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INTRODUCTION

Children have five domains of school readiness—health and physical development; social and emotional development; approaches to learning, language, and communicative abilities; cognition; and general knowledge (Maxwell, Bryant, Ridley, & Keyes-Elstein, 2001). Children’s experiences from birth until they enter school affect the development of these skills. In particular, children’s experiences in *high quality* early care and education have been found to positively influence the development of these school readiness skills (NICHD Early Child Care Research Network, 1999; Clarke-Stewart et al., 2002). This finding is especially true for low-income children, who are more likely to enter school with fewer school readiness skills (NICHD Early Child Care Research Network, 1999). As policymakers consider expanding access to early care and education for low-income children by increasing the supply of family child care, measuring the quality—and thus capacity—of family child care programs to promote the school readiness of the children in these settings becomes a necessity. This policy brief reviews the research that defines indicators of quality related to child outcomes. A framework is presented that organizes the measurement of these indicators of quality by each of the interdependent levels that impact children’s school readiness in family child care homes. Implementation of this type of quality measurement system will yield information about where resources are needed to promote family child care providers’ abilities to foster the school readiness of the children in their homes.



USING A SYSTEM OF QUALITY MEASUREMENT

Research on Quality in Family Child Care and Child Outcomes

High quality early care and education has been found to positively influence children’s development of important school readiness skills (NICHD Early Child Care Research Network, 1999; Clarke-Stewart, Vandell, O’Brien, & McCartney, 2002). Quality is measured by indicators that are identified as “structural” or “process.” *Structural quality indicators* describe features of the family child care home that may be regulated, such as child-to-adult ratios, group size, and provider’s education and training. *Process quality indicators* describe the actual environment of the home, such as access to materials, health practices, and provider-child interactions. Structural and process indicators work in concert to measure quality.

Primary structural indicators of quality are the number of children in the family child care home, and the ratio of children to adults. In early care and education programs, a sufficient number of adults must be available for each child to foster the safe and nurturing relationships that children need to thrive, (Cost, Quality & Child Outcomes Study Team, 1995). In family child care homes, a single provider is typically present, underscoring the importance of limiting the number of children present. The total group size of children is also important. The evidence suggests that the number of children by age group is actually more important than the total number of children. Thus, a better standard for quality than simply group size is the ratio of children to provider weighted by age (Clarke-Stewart et al., 2002).

Education and training positively and significantly impact the quality of family child care, thus making it an important structural indicator of quality. Education and training facilitate the organization of the environment and promote the understanding of provider-child interactions that enhance children's development (Burchinal, Howes, & Kontos, 2002). Marshall and colleagues found provider education to be the strongest predictor of quality in family child care homes (Marshall, Creps, Burstein, Cahill, Wagner Robeson, Wang, et al., 2003). In addition, research found that specialized training in child development positively influenced caregiver quality (Clarke-Stewart et al., 2002).

Process indicators describe the interactions between the provider and child and the environment within which those interactions occur. Provider interactions that are sensitive to children's cues, expand upon the children's language and play, and promote joint attention, facilitate children's development. Relationships between caregivers and children that are positive, warm, and nurturing are associated with a desire to learn (Espinosa, 2002), and provide a foundation for school success (La Paro & Pianta, 2000). Proper health and safety practices reduce illness in children in care. Access to a broad array of materials and activities in the family child care setting promotes school readiness skills. Further, providers with sources of support, such as other colleagues or a family child care professional association, tend to provide higher quality care (Pence & Goelman, 1991).

Structural and process indicators are often related (Bordin, Machida, & Varnell, 2000), and research suggests that a path exists from child care structure to process quality to developmental outcomes (NICHD Early Child Care Research Network, 2002). These findings underscore the importance of both structural and process indicators of quality as contributors to school readiness.

A System for Measuring Quality in Family Child Care Homes

Quality as a concept is measured by aggregating these aforementioned indicators by the levels in which they contribute to children's school readiness. Children's own development contributes and results in their school readiness skills. Screening and routine child

assessments measure children's development and can indicate the need for further support services. The quality of the family child care home influences children's development. Quality is measured at this level minimally by licensing standards, and at a higher standard by earning National Association for Family Child Care accreditation. The capacity of family child care providers is influenced by their affiliation with a family child care system or independent status; a tool, however, does not yet exist to measure quality at this level. Quality at the level of community can be measured by indicators about opportunities to access high quality care. Each of these levels are interdependent, that is, change on one level affects change on another. Therefore, measuring quality and pursuing improvements on every level is imperative. Following are fuller descriptions of each of these levels and their associated measurement tools.

Child

Children should be screened for developmental delays and assessed for progress toward developmentally appropriate milestones, including school readiness. Screening is an important and efficient means for determining if a child may have a significant developmental delay. Screening does not confirm that the child has a delay, but rather can identify that the child may be at risk for poor school readiness and in need of support services. Commonly used screening tools are the Ages and Stages Questionnaire (ASQ) and the Parents Evaluation of Developmental Status (PEDS). Assessment in early care and education provides a means for reviewing the child's progress on a battery of developmentally appropriate milestones. Assessment results can be used to tailor the curriculum and learning activities to support the needs of the child, but should never be punitive to the child.

