

Boston Quality Inventory: Family Child Care Homes



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Preface

This study was conducted by a team of researchers, led by Dr. Nancy Marshall, Ms. Julie Dennehy and Dr. Joanne Roberts, of the Work, Families and Children program at the Wellesley Centers for Women. We wish to thank the family child care providers who welcomed us into their homes, and the many families who participated in this study. We also wish to thank our research staff and colleagues who brought their skills and experience in family child care homes to this needs assessment. The research team worked in collaboration with Associated Early Care and Education, Boston EQUIP and the Boston Child Care Alliance in the conduct of this study.¹ The study was funded by an anonymous foundation. However, the findings of this report and the views and opinions expressed herein do not necessarily state or reflect those of Associated Early Care and Education, Boston EQUIP, the Boston Child Care Alliance or the funder. Any errors are the sole responsibility of the authors.

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¹ For more information about The Boston Early Education Quality Improvement Project (Boston EQUIP), a project of Associated Early Care and Education, please visit their website: <http://www.bostonequip.org/>. For more information about the Boston Child Care Alliance, please contact Pat Xavier at 617-524-8888.

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Executive Summary

As early education and care programs become the norm, even for our youngest children, parents and policy makers have asked what the consequences are for children's development. The NICHD Study of Early Child Care and Youth Development, an in-depth study of children from birth to school age, has found that families are still the most important influence on children's development, but early education and care programs are an important context for young children's growth and development.¹ The cumulative evidence of the research on early child care and children's development is clear; for children in non-parental care, the quality of that care is consistently associated with children's development.

High quality early childhood programs are related to children's cognitive and school outcomes, especially for children from low-income families.^{2,3,4} High-quality early childhood education has been found to produce lasting gains on achievement tests, and reduced rates of grade retention or placement in special education services.⁵ The early years are also crucial years for the development of social skills – the ability to make friends, to get along well with others, to cooperate in group activities, to understand others' perspectives – skills that are necessary to the development of self-esteem and social relationships, and to later school success. Research has found that higher quality early care and education is associated with young children's social and emotional development.⁶

The Boston Quality Inventory

Boston currently has a system of mixed delivery of early education and care, including centers and Head Start programs, BPS Early Childhood programs, Catholic Schools preschool classrooms and family child care homes. This report focuses on family child care homes, using data collected from a random sample of 52 EEC-licensed family child care homes, located in the city of Boston.

The National Association for Family Child Care (NAFCC) *Quality Standards for Accreditation* provide detailed guidelines for family child care homes on relationships, the environment, developmental learning activities, safety and health, and professional and business practices.⁷ These NAFCC Standards provide the context for the Boston Quality Inventory.

The Boston Quality Inventory (BQI) assessed the quality of the family child care homes using the Family Day Care Rating Scale (FDCRS).⁸ The FDCRS provides benchmarks for different levels of quality, labeled Inadequate, Adequate, Good and Excellent. Programs that meet or exceed the Good benchmark are generally consistent with the NAFCC *Quality Standards*. The FDCRS is described in detail in the Appendix. In addition, the Boston Quality Inventory included brief interviews with providers, and surveys completed by 166 families with children in the selected family child care programs.

Most of the family child care homes offer full-day, full-year early care and education – open 5 days per week and at least 50 weeks a year. Most programs were open at least 6 hours a day, but the majority of programs were open much longer, an average of 10.9 hours a day. Programs opened as early as 5 a.m., and stayed open as late as midnight. Because most family child care homes are open full day and year-round, they provide continuity of early care and education for the children enrolled, and a safe setting for many young children while their parents are at work or in school or training programs.

Findings and Recommendations

Recommendation 1. Include family child care homes in plans for early care and education for Boston's children.

Family child care homes are an essential part of Boston's system of early care and education. In 2007, there were 740 active licensed family child care homes in Boston, providing care for 23% of Boston's young children in non-parental care.⁹

Family child care homes are important providers of early care and education to low income children. Almost two-thirds of providers participating in the BQI provided care for low-income children; 31% provided care for low- and moderate-income children. The majority of Boston's family child care homes are part of family child care systems, and system providers are even more likely than are independent providers to serve low-income families (82% compared to 35%).

Family child care homes provide a close relationship between the provider and child, high levels of family involvement, and access to services. Family child care providers are linguistically and racially diverse, as are the children in their care.

- Most (92%) families described the relationship between their child and his/her provider as very close and loving.
- More than half of family child care homes met the FDCRS Good benchmark on emotional tone – caregivers often smiled at, talked to and listened to children; physical contact between caregivers and children was not just for routine care but also to show affection to all children (holding, hugging, pats); caregivers and children seemed relaxed, with cheerful voices and smiles.
- The majority of providers hold family events, send home activities or homework, and invite families to participate in activities or field trips. Families regularly volunteer at 15% of family child care homes. More than 40% of families chose their family child care home because it involved families in the program.
- Most families (87%) reported that they talked to their child's provider every day or almost every day that their child was at the program.
- Ninety percent of the providers were people of color- 46% were African American, 37% were Latino, 6% were Asian, and 4% were multi-racial. Eighty-two percent of children were children of color – 46% were African American, 23% were Latino, 5% were Asian, and 8% were multi-racial.
- One quarter of children in family child care speak a language other than English at home; more than one-third of providers speak a language other than English (most also speak English).
- Almost two-thirds of providers in family child care systems offer transportation through the system. About one-third of providers in family child care systems offer other services through their system, including cognitive and development assessment, social-emotional assessment, social services for families, mental health services, physical health screening and family education.

- When providers are not part of a family child care system, or their system does not offer a service, the majority of providers offer these services by referral, as well as early intervention, language and speech therapy, and physical and occupational therapy.

Recommendation 2. Bring all family child care homes up to NAFCC Quality Standards.

Much of family child care around the United States is considered mediocre or of low quality. Nationally, multi-site studies have reported that fewer than 10% of family child care homes meet the Good benchmarks on the FDCRS and other measures of quality.¹⁰ However, quality varies widely at the local level, reflecting variations in state regulations, state and local quality initiatives and reimbursement rates, and local market conditions, such as the neighborhoods in which family child care homes are located, provider qualifications, and the price families are able to pay.¹¹

In a 2003 study of 200 family child care homes across Massachusetts, researchers found that 30% of homes met the Good benchmark on the FDCRS. However, this varied with the income of families served, with only 12% of low-income providers meeting the Good benchmark.¹² Among the BQI providers, most of whom cared for low-income children, most programs met or exceeded the Adequate benchmark, but only 19% of homes met the Good benchmark on the total FDCRS scale. In fact, 14% of low-income providers, 27% of moderate-income providers, and 67% of higher income providers met the Good benchmark on the total FDCRS score.

