D1: Measuring Quality in Home-Based Child Care: Implications for Research 3.2.17

Breakout Session D1 **Measuring Quality in Home-Based Child Care: Implications for Research** Measuring quality in home-based child care (regulated FCC and license-exempt family, friend, and neighbor care) is a pressing issue. Multiple national and State initiatives rely on accurate quality measures. These initiatives include support for the large number of infants and toddlers in these settings, the Federal focus on very young children, and State efforts to include FCC in their QRIS. Three researchers will present findings about quality in the studies of HBCC that used different measures and indicators, the rationale for the choice of the measures, and their strengths and weaknesses. The findings have implications for identifying HBCC dimensions that may not have been a focus of earlier research as well as potential directions for refining the measurement of quality in these settings. The breakout will spark a discussion among CCEEPRC members who share a concern about how to assess quality in QRIS and QI efforts.	**Presenters** • Roberta Weber, Oregon State University • Toni Porter, Early Care and Education Consulting • Alison Hooper, University of Delaware **Scribe** • Courtney Nugent, Child Trends

1. **Documents in Session Folder**
   - Slides

2. **Brief Summary of Presentations**

- **Summary of Presentation #1: Evaluating Quality in a Family Child Care Network: An Evaluation of All Our Kin (Toni Porter)**
  - Bromer study of staffed FCC networks pointed to four effective components: home visits, training at the network site, communication between staff and providers, and warm lines.
  - All Our Kin (AOK), founded in 1999; served 405 providers in four communities in 2014.
    - Goals: To increase high quality supply of FCC, help FCC attain economic self-sufficiency, improve children's positive outcomes.
    - Strategies: Toolkit Licensing Program (30%); Network: workshops, CDA, intensive consultation, monthly networking meetings, conferences.
    - Study conducted between Spring 2014 and Spring 2015.
  - How does the quality of care that AOK family child care providers offer compare to the quality of care offered by family child care providers who are not affiliated with AOK?
    - Hypothesis: AOK providers would have higher quality than providers who had not participated in the network because 1) the network included the FCC staffed network effective components and 2) Lanigan suggested benefits from peer support.
  - What provider characteristics are associated with quality?
    - Hypothesis: providers' *professional* characteristics (e.g. education, specialized training and CDA) would be positively associated with observed quality.
    - Hypothesis: providers' *personal* characteristics (e.g. intrinsic motivation, contacts with other providers, child-rearing beliefs, income, mental well-being, and self-efficacy) would be positively associated with quality.
  - Study Design
    - AOK FCC Sample: excluded Toolkit providers; 28 AOK providers who had a minimum of 7 consultation visits, 15 AOK activities in 2 years.
    - Target Comparison FCC Providers: 20 providers with no prior contact with AOK.
    - Limitations: quasi-experimental, small sample, selection bias.

        - Provider Survey: demographic and program characteristics, intrinsic motivation, child-rearing beliefs, job stress inventory, self-efficacy, social supports, depression.
        - Observations: Family Child Care Environment Rating Scale, Revised Edition (FCCERS-R) to compare with other study findings, Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO) to measure adult-child interactions.
            - FCCERS-R subscales: interactions, activities, program structure, listening and talking, personal care routines, space/furnishings, parents/providers.
            - PICCOLO subscales: affection, responsiveness, encouragement, teaching.
    - Results
        - Sample characteristics: no significant differences between AOK and non-AOK; mostly providers of color, education levels comparable to NSECE, low incomes. AOK providers 2.5 times more likely to have CDA, but regression analysis showed that this was not a confounding variable.
        - Observations: significant difference on global quality on both FCCERS-R and PICCOLO, with higher scores for AOK providers compared to non-AOK providers. AOK providers also do better on FCCERS-R subscales. AOK providers score significantly higher on PICCOLO subscales, except for responsiveness; high correlations between FCCERS and PICCOLO on global quality and subscales.
            - Education positively correlated with observed quality.
            - Motivation, years planned to work, self-efficacy, and social support positively associated with quality; attitudes towards child care may affect how providers interact with children; confidence in one's own competence; opportunities for networking with other providers may enhance views of provider's own capacity.

