and the adequacy of care.
Atkinson, A. M. (1988). Providers' evaluations of the effect of family day care on own family relationships. <i>Family Relations</i> , 37(4), 399-404. <www.research-connections.org/location/ccrca6746>	32 registered family child care providers.	How does provision of child care affect providers' personal lives, and what solutions do they develop to reduce the negative impacts for themselves and their families?	FCC providers in Iowa were interviewed during the spring of 1984. Interviews included questions on the number and age of their own children and the children in their care, experience in child care and policies and procedures for child care, their perceptions of problems and satisfaction with their work, their relationships with their own children, and issues regarding personal time, space, and privacy.	Open-ended questions during personal interviews. Content analysis was used to classify responses.	[No information provided.]	[No information provided.]	FCC providers reported both positive (e.g., greater awareness of their own children's needs) and negative (e.g., their own children wanting more attention, jealousy of other children) effects of their work on their children. Problems included conflict with parents over financial and scheduling issues and parents' lack of respect for providers. Steps to help include FCC provider training in problem-solving techniques and encouraging social networks, written policy guidelines to maintain control over time and finances, and separate space for child care to help preserve family privacy and personal property.
Atkinson, A. M. (1992). Stress levels of family day care providers, mothers employed outside the home, and mothers at home. <i>Journal of Marriage and the Family</i> , 54(2), 379-386. <www.researchconnections.org/location/ccrca2324>	918 randomly-selected mothers of young children: 40 family child care providers, 580 employed outside of the home, and 286 not employed.	What are the differences in stress levels between family child care mothers, mothers employed outside of the home, and mothers not employed?	Telephone interviews gathered information on mother's age, occupation, education level, yearly income, total household income, and levels of stress.	The Langner Symptom Survey, a 22-item screening score, developed in 1962, measured stress level.	[No information provided.]	Langner: $\alpha = .73$	Mothers working as FCC providers reported greater stress levels than those employed outside of the home or not employed. Providers worked longer hours and had lower income than mothers employed outside the home, and lower levels of education than mothers working outside the home or those not employed. Overall, mothers who worked longer hours, earned lower incomes, and who were married to husbands with lower incomes reported greater stress.

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Atkinson, A. M. (1994). Rural and urban families' use of child care. <i>Family Relations</i> , 43(1), 16-22. <www.researchconnections.org/location/ccrca10238>	199 rural families and 763 urban families in one county in the Midwest	What are the characteristics of child care used by rural parents? How does this care differ from care used by urban parents? Do rural and urban parents differ in how they identify and select caregivers?	Telephone interviews conducted with mothers gathered information on family demographics, their children's child care use, the characteristics of their providers, and how they selected their child care arrangement.	Telephone survey designed for the study.	[No information provided.]	[No information provided.]	Rural and urban families differed on some demographic characteristics: age, maternal education, and family structure, but not income. The children of rural parents averaged fewer caregivers and more hours of care than urban children. Rural mothers were more likely to use child care by relatives than urban mothers, particularly for infants and toddlers. Urban and rural mothers were equally as likely to use family child care or nonrelative care in the provider's home. Most mothers reported that their child care selection was based on a previous, trusting relationship with their child's caregiver.
Britner, P. A., & Phillips, D. A. (1995). Predictors of parent and provider satisfaction with child day care dimensions: A comparison of center-based and family child day care. <i>Child Welfare</i> , 74(6), 1135-1168. <www.researchconnections.org/location/ccrca1311>	9 home- and 18 center-based providers and 90 parents of children in their care.	What are the pathways to satisfaction with child care arrangements for parents and providers in center-based and family child care settings?	A short-term longitudinal study assessed parent and provider satisfaction with child care arrangements at two points in time 4 months apart. Family and provider demographics, provider experience and training, alternative care preferences, childrearing attitudes, child care as a social support, the importance of various care characteristics, satisfaction with care characteristics, and the frequency of parent-provider involvement were measured.	Parental Modernity Scale; Daycare as a Social Support Scale	[No information provided.]	Satisfaction: test-retest reliability = .93 for parents and .73 for providers. Parent-provider involvement: test-retest reliability = .71 for parents and .78 for providers.	Overall satisfaction was high in both center-based and family child care groups. Perceived social support from the care arrangement was the best predictor of parental satisfaction for families using either center or family child care. Provider satisfaction was associated with parent-provider agreement about traditional childrearing values for family child care providers but not for center-based providers.
Burchinal, M., Howes, C., & Kontos, S. (2002). Structural predictors of child care quality in child care homes. <i>Early Childhood Research Quarterly</i> , 17(1), 87-105. <www.researchconnections.org/location/ccrca1305>	326 licensed family child care homes.	What structural variables predict quality of care in home-based settings? Is compliance with the National Association for Family Child Care (NAFCC) adult-to-child ratio recommendations related to higher-quality care?	Interviews and observations gathered information on group size, adult-to-child ratios, NAFCC points compliance, and caregiver background. 100 of the providers received 2 observational visits 6 months apart.	Data from the Study of Family Child Care and Relative Care (226 families and their child care providers) and the California Licensing Study (100 family child care homes). Measures: Family Day Care Rating Scale; Caregiver Interaction Scale	[No information provided.]	FDCRS: interrater agreement = .89 and .87. CIS: interrater reliability ranged from .88 to .97.	Provider training was a better predictor of care quality than group size or adult-to-child ratios in family child care homes. However, lower-quality child care homes tended to have greater proportions of infants and toddlers. No structural characteristics predicted caregiver sensitivity. There were inconsistent results concerning caregiver experience.

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Clarke-Stewart, K. A., Vandell, D. L., Burchinal, M., O'Brien, M., & McCartney, K. (2002). Do regulable features of child-care homes affect children's development? <i>Early Childhood Research Quarterly</i> , 17(1), 52-86. <www.researchconnections.org/location/ccrca365>	Children who were in either licensed or unlicensed family child care homes with at least 2 children in which the caregiver received payment for child care. Children who met these criteria varied in number across ages: 15 months (164 children), 24 months (172 children), and 36 months (146 children).	Do regulable features of child care predict the quality of children's experiences in child care homes? Do nonregulable features predict the quality of care in child care homes? Do these regulable and non-regulable features and observed quality of care predict children's development?	Observations of child care homes, standardized child assessments, and mother and caregiver interviews concerning family demographics, children's social skills and behavioral problems were conducted when study children were 15, 24, and 36 months of age. Regulable features of care included: caregiver education and training; the number of children in the home; and government licensing. Nonregulable features included: the caregiver's professional attitude towards being a child care provider; length of experience in the field; age; beliefs about childrearing; mental health; and the presence of the providers' own children in the home.	Data from the National Institute for Child Health and Human Development's Study of Early Child Care (NICHD SECC). Measures: Bayley Mental Development Index of the Bayley Scales of Infant Development; Verbal Comprehension Scale from the Reynell Developmental Language Scales Child Behavior Checklist for Ages 2-3 (CBCL/2-3); Adaptive Social Behavior Inventory (ASBI); questionnaire; Parental Modernity Scale; Center for Epidemiological Studies-Depression Scale; Child Care Home Observation for Measurement of the Environment (HOME); and Observational Record of the Caregiving Environment (ORCE).	[No information provided.]	ORCE: α ranged from .82 to .89. Reynell scale: .93. CBCL: Reported as having good test-retest reliability. ASBI: .71-.84. Modernity scale = .89. Caregiver professionalism = .81-.84. CES-D: .82. ORCE inter-rater reliability ranged from .80 to .90.	Both regulable and nonregulable features were related to the quality of care and child outcomes in child care homes. Better-educated caregivers provided more sensitive caregiving and richer learning environments, and children with more educated providers scored higher on tests of cognitive and language development. Also, homes in compliance with group size regulations provided more positive caregiving. Providers who held more child-centered beliefs provided higher-quality care and more stimulating environments. However, the quality of care was not related to caregiver's age, experience, professionalism, mental health, the number of children in the home, or whether the caregiver's own children were present. Children in higher-quality care performed better on cognitive and language assessments and were more cooperative.
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). Baltimore: Johns Hopkins University. <www.researchconnections.org/location/ccrca834>	181 low-income families with children between 2 and 4 years of age who were regularly in nonmaternal care and their child care providers, chosen from the approximately 2,400 randomly-selected low-income children and their caregivers who participated in phone interviews in the 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?	The primary nonmaternal care arrangement was observed to assess the quality of care offered. In-person interviews were conducted with providers to gather information on structural quality. Mothers were interviewed to gather information about their levels of satisfaction with care.	The study is part of the Three-City Study of low-income children and their child care providers in Boston, San Antonio, and Chicago that focuses on the impacts of welfare reform. Of participating families with children between 2 and 4 years of age, additional interviews and observations of their child care settings were conducted as part of the Embedded Developmental Study (EDS).	[No information provided.]	[No information provided.]	Child care centers and unregulated family, friend, and neighbor homes were the most commonly used child care settings. Child care centers were rated as providing higher developmental quality of care than home-based care, with center caregivers averaging higher educational levels. Regulated family child care homes offered higher-quality care than unregulated FFN homes. Home-based care averaged higher adult:child ratios and smaller group sizes. The length of time in care was lowest in centers. Mothers reported that unregulated home-based settings provided the most flexible, accessible, and satisfying care. On average, family child care was more expensive than center or FFN child care.