To ensure that all family child care homes meet the Good benchmark, we recommend that Boston:

1. **Support NAFCC accreditation.** Accreditation by the National Association for Family Child care (NAFCC) is associated with higher quality care.¹³ However, only 16% of BQI providers were NAFCC-accredited, or in the process of becoming accredited; most of the BQI providers had no plans to become accredited. Efforts to raise the quality of family child care homes should include support for NAFCC accreditation.
2. **Support further education for family child care providers.** The overwhelming research evidence supports the importance of provider qualifications.¹⁴ When family child care providers have higher levels of education and training, children score higher on measures of language and cognitive development.¹⁵ In the Massachusetts Cost and Quality Study, family child care providers with a CDA credential, college courses in early childhood education, or an Associates degree or higher, were more likely to provide higher quality care than were providers without such education or training.¹⁶ More than three-quarters of BQI providers met this standard, with 17% of providers holding a bachelors degree or more. In the BQI, we found that providers with a CDA, some college or a college degree were more likely to meet the Good benchmark on the total FDCRS (23% compared to 9%). The greatest differences were found on the Language-Reasoning scale (36% met the Good benchmark, compared to none of the providers with a high school education or less), and on the Learning Activities scale (31% compared to 9%).
3. **Provide all family child care homes with the furnishings and materials needed to provide a high-quality early care and education program.** Furnishings and materials are essential to a quality program. One-fifth of homes did not have enough furniture for eating, sleeping and storing children's personal belongings, and at least one piece of soft furniture (sofa, chair) in the child care area. The majority of programs did not have the variety of physical play materials needed to stimulate the development of a range of skills, such as

crawling, walking, balancing, climbing, swinging and playing ball. Programs also lacked a variety of eye-hand materials for each age group, such as rattles and objects of different sizes for infants to pick up, peg-boards and small building toys for toddlers, and crayons, scissors and puzzles for preschoolers, as well as dramatic play materials, blocks, and sand or water play materials.

4. **Improve the safety of public playgrounds.** One in five family child care homes did not have a safe outdoor or indoor space for active physical play such as tricycle riding, ball playing or climbing. Many of these programs did not have their own outdoor space and relied instead on public playgrounds, which often lacked adequate fencing or well-maintained equipment, or required young children to walk along busy city streets to reach them. Improving public playgrounds, or improving outdoor space for homes not located near improved playgrounds, would improve the health and safety of family child care homes.
5. **Provide additional professional development opportunities for Boston family child care providers.** The majority of family providers meet the Adequate benchmark, and many met the Good benchmark in particular areas. For example, over half of providers met the Good benchmark on emotional tone and on informal use of language with infants and toddlers. More than half of the providers offered a variety of play activities for children with a balance of quiet and active play, and more than one-third met the Good benchmark on supervision of children and discipline.

However, the BQI found specific areas where providers would benefit from additional training, including:

- **Physical Activity.** Most (73%) family child care homes did not provide safe outdoor play at least three times a week, weather permitting; 44% did not provide physical activity indoors during bad weather. Physical activity is important to the development for large-motor activities, such as crawling, walking, climbing, running, jumping, dancing, balancing, throwing and catching. While lack of appropriate space is a barrier for some providers, providers would benefit from professional development concerning the importance of physical activity and ways to incorporate physical activity into family child care homes.
- **Infant and Toddler Care.** Over one-quarter of providers kept crawling or walking infants and toddlers in cribs or playpens for longer than half-an-hour at a time, and, in 10% of homes, adults did not rock or hold these young children. In about one-quarter of homes, providers did not hold infants while feeding them, but instead propped their bottles or put the babies to bed with bottles.
- **Developmental Learning Activities.** While half or more of providers met guidelines for informal use of language and language activities, such as singing, imitating babies' sounds, and encouraging older children to talk, other providers would benefit from professional development on ways to incorporate such developmental learning activities into family child care homes. Most providers would also benefit from professional development about ways to support children's emerging literacy and development of reasoning and concepts.
- **Television Use.** Over half of homes were rated inadequate in the use of television – 15% of the homes had the TV always on, whether or not anyone was watching; 30% of programs used the TV for more than 2 hours a day and/or did not limit TV use to programs and video games regarded as good for children. While some television and video use is appropriate for young children, children benefit from the opportunity to

engage in alternative activities and from viewing age-appropriate shows for limited periods of time while in a family child care home.

- ***Hand-washing and health procedures.*** many providers did not follow practices that would cut down on the spread of germs. Hand washing after diaper changing was done either inconsistently or at inappropriate times to reduce the spread of contamination. Hand washing at meal time was also inconsistent, with many providers failing to wash their hands while preparing meals and bottles and providers inconsistently washing children's hands before and after meals.

Conclusion

Boston's family child care homes provide an important resource for Boston's working families with young children. Most family child care homes operate year round, and are open for an average of 10.9 hours a day, for five or more days a week. Programs open as early as 5 a.m. and stay open as late as midnight, offering more extensive coverage for parents whose work schedules do not match those of center or school-based programs.

Family child care homes are an essential part of Boston's system of early care and education, providing care for all children, but particularly for Boston's low-income children. Family child care providers are linguistically and racially diverse and care for children who are equally diverse. Family child care homes provide a close relationship between the provider and child, high levels of family involvement, and access to services.

More than two-thirds of the programs meet standards for adequate care. However, fewer than one-in-five programs meet the professional standards for programs that support optimal development of our youngest children, and 31% of programs were rated as inadequate. Boston's plans for early childhood education will be strengthened to the extent that all community programs, including family child care homes, meet the highest professional standards. It is our hope that this report will provide the scientific research base to support Boston's efforts to ensure that all children enter formal schooling ready to learn.

The Boston Quality Inventory: Family Child Care Homes

This report is based on data collected from a random sample of 52 EEC-licensed family child care homes located in the city of Boston. The family child care homes were recruited from EEC licensed provider lists. The sample was restricted to homes that cared for at least one child who was not their own child, and that cared for at least one child not yet in first grade. Of those eligible providers, 55% agreed to participate in the BQI. Acceptance rates were slightly higher among providers whose preferred language is English — 57% agreed, compared to 52% of providers whose preferred language was Spanish, Haitian Creole, Mandarin, Cantonese or Vietnamese.

