

Georgia
Study of
**Early Care
and Education**
Family
**Child Care
Findings**

December 2010



UNC

FPG CHILD DEVELOPMENT INSTITUTE

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Several people worked hard to complete this study and report. The FPG Child Development Institute team included Kelly Maxwell, Principal Investigator; Diane Early, Investigator; Donna Bryant, Investigator; Syndee Kraus, project director; Katie Hume, research assistant; Gina Walker, administrative assistant; Elizabeth Gunn, Lloyd DeWald, and Michelle Lemon, programmers; and Angelia Baldwin, Joe Jungers, Dawn Shafar, Mildred Cooper, and John Misenheimer, data entry. Gina Harrison helped with report design. We are very grateful to the research assistants in Georgia who worked so hard to collect the data: Moneesha Smith and Othondra Williams-Hicks. We appreciate the cooperation of DECAL staff, particularly the assistance of Bentley Ponder. Most importantly, we are very appreciative of the providers who welcomed us into their homes so that we could better understand the care available to young children across Georgia.

The executive summary and full report from this study are available at www.decals.ga.gov.

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Georgia Study of Early Care and Education: Family Child Care Findings

Nationwide, most young children are cared for regularly by someone other than their parents, and family child care homes (sometimes referred to as family day care) are a common form of non-parental care. Fourteen percent (14%) of infants, 19% of toddlers and 13% of three- and four-year-olds are cared for in a home, by someone other than a relative.¹ About one-quarter of children are in family child care at some point during their first five years of life, spending an average of 31 hours per week in family child care, including night and weekend hours.² According to the 2010 Child Care in the State of Georgia Fact Sheet produced by the National Association of Child Care Resource & Referral Agencies, Georgia has 3,715 registered family child care homes, with the capacity to serve 20,898 children.³

There are many reasons families choose family child care homes. They are often one of the few options available for families who work non-traditional schedules (e.g., second shift or weekends), and the cost of family child care is often lower than center-based care.⁴ Further, some parents prefer the home-like feel of family child care homes—especially for their infants and toddlers—over more formal child care centers and preschools.⁵

As in center-based settings, research has demonstrated a modest but statistically significant link between the quality of the care provided in family child care homes and children’s academic and social skills.⁶ Research on brain development has underscored the importance of providing high quality experiences for young children.^{7, 8} Thus, improving the quality of family child care homes is an important strategy for supporting children’s readiness for school success.

Bright from the Start: Georgia Department of Early Care and Learning (DECAL) has been working to define and promote high quality practices across multiple types of child care settings. A statewide committee began working in the fall of 2006 to develop indicators to define quality in Georgia’s early care and education system. In the fall of 2007, DECAL contracted with researchers from the FPG Child Development Institute at the University of North Carolina at Chapel Hill to help refine the indicators, develop tools to measure them, and plan studies of the quality of care across the state.⁹ DECAL decided that statewide studies would help policymakers better

“Family child care is essential to families and communities.... the quality of care and caregiver-child relationships have important impacts on children’s development. The services supplied by family child care providers are also vital to local economies; family child care providers represent an estimated 300,000 small businesses across the United States....”

(Morrissey, 2007, p.23)

During recruitment, programs that declined or were determined to be ineligible were replaced by additional randomly selected programs from that same list of registered providers. To achieve the final sample of 155, we contacted 525 homes. Two hundred eighteen (218) were determined to be ineligible (e.g., no longer served children, no longer registered), and 152 declined to participate. Thus, the overall response rate was 50% (155 participants / [155 participants + 152 declined]). Response rates in other states that have conducted observational studies of randomly selected family child care homes have varied widely. For instance, Pennsylvania had a response rate of 21%, Delaware had a response rate of 36%, Massachusetts had a response rate of 57%, and Maine had a response rate of 79%.^{12, 13, 14, 15}

Measures

Data were gathered in the family child care homes using multiple methods: observations by independent data collectors, review of written documents, and providers' self-reports. Table 1 delineates the instruments used.

Table 1. Measures Used in Study

Self-Report	Collected by Independent Data Collectors
<ul style="list-style-type: none"> • Provider Interview, including education and experience • Assistant Education & Experience Form 	<ul style="list-style-type: none"> • FCCERS-R • Observation Checklist • Staff:Child Ratio Form • Document Review

The *Family Child Care Environment Rating Scale-Revised* (FCCERS-R)¹⁶ is a widely used instrument for examining the global quality of care provided in family child care homes. It is specifically designed for use in homes serving children birth through 12 years of age.