Many well-respected child assessment tools measure children's progress in skills needed for school. These include the Work Sampling System, the Creative Curriculum tool, and the High Scope Child Observation Record. Some states have identified specific learning guidelines for the curriculum of preschool children. Massachusetts is one such state, but the learning guidelines and programs standards are currently only available for center-based care; at this writing, those for family child care are under development.

Family Child Care Home

Quality in family child care homes ranges from meeting basic operating minimums, often embodied in licensing regulations, to meeting the high standards set by the National Association for Family Child (NAFCC) for accreditation. Licensing does not necessarily lead to high quality care; where licensing standards do not exist, however, a floor for expectations is even more difficult to establish. The Family Day Care Rating Scale (FDCRS), with its descriptive benchmarks and emphasis on both process and quality, can be used as a tool to work with providers to help them move between these two quality extremes.

- *Licensing regulations:* Licensing regulations set the minimum standards necessary to operate a family child care home. These regulations establish parameters for required staff-to-child ratios, group size, and number of hours of training required. Because the stringency of regulations and frequency of monitoring vary markedly by state, the impact of licensing on the quality of family child care homes depends on the stringency of licensing guidelines and the processes associated with securing and maintaining them. (Pence & Goelman, 1991)
- *Family Day Care Rating Scale:* The Harms-Clifford Family Day Care Rating Scale (FDCRS) is a popular research-based observational tool used to assess overall quality of the family child care provider and home. FDCRS measures quality in six areas: space and furnishings for care and learning, basic care, language and reasoning, learning activities, social development, and adult needs. Observations are scored against a series of benchmarks on a 1 to 7 scale. Number 5—the benchmark labeled Good—is the point at which the family child care home can make a positive impact on the child’s developmental outcomes. The FDCRS provides explicit descriptions about the difference between each of the benchmarks and can be a useful tool for family child care providers trying to understand how they can bootstrap themselves from following the licensing regulations to meeting the accreditation standards. The FDCRS can

be used by a family child care provider as a self-study tool, by a family child care system to aggregate and identify the training needs of its providers and to identify ways to support those providers in program improvements, or by researchers to further understand quality in family child care homes.

Some quality support specialists are finding that the FDCRS is a useful tool for working with providers to prepare for NAFCC accreditation. The leap between licensing and accreditation is large, and the FDCRS helps break it down into smaller progressive steps. Using the FDCRS as a measure of quality, and then creating program improvement plans based on the results of the FDCRS, creates a way for quality support specialists and providers to systematically target areas for program improvement. As providers reach the high end of the FDCRS scale, it can be an indicator that they are ready to pursue NAFCC accreditation.

- *National Association for Family Child Care Accreditation:* The National Association for Family Child Care (NAFCC) quality standards and accreditation process are the result of a multiyear consensus-building process between early education experts, providers, and resource and referral agency staff, which resulted in field-established high quality standards. When providers earn accreditation, it indicates that they have met a set of high-quality benchmarks about the environment of their home, their business practices, and their relationships with the children. Unlike licensing, accreditation encompasses the business and professional development aspects of the family child care home. For example, one requirement for accreditation is that the provider must have a high school diploma or GED and at least 90 clock hours of related training or possess a current Child Development Associate credential (CDA).

The process for accreditation begins with a provider receiving a Self-Study Workbook from NAFCC, which is

used to evaluate and set quality improvement goals for the child care home. When the provider is ready, a trained observer comes and observes the home, reviews the provider's records, and interviews the provider. Providers are then notified of the decision, with feedback from the visit. Accreditation can be renewed every set number of years. It is both the process of pursuing and earning accreditation that fosters quality in family child care.

Family Child Care Systems

Increasingly, family child care providers are choosing to participate in a Family Child Care System. A Family Child Care System is a formalized network of a sponsoring agency and multiple family child care providers. Typically, systems offer providers greater access to resources, including state contracts for subsidized child care, trainings on child development and business issues, and centralized administrative functions. Systems also recruit new providers and can be a means for supporting quality improvement in family child care homes. Currently, no standards or tools exist to measure the quality of Family Child Care Systems. Developing standards and a measurement tool for Family Child Care Systems is an area for further exploration.

Community

Resources and opportunities in a community affect the availability of high quality early care and education. Indicators of quality at the community level are the number of programs routinely using child assessments; the average FDCRS score in the community; and the percentage of accredited family child care homes. Communities should be encouraged to set goals and benchmarks for these indicators, and routinely survey their community to determine progress toward these goals. The results illuminate ways to allocate resources for improving quality at the system, family child care home, and child levels.



CONCLUSION

Quality in family child care is critical for promoting children's school readiness. Rather than measuring each indicator of quality separately, a comprehensive system that measures each of the levels affecting children's outcomes is more beneficial. Resources and supports are needed at each of the levels of child, family child care home, family child care system, and community to ensure the successful school readiness of these children.



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