The Boston Quality Inventory conducted observations in each family child care home. In addition, the Boston Quality Inventory included brief interviews with providers, and surveys completed by 166 families with children in the selected family child care programs.

Observations. The goal of the observation was to assess practices using standardized measures that would provide a picture of the strengths of each family child care home, as well as areas needing improvement. The observations used the Family Day Care Rating Scale (FDCRS).¹⁷ The FDCRS provides benchmarks for different levels of quality, labeled Inadequate, Adequate, Good and Excellent. Programs that meet or exceed the Good benchmark are generally consistent with the NAFCC Quality *Standards*. The FDCRS is described in detail in the Appendix.

Observers received extensive training on all measures. Visits were scheduled at times that were not disruptive and on days that were typical of the usual environment for that family child care home (i.e., not on a day when a field trip was planned, nor when half the children, or the regular provider, was out sick). Each observation took 3-4 hours and followed a standardized administration procedure designed to minimize disruption to the providers and children.

Provider Interviews. Brief provider interviews asked about the enrollment of the program, including the gender, ethnic and language breakdowns of children. Providers were also asked about their own ethnicity, languages spoken, experience in ECE and educational attainment. In addition, providers were asked about the methods they used to communicate with the families of children in their class. The response rate from providers was 100%.

Family Surveys. Family surveys were sent home with children and returned in sealed envelopes to a collection site at the program. The family survey offered families an opportunity to rate and comment on their child's current experiences and their reasons for choosing their child's program, as well as provide information about children's experiences at home. One hundred sixty six (166) families, from 35 programs (66%), returned surveys.

Description of Family Child Care Homes

Most of the family child care homes offer full-day, full-year early care and education – open 5 days per week and at least 50 weeks a year. A few programs were open 7 days a week. Most programs (98%) were open at least 6 hours a day, but the majority of programs were open much longer, an average of 10.9 hours a day. Programs opened as early as 5 a.m., and stayed open as late as midnight. The average program opened at 7 a.m. and closed at 6 p.m. A little more than half (58%) of the providers in the BQI study were members of a family child care system.

Program Enrollment. Programs varied greatly in their enrollment. Table 1 offers the average enrollment of programs and ranges by age of children.

Table 1. Average Enrollment of Program by Age of Children

Age Group	N Programs with Any	Mean Enrollment ¹	Minimum	Maximum
Own children	16 (8%)	1.6	1	2
Full-time Infants	31 (60%)	1.6	1	5
Part-time Infants	1 (2%)	1.0	1	1
Full-time Toddlers	43 (83%)	2.6	1	7
Part-time Toddlers	6 (12%)	1.0	1	1
Full-time Preschoolers	43 (83%)	2.7	1	7
Part-time Preschoolers	3 (6%)	1.3	1	2
Full-time School-age	8 (15%)	3.0	1	6
Part-time School-age	9 (17%)	2.2	1	7

¹ mean enrollment among programs with any enrolled in this age group
 “Full-time” is defined as more than 3 hrs/day and for 5 days/week

Only 8% of providers had their own children under the age of 13 at home with them for any portion of the time that they were caring for other children. Of the 26 “own children,” 14 were school-age, nine were preschoolers, and two were infants.

Most of the children in care attended full-time – defined as more than three hours a day, at least five days a week. Most providers cared for toddlers full-time (83%), preschoolers full-time (83%) and/or infants full-time (60%). In this sample of providers with at least one child not yet in first grade, only 15% of providers cared for school-age children (kindergarten or older) at least three hours a day, and 17% provided part-time care for school-age children.

Staffing Patterns. Almost half of family child care homes (46%) had an assistant at least part of the time. Over half (54%) of homes had a paid assistant, 25% had the adult child of the provider as an assistant, 17% had their spouse or partner as their assistant, and 13% had another relative as their assistant. Family child care homes with assistants had an average of 7.8 children enrolled, compared to 6 children enrolled with a family member as an assistant, and 6.3 children for family homes without assistants.

Providers. Providers had been licensed at their current address for an average of 8.23 years, ranging from less than one year to 32 years. Providers had provided licensed care for an average of 10.31 years, including operating at previous addresses. Five providers (10%) had less than a high school education, and six providers (12%) had their high school diploma or

GED. Nine providers (17%) had a bachelors degree or more, five (10%) held a CDA, three (6%) had an Associates degree, and 24 (46%) had some college.² Among paid assistants, 50% had some college education.

Comparing Staff and Child Diversity. The staff in Boston family child care homes are very similar in race/ethnicity and language to the children enrolled in those programs. Table 2 shows the providers' reports of staff and child race/ethnicity and languages spoken; for children, providers reported primary language spoken at home. Ninety percent of the providers were people of color- 46% were African American, 37% were Latino, 6% were Asian, and 4% were multi-racial. Eighty-two percent of children were children of color – 46% were African American, 23% were Latino, 5% were Asian, and 8% were multi-racial. One quarter of children in family child care speak a language other than English at home; more than one-third of providers speak a language other than English (most also speak English).

Table 2. Race/ethnicity and Languages of Staff and Children

	Staff	Children
Race/Ethnicity		
White/Caucasian	10%	18%
Black/African American	46%	46%
Latino/Hispanic	37%	23%
Asian	6%	5%
Multi-racial	4%	8%
Languages		
English	85%	74% ¹
Spanish	37%	17%
Haitian Creole	4%	4%
Mandarin/Cantonese	4%	3%
Other ²	8%	4%

¹ Percent who are primary English speakers

² Other languages spoken by providers included Vietnamese, Hebrew and French. Other languages spoken at home by children included Portuguese, Vietnamese, Italian, Russian and Hebrew.

Income Served. We asked providers to indicate the income levels of the families served by the program. We then categorized programs into three income groups. Low-income programs were defined as those in which at least 75% of children came from families with incomes below \$35,000/year. Moderate-income programs were defined as those in which at least 75% of children came from families with incomes below \$85,000/year (but not 75% below \$35,000). Higher income programs were those in which at least 50% of children came from families with incomes over \$35,000 (and they do not meet the criteria for low/moderate classification) or 40% or more of the children came from families with incomes over \$85,000.