The FCCERS-R measures the following aspects of child care home quality: Space and Furnishings (e.g., furnishings for relaxation and comfort, space arrangement, display); Personal Care Routines (e.g., greeting/departing, safety practices); Listening and Talking (e.g., helping children understand language, helping children use language); Activities (e.g., fine motor, art, promoting acceptance of diversity); Interaction (e.g., supervision of play and learning, interactions among children); Program Structure (e.g., schedule, group play activities, provisions for children with disabilities); and Parents and Provider (e.g., provisions for parents, balancing personal and caregiving responsibilities). The "Parents and Provider" items on the FCCERS-R instrument were not completed for this study.

Scores on the FCCERS-R can range from 1 to 7 with higher scores indicating higher quality. Total mean scores from 1.0 to 2.9 are considered “low” quality, scores from 3.0 to 4.9 are considered “medium” quality, and scores of 5.0 or greater are considered “good” or “high” quality.

Procedures

FPG hired and supervised two data collectors in Georgia. One of the data collectors was bilingual in English and Spanish. Data collectors were trained to reliability on the FCCERS-R and were also trained to use the measures designed specifically for this project. For training, the reliability standard was 85% agreement within 1 scale point and a weighted kappa of .60 or greater with the trainer. Throughout data collection, the data collectors periodically collected data together to ensure that interrater agreement was maintained. Follow-up training was provided when areas of disagreement were identified. Supervision was provided at least weekly to both data collectors.

Data were collected between September 2009 and April 2010. Data were collected during a single visit to each site, with a typical observation time of four hours. Hoping to maximize the inclusion of programs representing a range of quality, we offered incentives in the form of \$100 gift cards for participating providers.

Findings

On average, programs were open 12.5 hours per day. Three percent (3%) of the homes were open 24 hours per day. Eighty-five percent (85%) of homes were open Monday-Friday only, 8% were open 6 days a week, and 7% were open 7 days per week. Providers, however, reported that they sometimes cared for children outside the traditional 8-5 workday. Forty-one percent (41%) of providers reported that they had provided second shift care during the last six months. Twenty-nine percent (29%) reported that they had provided weekend care during the last six months, and 17% reported that they had provided overnight care during the last six months. About half (51%) of the providers reported that they had provided second shift, overnight, or weekend care during the last months.

Forty-three percent (43%) of family child care providers in the study served children who received child care subsidies from Childcare and Parent Services (CAPS). In homes that served children receiving CAPS subsidies, the percentage of subsidized children served varied from 8% to 100% of total enrollment (mean = 43%, median = 40%). Fifty-eight percent (58%) of providers reported that they had provided unpaid care for some children in the last six months, not including care to the provider's own children.

Five of the homes in the study (3%) were accredited by the National Association for Family Child Care (NAFCC). Eight percent (8%) of the homes served children with disabilities; the majority of these (85%) had one child with a disability enrolled. No home served more than two children with disabilities.

Number of Children Present and Ratios

The total number of children present at one time (i.e., group size) and the number of children per adults (i.e., ratio) are important aspects of quality. It is easier for adults to meet the health and developmental needs of each child if there are fewer children and more adults in a group. Small group size and low child-to-adult ratios may be thought of as necessary, but not sufficient, for high quality care. Data collectors counted children and adults present in each home at four time points during each observation morning, roughly once per hour. Then, for each home, we calculated the average (mean) number of children present across the four observation time points.^a Data about the number of children under 13 years of age are reported because most of Georgia's licensing requirements for ratio and group size pertain to children under 13 years of age.

^a Throughout this report, we present the median in addition to the mean and range when some of the values are very high.

Almost all homes in this study (95%) were in compliance with Georgia's Family Day Care Home regulations for group size and ratios during all four of the observation time points. According to those regulations, the total number of children present at one time (including related and unrelated; paid and unpaid) cannot exceed 12. Further, there must be two adults present to care for the children if there are more than three children under the age of 12 months, or more than six children under the age of three years, or more than eight children under the age of five years. Only 8 (5%) of the homes visited were not within these limits at any point during the observation.