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Elicker, J., Fortner-Wood, C., & Noppe, I. C. (1999). The context of infant attachment in family child care. <i>Journal of Applied Developmental Psychology</i> , 20(2), 319-336. <www.researchconnections.org/location/ccrca361>	41 infants (10-21 months of age), their primary at-home caregivers, and their family child care providers (23 caregivers in 22 regulated family child care homes).	What variables in the context of family child care influence the development of infant-caregiver attachment?	4 visits were conducted for each infant: 1 in the home and 3 in the family child care setting. Observations assessed parent-infant and caregiver-infant attachment and the quality of child care. Questionnaires gathered information on family, child, and caregiver characteristics (e.g., demographics, child care arrangements, child temperament, providers' experiences and background).	Measures: Attachment Q Sort (AQS) (3rd ed.); Parent-Caregiver Relationship Scale (PCRS); Family Day Care Rating Scale (FDCRS).	[No information provided.]	AQS: interrater reliability ranged from .67 to .81. FDCRS: interrater reliability = .86, and α ranged from .70 to .93.	The level of infant-caregiver attachment was a function of infant-caregiver interaction, family socioeconomic status, and overall child care quality. Infant-caregiver attachment remained relatively stable over time. Indirect predictors of attachment security included child care group size, infant's age at care entry, and the number of months with caregiver. Results suggest that infant temperament may have a moderating role in caregiver-infant attachment security.
Faddis, B.J., Aherns-Gray, P., & Klein, K.L. (2000, February). Evaluation of Head Start Family Child Care Demonstration: Final Report. Washington, DC: Commissioner's Office of Research and Evaluation and the Head Start Bureau, Administration on Children, Youth, and Families. U.S. Department of Health and Human Services <www.researchconnections.org/location/ccrca1035>	874 4-year-old children and their parents participated in the pilot study from 1990-1995. In Cohort 2, 972 4-year-old children with working parents enrolled in Head Start at centers or family child care Head Start demonstration projects across the country from 1994-1996.	1. Do Head Start services provided in family child care homes meet the Head Start Performance Standards? 2. Do outcomes differ between children and families who participated in programs at family child care homes and those who participated in center-based programs?	Children were randomly assigned to participate in Head Start either at centers or in family child care homes. Observations of the care environment, and interviews with parents and caregivers, occurred at the beginning and end of the year in Head Start. Child assessments were conducted at 3 points: before Head Start participation; at the end of the year in Head Start; and a year after Head Start participation ended, at the end of kindergarten.	Measures-child assessments: Daberon 2; Child Observation Record (COR); Peabody Picture Vocabulary Test (Rev. Ed.); Modified Concepts about Print; and the Child Adaptive Behavior Questionnaire. Measures-parent interviews: Family Routines Inventory (FRI); Parent Questionnaire (Rev.); Parenting Dimensions Inventory (PDI); Family Resource Scale; and the Social Readjustment Rating Scale. Other parent questionnaires and caregiver interviews were designed by RMC Research. The quality of care was assessed with the Caregiver Interaction Scale (CIS); the Developmental Practice Inventory; and instruments designed by RMC Research and the Head Start Bureau.	Construct validity: Daberon 2: $r = .55$. COR: $r = .53$.	Daberon 2: $\alpha = .92 - .95$ PDI: $\alpha = .96$, inter-rater reliability = 64%. COR: $\alpha = .61 - .71$. FRI: test-retest reliability = .79.	There were no differences between centers and family child care homes in the total number of performance standards implemented, although centers averaged higher parent involvement. Center providers were more likely to maintain family records, have regular systems of parent-provider communication, and provide child-appropriate equipment and materials. Family child care providers were more likely to identify and document families' needs for social services. FCC homes averaged lower child-staff ratios and group size and FCC providers displayed more attentive and encouraging behavior, although they had, on average, less education and training. Child physical, social-emotional, and cognitive outcomes in kindergarten also did not differ according to setting; higher-quality programs were associated with better outcomes, regardless of setting. The average cost of providing services at FCC homes was about 2 times the national average for center-based services, which was attributed to the predominantly full-day, year-round services provided at FCC programs.

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Fuller, B., Kagan, S. L., Loeb, S., & Chang, Y. W. (2004). Child care quality: Centers and home settings that serve poor families. <i>Early Childhood Research Quarterly</i> , 19(4), 505-527. <www.researchconnections.org/location/ccrca4676>	166 centers, 69 family child care homes, and 118 kith and kin homes in San Francisco, CA, San Jose, CA, Manchester, CT, Tampa, FL, and New Haven, CT.	What types of care do low-income families select, and what is the quality of that care? How do centers and family child care homes compare on quality measures? Do contextual and family factors predict the quality of care families choose?	Caregiver interviews gathered information on the structural aspects of their programs. The quality of care in each child care setting was observed. Home visits gathered information on the quality of the home environment, maternal verbal skills, and family demographic information.	Caregiver Interaction Scale (CIS), Child-Caregiver Observation System (C-COS), Early Childhood Environment Rating Scale (ECERS), and Family Day Care Rating Scale (FDCRS) were used to assess quality of care. Home Observation for Measurement of the Environment (HOME) assessed the quality of the home environment, and Peabody Picture Vocabulary Test (3rd ed.) (PPVT-III) assessed maternal vocabulary.	[No information provided.]	90% interrater reliability rates were attained.	There was great variability within and between types of care. Centers displayed higher-quality ratings based on caregiver educational attainment and the provision of structured activities than regulated and unregulated homes, but there were no consistent differences in positive provider-child interactions across types of care. Family child care homes averaged higher quality ratings than unregulated kith and kin homes. Contextual neighborhood characteristics, such as poverty level, accounted for the quality of care more than family characteristics. However, mothers with higher verbal skills choose higher-quality centers, and mothers that worked longer hours more often choose kith and kin care.
Hamre, B. K., & Piata, R. C. (2004). Self-reported depression in nonfamilial caregivers: Prevalence and associations with caregiver behavior in child-care settings. <i>Early Childhood Research Quarterly</i> , 19(2), 297-318. <www.researchconnections.org/location/ccrca3982>	1,217 nonfamilial child care providers in child care centers, family child care homes (defined as care in provider's home, regulated and unregulated), and in the child's home participating in the NICHD's Study of Early Child Care.	What is the prevalence of self-reported depressive symptoms in child care providers? What is the relationship between depression and the quality of interactions between caregivers and young children?	During visits to child care settings, caregivers completed questionnaires about demographic information and a self-reported measure of depressive symptoms. One-on-one caregiver-child interactions at child care were observed and assessed for the quality of interaction.	Data from the NICHD-SECC. Measures: Center for Epidemiological Studies-Depression Scale (CES-D) and the Observational Record of the Caregiving Environment (ORCE).	[No information provided.]	CES-D: $\alpha = .90$ and above. ORCE: $\alpha = .50 - .87$.	Family child care providers reported lower levels of depression and displayed higher levels of sensitivity and lower levels of withdrawal from children than center-based or in-home providers. Caregivers reporting higher levels of depression were less sensitive and more withdrawn than those reporting lower levels. Depression was more closely associated with negative behaviors for family child care providers, which was hypothesized to be due to structural and organizational differences between family child care homes and centers, particularly the presence of other adults.
Helburn, S. W., & Howes, C. (1996). Child care cost and quality. <i>The Future of Children</i> , 6(2), 62-82. <www.researchconnections.org/location/ccrca2093>	133 family child care providers in California, North Carolina, and Texas.	What is the relationship between cost and quality in family child care homes?	Interviews, questionnaires, and observations of children, caregivers, and the child care environment measured aspects of process quality (e.g., caregiver sensitivity), structural quality (e.g., caregiver education), and the adult work environment (e.g., caregiver's work satisfaction and commitment).	Data sources: Economics of Family Child Care study, Study of Children in Family Child Care and Relative Care, Cost, Quality, and Child Outcomes in Child Care Centers Study .	[No information provided.]	[No information provided.]	The cost of providing care was positively but modestly related to the quality of care. While the parent fees for preschool children were similar across FCC and center programs, infant fees were lower in family child care homes. Staff wages at centers were low but higher than for FCC providers. The costs in FCC and center care were similar, although the quality of FCC was slightly lower than at centers.