² These figures are comparable to those reported in the Massachusetts Capacity Study: 6% of family child care providers in the Boston region held a CDA, 1% held an Associates degree, and 13% held a Bachelor's degree or more (see Marshall, N.L., Dennehy, J., Johnson-Staub, C. & WW Robeson. 2005. *Massachusetts Capacity Study Research Brief: Characteristics of the Current Early Education and Care Workforce Serving 3-5 Year-olds*. Wellesley Centers for Women).

Statewide, in 2004, 20% of family child care homes predominantly served low-income children, 48% were classified as moderate income homes, and 32% served higher income families.¹⁸ In contrast, in Boston in 2007, almost two-thirds (63%) of family child care homes were classified as low-income

Table 3. Income Category by Type of Provider

Income Category	All BQI providers	System providers	Independent providers
Low-income	63%	82%	35%
Moderate-income	31%	14%	55%
Higher income	6%	4%	10%
N	48	28	20

programs; about one-third (31%) were classified as moderate-income programs, and only 6% were classified as higher income programs. System providers were more likely to serve predominantly low-income families, while independent providers were more likely to serve low- and moderate-income families (see Table 3).

Family

Involvement. Table 4 presents the ways in which family child care providers encourage family involvement. The majority of providers hold family events, send home activities or homework, and invite families to participate in

Table 4. Percent of programs a using strategies to encourage family involvement and communication

Method	% Providers Reporting
Family newsletters	25%
Family events	63%
Send home activities or homework	56%
Families invited to field trips	56%
Families invited to activities	62%
Families regularly volunteer in FCC home	15%
Other	23%

activities or field trips. Families regularly volunteer at 15% of family child care homes.

Family Communication. Direct communication between families and providers supports both the child's experience in the classroom, and the families' knowledge of and trust in the program. Effective communication allows families and providers to each offer the child an environment that supports learning and growth. Table 5 presents the ways in which family child care providers communicate with families. Most providers (94%) use phone calls to families, and two-thirds (69%) send informal notes home. Almost half (44%) of providers hold family conferences, and one-third (35%) use e-mail to communicate.

Table 5. Percent of programs a using strategies for communication

Method	% Providers Reporting
e-mail	35%
Phone calls to family	94%
Family conferences	44%
Family notebooks	10%
Informal notes home	69%

Providers noted that they faced some challenges in communicating with families (see Table 6). The greatest challenge was the busy lives of families, who did not always have time to talk at drop off or pick up. The second most common challenge was working with families who have difficulty reading English, followed by language barriers between the provider and families.

We asked families how often they talked to their child's provider. The vast majority of families (87%) reported that they talked to their child's provider every day or almost every day that their child is at the program, and another 13% talk to the provider at least once a week. Providers

reports were similar. Approximately 87% of providers report talking to families daily or almost every day. Only one provider reported talking to families only a once or twice a month.

Table 6. Challenges to Communication

Challenges	Reported
Families do not have time to talk at drop off or pick up	17%
Families having difficulty reading English	15%
Language barriers between families and staff	13%
Most families do not drop off or pick up their own children (e.g., children are bussed)	13%
Families not having phone numbers where they can be reached during the day	8%
I am too busy to talk with families at drop off or pick up	6%
Cultural differences between families and program serves as barriers	4%
Families can only be reached in the evenings, after hours	2%

Comprehensive Services. Providers were asked about the services that their programs offered children and families. Table 7 indicates the services offered by providers, by their FCC system, or by referral.

Most providers do not offer these services themselves. However, family child care systems do offer services; the most commonly offered services are transportation (63% of systems), cognitive and development assessment (40%), social-emotional assessment (40%), social services (37%) and mental health services (37%). A third of systems also offer physical health screening and family education. When providers are not part of a family child care system, or their system does not offer a service, the majority of providers offer many of these services by referral, including early intervention, language and speech therapy, and physical and occupational therapy.

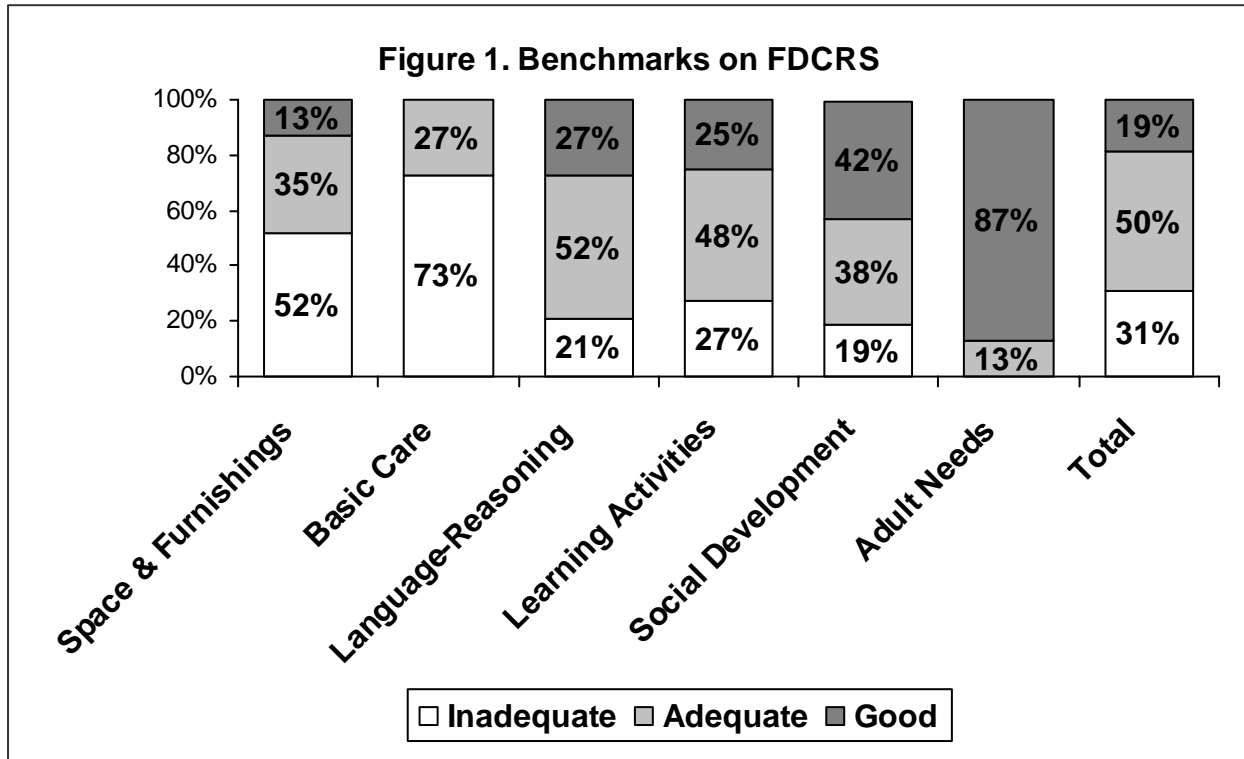
Table 7. Proportion of Programs/Systems Offering Specific Services