- **Summary of Presentation #2: Challenges of Capturing Quality of Home-Based Care: Insights from a QRIS Validation Study (Bobbie Weber)**
    - Oregon Validation Study: how well do ratings measure quality or outcomes related to quality, to inform continuous improvement of QRIS? Study based on research that links classroom quality, child engagement, and family engagmenent to child outcomes.
        - 5-level block system; licensed programs are a level 1; level 2 represents failure to complete application process or inability to earn a rating of 3 or higher. levels 3-5 based on portfolio documentation and/or a CLASS observation.
        - Two studies, both of which use QRIS rating data, Oregon Registry Online (education and training information), and structural indicators of quality (teacher education, training, retention, compensation, accreditation). Studies differ in terms of focus and measurement:
            - Study 1 (complete) focuses on quality of children's early learning experiences, measured through Classroom Assessment Scoring System (CLASS) observations.
            - Study 2 (in-process) focuses on family and child engagement, measured through Family and Provider/Teacher Relationship Quality (FPTRQ) and inCLASS.
    - Using CLASS to measure quality in FCC: Selected the CLASS because it of available tools it the best measure of quality that predicts children's learning and development; because team could use CLASS in centers as well as family child care programs; and because it has been shown to be appropriate for use with diverse samples. However, CLASS does have some limitations.
    - Study 1 Design
        - 304 programs; 21% small FCC, 30% large FCC, 49% centers; 81% participating in QRIS (19% level 1); providers mostly white, similar to Oregon census data; limitation in that only English and Spanish programs could be included.
        - Multiple measures of personnel quality built from Oregon Registry Online database, which includes all providers: QRIS ratings of personnel qualifications and training, structural indicators of quality, and additional personnel qualifications and training.
    - Study 1 Results
        - Emotional support an area of strength; instructional support as an area of weakness; very little difference in terms of type of care (small FCC, large FCC, center).

- QRIS ratings are modest-to-moderately linked with CLASS scores; large FCC programs rated 3 and above had significantly higher organizational support than level 1-2 comparison group; all three types of programs rated 3 or above had significantly higher instructional support than level 1-2 comparison group. Fairly consistent across centers and family providers.
- Small home-based programs provided similar quality adult-child interactions as other types of programs. on average, as measured by their CLASS scores, yet their QRIS ratings were lower.
- Modest to moderate correlations between CLASS scores and other quality measures; personnel qualifications associated with adult-child interactions; non-observational measures as indicators of quality. Training especially important for small FCC. Retention's correlation with organized classroom adds to conversation about value of experience.
- Correlations of QRIS ratings and structural indicators increases confidence that personnel qualifications and training are associated with final star ratings.

- **Summary of Presentation #3: Describing Quality within Profiles of Home-Based Child Care Providers (Alison Hooper)**
  - Three phases:
    - Phase 1: To what extent do home-based providers group into profiles based on key characteristics related to their beliefs and practices? What provider characteristics predict profile membership?
      - Latent profile analysis of NSECE, multinomial logistic regression.
    - Phase 2: What is the predicted profile membership of home-based providers in Delaware?
      - Survey distributed to listed providers in Delaware; descriptive data analysis and confirmatory latent profile analysis; selection of case study sample.
    - Phase 3: How do home-based providers in each profile perceive their role, and what is the quality of care they provide to children?
      - Case studies with 15 providers: Child Care Assessment Tool for Relatives (CCAT-R) observations, field notes from observations, Family and Provider/Teacher Relationship Quality (FPTRQ) questionnaire, self-report of beliefs and practices from NSECE, semi-structured interviews.
        - Family supportive practices (referring families, flexible scheduling and payment, family support resource).
        - Educational practices (curriculum, number of learning activities, time planning).
        - Professional engagement (coaching, coursework, hours of PD, meeting with others, professional association).
        - Caregiving beliefs (progressive and traditional from parental modernity scale).
    - Results from phase 1 and 2: four profiles of providers; fifth profile added in phase 3 (relationship-based, i.e. provider is relative of child in care)
      - Largest group is formal/educational (79.1%): frequent learning activities, curriculum, professionally engaged.
      - Most of the variation between groups is in the educational practices. Somewhat formal group (10.3%) spends 2.5-3 days/week doing planned learning activities; informal group (5.1%) spends 0 days/week doing learning activities; Formal group does learning activities 4.9 days/week
      - Additional profile, Highly Engaged (5.6%), emerged in Delaware sample. These providers spend a lot of time in PD each month, planning activities and curricula; activities 5 days/week (often working on degrees).
      - Case Study Demographics: time licensed (20% unlicensed), number of children enrolled, QRIS participation (small sample size, shows a higher than state average level of QRIS participation), provider education, provider race & ethnicity (majority African-American or Hispanic or Latino), all female.
      - Role perceptions by profile
        - Administrator/business owner: highest percentage in highly engaged and formal profiles.