Georgia's licensing requirements make distinctions between the provider's own children and others as well as distinctions between children for whom the provider does and does not receive pay. On the day of our observation, 40% of providers cared for at least one child for whom they were not paid. Three percent (3%) of providers cared for only relatives; 41% of providers cared for some relatives and some unrelated children; and 56% of providers cared only for children who were not related to them.^b

On the observation day, the mean number of all children under 13 years of age present was 4.0 (range = 1 to 12). The number of children present on any given day may vary and these values may not represent total enrollment. On average, there were 0.7 infants (less than 12 months), 2.1 toddlers (12 to 35 months), 1.1 preschoolers (36 to 59 months) and 0.1 school-aged children (60 months to 12 years, 11 months).^c

It is also helpful to examine the extent to which different age groups of children were cared for in family child care homes. Infants (i.e., children less than 12 months) were present at some point on the morning of the observation in 46% of the homes. In homes where infants were present, the most infants at one time ranged from 1 to 5 (mean = 1.6). Of those homes where infants were present on the day of the visit, 61% cared for just one infant at a time, 24% cared for two infants, 13% cared for three, and 3% cared for four or five.

Toddlers (i.e., children between 12 and 35 months) were present at some point on the morning of the observation in 90% of the homes. In homes where toddlers were present, the most toddlers at one time ranged from 1 to 8 (mean = 2.6).

Preschoolers (i.e., children between 36 and 59 months) were present at some point on the morning of the observation in 64% of the homes. In homes where preschoolers were present, the most preschoolers at one time ranged from 1 to 6 (mean = 2.6).

^b We used Georgia's definition of related children: provider's own children, stepchildren, nieces, nephews, grandchildren or first cousins. Bright from the Start: Georgia Department of Early Care & Learning. (2010). Rules and regulations for family day care homes. Retrieved June 15, 2010 from <http://www.decal.ga.gov>

^c The data collectors were present primarily during regular school hours on days when school was in session. More school-age children may have been present later in the day.

In most homes, there was only one adult present to care for children during the observation morning. Twenty-three percent (23%) of homes had a second adult present during some part of the observation, and only 4 (3%) ever had a third adult. On average, the child-to-adult ratio was 3.33 children for each adult (range = 1 to 8).

Program Quality

The *Family Child Care Environment Rating Scale-Revised* (FCCERS-R) was used to measure the global quality of the care and education provided in the participating homes. The mean FCCERS-R total score in homes was 2.50 (standard deviation = .80, range = 1.21 to 4.58). As evident in Figure 2, 77% of homes were rated as low quality, with FCCERS-R scores of less than 3.0. None of the family child care homes in the study received a mean FCCERS-R total score of 5.0 or higher. Mean scores across the FCCERS-R subscales were in the low quality range (see Table 2), with exceptions in Interaction and Program Structure, where the averages were in the medium quality range.

Figure 2.
Quality of Programs in Family Child Care Homes
 (FCCERS-R total mean = 2.50)

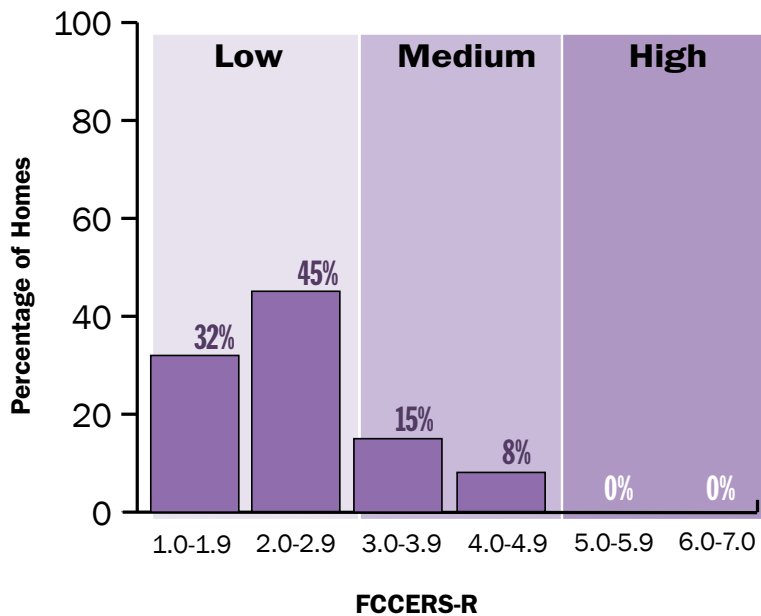


Table 2. FCCERS-R Subscale Scores

Subscale	Mean	Range
Space and Furnishings	2.67	1.17 to 6.00
Personal Care Routines	1.85	1.00 to 3.83
Listening and Talking	2.75	1.00 to 6.00
Activities	2.20	1.00 to 4.91
Interaction	3.41	1.00 to 6.75
Program Structure	3.13	1.00 to 7.00