Service	Offered by FCC home	Offered by FCC System ¹	Offered by Referral	Not available
Early intervention services	0%	30%	75%	10%
Language & speech therapy	0%	30%	69%	13%
Cognitive & development assessment	8%	40%	50%	19%
Social-emotional assessment	6%	40%	52%	19%
Physical & occupational therapy	2%	27%	63%	19%
Social services (e.g., WIC)	2%	37%	54%	25%
Mental health services & counseling	0%	37%	52%	27%
Physical health screening	0%	33%	46%	35%
Family education (e.g., workshops)	8%	33%	44%	35%
Transportation to & from program	8%	63%	10%	48%
Family support groups	2%	17%	38%	50%

¹ Percent of providers in systems whose systems offer these services

The Quality of Family Child Care Homes

A recent review of existing research on the quality of family child care homes found that much of family child care provides mediocre or low quality. National, multi-site studies have reported that fewer than 10% of family child care homes meet the Good benchmarks on the FDCRS and other measures of quality.¹⁹ However, quality varies widely at the local level, reflecting variations in state regulations, state and local quality initiatives and reimbursement rates, and local market conditions, such as the neighborhoods in which family child care homes are located, provider qualifications, and the price families are able to pay.²⁰



In a 2003 study of 200 family child care homes across Massachusetts, researchers found that 30% of homes met the Good benchmark on the FDCRS. However, this varied with the income of families served, with only 12% of low-income providers meeting the Good benchmark.²¹

Given the fact that 63% of Boston's family child care homes are categorized as low-income providers (i.e., serving predominantly low-income children), the fact that 19% of homes in the BQI met the Good benchmark on the total FDCRS scale reflects the characteristics of family child care homes and the population they serve in Boston (see Figure 1). In fact, 14% of low-income providers, 27% of moderate-income providers, and 67% of higher income providers met the Good benchmark on the total FDCRS score.

Figure 1 provides an overview of the scores on the FDCRS components of quality. We discuss the findings for each of the scales in turn.

Space and Furnishings. The NAFCC *Quality Standards* for the home environment state:

The provider's home is welcoming and comfortable, with enough materials and equipment to engage children's interests in a variety of ways, supporting their activities across all domains of development.

Specifically, the home should be clean, well-ventilated, well-lit in areas where children read, make art or play with manipulatives, well-organized, and arranged so that the provider seldom has to say "no" to the children. The home should also include a cozy place for children, a place for quiet time alone, a space for children to keep their personal belongings, indoor space for babies to crawl, explore and stand, as well as outdoor play space for active movement with some play equipment and places for exploration. The furniture and equipment should be safe and child-appropriate. There should be enough materials appropriate for the ages of the children in care.

The FDCRS Space and Furnishings scale measures these aspects of the home environment.

Space and Furnishings in Boston Family Child Care Homes. About a third of the programs (35%) met the Adequate benchmark, and 13% met the Good benchmark on space and furnishings. Three-quarters of programs had adequate, safe furniture, in good repair; 13% met the Good benchmark on this item, with well-cared for child-sized furnishings. More than one-quarter of programs met the Good benchmark on relaxation and comfort, providing a carpeted area, soft furniture and soft toys; if infants or toddlers were present, adults held or rocked the children in these programs.

However, 21% of family child care homes did not have enough furniture for eating, sleeping and storing children's personal belongings, and 21% of homes did not have at least one piece of soft furniture in the area used for child care. In addition, 28% of programs kept crawling or walking infants and toddlers in cribs or playpens for longer than half-an-hour at a time, and, in 10% of homes with infants and toddlers, adults did not hold or rock these young children. In more than half of homes, preschoolers (age 2 years or older) did not have space to play alone, unbothered by others.

Most family child care homes (73%) did not provide safe outdoor play at least three times a week, weather permitting; two-fifths of programs (44%) did not provide physical activity indoors during bad weather. While most programs (83%) had some materials for active play, only 29% of programs had a variety of materials that stimulate the development of a range of skills, such as crawling, walking, balancing, climbing, swinging, playing ball.

We found income differences in the Space and Furnishings scores. Family child care homes are often located in the same neighborhoods as the families they serve, and the Space and Furnishings score is partly affected by the amount of indoor and outdoor space available, as well as the quantity of materials. Therefore, it is not surprising that providers serving predominantly low-income children were less likely to meet the Good benchmark on Space and Furnishings than were moderate-income providers (10% compared to 27%).³

Basic Care. The NAFCC *Quality Standards* outlines specific procedures for providers during personal care routines to protect the health of young children, such as sanitary diaper changing

³ Because there are so few higher income providers in the BQI study, we focus on a comparison of low-income and moderate-income providers in our discussion of the FDCRS scale scores.

and toileting routines, naptime and mealtime routines, and hand washing to reduce the spread of germs. Examples of specific guidelines include (starred * items are required for accreditation):

- Babies younger than eight months are held when bottle fed. *
- Children do not have bottles or sippy cups of milk, juice, or other beverages while lying down or walking around.
- The provider washes her hands with soap and running water and dries with paper towel or personal towel before preparing food, before eating, and after toileting, diapering, and contact with bodily fluids. If running water is unavailable, hand-cleaning solution or disinfectant wipes may be used. *
- Children's hands are washed with soap and running water and dried with paper towel or personal towel before preparing food, before eating, and after toileting, diapering, and contact with bodily fluids. If running water is unavailable, hand-cleaning solution or disinfectant wipes may be used.
- The diapering surface is cleaned and sanitized after each diaper change, and diapers are disposed of in a plastic-lined container, covered with a step-operated lid, or located out of reach of babies and toddlers.
- If the kitchen sink is used for hand washing after toileting or diaper changing, it is sanitized after use.

The FDCRS Basic Care scale addresses these health guidelines during personal care routines.