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Helburn, S. W., Morris, J. R., & Modigliani, K. (2002). Family child care finances and their effect on quality and incentives. <i>Early Childhood Research Quarterly</i> , 17(4), 512-538. <www.researchconnections.org/location/ccrca1095>	129 family child care providers (76% licensed) who were paid for their child care services and not related to at least one paying child in their care.	What are the incomes, expenses, and budget characteristics of family child care providers? What factors affect fees and income from child care?	Telephone interviews and questionnaires gathered data including: provider's personal background; years in child care; motivations for entering the field; views about their work; expectations about remaining in the field; enrollment and fee information; estimated income and expenses from child care; waiting lists and vacancies; participation in professional activities; hours worked; hours spend in nonchild activities when children are present; child care income reported on tax forms; amount received from the USDA Child and Adult Care Food Program; hours of paid and unpaid help; insurance coverage; and quality of care.	Data sources: Subsample of the Family Child Care and Relative Care Study; 1992 U.S. Current Population Survey (CPS) and the Consumer Price Index. Questionnaires developed for the study collected data on family and child characteristics. Measures: Family Day Care Rating Scale (FDCRS); Caregiver Interaction Scale (CIS).	[No information provided.]	[No information provided.]	Family child care provider income was lower than at jobs with comparable skill levels in local labor markets. Income was associated with the number of children served, fees, child care expenses, and the provider's approach to providing care. Providers earning the most from child care scored higher on global care quality and provider sensitivity than lower-earning providers. Over half of providers gave nonfinancial personal benefits as the most important reason for providing care. Caregiver education did not affect earnings, indicating that there is little economic incentive to invest in more training.
Howes, C., Galinsky, E., & Kontos, S. (1998). Child care caregiver sensitivity and attachment. <i>Social Development</i> , 7(1), 25-36. <www.researchconnections.org/location/ccrca6349>	Study 2: 71 toddler-aged children in licensed family child care and their caregivers in 3 communities. Studies 1 and 3 included children in child care centers.	What is the relationship between caregiver sensitivity and child-caregiver attachment security, and how does caregiver participation in a training program affect this relationship?	Providers participated in a 6-month training program that involved classroom instruction in working with young children to enhance child development. Pre- and post-intervention assessments of child-caregiver attachment security were administered.	Caregivers were participants in the Family Child Care Provider Training Project (see Kontos, Howes, & Galinsky, 1996). Measures: Caregiver Interaction Scale (CIS), Adult Involvement Scale (AIS), and Attachment Q Sort (AQS).	[No information provided.]	CIS: interrater reliability = .85, and $\alpha = .86 - .98$. AQS: interrater reliability = .91.	Child-caregiver attachment security scores significantly increased after the training intervention, but only for those in which the caregivers increased their levels of sensitivity and decreased the incidences of detached behaviors. Modest interventions may be successful in improving the quality of child-caregiver attachment security.
Howes, C., & Hamilton, C. E. (1992). Children's relationships with caregivers: Mothers and child care teachers. <i>Child Development</i> , 63(4), 859-866. <www.researchconnections.org/location/ccrca9139>	441 children ages 10 to 56 months were observed with their mothers, child care providers, or both (110 with mothers, 331 with child care providers, and 72 with both mothers and child care providers). Providers were both center- and home-based.	What are the characteristics of child-provider and child-parent attachment relationships, specifically concerning adult sensitivity and adult involvement?	Observations of mother-child and provider-child interactions were conducted. Investigators observed at least two arrivals at child care and two mother-child reunions. Provider-child interactions were observed for 2 hours in the child care setting (center classroom or family child care home).	Measures: Attachment Q Sort (AQS); Adult Involvement Scale (AIS), Strange Situation (SS); Early Childhood Environment Rating Scale (ECERS); Caregiver Interaction Scale (CIS).	The SS and AQS were compared. Mean scores differentiated secure and insecure attachments at the .05 level.	AQS: interrater reliability = .85 - .95. Arnett: interrater reliability = .82.	Consistent with the maternal measures using the Strange Situation scale, using the AQS child care providers were most sensitive to and most involved with securely attached children and least involved with avoidant children. The small number of insecurely attached children prevented further analyses of children who avoided attachment or were ambivalent.

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Howes, C., & Stewart, P. (1987). Child's play with adults, toys, and peers: An examination of family and child-care influences. <i>Developmental Psychology</i> , 23(3), 423-430. <www.researchconnections.org/location/ccrca10244>	55 children and their 55 family child care providers.	How does the stability and quality of child care relate to children's play behaviors?	During visits to each family child care home, researchers assessed the quality of care and the focal child's play behaviors when interacting with his or her caregiver, objects, or peers. Interviews with parents collected information on family characteristics including perceived maternal stress, social support level, role satisfaction, childrearing attitudes, the age at which child had entered child care, and any child care changes.	Measures: Family Day Care Rating Scale (FDCRS); Block Childrearing Practices Report, Modified Version; Adult Involvement Scale (AIS); Sources of Stress Inventory (SSI); Object Play Scale (OPS); Peer Play Scale (PPS).	[No information provided.]	Peer play scale: test-retest reliability = .34 - .91 over 4-week and 1-year periods. FDCRS: α = .70 - .93.	As has been shown for center care, higher-quality care was associated with more competent play when controlling for family characteristics. Likewise, when child care quality was controlled, family characteristics were an important influence on children's play. Family characteristics were related to the quality of care; the most restrictive and stressed parents were more likely to select lower-quality arrangements and changed their child's arrangements more often.
Knoche, L., Peterson, C. A., Edwards, C. P., & Jeon, H. J. (2006). Child care for children with and without disabilities: The provider, observer, and parent perspectives. <i>Early Childhood Research Quarterly</i> , 21(1), 93-109. <www.researchconnections.org/location/ccrca8396>	2,022 child care providers (736 licensed or registered FCC), 1,325 parents participated in a phone survey, and 349 providers (132 FCC) were observed in their child care settings in Iowa, Kansas, Missouri, and Nebraska. About 1/3 of providers offered inclusive services.	What are the characteristics of providers who do and do not serve children with disabilities? What is the observed quality of care in inclusive versus noninclusive settings? What do parents of children with and without disabilities report regarding their expectations for and satisfaction with their child care services?	The study was part of the Midwest Child Care Research Consortium, a larger, 3-phase project. Providers participated in a 23-question phone survey that collected demographic information and providers' perceptions of the quality of care their programs provided. Parent surveys asked 48 questions related to child care access, affordability, and satisfaction; subsidy use; perceived quality of care and caregiver characteristics; reasons for choosing type of care; the number of child care arrangements used and the hours in care; and family demographic information. Program observers rated program quality.	Measures for observed quality ratings: Caregiver Interaction Scale (CIS); Infant/Toddler Environment Rating Scale (ITERS); Early Childhood Environment Rating Scale (Rev. ed.) (ECERS-R); Family Day Care Rating Scale (FDCRS).	[No information provided.]	The reliability of the CIS was α = .71. For the environmental rating scales, α ranged from .81 to .91. Interrater reliability measures were 85% for the CIS and all 3 environmental rating scales.	Noninclusive family child care homes were rated as higher quality than inclusive homes, while the opposite was true for preschool-age classrooms in centers but not for infant/toddler classrooms in centers. Parents of children with disabilities were likely to report that their child care was high quality, particularly those using center-based care.

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Kontos, S. (1994). The ecology of family day care. <i>Early Childhood Research Quarterly</i> , 9(1), 87-110. <www.researchconnections.org/location/ccrca6332>	57 children, their mothers, and 30 licensed and unlicensed family child care providers in a rural community in Indiana.	What are the similarities between family and provider characteristics? What is the quality of family child care, and what factors predict quality? How do provider and family characteristics interact to shape children's development?	Data were collected through questionnaires, interviews, and observations. Family child care homes were visited 3 times for a total of 4 hours during which child assessments and provider questionnaires were administered. Child assessments gathered data on language and cognitive and social development, and provider questionnaires collected information on caregiver demographics, child behavioral problems, and childrearing practices. Mothers completed questionnaires about family and child demographics, childrearing practices, and social support and stress levels.	Measures: Family Day Care Rating Scale (FDCRS); the Block Childrearing Practices Report, Modified Version; Questionnaire on Social Support (QSS); Object Play Scale (OPS); Peabody Picture Vocabulary Test (Rev. ed.) (PPVT-R); Peer Play Scale (PPS); Classroom Behavior Inventory-Preschool Form (CBI); Slosson Intelligence Test (SIT).	Children's I.Q. test: concurrent validity = .90-.98.	FDCRS: inter-rater reliability = 97%, α = .86. QSS: α = .72. CIS reliability = 89%. Children's I.Q. test-retest reliability = 97%. PPVT: reliability = .93. Peer play scale: reliability = .93. CBI: α = .70.	Surprisingly, families did not choose providers that resembled their own characteristics regarding socioeconomic status, childrearing preferences, and stress level. Child care quality strongly predicted children's outcomes. Family and child care characteristics appeared to have additive effects on children's cognitive, language, and social outcomes.
Kontos, S., Howes, C., & Galinsky, E. (1996). Does training make a difference to quality in family child care? <i>Early Childhood Research Quarterly</i> , 11(4), 427-445. <www.researchconnections.org/location/ccrca526> Also reported in: Galinsky, E., Howes, C., & Kontos, S. (1995). <i>The Family Child Care Training Study: Highlights of findings</i> . New York: Families and Work Institute. <www.researchconnections.org/location/ccrca1385>	130 family child care providers enrolled in the Family-to-Family training and a comparison group of 112 family child care providers in San Fernando Valley, CA, Dallas, TX, and Charlotte, NC.	Are providers who seek training different from the "typical" provider? Are providers who drop out of training different than those who complete the course? What are the effects of training on provider behavior and the quality of care?	An experimental study using interviews and 3-hour observations of family child care providers prior to and after participating in the Family-to-Family training program and a comparison group not participating in the training. Trainings were tailored to local needs but addressed common topics (e.g., business practices and health, safety, and nutrition). Interviews and questionnaires gathered information on the organization of the family child care home, business practices, structural quality (e.g., years of experience), business practices, planned activities, motivations for providing child care, reason for choosing family child care, and work commitment.	Measures: Family Day Care Rating Scale (FDCRS); the Caregiver Interaction Scale (CIS); Adult Involvement Scale (AIS).	[No information provided.]	CIS: α ranged from .81 to .91. Provider motivation and work commitment: α = .65. Organization of home: α = .91. Interrater reliability on the FDCRS: inter-rater reliability = .89. AIS: interrater reliability = .86.	Family child care providers who sought training differed little from providers in the comparison group with similar regulatory status. Those who sought training were younger and had slightly higher work commitment than the comparison group. Providers who dropped out of training tended to have less experience and fewer safety and business practices than those who completed training, suggesting that those who dropped out had the most to gain from the program. The Family-to-Family training had very modest effects on the global quality of care and provider intentionality but not process quality. The Family-to-Family training may help increase provider knowledge and awareness but may not be rigorous enough to produce changes in provider behavior.