In addition to completing the FCCERS-R, the data collectors were asked to note if certain activities took place during the observation. Data collectors observed children participating in gross motor activities (indoors or outdoors) in 56% of homes. During the three- to four-hour observation, a television was on at least some of the time in the areas used for child care in 67% of homes. During the provider interview, 61% of providers reported sometimes taking children on field trips to places in the community.

With regard to literacy activities, data collectors observed providers reading at least one book to at least one child in 55% of the homes. They observed at least one child using a writing implement (e.g., crayons, markers, pencils) in 61% of homes during the observation. Forty-five percent (45%) of providers reported providing a lending library for families, and 52% reported providing reading activity packs for children to take home.

Education and Professional Development

This section provides information about the highest level of education, major, and professional development experiences for providers and assistants.

Providers

- **Education:** Thirty-one percent (31%) of providers held an Associate's, Bachelor's, or Master's degree (see Figure 3). Of providers with degrees, 20% majored in early childhood education. Table 3 provides additional information about providers' degrees and majors.

Nine percent (9%) of providers had a Child Development Associate (CDA) credential issued by the Council for Professional Recognition; 19% had a Technical Certificate of Credit (TCC) in an early childhood field; and 5% had a Technical College Diploma in Early Childhood Care or Education.

- **Experience:** On average, providers reported 15 years of experience working in child care (median = 13, range = 1.5 to 40) and 9 years of experience in providing care for children in their homes (median = 6, range = < 1 to 40). More than two-thirds of providers were over 40 years old, with 45.7 as the mean age (median = 46, range = 23 to 74).
- **Professional Development Hours:** Providers reported participating in a median of 12 hours (mean = 25, range = 0 to 298) of professional development in early childhood in the past year, including classes, workshops, conferences, and other trainings completed in person or on-line. Seventy-seven percent (77%) of providers reported participating in 10 or more clock hours of professional development in the past year. Twenty-three percent (23%) reported participating in fewer than the 10 hours required annually by DECAL, including 2% who reported no hours.

Providers reported a wide range of formats for their early childhood training activities, with training conferences or workshops (92%), self-study (75%), and support group or meeting of other family child care providers (50%) reported most frequently.

- **Professional Development Content:** Table 4 shows the frequency with which providers reported participating in various professional development topics. The most common professional development topics reported by providers were health and safety practices; behavior management/discipline; and social-emotional development.
- **Professional Affiliations:** Twenty-eight percent (28%) of providers reported belonging to an early childhood professional association, with the majority (56%) of those providers affiliated with the National Association for Family Child Care.

Figure 3. Education Level of Providers

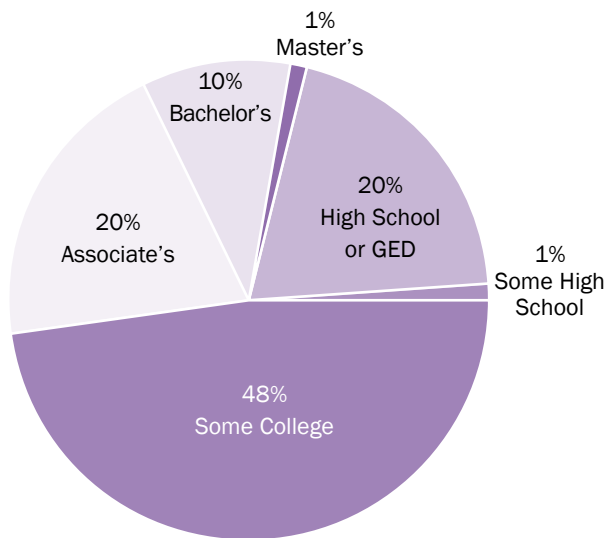


Table 3. Degrees and Majors of Providers

Degree	
Associate's degree with major in early childhood	7%
Bachelor's degree with major in early childhood	0%
Master's degree with major in early childhood	0%
Other education major, any degree	1%
Other non-education major, any degree	27%
No Associate's, Bachelor's or Master's degree	69%

