

THE CHILD CARE ASSESSMENT TOOL FOR RELATIVES (CCAT-R)

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Background

Family, friends and neighbors represent the most common child care arrangement for children under five whose parents are working. These caregivers, who are legally exempt from regulation, also account for significant proportions of child care that is supported with publicly funded subsidies. The growing awareness of family, friend and neighbor caregivers has stimulated a wide variety of questions about the role that they play in the child care system and the quality of care that they offer to children.

Child care researchers agree that instruments that are designed to measure quality in regulated child care settings may not be appropriate for relatives such as grandmothers or aunts or for friends and neighbors who are close to parents of the children. Unlike family child care providers who operate their own businesses or child care teachers who work in center-based programs, these caregivers are not professional child care providers. They do not have to comply with regulatory standards that require a specific training in child development or early childhood education. Nor do they have to comply with regulations for health and safety that have been established for these other settings where there are large numbers of children who are not related to the caregiver.

Family, friends and neighbors typically care for one or two children. These children are grandchildren, nieces and nephews, the children of their best friend or the next-door neighbor. Their parents are the caregivers' daughters or sons, sisters, and surrogate family. These relationships may endure long after the child care arrangement ends. We believe that this relationship between the child and the child's parent is the distinctive feature of family, friend and neighbor care.

Kith and Kin Caregivers' Perspectives on Child Care Quality

As a first step for developing measures to assess quality in family, friend and neighbor care, we conducted a series of 10 focus group discussions with caregivers. The discussions included four sets of questions. One set asks about the nature of the child care arrangement: the numbers and ages of the children in care as well as their relationship to the caregiver; how the relationship started and its duration; and the reasons the parent choose the caregiver. Another group of questions relates to the caregiver's perception of the care that she offers: the most enjoyable and upsetting aspects of caring for these children; the most important feature of the care she provides; and the ways in which she keeps the children safe and healthy. The third group of questions focuses on the nature of the work from the caregiver's perspective: how she balances her household responsibilities with child care and the advice she would give to other prospective caregivers. The final set of questions relates to the caregiver's relationship with the parents.

A variety of themes emerged from the discussions. We aggregated them into eight categories: environment; activities; caregiver-child relationships and interactions; caregiver-parent relationships and interactions; caregiver characteristics; safety; health; and children with special needs. Each included several subcategories.

When we reviewed the data a second time, we collapsed several of the categories to sharpen the focus on interactions with the child and the caregiver. This process enabled

us to emphasize caregivers' practices rather than environmental features like health and safety equipment as well as materials. The resulting categories are: caregiver characteristics such as understanding of child development, awareness of children's emotional needs, and love and enjoyment of children; caregiver-child interactions including support for language and cognitive development, discipline, and activities; interactions between children in care, including own siblings as well as the caregiver's children; and caregiver-parent interactions including closeness and communication.

A New View of Measuring Child Care Quality

Our research has led us to view child care quality in a new way. Based on our concept of the child care continuum, we assume that children experience child care in a variety of settings during the day, if not during the week. They may begin the day with their parents, spend the morning at a center and the afternoon with grandma, and then return to their parents at night. We also assume that children do not have to have the same experiences in all of these settings. They may not sing songs at home, but they may sing with adults and children at church, in school or in a center. What is important is that their total experience in child care supports their development across all the domains.

In this context, quality can be viewed as a cumulative measure of what children experience across all settings rather than an individual measure of what children experience in a single setting. Clearly, some elements must be present in every setting. The question is which aspects of quality are essential—must be present everywhere—and which need only be present in some settings. We believe that the essential features include: nurturing, sensitivity and responsiveness, language stimulation, adequate supervision, discipline, and a safe physical environment.

Looking at Quality in Kith and Kin Child Care

Because there may be differences between care provided by family and care provided by non-relatives, our first instrument is designed to assess quality in relative care. Additional versions will be created for friends and neighbors. The instrument is intended to measure child care quality for infants and toddlers as well as preschoolers. It is not designed for arrangements that include school-age children.

To create the **CCAT-R**, we reviewed several existing instruments. They include the Family Child Rating Scale, the Emlen Parent Scales, the Child-Caregiver Observation System (C-COS), the Early Head Start Family Provider Interview, the Abbott-Shim Assessment Profile, the Arnett Caregiver Interaction Scale, and the Elicker Parent-Caregiver Relationship Scale. Each member of the team identified items that might be appropriate for the new instrument, using the focus group findings as a guide. We selected the items on which there was a consensus, and then modified them to fit the expectations for care provided by relatives.

The Child Care Assessment Tool for Relatives (CCAT-R)

The **CCAT-R** consists of four components. They include:

- An *observation instrument* that uses 6-minute and 40-second snapshots to assess caregiver-child interactions that support language, cognitive, physical and socio-emotional development. Measures include the frequency and type of communication between the caregiver and the child, and the child's communication with other children or adults; the frequency and nature of the provider's interactions with the child as well as the child's interactions with the caregiver or materials; the child and the caregiver's affect; the caregiver's nurturing, sensitivity, and responsiveness to the child, including physical affection; and the caregiver's disciplinary practices.

- A *health and safety checklist* that is divided into four categories: food preparation; environment; routines; and outdoor play. Items include materials like electrical outlet covers, safety gates, and covered sandboxes that are commonly found at home as well as generally accepted health practices such as hand washing after diapering or holding babies while they are fed.
- A *materials checklist* that includes home furnishings like soft chairs, playpens, or high chairs and materials like crayons, constructive toys, books, rattles, balls and ridings toys that support development across different domains. The checklist also includes an item related to the use of television or video games as well as one about whether there is a pet.
- A *caregiver interview* that focuses on attitudes toward child care (the reasons for providing care and intentions for the future of the child care arrangement); attitudes towards caring for the focus child; relationships with parents; and how the caregiver balances child care with home life. The interview is also designed to collect some basic demographic data on the characteristics of the caregiver including education in child development or early childhood education and previous child care employment.

The instrument was field-tested in a concurrent validity study with 92 caregivers in winter, 2004.