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<p>Kontos, S., Howes, C., Shinn, M., & Galinsky, E. (1995). <i>Quality in family child care and relative care</i>. New York: Teachers College Press. <www.researchconnections.org/location/ccrca2627></p> <p>Also reported in: Galinsky, E., Howes, C., Kontos, S., & Shinn, M. (1994). <i>The Study of Children in Family Child Care and Relative Care: Highlights of findings</i>. New York: Families and Work Institute. <www.researchconnections.org/location/ccrca2522></p>	<p>112 regulated and 54 unregulated family child care providers and 60 relative child care providers, 225 children in their care, and 820 mothers of children in home-based care in Charlotte, NC, Dallas/Fort Worth, TX, and San Fernando Valley/Los Angeles, CA.</p>	<p>What is quality in family child care and relative care, and how does it affect children's development? How do regulated, unregulated, and relative providers differ? What do children experience at home-based child care? What are parents' perceptions of quality and satisfaction with family and relative care?</p>	<p>Mother and provider surveys gathered ratings of the most important aspects of quality in home-based care. Mother interviews gathered information on: family demographics; child care arrangement; fees; satisfaction with care and willingness to change arrangements; job conditions; and work-family and personal outcomes. Provider interviews collected information on: demographics; social support; business and safety practices; activities; motivations for providing care; perceptions of work; and work commitment. Observational visits assessed: provider sensitivity, provider responsiveness, and global quality of care. Child assessments measured attachment security, and cognitive, language, and social-emotional outcomes.</p>	<p>Instruments: Study of Family Child Care and Relative Care.</p> <p>Measures: Questionnaire on Social Support (QSS); Caregiver Interaction Scale (CIS); Adult Involvement Scale (AIS); Limit-Setting Measure (LSM); Block Childrearing Practices Report, Modified Version; modified version of Parenting Daily Hassles Scale (PDH); Family Day Care Rating Scale (FDCRS); Preschool Behavior Questionnaire (PBQ); Attachment Q Sort (AQS); Peer Play Scale (PPS); Object Play Scale (OPS); Adaptive Language Inventory (ALI).</p>	<p>[No information provided.]</p>	<p>GSI: α ranged from .52 to .77.</p> <p>CIS: $K = .93$, α ranged from .81 to .91.</p> <p>HIS: $K = .86$.</p> <p>LSM: $K = .83$.</p> <p>Block & Block: α ranged from .79 to .80.</p> <p>Hassles α ranged from .63 to .92.</p> <p>FDCRS: $K = .89$.</p> <p>AS: $K = .85$.</p> <p>HHPS: $K = .87$.</p> <p>OP: $K = .87$.</p>	<p>Providers and parents had similar conceptions of quality in home-based care: a warm, caring, responsive relationship between the child and provider, a safe environment, and good communication between the provider and parent. Provider intentionality (planning ahead, commitment to caring for children, and seeking out opportunities to learn more about child care), regulation, good business practices, and higher fees predicted higher-care quality and caregiver sensitivity. Being officially regulated was more predictive of quality than complying with state laws. The quality of care was related to children's development in all ethnic groups across all types of care. However, only 9% of the homes in the study were rated as good quality and only half the children were securely attached to their providers. 56% of the homes were rated as adequate/custodial and 35% as inadequate/harmful. Most parents were satisfied with their children's care, and satisfaction was not related to quality. Children from lower-income families were more likely to be in lower-quality care.</p>
<p>Kontos, S., Howes, C., Shinn, M., & Galinsky, E. (1997). Children's experiences in family child care and relative care as a function of family income and ethnicity. <i>Merrill Palmer Quarterly</i>, 43(3), 386-403. <www.researchconnections.org/location/ccrca2484></p>	<p>186 regulated and unregulated family and relative child care providers and 186 children in their care.</p>	<p>How do children's experiences in family and relative child care differ as a function of family income and ethnicity?</p>	<p>Information on the quality of care and child assessments of a focal child of a specific ethnicity and income level were conducted during 3-hour observational visits to child care homes. Providers were interviewed and given questionnaires to mail back to researchers. Questionnaires gathered information on caregiver and family background and demographics, and children's activities and social development.</p>	<p>Data source: subsample of Study of Family Child Care and Relative Care.</p> <p>Measures: Caregiver Interaction Scale (CIS); Adult Involvement Scale (AIS); Family Day Care Rating Scale (FDCRS); Revised Peer Play Scale (RPPS); Object Play Scale (OPS).</p>	<p>[No information provided.]</p>	<p>AIS: $\alpha = .81 - .93$.</p> <p>AIS: $\alpha = .86$.</p> <p>FDCRS: $\alpha = .89$.</p> <p>PPS: .87.</p>	<p>Children from high- and middle-income families were in better quality care with more sensitive providers than lower-income children. Low-income children were more likely to be involved in no activities than middle-income children, and Latino children spent more time involved in no activities or watching television than European or African-American children. Latino children were most likely to be in unregulated care, European-Americans were most likely to be in regulated care, and African-American children were more evenly split between the two types.</p>

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Kontos, S., & Riessen, J. (1993). Predictors of job satisfaction, job stress, and job commitment in family day care. <i>Journal of Applied Developmental Psychology, 14</i> (3), 427-441. <www.researchconnections.org/location/ccca9217>	380 licensed family child care providers in North Dakota.	What are the relationships between provider job stress, satisfaction, and commitment with provider characteristics, program characteristics, and childrearing attitudes?	Questionnaires were mailed to every licensed provider in North Dakota. Questionnaires gathered information on provider characteristics (e.g., age, years of experience, income, education, and training); program characteristics (e.g., size, structure, materials/activities, fees); childrearing practices; perceptions of social support; and job stress, satisfaction, and commitment.	Measures: Questionnaire on Social Support (QSS); Critical Incident Inventory (CII); Parents as Educators Interview—Short Form (PEI-SF); Job Opinion Questionnaire (JOQ); modified version of Parenting Daily Hassles Scale (PDH); and a job commitment scale.	[No information provided.]	QSS: $\alpha = .78$. CII: α ranged from .34 to .74. PEI: α ranged from .46 to .52. JOQ: $\alpha = .88$. CEQ: $\alpha = .84$.	In general, providers were satisfied with their work and were not socially isolated. Personal characteristics predicted job stress and satisfaction more than program characteristics, while a combination of personal and program characteristics predicted job commitment. More committed providers were older, had less formal education or specialized training but more experience and higher levels of social support. Perceived social support predicted all 3 categories of job attitudes (job stress, satisfaction, and commitment).
Layzer, J. I., & Goodson, B. D. (2006). <i>National Study of Child Care for Low-Income Families: Care in the home: A description of family child care and the experiences of the families and children that use it: Wave 1 report</i> . Cambridge, MA: Abt Associates. <www.researchconnections.org/location/ccca11568>	618 children and their families and their 533 home-based child care providers across 5 sites: Hamilton County, OH; King County, WA; Harris County, TX; Franklin County, MA; and Los Angeles County, CA.	For parents: What factors influence the choice of family child care (FCC) and how do factors and arrangements change as children grow older? How do subsidies affect parents' choice of provider and the stability of the arrangement? How do subsidies and aspects of FCC affect parents' employment? For providers: What are their characteristics, motivations, views of their role and relationships with parents? For the FCC environment: what are its characteristics and children's experiences and level of functioning in it? How do these change as children grow older?	This is a 2/12 year sub-study within the National Study of Child Care for Low-Income Families, a 5-year research effort by Abt Associates and the National Center for Children and Poverty, supported by the Administration for Children and Families of the U.S. Department of Health and Human Services. The design called for selection of low-income working parents with at least 1 child under age 9 in FCC and their linked providers across the 5 sites. The sample was stratified by subsidy status and age of child. Parents and providers were interviewed every 6 to 8 months, and at the same time, the focus child was observed in the FCC environment (or another setting if the arrangement had changed.)	Data sources: 3 questionnaires and 4 measures. Questionnaires: Parent Interview, Provider Interview, and School-Age Child Interview. Measures (adaptations from and syntheses of other measures): Environment Checklist (EC); Environment Snapshot (ES); Child Observation (CO); Provider Rating (PR) including the Caregiver Interaction Scale (CIS) and adaptations from the National Association for Family Child Care (NAFCC) Observation System for Accreditation.	[No information provided.]	EC: interrater reliability = 79%. ES: interrater reliability ranged from 86 to 95%. CO: interrater reliability ranged from 81 to 94%.	In general, child care homes (both regulated and unregulated) offered safe and unrestricted environments for children. Dangerous situations were observed more often in relative-care homes. The most common types of activities in family child care homes involved routines such as naps, meals, physical care, and play, while less time was devoted to learning activities. The availability of care, cost, and parents' work schedules made some types of care inaccessible to some low-income families in the study. Parents cited flexibility in hours as a major advantage of home-based care, and most reported no disadvantages to the arrangement. Providers stated that working for oneself while still being a teacher was a major advantage to providing family child care, and most reported few or no disadvantages to the career. Annual income averaged approximately \$23,000 per year for providers serving unrelated children.