Table 4. Training Topics for Providers in the Past Year

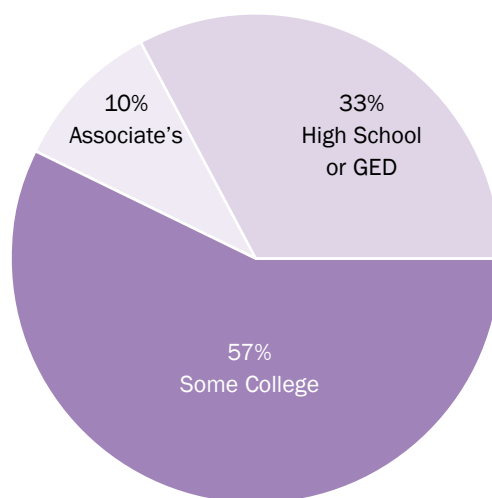
About Children	
Health and safety practices	87%
Behavior management/discipline	69%
Social-emotional development	66%
Observing, assessing, and documenting children's progress and development	46%
Using a curriculum	46%
Physical activity	44%
Early language and literacy	41%
Working with children with special needs	39%
Working with children and families from different cultures and races	23%
Early math	21%
Early science	20%
Working with English Language Learners	12%
About Adults	
Nutrition education for employees	43%
Managing conflicts in a professional manner	35%
Wellness education for employees	23%

Assistants

For this study, an “assistant” was defined as a person, 16 years of age or older, who helped care for children during more or less the same hours each week. Forty-two percent (42%) of providers had one assistant who helped care for the children, while 10% had two or more assistants. Assistants were paid in 60% of the homes and were related to providers in slightly more than half of the homes (55%). Most of the assistants (75%) worked less than 30 hours per week. The following data were collected from assistants who worked at least 30 hours per week (n = 21).

- **Education:** Ten percent (10%) of the assistants who worked at least 30 hours per week had an Associate’s degree; none had Bachelor’s or Master’s degrees (see Figure 4). Twenty-nine percent (29%) of full-time assistants reported ever having taken a college course in early childhood or child development.
- **Experience:** These assistants reported a mean of 8 years of experience working in child care (median = 5, range = <1 to 31).
- **Professional Development Hours:** These assistants reported participating in a median of 6 hours of professional development in the past year (mean = 27, range = 0 to 215). Like providers, assistants reported obtaining these hours in a variety of ways, with nearly half (48%) reporting that they had participated in a training workshop or conference in the last 12 months.

Figure 4. Education Level of Full-Time Assistants (n= 21)



Program Characteristics and Services

This section of the report includes information about various characteristics of the participating family child care homes (e.g., primary language used with the children in the family child care home) and services offered (e.g., screenings).

Primary Language

The study was designed to include family child care providers who spoke either English or Spanish (i.e., one of the data collectors was a bilingual English and Spanish speaker). However, very few providers who participated in this study spoke Spanish. In 99% of the homes that participated in this study, English was the primary language that the provider spoke with the children (one home was dual language), and 96% of providers reported that English was their first language.^d Nineteen percent (19%) of providers reported serving at least one child whose family did not speak English well. Eleven percent (11%) of providers helped families find translation or interpretation services in the community; 9% distributed translated materials about community services; and 8% translated their home's own materials for families who did not speak English.

Curricula and Child Assessments

Twenty percent (20%) of providers reported using a published curriculum. Fifty-seven percent (57%) reported using a curriculum that they had created themselves. The remainder (23%) reported using no curriculum. Providers who used published curricula often reported using more than one. Of those who used a published curriculum, the most frequently named were Creative Curriculum (45%), A Beka (35%), and HighReach Learning (29%).

Overall, 60% of providers reported using some kind of assessment of young children to help plan for or adapt their teaching. The most commonly used assessments for this purpose were written records or informal notes of provider observations. A few of the providers who conducted assessments used more formal systems, such as Child Observation Record (10%) and Creative Curriculum Developmental Continuum Assessment (6%). Fifty-five percent (55%) of providers reported developing written goals and objectives for some or all individual children, and 54% reported having written documentation of individual children's progress/learning for some or all children.

