Thresholds of Quality: Implications for the Social Development of Children in Center-based Child Care


This study examined how child to adult ratios and quality of child care related to peer and adult relationships. 414 children in southern California and Georgia were assessed in child care centers. Children in classrooms where caregiving was rated as good or very good were more likely to be securely attached to teachers (child is confident that the teacher will meet his/her needs). Securely attached children were also more likely to be socially competent with peers.

Key Findings:

- A ratio of 1 adult to 8 preschoolers was associated with higher levels of appropriate caregiving compared to 1 adult to 9 preschooler ratio.
- Children whose caregiving was rated as good or very good were more likely to have emotionally secure relationships with teachers.
- Children whose caregiving was inadequate or barely adequate were more likely to be avoidant or ambivalent in interactions with teachers.
- Children who were more secure with caregivers were more competent with peers than children with insecure relationships with caregivers.
- 51% of the children were classified as attached and secure (confident that the teacher will meet their needs and go to the teacher for comfort), 36% were avoidant (not oriented to the teacher, very independent), and 13% ambivalent (can be both clingy and rejecting) with their primary teacher.

Implications for Programs:

- Child care programs could limit child care ratios to a maximum of 8 children for each adult.
- Child care programs could periodically assess quality via standardized ratings to maintain or improve quality.
- Programs could supplement paid staff with trained, supervised volunteers to expand the support that can be provided to children.
- Child care programs could provide information online or via short pamphlets for parents with young children about how to select good child care centers.

Implications for Policies:

- Policies could regulate child to adult ratios in child care centers to a maximum of 8 children to one adult.
- Policies could recommend offering routine professional development for child care workers in order to improve quality.

Avenues for Future Research:

- Future research could include measures of education, training, and pay of teachers to see how these factors may influence these outcomes.
- Additional studies could assess these children over time to examine possible lasting effects of changes in these variables in a longitudinal manner.

Prepared by the Military REACH Team.
For additional information, please visit reachmilitaryfamilies.umn.edu
Developed in collaboration with the Department of Defense’s Office of Family Policy, the National Institute of Food and Agriculture, and the U.S. Department of Agriculture under The University of Minnesota Award No. 2013-48710-21515.
Children in southern California and Georgia who were in child care 20 hours a week or more were recruited; the recruitment rate was not specified.

Each child was observed in his or her classroom for 2-3 hours on 1-3 occasions.

Adult to child ratios and group sizes were recorded every 15 minutes, and process quality was rated using a standardized measure by trained observers.

Process quality was divided into activity categories: inadequate, barely adequate, good, and very good.

Trained observers completed measures of attachment behavior, social orientation, and interaction with peers.

Chi-square analyses compared children in different process quality categories. Path analysis examined direct and indirect effects of the process and ratio measures of child care.

414 children participated (54% boys).

Age: 42% were toddlers (25-36 months), 41% were preschoolers (37-54 months), 17% were infants (14-24 months), range = 14-54 months.

Racial/ethnic composition of children: 73% European American, 21% African American.

Child care workers were being observed which may have impacted the quality of their care.

The sample was drawn from southern California and Georgia; these findings might not generalize to other groups of children.

Limited demographic information was presented.

**Methodology:**
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**Participants:**
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**Limitations:**
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### Assessing Research that Works

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☐ Not applicable because authors do not discuss implications

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**Overall Quality Rating**

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