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Li-Grining, C. P., & Coley, R. L. (2006). Child care experiences in low-income communities: Developmental quality and maternal views. <i>Early Childhood Research Quarterly</i> , 21(2), 125-141. <www.researchconnections.org/location/ccrca9523>	238 low-income, predominantly African-American or Hispanic children in Boston, San Antonio, and Chicago aged 2-5 years who participated in 2 phases of the Embedded Developmental Study (EDS) sub-study of Welfare, Children, and Families: The Three-City Study. 149 of their child care providers participated in Wave I, and 199 in Wave II.	What types of child care do low-income, urban children access? How well do such settings provide developmentally supportive care and meet the needs and preferences of mothers?	The project was a 2-phase study of the child care experiences of children and families. A 1-hour parent interview collected mothers' perceptions of and satisfaction with care. 2-hour observations of child care settings gathered information on the quality of care.	Data source: Welfare, Children, and Families: The Three-City Study. Measures: Caregiver Interaction Scale (CIS), Early Childhood Environment Rating Scale (Rev. ed.) (ECERS-R), and the Family Day Care Rating Scale (FDCRS) were used to gather observed quality ratings. The Emlen measure of child care quality from a parent's point of view gathered maternal ratings of care quality.	[No information was provided.]	ECERS: $\alpha = .50 - .91$. FDCRS: $\alpha = .57 - .95$. Interrater reliability = 89% - 98% in both environmental scales. CIS: $\alpha = .92 - .94$, and interrater reliability = 1% and 82% in the 2 waves. Emlen: $\alpha = .83 - .9$.	Most children are in Head Start centers, other centers, or relative care. Head Start programs were rated as having higher overall developmental quality than other types of care. Mothers using unregulated home-based care felt most comfortable and that FFN care best met family needs.
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>	541 low-income mothers and their young children who entered state welfare-to-work programs under TANF in 1998 in San Jose, CA, San Francisco, CA, and Tampa, FL.	What is the quality of child care available to women in the welfare system? How does the type and quality of care influence children's development?	Mothers and their children were followed for 2 years to assess the quality and availability of child care. Maternal interviews, child assessments, and observations of center- and home-based child care settings were conducted in 2 waves: Wave 1 (1998) when children were 2 ½ years old, and Wave 2 (2000), when children were 4 years old.	Measures: Home Observation for Measurement of the Environment (HOME); Peabody Picture Vocabulary Test (3rd ed.) (PPVT-III); Center for Epidemiological Studies-Depression Scale (CES-D); Early Childhood Environment Rating Scale, (ECERS); Family Day Care Rating Scale (FDCRS); Caregiver Interaction Scale (CIS); MacArthur Communicative Developmental Inventory (CDI); Bracken Basic Concept Scale (Rev. ed.) (BBCS-R); and Story and Print Concepts (Family and Child Experiences Survey (FACES)); Child Behavior Checklist for Ages 2-3 (CBCL/2-3).	[No information provided.]	[No information provided.]	Participation in center-based programs was associated with positive cognitive outcomes. Children in family child care homes showed more behavioral problems but no cognitive differences, and children in licensed family child care tended to exhibit higher levels of aggression than those with informal relative, friend, and neighbor caregivers. Across all types of care, children with more sensitive and responsive caregivers exhibited positive cognitive effects.

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Marshall, N. L., Creps, C. L., Burstein, N. R., Cahill, K. E., Robeson, W. W., Wang, S. Y., et al. (2003). <i>Massachusetts family child care today: A report of the findings from the Massachusetts cost and quality study</i> . Wellesley, MA: Wellesley Centers for Women. < www.researchconnections.org/location/ccrca2965 >	203 licensed family child care homes in Massachusetts.	What are the characteristics, quality, costs, and working conditions in licensed family child care homes in Massachusetts?	A random sample of family child care homes were drawn from the Massachusetts Office for Children and Family Services licensing list in 2000-2001. Provider interviews gathered information on their education and training, motivations, working conditions, enrollment, revenue, expenses, and demographic information, and also demographic information of the children they served. Observations gathered data on global and process quality and group size.	Measures: Family Day Care Rating Scale (FDCRS); Caregiver Interaction Scale (CIS).	[No information provided.]	[No information provided.]	The average provider worked long hours (60+ per week) for unpredictable income that contributed at least half of her household income. Most provided care because they liked children, and about half belonged to a local professional or business group. The quality of homes was comparable to that found in other studies, although there was considerable room for improvement. Provider education, particularly a CDA, was most predictive of quality care. Cost and quality were positively related; higher-quality homes cost more to operate than lower-quality homes. Low-income children were more likely to be in less stimulating homes.
Mueller, C., & Orimoto, L. (1995). Factors related to the recruitment, training, and retention of family child care. <i>Child Welfare</i> , 74(6), 1205-1213. < www.researchconnections.org/location/ccrca973 >	124 prospective family child care providers who enrolled in licensing training at two rural sites.	What impact does a training program have on the recruitment, training, and retention of participants, and what individual factors influence recruitment, training, and retention success?	Prospective caregivers participated in an intensive licensing training course for family child care providers that involved classroom sections, home visits, peer support and mentor activities, and ongoing consultations. Both qualitative and quantitative techniques were used. Pre- and post-training assessments were conducted, and retention was assessed 2 and 15 months after the completion of training.	In-person and telephone interviews and questionnaires were used to gather information on: program impacts (knowledge gain and perceived child care skills); job satisfaction; placement and retention in the child care field; and assessments of the training.	[No information provided.]	[No information provided.]	Each site was successful in recruiting potential providers to the training course and training participants. Graduates of the course demonstrated gains in knowledge and increased confidence in their child care skills. Programs were less successful in enhancing providers' business skills. A variety of personal and macrosystem variables (e.g., own children no longer needing full-time care, landlord disapproval, zoning regulations, instability of income from child care) contributed to providers' decisions for leaving or remaining in the field.
Nelson, M. K. (1988). Providing family day care: An analysis of home-based work. <i>Social Problems</i> , 35(1), 78-94. < www.researchconnections.org/location/ccrca6732 >	244 registered child care providers in Vermont completed questionnaires, and 28 registered and 34 unregistered family child care providers were interviewed.	What are caregivers' motivations for providing care, how do they structure and control their work, and what are the personal, political, and economic consequences of family child care as an occupation?	Questionnaires were mailed to all registered family child care providers in Vermont and collected data on: provider demographics; working conditions; attitudes towards child care; and future plans. Semi-structured interviews with 28 registered and 34 unregistered providers gathered information on: motivations for providing care; the impact of work on family relations; stress; and satisfaction.	Questionnaires and interviews.	[No information provided.]	[No information provided.]	Caregivers cited the extra income, the inadequacy of alternative child care options for their own children, and an ideological commitment to staying at home as their motivations for providing child care. Provider control and autonomy was affected by 5 factors: state regulation; child care as a paid service to wage employees; personal relationships with clients; work/personal life conflict; and the nature of the care work itself. Providers worked long hours for low wages, few benefits, and generally low prestige, and were geographically isolated, but many enjoyed the freedom of self-employment.