^d We only collected information on primary language used with the children and provider's first language. Some providers may know languages other than English and may use other languages some of the time with the children.

Health

As evident in a review of existing documents from the family child care providers, all of the homes recorded the name of the children's medical doctors; 99% of homes recorded information about children's medical issues; and 95% had written records of children's immunizations. In contrast, only 2% recorded the name of the children's dentists, and 1% obtained information about children's dental problems. Health information was updated at least once a year in 96% of the homes (61% of the providers reported updating the information at least twice a year). Eighty-six percent (86%) of providers said they have someone to call with questions about children's health issues.

Vision or hearing checks for children were not conducted in any of the family child care homes in the last year, but 1% reported having dental screenings. Fifteen percent (15%) of providers reported that at least some of the children in their care received learning or developmental screenings, with 65% of these providers using the Ages & Stages Questionnaire.

Involving Families

In order to learn about the role families play in programs, providers were asked about ways families participated; supports, information and services provided to families; and ways programs and families communicated.

- **Family Participation:** More than 70% of providers reported that they offered families an opportunity to read to the children in the family child care home, participate in program activities for the whole family, eat with children or help with meals, or help with jobs not involving children (e.g., fixing things, bringing in snacks). Fewer providers reported offering parents the opportunity to help on field trips (50%) or share a family or cultural tradition with children (43%).
- **Information Provided to Families:** More than half of the providers reported that in the past year they provided written information to families about the following topics related to their children's development and health: nutrition, food preparation, sanitation or food safety (65%); parenting, managing challenging behaviors or positive guidance strategies (58%); early literacy (54%); overall child development (54%); general safety issues (54%); and general health and well-being of children (52%).
- **Services and Supports Provided to Families:** More than half of the providers reported that they helped families find the following resources or services in the community: community activities (77%), school-age care (74%), social services (65%), and mental health services (50%).

- **Communicating with Families:** Communication between providers and families is a key to successful, high-quality experiences for children. Providers reported using various ways of communicating with families, including phone calls (99%), program-wide communications such as newsletters or email (65%), and parent conferences (72%). Of homes that offered parent conferences, 45% reported scheduling regular conferences at least once per year, while 55% scheduled them as needed.

Study Limitations

These data provide rich information with regard to registered family child care homes in Georgia. Information was obtained using multiple methods (i.e., observations, questionnaire, review of documents). The information in this study, however, is not perfect. Data collectors were trained to a high level of reliability on the home observation measure. Nonetheless, observational measures always contain a certain amount of observer error. Further, there is high probability that higher quality programs were more likely to participate than lower quality. Thus, the findings may be somewhat higher/better than that found in the general population. Readers should keep these study limitations in mind when interpreting the findings. Even with these cautions, though, we believe the study provides important information about the quality of early care and education and services in registered family child care homes throughout the state of Georgia.

Conclusions and Recommendations

This report focuses on the findings from a sample of Georgia's registered family child care homes that were part of a statewide study of early care and education. Two companion reports, *Georgia Study of Early Care and Education: Child Care Center Findings* and *Georgia Study of Early Care and Education: Findings from Georgia's Pre-K Program* describe the characteristics and quality of Georgia's child care and pre-k programs. Together, the three reports summarize the quality of the early care and education environment in Georgia (reports are available at www.decal.ga.gov).

Findings from this study suggest that providers in registered family child care homes are providing an important service for the families of young children.

These homes were open to care for children for long hours (mean = 12.5 per day). Forty-one percent (41%) provided second shift care and over one-quarter provided weekend care. Such hours are unusual in center-based settings, suggesting that family child care homes are filling an important niche in the community. Additionally, almost all of the programs met the basic state requirements for group size and ratio of children per adult. Likewise, over three-quarters of providers reported participating in at least 10 hours of professional development in the past year. Most also reported providing a range of services and supports to the families they serve and offering families ways to participate in the program.

Observed quality in Georgia's registered family child care homes was generally low.