Basic Care in Boston Family Child Care Homes. Most family child care homes (73%) did not meet the Adequate benchmark for basic care. Most providers met the Good benchmark for arriving and leaving, greeting each child individually, using arrival and departure times to share information with families, provided supervision and individual attention during basic care, and followed established health procedures, such as maintaining health records and keeping emergency numbers by the phone.

However, many providers did not follow practices that would cut down on the spread of germs. Hand washing after diaper changing was done either inconsistently or at inappropriate times to reduce the spread of contamination. Hand washing at meal time was also inconsistent, with many providers failing to wash their hands while preparing meals and bottles and providers inconsistently washing children's hands before and after meals (when finger feeding).

In addition, in about one-quarter of homes, diapers were not checked and changed often enough, and infants were not held while feeding, but instead had their bottles propped, or were put to bed with bottles.

Social Development. The NAFCC *Quality Standards* for relationships states that:

The most important part of a high-quality family child care program is its human relationships. Providers set the emotional climate of the program. Good quality relations with the children and their families form the foundation of support needed for great experiences. Children thrive when they feel nurtured, appreciated, and have a sense of belonging to a group that is part of a community. All kinds of development are supported in the context of warm, responsive human relationships.

The NAFCC Standards require that providers demonstrate caring and respect, that they seem to like children and enjoy being with them, and that they use their observations of individual children to respond to each child appropriately and effectively. The NAFCC

Standards require that providers use “positive guidance, appropriate for the developmental abilities of each child ... to help children gain self-control and take responsibility for their own behavior,” and that providers do not use physical punishment, humiliation, hurtful teasing, yelling or physical roughness with the children. The NAFCC Standards offer guidelines for cultural awareness. The NAFCC Standards also offer guidelines for the providers’ support of children in developing friendships with each other and learning about their own and others feelings. The FDCRS Social Development scale addresses the quality of the relationship between the provider and children, and among the children in care.

Social Development in Boston Family Child Care Homes. The Social Development scale assesses emotional tone, discipline methods and cultural awareness. More than half of family child care homes (56%) met the Good benchmark on emotional tone – caregivers often smiled at, talked to and listened to children; physical contact between caregivers and children was not just for routine care but also to show affection to all children (holding, hugging, pats); caregivers and children seemed relaxed, with cheerful voices and smiles. However, 17% of homes were rated inadequate in emotional tone – 4% of homes were tense, angry, with children crying often; in 2% of homes, caregivers used physical contact mainly for control, hurrying children along, not smiling or affectionate; in 13% of homes, caregivers had a favorite child or children who received most of the attention.

More than one-third of programs (35%) met the Good benchmark on Discipline – caregivers effectively used alternatives to physical punishment, such as removing the child from the activity, and explained reasons for rules; caregivers used praise and attention for good behavior; caregivers held age-appropriate expectations for children’s behavior; and caregivers never used physical punishment.

About one-in-ten programs (12%) met the Good benchmark on cultural awareness, with many examples of racial variety in dolls, pictures and books, holidays and cultural customs of all children in the group included, boys and girls encouraged to choose activities without being limited to traditional roles, and people of all ages represented in pictures and books. More than half of programs (54%) met or exceeded the Adequate benchmark on cultural awareness, with dolls from at least two racial groups, at least 2 books or pictures showing different races, and boys and girls not limited to traditional roles in choice of play activities. Family child care homes were most likely to lack racial variety in dolls, pictures or books, and to lack age variety in pictures and books.

Learning Activities. The NAFCC Standards state that:

Children’s spontaneous play is ideally suited to helping them practice their developing skills and gain understanding of their world. As the provider observes their activities and interests, she supports and extends their play and offers new activities and materials to build upon their learning.

The early years are a prime time for children’s development. Most basic is learning to get along well with others and to feel secure in one’s own identity. From infancy through the school years, children are capable of learning and building competency across a wide range of areas. These include physical development, cognition and language, social and self-development, and creative development. A high-quality provider has individualized goals for each child as well as goals for the group as a whole. She plans activities and builds on spontaneous opportunities to support these learning goals.

Examples of required developmental learning activities include:

- Children have opportunities to make choices and explore their own interests, [including] free play for at least half-an-hour at a time, totaling at least one hour in each half day.
- Children have daily opportunities for large-motor activities, such as crawling, walking, climbing, running, jumping, dancing, balancing, throwing and catching.
- Children have daily opportunities for small-motor activities, such as grasping, scribbling, cutting with scissors, buttoning, tying shoes, using art materials, or playing with manipulatives.

The NAFCC Standards also offer guidelines on developmental learning activities in art, music, movement, and dramatic play, math and science, outdoor play, and for appropriate use of television and computers. The FDCRS Learning Activities scale addresses this area.

Learning Activities in Boston Family Child Care Homes. One quarter of family child care homes met the Good benchmark on activities; however, 27% were rated inadequate. Programs had several strengths: 81% of caregivers sang informally with the children every day; 58% of homes provided a variety of play activities for children's choice both morning and afternoon; 77% of homes provided a balance of quiet and active play; 54% of caregivers used routines as learning experiences, such as teaching self-help skills or talking to the children during routines. In addition, 44% of caregivers met the Good benchmark on supervision of play, frequently interacting with children, discussing ideas and helping with materials, helping children solve conflicts when necessary, and adapting supervision to the age and needs of the child.

Programs were most likely to be judged inadequate on the availability of a variety of eye-hand materials for each age group,⁴ the availability of sand or water play either indoors or out, at least once very two weeks, and the daily availability of blocks, drawing materials for free expression, and a variety of dramatic play materials.

Over half of homes were rated inadequate in the use of television – 15% of the homes had the TV always on, whether or not anyone was watching; 30% of programs used the TV for more than 2 hours a day and/or did not limit TV use to programs and video games regarded as good for children.

We found income differences in the Learning Activities scores, with only 21% of low-income providers meeting the Good benchmark, compared to 40% of moderate-income providers.

Language and Reasoning. The NAFCC Standards for developmental learning activities also require activities to support cognitive development, language and communication, and literacy:

- The provider takes time every day for meaningful conversation with each child. The provider takes an interest in, and responds positively to, babies' vocalizations and imitates their sounds.
- The provider reads to children for at least 15 minutes during each half day, or all the

⁴ Examples of eye-hand materials include, for infants, rattles, objects of different sizes to pick up, for toddlers, peg-boards, small building toys, for preschoolers, crayons, scissors, puzzles.