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<p>NICHD Early Child Care Research Network. (2004). Type of child care and children's development at 54 months. <i>Early Childhood Research Quarterly</i>, 19(2), 203-230. <www.research-connections.org/location/ccrca3978></p>	<p>1,079 children, their families, and child care providers in 10 cities in 9 states participating in the National Institute for Child Health and Human Development's Study of Early Child Care (NICHD SECC). Children were categorized as receiving care in child care centers, child care homes, and relative care.</p>	<p>What are the patterns of use of child care? What are the demographic and family factors associated with the selection of child care type? Do child outcomes differ across child care types?</p>	<p>Observational visits to child care settings collected information on quality and structural aspects of care. During visits to the child's home, child assessments and parent interviews collected information on child social and cognitive outcomes and family demographic and process characteristics, and the quality of the home environment was assessed.</p>	<p>Data from the NICHD SECC, which follows over 1,000 children from birth to age 12. Researchers assessed child care quality, the quality of the home environment, parent characteristics, and child social, behavioral, language, and cognitive outcomes.</p> <p>Measures: Assessment Profile for Early Childhood Programs); California Preschool Social Competency Scale; Center for Epidemiological Studies–Depression Scale (CES-D); Child Behavior Checklist for Ages 4-18 (CBCL/4-18); Child Behavior Checklist Teacher's Report Form (CBCL/TRF); Child Care Home Observation for Measurement of the Environment (HOME); Observational Record of the Caregiving Environment (ORCE); Parental Modernity Scale (PMS); Preschool Language Scale (Rev. ed.) (PLS-R); Reynell Developmental Language Scales ; Social Skills Rating System (SSRS; Woodcock-Johnson Psycho-Educational Battery (Rev. ed.) (WJ-R).</p>	<p>See article.</p>	<p>See article.</p>	<p>While individual children experienced multiple types of care and did not follow clear patterns, overall, the number of hours in home-based care (either family child care or relative care) decreased with child's age as the number of hours in center care increased. Single mothers, those with less traditional childrearing attitudes, and those with more education used more hours of center care, while single mothers and those with fewer children also used more hours in family child care homes. Minority families, low-income families, and mothers with less education used more hours of relative care. The number of hours in relative or family child care was unrelated to child outcomes. More hours in center care was related to higher externalizing behavior problems scores, and lower preacademic scores if in centers during infancy, but higher language scores if during toddler years.</p>

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New Jersey Association of Child Care Resource and Referral Agencies. (2006). <i>The state of family child care in New Jersey</i> . Trenton, NJ: Author. <www.researchconnections.org/location/ccrca7977>	1,040 family child care providers registered with the state Child Care Resource and Referral Agency	What are the characteristics of FCC providers in New Jersey? What kinds of services do local child care resource and referral agencies provide to support and enhance the availability of FCC? What are other states doing to involve FCC in their prekindergarten programs?	In January 2005, surveys were mailed to all registered family child care providers in the state (3,800), and 1,040 (27%) were completed and returned.	Surveys gathered information on provider demographics; training, educational background, and experience providing care; income from providing care; hours they provide care; fees; activities at care; the number of hours they work in addition to direct care provision; and the hardest aspect of starting their business.	[No information provided.]	[No information provided.]	Family child care providers were predominantly female, but ranged in race, ethnicity, age, income, and educational levels. On average, family child care homes were open between 7:00 am and 5:45 pm, with some providing flexible drop-in or overnight care. Providers charged an average of \$143 per week for an infant and \$135 per week for a toddler, although this ranged by county. Most providers reported annual earnings of less than \$15,000, before taxes, with only 10% earning more than \$31,000 per year. Most providers reported having a high school diploma, CDA, or GED. Finding children to care for was the most difficult adjustment they faced at the start of their businesses, and an overall lack of respect, particularly from parents, was a major issue faced by most respondents.
Norris, D. J. (2001). Quality of care offered by providers with differential patterns of workshop participation. <i>Child & Youth Care Forum</i> , 30(2), 111-121. <www.researchconnections.org/location/ccrca2375>	70 licensed family child care providers with 3 levels of training participation: providers who had never participated in in-service training (18); providers who intermittently attended trainings (34); and providers who continuously attended trainings throughout their careers (18).	Do family child care providers with different training participation patterns differ in the quality of care they offer?	Each child care home was observed once for approximately 2 hours and assessed for quality of care. Questionnaires were administered during observations and gathered information on level of workshop participation, motivations for providing care, and membership in professional organizations.	Measures: the Family Day Care Rating Scale (FDCRS).	[No information provided.]	FDCRS: α ranged from .67 to .91 for the scales included in the study.	Providers who continuously attended trainings throughout their career scored higher on quality of care scores. Providers who reported higher levels of training participation also had higher levels of education. These results suggest that ongoing participation in workshops and trainings has a positive impact on the quality of care and provider sensitivity.
Owen, M. T., Ware, A. M., & Barfoot, B. (2000). Caregiver-mother partnership behavior and the quality of caregiver-child and mother-child interactions. <i>Early Childhood Research Quarterly</i> , 15(3), 413-428. <www.researchconnections.org/location/ccrca314>	53 mothers of 3-year-old children and their 53 child care providers: 20 center-based caregivers, 33 non-relative caregivers in family child care homes or with in-home child care providers.	How does the level of mother-provider communication affect the quality of children's experiences at home and in child care?	Interviews, questionnaires, and live and videotaped observations were conducted within 2 months of the child's 3rd birthday. Questionnaires gathered mother-caregiver partnership behavior and childrearing attitudes, lab observations assessed mother-child interactions, and observations during visits to the child care settings assessed caregiver-child interactions.	Data source: NICHD Study of Early Child Care. Measures: Caregiver-Parent Partnership Scale (CPPS); Observational Record of the Caregiving Environment (ORCE); and the Parental Modernity Scale (PMS).	ORCE scores correlate with child outcomes, and mother-child interaction ratings correlated .41 to .48 with the prior data point.	ORCE: α = .82; interrater reliability = .80 - .90. Mother-child interaction: α = .80. Modernity Scale: α = .90.	Mothers who had greater levels of communication and partnership with their child care providers were more sensitive and supportive of their children. Greater communication between mothers and caregivers was significantly related to more sensitive and supportive caregiver-child interactions in child care. Mother and caregiver nonauthoritarian childrearing beliefs were related to greater partnership and higher-quality caregiver-child interactions.

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Citation	Study Participants	Research Question	Research Approach	Data Source/Measures*	Validity	Reliability	Findings
Raikes, H. A., Raikes, H. H., & Wilcox, B. (2005). Regulation, subsidy receipt, and provider characteristics: What predicts quality in child care homes? <i>Early Childhood Research Quarterly</i> , 20(2), 164-184. <www.researchconnections.org/location/ccrca6437>	120 licensed, registered, or license-exempt family child care providers in Kansas, Iowa, Missouri, and Nebraska.	How do state policy-level variables and provider-level characteristics influence the quality of care and provider sensitivity in family child care?	Telephone interviews and follow-up observations were performed for 120 randomly-selected providers. Level of regulation and subsidy density were calculated using state administrative data. Interviews collected data on: provider education, training hours, and regulatory status. Observations assessed the global quality of care and provider sensitivity.	Data source: State data to determine level of regulation, amount of subsidy dollars received, and number of subsidy-receiving children the provider cared for. Measures: Family Day Care Rating Scale (FDCRS), Caregiver Interaction Scale (CIS).	[No information provided.]	[No information provided.]	Both policy-level variables and provider characteristics influenced quality in family child care homes. Greater regulation, lower subsidy density, and higher levels of provider education and training were associated with higher global quality, and lower subsidy density (i.e., less subsidy use in area) and higher provider education were associated with provider sensitivity. Provider education was more important for sensitivity among providers living in areas with less government regulation.
Todd, C. M., & Deery-Schmitt, D. M. (1996). Factors affecting turnover among family child care providers: A longitudinal study. <i>Early Childhood Research Quarterly</i> , 11(3), 351-376. <www.researchconnections.org/location/ccrca531>	57 licensed and license-exempt family child care providers and a representative comparison group of 57 providers.	How do the presence of the providers' own children, caregiver education, training, job stress, and job satisfaction affect provider turnover?	Providers were followed for a 2-year period. A mailed questionnaire gathered provider demographic information, educational level, and training experience. During subsequent interviews in providers' homes, providers completed measures of job stress and job satisfaction. 2 years after the initial data collection, turnover data were obtained from the local child care resource and referral agencies of participating providers and a comparison group was randomly selected. Hierarchical linear modeling was used to identify the predictors and moderators of turnover.	Measures: Job Opinion Questionnaire (JOQ); Job Likes Scale (JLS); Job Problems Scale (JPS); Role Overload Scale (ROS); and Maslach Burnout Inventory (2nd ed.) (MBI).	[No information provided.]	JOQ: $\alpha = .88$. ROS: $\alpha = .91$. Job Likes Scale: $r = .77$. Job Problems Scale: $\alpha = .88$. Maslach Inventory: $\alpha = .71 - .93$.	Job stress, educational level, and training were related to turnover. Providers with more education, less training, and higher job stress were more likely to leave family child care. Turnover rates were relatively high over the first 8 years of job tenure, and then dropped dramatically. Specialized trainings for providers with differing levels of education may help to reduce turnover.

* Note: Authorship and Research Connections database number are provided below.