The mean total score on the FCCERS-R was 2.50 (see Figure 2). A little more than three quarters of the programs fell into the "low" quality range, with all of the remaining programs in the "medium" quality range. No program received a FCCERS-R score in the "high" quality range. These findings are similar to other research describing registered family child care as poor-to-medium quality.¹⁷ The FCCERS-R measures many different aspects of quality including health, safety, materials, activities, and provider-child interactions. Low quality is generally characterized by the following: few age-appropriate toys available for the age groups enrolled (e.g., toys appropriate for babies but not for preschoolers); inappropriate provider expectations about children's behavior (e.g., expecting children to sit still for long periods of time); language used by the provider is aimed primarily at controlling children's behavior (e.g., "stop", "come here") rather than promoting learning (e.g., "Look how the *red* car rolls *over* the bridge"); multiple indoor and outdoor safety hazards (e.g., difficult for the provider to adequately supervise the children; outdoor play area is not fenced); and recommended health practices not followed (e.g., not washing hands thoroughly to prevent the spread of germs).

The specific practices observed during the visit underscore the low quality of these family child care homes. In 45% of the homes, the data collectors never saw the provider read a book to a child during the observation period. In 39% of homes, children did not draw, color, or write. In 44% of the homes, children did

not participate in gross motor activities (e.g., running, dancing) either indoors or outdoors during the observation. These activities—looking at books, drawing, and active play—would ideally occur every day in every registered family child care home.

Improving the quality of family child care homes will require purposeful, coordinated technical assistance and professional development strategies.

This study indicates that although providers were engaged in a median of 12 hours of professional development in the past year, the professional development had not translated into the type of care that is best for children. Past research in family child care indicates that Georgia’s providers would likely benefit from increased coaching and consultation that uses a well-defined model and specially-trained and closely supervised consultants.^{18, 19, 20}

Although nearly one-third of providers had an Associate’s degree or more, only 7% of providers had a degree in early childhood. Further, 21% of providers had no education beyond high school. The variability among provider education levels will require careful planning of the specific professional development efforts and supports that best match a provider’s needs for strengthening her teaching practices. With so many homes in the low quality range, extra funds and special supports also may be needed to first emphasize basic health and safety issues of caring for young children as well as a general understanding of appropriate expectations for young children.

Quality improvement efforts should build on the growing body of research regarding how best to support quality improvement in family child care.

Although the research base is still sparse, some recent research studies and a review of the literature on improving the quality of family child care suggest some important considerations when developing and implementing quality improvement efforts.

The Supporting Quality in Home-Based Child Care project issued a series of reports in 2010 that provide helpful guidance in developing and implementing effective quality improvement efforts for family child care.^{21, 22} They propose that intensity and individualization should each be considered when developing support services.²³ With regard to *intensity*, consider whether the technical assistance strategy is intense enough to likely produce the intended outcome. For example, a one-day workshop is unlikely to result in lasting changes in practice. Instead, most providers will need sustained support to improve quality. With regard to *individualization*, consider whether the technical assistance strategy or collection of strategies is suitable for the wide range of people who provide family child care. As noted above, there is a wide range of education levels in Georgia’s provider community. Different strategies may be needed to support a provider who has no education beyond high school as compared to an individual with a college degree.

Turnover among both technical assistance consultants and providers receiving supports can negatively impact quality improvement efforts and will likely require special attention. A 2006 national survey of Child Care Resource and Referral agencies

reported an annual consultant turnover rate of 26%.²⁴ In a recent multi-state study of quality improvement, family child care providers of lower quality were *more* likely to drop out of quality improvement efforts than providers of higher quality.²⁵

Taken together, these findings suggest that special efforts are needed to support consultants in their career paths and to attend to the needs and interests of family child care providers seeking technical assistance. For consultants/trainers, Georgia's professional development registry may be useful in identifying a career path and expectations for their education and knowledge. Georgia may want to consider other professional development and activities designed specifically to support consultants. For family child care providers, it may be useful to initially offer a short-term, fairly defined technical assistance opportunity that would allow the provider receiving the support to demonstrate her commitment to change before beginning a more long-term intervention. It may also be helpful to offer a variety of supports (home visits, telephone support, networking opportunities) to effectively meet the needs of these providers.

Improving the quality of family child care homes in Georgia will require greater public and private investments. Findings from this study suggest that previous efforts to improve the quality of family child care have not been enough to support high quality early care and education. As mentioned in the other reports of Georgia child care, significantly improving the quality of family child care will require greater public and private investments. Policy makers and administrators can use the research to help guide their investment decisions to enhance the likelihood of successfully improving quality.