- children are able to read. Books are used to stimulate conversation that expands upon children's interests and imagination, to build vocabulary, or to introduce new ideas and information. If the children have short attention spans, reading can occur in brief moments including during snacks or meals.
- Children who can read independently spent at least ½ hour in each half day engaged in literacy activities (such as reading, writing, listening to stories, or performing plays).
 - Children have access to books every day. The provider encourages children to look at or read books on their own. She teaches children to take care of books as needed.

The NAFCC Standards also provide guidelines for cognitive development and literacy development, including encouraging children's learning of concepts, development of problem-solving skills, and the ability to represent their knowledge and understanding, and using meaningful activities to build on children's emerging interest in print and writing. The FDCRS Language and Reasoning scale addresses these developmental learning activities.

Language and Reasoning in Boston Family Child Care Homes. Over one-quarter of the family child care homes met the Good benchmark for language and reasoning. More than half of caregivers met the Good benchmark on informal use of language with infants and toddlers, responding to sounds babies make, taking part in verbal play (for example, singing to the child, imitating the child's sounds), and maintaining eye contact while talking to the child. Almost half of caregivers (43%) met the Good benchmark on informal use of language with older children, talking socially with the children, using language to share information, encouraging children's talk, adding ideas to those presented by the child, and encouraging children's enjoyment of language, through singing, rhyming words or other language play. Almost one-third of family child care homes (31%) met the Good benchmark on helping children use language, providing materials – such as toy phones or puppets – and activities – such as finger plays, singing, nursery rhymes, babbling back to an infant – to help children practice talking.

Family child care homes were less likely to meet the Good benchmarks on helping children to understand language, or to reason. While most homes had a few age-appropriate children's books, only one-third had the recommended variety accessible to the children. In addition, in only one-quarter of homes did caregivers regularly name objects, talk about pictures, say nursery rhymes and in other ways provide a language-rich environment for the infants and toddlers in care.

Most programs were rated adequate on helping children reason, with some materials – such as puzzles, or commercial or homemade toys to learn colors, sizes, shapes, numbers and letters – used, and daily experiences used to help children learn concepts of size, shape, color, number and relationship. Only one-in-ten family child care homes (12%) met the Good benchmark on helping children reason, with at least one nature/science/cooking activity each week, and a variety of games and materials accessible to the children, with caregivers helping children think about their activities by talking about shape, size, etc. Overall, 21% of family child care homes were rated inadequate on language and reasoning.

We found income differences in the Language and Reasoning scores, with only 17% of low-income providers meeting the Good benchmark, compared to 47% of moderate-income providers.

Adult Needs. The NAFCC Standards require that providers encourage parents to visit any time their children are present, and provides guidelines for provider communication with parents. The

NAFCC Standards also require that children's needs take priority over errands or other personal demands, and that the provider seeks continuing training and education. The FDCRS Adult Needs scale addresses these areas.

Adult Needs in Boston Family Child Care Homes. Most family child care homes (87%) met the Good benchmark on meeting adult needs. Caregivers had positive, cooperative relationships with families, with written policies and regular communication. Caregivers also planned the schedule in ways that balanced their family responsibilities and the needs of the child care program, with the primary focus on child care responsibilities during operating hours. Caregivers also regularly participated in opportunities for professional growth, attending workshops, taking courses, or participating in on-site training, as well as reading child care books or magazines on child rearing.

Promoting Quality in Family Child Care Homes

How, then, do we ensure that young children receive quality early care and education in family child care homes? The overwhelming research evidence supports the importance of provider qualifications, and the conditions under which they work – group size, adult-child ratios, and compensation.²² In the Massachusetts Cost and Quality Study, family child care providers with a CDA, college courses in early childhood education, or an A.A. degree or higher, were more likely to provide higher quality care than were providers without such education or training.²³ When family child care providers have higher levels of education and training, children score higher on measures of language and cognitive development.²⁴ In the BQI, we found that providers with a CDA, some college or a college degree were more likely to meet the Good benchmark on the total FDCRS (23% compared to 9%). The greatest differences were found on the Language-Reasoning scale (36% compared to none of the providers with a high school education or less), and on the Learning Activities scale (31% compared to 9%).

Other studies have found that providers who belong to a local, state or national professional association and who have higher levels of professionalism and commitment to the field provide higher quality care. Accreditation by the National Association for Family Child care (NAFCC) is also associated with higher quality care.²⁵ However, only 16% of BQI providers were NAFCC-accredited, or in the process of becoming accredited; most of the BQI providers had no plans to become accredited.

Finally, it costs more to operate a higher quality family child care home.²⁶ Family child care homes are small businesses, without access to many of the economic supports available to larger firms. While a full discussion of the costs of family child care is beyond the scope of this report, the predominance of providers who serve low-income families – who can not afford to pay the full cost of quality care – requires that any efforts to address the quality of family child care homes in Boston address the cost of family child care.

The Families

The family survey offered families an opportunity to rate and comment on their child's current experiences and their reasons for choosing their child's program, as well as provide information about children's experiences at home. One hundred sixty six (166) families returned surveys, from 35 programs. We report the results of the family survey in the following sections.

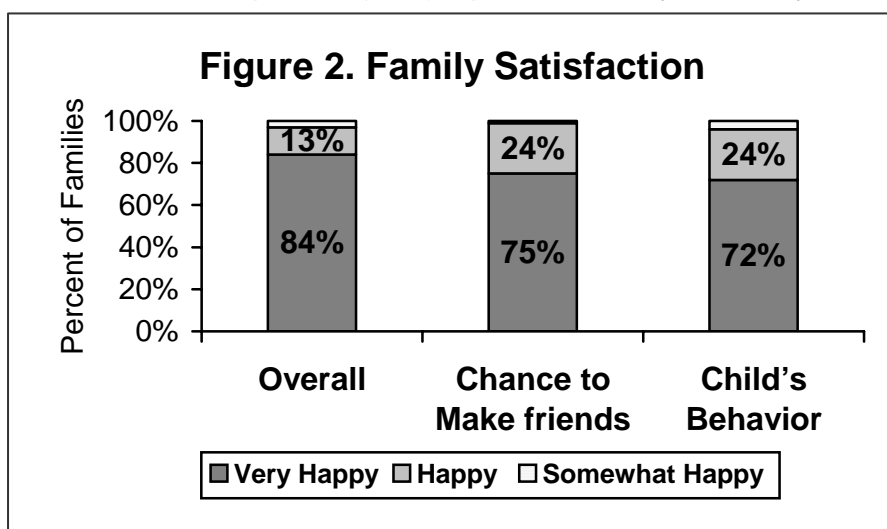
Family Characteristics. Of the individuals who responded to the survey, 73% were employed

full-time, 14% were employed part-time, and 49% had a spouse, partner or other adult in the household who was employed full-time. In addition, 12% of individuals responding were attending school or a training program, and 2% had a spouse, partner or other adult in the household who was in school or a training program.