α = alpha

Citation	Study Participants	Research Question	Research Approach	Data Source/Measures*	Validity	Reliability	Findings
Votruba-Drzal, E., Coley, R L., & Chase-Lansdale, P. L. (2004). Child care and low-income children's development: Direct and moderated effects. <i>Child Development, 75</i> (1), 296-312. <www.researchconnections.org/location/ccrca4254>	204 low-income children in 186 community child care arrangements including centers, family child care, and unregulated FFN care	What kinds of child care arrangements do low-income, urban children use? Do the quality, extent, and type of care influence children's cognitive and social-emotional development? Do associations between child care quality and children's development vary according to child, family, or child care characteristics?	A 2-wave longitudinal design followed the child care arrangements of children from low-income families. During each wave, mothers completed an in-home interview that gathered information on children, their households, and their family members. Children were given individualized assessments of cognitive achievement. Observations of the children's child care settings and interviews with providers gathered information about child care quality and caregiver characteristics.	Data source: Embedded Developmental Survey (EDS) of Welfare, Children and Families: A Three-City Study. Measures: Early Childhood Environment Rating Scale (Rev. ed.) (ECERS-R); Family Day Care Rating Scale (FDCRS); Caregiver Interaction Scale (CIS); Woodcock-Johnson Psycho-Educational Battery (Rev. ed.) (WJ-R); Child Behavior Checklist for Ages 2-3 (CBCL/2-3); Child Behavior Checklist for Ages 4-18 (CBCL/4-18); Home Observation for Measurement of the Environment (HOME).	[No information provided.]	ECERS-R: intraclass correlations (ICC) = .77. FDCRS: ICC = .96. Arnett: ICC = .78.	Less than 10% of children were cared for in regulated family child care. Centers scored higher on measures of developmental quality than did regulated family child care homes, which scored higher than unregulated home-based settings. The quality of child care was modestly linked to children's developmental trajectories, and was especially important for boys' social-emotional outcomes. Hours in care were not related to child outcomes.
Walker, J. R. (1992). New evidence on the supply of child care: A statistical portrait of family providers and an analysis of their fees. <i>The Journal of Human Resources, 27</i> (1), 40-69. <www.researchconnections.org/location/ccrca2038>	295 licensed and unlicensed family child care providers living in Camden and Newark, NJ, and South Chicago, IL.	What are the labor and market characteristics of licensed and unlicensed family child care providers in 3 urban areas?	Surveys of family child care providers collected information on caregiver background and characteristics of the child care environment and arrangement, including fees charged and income from child care.	Data source: 1988 Child Care Supply and Needs Survey.	[No information provided.]	[No information provided.]	In general, licensed providers served more children, had higher educational levels, were more likely to be members of professional organizations, and earned 2 to 3 times more than unlicensed providers. Licensed providers adhered to higher health and safety standards, but unlicensed providers had more favorable adult-to-child ratios. An analysis of fees found that licensed providers do not earn a premium for being so, and the market does not value education or experience; that is, there are no financial incentives to attend trainings or improve their educational levels.
Weaver, R. H. (2002). Predictors of quality and commitment in family child care: Provider education, personal resources, and support. <i>Early Education and Development, 13</i> (3), 265-282. <www.researchconnections.org/location/ccrca1734>	65 licensed family child care providers.	What personal characteristics and resources of family child care providers influence caregiving quality and professional commitment to child care?	Observations gathered information on the quality of care, and provider questionnaires gathered information on: provider background and characteristics; commitment to the field; psychological adjustment and well-being; available resources for child care; income; and the characteristics of other family members.	Measures: Well-being Scale (WBS); Center for Epidemiological Studies—Depression Scale (CES-D); Sources of Help Questionnaire (SOHQ); Organizational Commitment Questionnaire (OCQ); Family Day Care Rating Scale (FDCRS).	[No information provided.]	WBS: $\alpha = .72$. CESDS: $\alpha = .87$. OCQ: $\alpha = .73$. FDCRS: $\alpha = .81$, and inter-rater reliability was .93.	Provider education, psychological well-being, college coursework in ECE and training, and family income were positively associated with the quality of care. Providers who were more committed to the field and who offered higher-quality care were more likely to seek out opportunities for advanced training and credentials. Although provider assets and resources did not correlate with psychological well-being, these two variables together predicted the quality of care.

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Citation	Study Participants	Research Question	Research Approach	Data Source/Measures*	Validity	Reliability	Findings
Whitebook, M., Phillips, D., Bellm, D., Crowell, N., Almaraz, M., & Jo, J. Y. (2004). <i>Two years in early care and education: A community portrait of quality and workforce stability: Alameda County, California</i> . Berkeley: University of California, Berkeley, Center for the Study of Child Care Employment. < www.researchconnections.org/location/ccrca3643 >	83 teachers and 42 directors of child care centers, 60 licensed family child care providers, and 12 license-exempt home-based providers in Alameda County, CA.	What early care and education options are available to families with different income levels and access to subsidies? What are the workforce variables in the child care field, and what contributes to turnover?	A longitudinal design followed providers from February 2001 to March 2003. Data were gathered at 3 points over the 2-year period on provider characteristics (demographics, mental well-being, sensitivity, literacy skills), and child care quality through interviews with providers and observations.	Measures: Family Child Care Provider Income and Working Conditions Survey; Child Care Center Salary and Working Conditions Survey; Family Day Care Rating Scale (FDCRS); Child Care Home Observation for Measurement of the Environment (HOME); Caregiver Interaction Scale (CIS); Child-Caregiver Observation System (C-COS); Center for Epidemiologic Studies–Depression Scale (CES-D); Document Literacy Scale from the Tests of Applied Literacy Skills (TALS); Early Childhood Environment Rating Scale (Rev. ed.) (ECERS-R); Infant/Toddler Environment Rating Scale (ITERS).	[No information provided.]	FDCRS: inter-rater reliability = .90, internal consistency ranged from .90 to .93. HOME: $\alpha = .81$. CIS: $\alpha = .93$. CES-D: $\alpha = .86$.	The quality of care and provider educational attainment varied widely among licensed family child care homes. Family child care programs in middle-income neighborhoods offered significantly higher-quality care, more sensitive caregiving, and a greater number of learning opportunities than programs with greater numbers of subsidized children. Provider characteristics (educational level, English literacy skills) were more important in predicting the quality of care than in center-based care. Furthermore, providers who had participated in a local training (the Child Development Corps) offered higher-quality care and were rated as more sensitive than those who hadn't participated. Providers new to the field were more likely to leave their jobs than more established providers. 16% of family child care providers displayed symptoms of depression, a rate typical of low-income women, but still worrisome with regard to child development.
Wrigley, J., & Dreby, J. (2005). Fatalities and the organization of child care in the United States, 1985-2003. <i>American Sociological Review</i> , 70(5), 729-757. < www.researchconnections.org/location/ccrca7469 >	National dataset of fatalities and injuries occurring in child care centers, family child care homes, and unregulated nonrelative home-based caregivers from 1985-2003	What are the fatality and injury rates for children and child care, and do they differ across types of child care settings?	Researchers examined records of child fatalities and injuries from 1985-2003. Child care settings were classified as centers, family child care homes (care in the providers' homes, both licensed and unlicensed) and in-home nonrelative care. Injury and death causes were categorized into: accidental (drowning, left in vehicle) and violent (shaking, assault). The numbers and causes of fatalities and injuries were compared across child care settings.	Data source: To obtain a national dataset of child fatalities and injuries that occurred in child care settings with a caregiver who was unrelated to the child, researchers conducted searches using media sources, legal case records, and state records from 1985-2003. Deaths from disease or a previous medical condition were excluded. The National Household Education Survey (NHES) and the Survey of Income and Program Participation (SIPP) were used to obtain estimates for how many children were enrolled in teach care type.	[No information provided.]	[No information provided.]	Overall, child care was found to be quite safe; all types of child care had lower death and injury rates than when children were with their own families at home, which was attributed to decreased automobile accidents because children ride in cars less often while at child care. Fatality rates varied by age, with infants being the most vulnerable group. Types of child care varied widely in death rates; centers displayed the lowest child fatality and accident rates, family child care was next, and child care at the child's own home was found to be the least safe. Licensed family child care homes displayed lower death and accident rates than unlicensed homes, but still higher than centers. Differences in fatality and accident rates are attributed to organizational and social structural differences across care settings, namely the moderating effect of the presence of other adults.