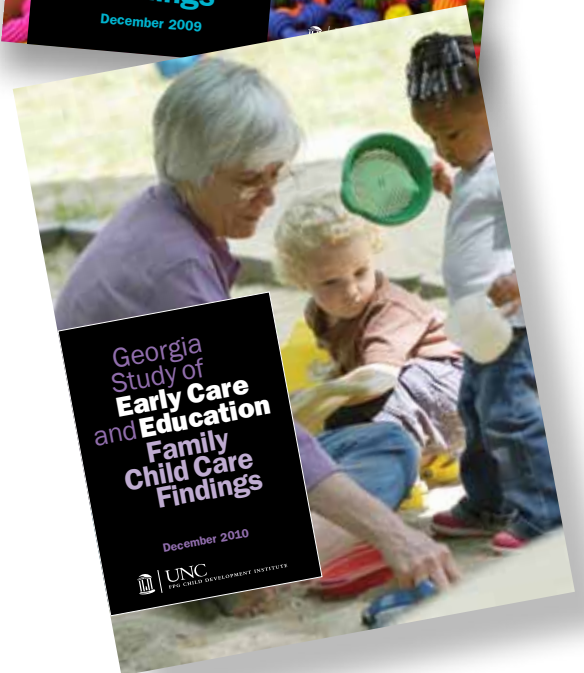
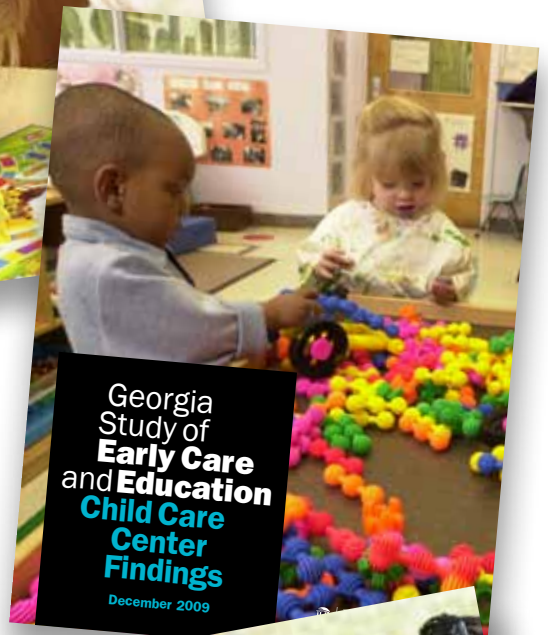
Policymakers and administrators must think systemically about early care and education. Family child care, child care centers, and Georgia's Pre-K are all part of the early care and education system that supports children's school and life success. This report is the final report of three that provides statewide data about the current quality of Georgia's early care and education system. While each report focuses on one aspect of the system (e.g., family child care), policymakers, administrators, and stakeholders are encouraged to think systemically about the findings—recognizing that many children are served in multiple settings and that the collective quality of the system is important in supporting children's success. The success of Georgia's young children cannot rest on any one setting or program but rather depends on the overall quality of the early care and education system.

In closing, Bright from the Start: Georgia Department of Early Care and Learning should be commended for conducting a statewide representative study of the entire early care and education system, including family child care homes, center-based care and Georgia’s Pre-K program. No other state has undertaken such a comprehensive assessment of the services provided to young children and their families in recent years. We hope that these study findings will inform policymakers as they develop strategies and make decisions about investments to maximize the quality of care for Georgia’s young children. Finally, we hope that these findings will provide important baseline data from which to measure Georgia’s future investments in improving the quality of care for young children.

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In 2008-09 and 2009-10, FPG Child Development Institute conducted a statewide study of randomly selected licensed child care centers, Georgia's Pre-K programs, and registered family child care homes, collecting data on the observed quality and characteristics of these programs. Findings from this study are described in three reports. The *Georgia Study of Early Care and Education: Child Care Center Findings* describes the overall study and summarizes results for infant, toddler, and preschool classrooms (other than Georgia's Pre-K) in child care centers. The *Georgia Study of Early Care and Education: Findings from Georgia's Pre-K Program* describes the overall study and summarizes results from Georgia's Pre-K classes in schools and child care centers. The *Georgia Study of Early Care and Education: Family Child Care Findings* describes the results for family child care homes across Georgia. Please read all three reports to understand the quality of early care and education for young children in Georgia.



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