        - Teacher: highest percentage in highly engaged, formal, and somewhat formal profiles.
        - Many providers reported themselves as extensions of the family and support to the parents, across profiles.
        - Custodial caregiver (i.e. keep children safe): highest percentage in relationship-based and informal profiles.
        - Functional role (e.g. nurse, cook, taxi): most providers, across profiles, reported at least one functional role, demonstrating that this role plays a big part in providers' daily lives; they see this role as setting themselves apart from center-based providers.
    - Educational practices by profile
        - Formal/educational and highly engaged profiles do more planned learning activities than other profiles; no evidence of planned learning activities in relationship-based profile; consistent planning time reported in highly engaged profile.
    - FPTRQ: results similar to field test; developed for use with licensed providers.
        - Two unlicensed providers scored highly, demonstrating some potential for FPTRQ to be used for FFN providers.
    - CCAT-R: Scores by profile
        - Lower health and safety scores in informal and relationship-based profiles.
        - Fewer materials in relationship-based profiles.
        - Low nurturing scores (physical affection) across all profiles.
        - Higher engagement scores in formal/educational and highly engaged profiles.
    - CCAT-R: Item frequencies by profile
        - Caregiver engagement percentage lower in somewhat formal and formal/educational profile groups.
            - Somewhat formal groups had assistants who were more engaged than the lead caregiver being observed, which could have also resulted in lower caregiver talk in somewhat formal profiles.
        - Caregiver negativity higher in relationship-based and informal profiles.
- Benefits and challenges of measures:
    - Focal child measure
        - Pro: helpful across home-based settings due to variation in number of children present.
        - Con: fewer observations of interactions in groups with more children and/or caretakers.
    - FPTRQ
        - Pros: easy to fill out, providers related to questions on it.
        - Con: self-report
    - In measurement approaches, we often miss the unique strengths of HBCC (e.g. range of things being done to support positive family functioning).

3. Brief Summary of Discussion

- Question to Alison: Was it clear that providers knew what learning activities were? Do they lack the language to describe what they are doing? Are there better ways to ask home-based providers about these activities to more accurately reflect what they are doing with children?
    - Different definitions of these terms were apparent. Providers in QRIS/experiencing PD were clearly used to hearing these terms, but informal providers may describe these activities differently. Informal providers often said that they were performing activities, but when asked to explain, the activities they were describing did not seem to fit the researcher's definition of learning activities (e.g. going to McDonalds). It is helpful to have providers explain what they have done recently and why they did it, rather than just asking yes-or-no questions that pertain to terms like "learning activities."
- Follow-up question: Is intentionality of caregiver necessary for quality experiences? Children benefit from experiences even if we do not plan exactly how children will benefit from experiences. Middle class and upper-

middle class families give children a lot of experiences but do not always think about the benefits of these activities.
    - One research method is to have providers take photos of their activities. A provider in another study reported liking the method of taking photos because it showed her all the things she was doing with the children, even though many activities were unintentional/unplanned. Researcher may miss some rich information in field notes or interview, possibly due to bias (e.g. concerns about the neighborhood, so experimenter does not ask as many probing questions as she should have).
- Follow-up question: There are limited resources to do observations. FCCERS is challenging and expensive. Can we come up with a substitute? Do interviews work? Legislators want evidence.
    - Do we have to ask people if they do activities specifically for learning purposes? People have different ideas about what is good for children. What is a proxy for observational tools if they are so expensive? Do we have to see it to observe quality? Does self-report work, with occasional observations to validate? How do we measure intentionality and individualization of children with special needs?

4. Summary of Key issues raised

Several measures and methods were used to capture quality in HBCC, including FCCERS-R, PICCOLO, CLASS, FPTRQ, secondary data analysis, provider surveys, and case studies. Each has their pros and cons.

What are our objectives for using different measures for evaluating quality?

How do we refine our measures to better capture unique constructs of quality in HBCC?

What are the implications of using professional and personal characteristics as indicators of quality? What do we gain? What do we lose?