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Instruments and Measures

Adaptive Language Inventory (Vernon-Feagans & Farran, 1979) < www.researchconnections.org/location/ccrca9009 >	Child Care Home Observation for Measurement of the Environment (Caldwell & Bradley, 1984) < www.researchconnections.org/location/ccrca463 >
Adaptive Social Behavior Inventory (Hogan, Scott, & Brauer, 1992) < www.researchconnections.org/location/ccrca271 >	Child-Caregiver Observation System (Boller & Sprachman, 1998) < www.researchconnections.org/location/ccrca8824 >
Adult Involvement Scale (Howes & Stewart, 1987) < www.researchconnections.org/location/ccrca270 >	Child Observation Record (High/Scope, 1992) < www.researchconnections.org/location/ccrca3230 >
Assessment Profile for Early Childhood Programs (Abbott-Shim & Sibley, 1987) < www.researchconnections.org/location/ccrca4197 >	Classroom Behavior Inventory – Preschool Form (Schaefer & Edgerton, 1978) < www.researchconnections.org/location/ccrca285 >
Attachment Q Sort (Waters & Deane, 1985) < www.researchconnections.org/location/ccrca2928 >	Critical Incident Inventory (Ashley, 1986) < www.researchconnections.org/location/ccrca9209 >
Attachment Q Sort (3rd ed.) (Waters, 1995) < www.researchconnections.org/location/ccrca2927 >	Daberon 2: Screening for School Readiness (Danzon et al., 1991) < www.researchconnections.org/location/ccrca10965 >
Bayley Mental Development Index (part of Bayley Scales of Infant Development) (see below) < www.researchconnections.org/location/ccrca275 >	Daycare as a Social Support Scale (Belsky, 1991) < www.researchconnections.org/location/ccrca10390 >
Bayley Scales of Infant Development (Bayley, 1969) < www.researchconnections.org/location/ccrca449 >	Developmental Practice Inventory (Goodson, 1990) < www.researchconnections.org/location/ccrca10981 >
Bayley Scales of Infant Development (2nd ed.) (Bayley, 1993) < www.researchconnections.org/location/ccrca276 >	Early Childhood Environment Rating Scale (Harms & Clifford, 1980) < www.researchconnections.org/location/ccrca286 >
Block Child Rearing Practices Report, Modified Version (Rickel & Biasatti, 1982) < www.researchconnections.org/location/ccrca10392 >	Early Childhood Environment Rating Scale (Rev. ed.) (Harms, Cryer, & Clifford, 1998) < www.researchconnections.org/location/ccrca462 >
Bracken Basic Concept Scale (Rev. ed.) (Bracken, 1998) < www.researchconnections.org/location/ccrca3214 >	Environment Checklist (Goodson, Layzer, & Creps, undated) < www.researchconnections.org/location/ccrca289 >
California Preschool Social Competency Scale (Levine, Elzey, & Lewis, 1969) < www.researchconnections.org/location/ccrca2932 >	Environment Snapshot (Goodson, Layzer, & Creps, undated) < www.researchconnections.org/location/ccrca3474 >
Caregiver Interaction Scale (Arnett, 1989) < www.researchconnections.org/location/ccrca278 >	Family Child Care Provider Income and Working Conditions Survey (Center for the Child Care Workforce, 1997) < www.researchconnections.org/location/ccrca10403 >
Caregiver-Parent Partnership Scale (Ware, Rusher, Barfoot, & Owen, 1995) < www.researchconnections.org/location/ccrca10396 >	Family Day Care Rating Scale (Harms & Clifford, 1989) < www.researchconnections.org/location/ccrca292 >
Center for Epidemiological Studies-Depression Scale (Radloff, 1977) < www.researchconnections.org/location/ccrca2933 >	Family Resource Scale (Dunst & Leet, 1987) < www.researchconnections.org/location/ccrca4145 >
Child Adaptive Behavior Questionnaire (Schaefer et al., 1981) < www.researchconnections.org/location/ccrca10969 >	Family Routines Inventory (Boyce et al., 1983) < www.researchconnections.org/location/ccrca10594 >
Child Behavior Checklist for Ages 4-18 (Achenbach, 1991) < www.researchconnections.org/location/ccrca279 >	From a Parent's Point of View: Measuring the Quality of Child Care (Emlen, 1999) < www.researchconnections.org/location/ccrca9595 >
Child Behavior Checklist for Ages 2-3 (Achenbach, 1992) < www.researchconnections.org/location/ccrca7079 >	Head Start On-Site Program Review Instrument < www.researchconnections.org/location/ccrca10980 >
Child Behavior Checklist Teacher's Report Form (Achenbach, 1991) < www.researchconnections.org/location/ccrca7080 >	Home Observation for Measurement of the Environment (See: Child Care Home Observation for Measurement of the Environment)
Child Care Center Salary and Working Conditions Survey (Center for the Child Care Workforce, 1997) < www.researchconnections.org/location/ccrca10402 >	Infant/Toddler Environment Rating Scale (Harms, Cryer, & Clifford, 1990) < www.researchconnections.org/location/ccrca294 >

Instruments and Measures

Job Likes Scale (Todd & Deery-Schmitt, 1996)
<www.researchconnections.org/location/ccrca10397>

Job Opinion Questionnaire (Campbell, Converse, & Rogers, 1976)
<www.researchconnections.org/location/ccrca9215>

Job Problems Scale (Todd & Deery-Schmitt, 1996)
<www.researchconnections.org/location/ccrca10398>

Limit-Setting Measure (Dunn, 1990)
<www.researchconnections.org/location/ccrca10481>

MacArthur Communicative Developmental Inventory (Fenson et al., 1993)
<www.researchconnections.org/location/ccrca2946>

Maslach Burnout Inventory (2nd ed.) (Maslach & Jackson, 1986)
<www.researchconnections.org/location/ccrca10400>

Modified Concepts about Print (RMC Research, 1993)
<www.researchconnections.org/location/ccrca11046>

National Study of Child Care for Low-Income Families Parent Interview (In-Person with Users of Family Child Care) (Abt Associates, 2001) <www.researchconnections.org/location/ccrca7846>

Object Play Scale (Rubenstein & Howes, 1979)
<www.researchconnections.org/location/ccrca10394>

Observational Record of the Caregiving Environment (NICHD Early Child Care Research Network, 1996) <www.researchconnections.org/location/ccrca2980>

Organizational Commitment Questionnaire (Porter, Steers, Mowday, & Boulian, 1974)
<www.researchconnections.org/location/ccrca2949>

Parents as Educators Interview—Short Form (Schaefer & Edgerton, 1979)
<www.researchconnections.org/location/ccrca9213>

Parent-Caregiver Relationship Scale (Elicker, Noppe, Noppe, & Fortner-Wood, 1997)
<www.researchconnections.org/location/ccrca299>

Parental Modernity Scale (Schaefer & Edgerton, 1985)
<www.researchconnections.org/location/ccrca297>

Parent Questionnaire—Revised (Stipek et al., 1992)
<www.researchconnections.org/location/ccrca10970>

Parenting Daily Hassles Scale (Crnic & Greenberg, 1990)
<www.researchconnections.org/location/ccrca4365>

Parenting Dimensions Inventory (Slater & Power, 1987)
<www.researchconnections.org/location/ccrca4350>

Peabody Picture Vocabulary Test (Rev. ed.) (Dunn & Dunn, 1981)
<www.researchconnections.org/location/ccrca547>

Peabody Picture Vocabulary Test (3rd ed.) (Dunn & Dunn, 1997)
<www.researchconnections.org/location/ccrca300>

Peer Play Scale (Howes, 1980)
<www.researchconnections.org/location/ccrca2951>

Preschool Behavior Questionnaire (Behar & Stringfield, 1974)
<www.researchconnections.org/location/ccrca2954>

Preschool Language Scale (Rev. ed.) (Zimmerman, 1979)
<www.researchconnections.org/location/ccrca7153>

Questionnaire on Social Support (Crnic et al., 1983)
<www.researchconnections.org/location/ccrca9212>

Revised Peer Play Scale (Howes & Matheson, 1992)
<www.researchconnections.org/location/ccrca2952>

Reynell Developmental Language Scales (Reynell, 1991)
<www.researchconnections.org/location/ccrca2957>

Role Overload Scale (Reilly, 1982)
<www.researchconnections.org/location/ccrca10399>

School-Age Child Interview (Abt Associates, undated)
<www.researchconnections.org/location/ccrca304>

Slosson Intelligence Test (SIT) and Oral Reading Test (SORT) for Children and Adults (2nd ed.) (Slosson, 1981) <www.researchconnections.org/location/ccrca10393>

Social Readjustment Rating Scale (Holmes & Rohe, 1967)
<www.researchconnections.org/location/ccrca10979>

Social Skills Rating System (Gresham & Elliot, 1990)
<www.researchconnections.org/location/ccrca305>

Sources of Help Questionnaire (Wan, Jaccard, & Ramey, 1996)
<www.researchconnections.org/location/ccrca10401>

Sources of Stress Inventory (Feshbach, 1985)
<www.researchconnections.org/location/ccrca10391>

Story and Print Concepts (Family and Child Experiences Survey (FACES) Research Team, undated)
<www.researchconnections.org/location/ccrca4740>

Strange Situation (Ainsworth, Blehar, Waters, & Wall, 1978)
<www.researchconnections.org/location/ccrca6014>

Tests of Applied Literacy Skills (Educational Testing Service, 1990)
<www.researchconnections.org/location/ccrca8727>

Twenty-Two Item Screening Score (Langner, 1962)
<www.researchconnections.org/location/ccrca10389>

Verbal Comprehension Scale (see Reynell Developmental Language Scales) (Reynell, 1991)
<www.researchconnections.org/location/ccrca2957>

Well-Being Scale (Ryff, 1989)
<www.researchconnections.org/location/ccrca2962>

Woodcock-Johnson Psycho-Educational Battery (Rev. ed.) (Woodcock & Johnson, 1990)
<www.researchconnections.org/location/ccrca633>

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, a free and comprehensive resource for researchers and policymakers that promotes high-quality research in child care and early education and the use of that research in policymaking.

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