English is the most common language spoken at home (78% of families), but 22% of families reported speaking another primary language at home: 12% speak Spanish at home, 4% speak Haitian. Other families who completed the survey speak Cape Verdean Creole, Mandarin, Cantonese, French, Portuguese or Russian. We also asked families how often they read to their child. Almost half (45%) read daily, and another 40% read almost every day; 14% read once or twice a week, and 2% read less than once a week or not at all.

Satisfaction with the Program. When asked how happy they were with their child's experience in the program this year, more than four-fifths of parents (84%) reported that they were very happy and another 13% said they were happy with their child's experience. Families were equally happy with their child's opportunities to make friends and with their child's behavior at the program (see Figure 2).

When asked how much they thought their child is learning in the program, about four-fifths (81%) of the families felt their child was learning a lot; another 18% felt their child was learning some. Only 1% felt their child was only learning a little.



We also asked families how they felt about their own experiences with the program. About four-fifths (82%) were very happy, 17% were happy, and less than 1% were somewhat happy with their own experiences.

Provider/Child Relationship. When asked about the relationship between their child and his/her provider, almost all families (92%) reported that it is very close and loving; another 7% reported that the relationship was positive, though not really close. Two families (1%) reported the relationship was "business-like."

When we asked families whether their child's provider seemed happy to have their child in the program, 97% said the teacher seemed very happy, and five families (3%) said the teacher seemed positive but not overly happy.

Transportation to the Program. Over two-thirds (72%) of the children are driven to the program; 15% walk to the program, 9% arrive by a program bus and 4% travel by T. More than two-thirds (71%) of the children spend 15 minutes or less traveling to their program. Given this short commute, its not surprising that 71% of families were very happy with how long it took their child to get to the program, and another 24% rated themselves as “happy.”

Choosing a Program. The majority of families (71%) heard about their child’s preschool program from a friend, neighbor or other parent. Families also learned about programs from Child Care Choices of Boston or other resource and referral agency (15%), from their child’s other child care program (9%). Others found it because it was located in their neighborhood (7%).

When asked why they wanted their child to attend an early childhood program, the majority of families surveyed reported

that it was to help prepare them for school (67%), to give their child other children to play with (52%), and because they needed care while the adults were at work or school (70%). A few families reported they wanted their child to attend this program to give the adult time away from the child (6%).⁵

Source	Reported
Friend, neighbor or other parent	71%
Resource & Referral agency	15%
Child’s other child care program	9%
Located in neighborhood	7%
Family case worker/social worker	3%
Read about it in the newspaper	2%
Referred by work or school	1%
Department of Transitional Assistance	1%
Other	12%

Table 9. Reasons for Child Attending FCC¹ Percent of families

To help prepare for school	67%
To give your child other children to play with	52%
You need care while you work/go to school	70%
You need time away from your child	6%

¹ Families could check more than one reason

When asked why they chose *this particular program* instead of another, the majority of families said it was because the program had

the best quality (57%), was safe (59%), they trusted the program more than other programs (60%), and the program involved families (42%). For 15% of families, the cost of other

programs, and assistance paying for this program, were important reasons. Other families chose the program because the program offered services for families (6%) or special need services (4%), or because there were no spaces in other programs (3%).

Reason	Reported
Trust this program more	60%
Program is safe	59%
This program has the best quality	57%
Program involves families	42%
Offered help paying	15%
Other programs cost too much	15%
Sibling already at program	11%
Program provides other services to families	6%
Program provides special needs services	4%
No space in other programs	3%
Other	19%

⁵ Families could check more than one reason for this question.

Appendix: The Family Day Care Rating Scale (FDCRS)

The FDCRS has become one of the standards in the field, offering useful benchmarks for practitioners, researchers and policymakers. The FDCRS has been shown to be predictive of children's development, and has good reliability.²⁷

The FDCRS is a 32-item scale designed to be used to assess family child care homes. The FDCRS is organized into six scales: Space and Furnishings for Care and Learning, Basic Care, Language and Reasoning, Learning Activities, Social Development, and Adult Needs. Each scale consists of multiple items that must be passed to receive a given score. Each scale is scored on a seven-point scale, with benchmarks established for 1 = "Inadequate," 3 = "Minimal," 5 = "Good," and 7 = "Excellent." Programs that pass some of the items that are part of the benchmark for a "3," but not all of them, are scored a "2" on that scale. Similarly, programs that fall between "Minimal" and "Good" are scored a "4", and programs that fall between "Good" and "Excellent" are scored a "6".

For the purposes of this report, we have categorized programs as Inadequate if their FDCRS scores were below a "3," Adequate if their FDCRS scores were less than "4.5" and greater than or equal to "3," and as "Good" if their FDCRS scores were greater than or equal to "4.5." We chose the 4.5 threshold for the Good category to include programs that scored 5s on most items in a scale, but received 4s on one or more items, dropping their scale score just below a 5. This is the same cut-off we used in the Boston Quality Inventory of preschool classrooms, and in the Boston Public Schools K1 and K2 Needs Assessment.²⁸

Space and Furnishings. The Space and Furnishings scale assesses the availability of appropriate furnishings and child-related displays, indoor space arrangement, space and equipment for active physical play, and space to be alone.

Basic Care. The Basic Care scale assesses the quality of health and safety routines and policies, meals and snacks, diaper-changing and toileting, naps and rest times, and greeting and departure routines.

Language and Reasoning. The Language and Reasoning scale assesses the informal use of language, support of children's understanding and use of language, the presence and use of books, and support of children's reasoning and concept development.

Learning Activities. The Activities scale assesses the availability of a variety of age-appropriate activities and materials, the use of television, the schedule of daily activities, and the supervision of play.

Social Development. The Social Development scale assesses the emotional tone set by the provider, the provider's use of discipline, and cultural awareness.

Adult Needs. The Adult Needs scale assesses the provider's relationship with families, the provider's ability to balance personal and caregiving responsibilities, and the provider's involvement in opportunities for professional growth.

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