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YOUNG CHILDREN'S SOCIAL AND EMOTIONAL COMPETENCE IN MIXED-
AGE INTERACTION WITHIN FAMILY CHILD CARE

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By

Kyung "Esther" Hwang

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The thesis of Kyung “Esther” Hwang is approved:

Sara Berzenski, Ph.D.

Date

Omar Ruvalcaba, Ph.D.

Date

Holli Tonyan, Ph.D., Chair

Date

California State University, Northridge

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ABSTRACT

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By

Kyung "Esther" Hwang, B.A., B.S.

Master of Arts in Psychology, General-Experimental Psychology

The development of social and emotional competence is a vital component in creating and maintaining positive relationships with others, especially during the early childhood years. As preschool-aged children spend increasing amounts of time in nonparental care (Johnson, 2005), opportunities to express, regulate, and respond to emotions in social situations increase. Measures are being developed to assess support for children's social and emotional competence in addition to academic outcomes (e.g., Classroom Environment Scoring System (CLASS; Pianta, La Paro, & Hamre, 2012); however, measures do not yet take into account cultural differences in adults' goals for children or cultural differences in age-segregated or mixed-age groupings. The goals of this present study are to 1) use exploratory qualitative methods to identify a range of support that family child care providers offer for children's social and emotional competence within mixed-age interaction and 2) subsequently explore associations between such support and children's social and emotional competence as measured with a standardized, quantitative measure. The results indicate varying levels of support for children's social and emotional competence in addition to the providers' views of having mixed ages. The findings indicate a preliminary support for the notion that views of mixed age interaction and support for children's social and emotional competence are

related to children's social and emotional competence, but the pattern of results appears to be complex. The findings suggest the need to further examine conditions under which dimensions of seeing and supporting social and emotional competence are applicable in other contexts.

Keywords: early childhood, family child care, mixed-age, social and emotional competence

INTRODUCTION

Early childhood years, between the ages of three and five, constitute an important developmental period of both growth and vulnerability, a period in which skills essential for positive developmental outcomes are acquired and refined. As opportunities to interact with others increase and first friendships begin to form, effectiveness in interactions with others becomes increasingly important for children's well-being. Thus, early childhood marks a time of particular salience for social and emotional competence, the ability to skillfully achieve social and emotional goals when navigating interactions with others (Denham & Dunsmore, 2001; Rose-Krasnor & Denham, 2009). Early indicators of social and emotional competence represent individual differences that predict later developmental outcomes, including peer competence and the development of positive interpersonal relationships (Denham, 1986; Fabes et al., 1999; Parke, 1994). Specifically, preschool-aged children with social and emotional competence demonstrate the ability to express and regulate emotions (Blair, Denham, Kochanoff, & Whipple, 2004; Halberstadt, Denham, & Dunsmore, 2001). In addition, socially and emotionally competent children are better liked by their peers and frequently identified by their peers as preferred play partners (Denham & Holt, 1993; Walden & Field, 1990). Considering that peer rejection has been associated with later developmental difficulties (Parker & Asher, 1987), implications for peer acceptance also serve as a rationale for supporting social and emotional competence in early childhood years.

In addition to predicting later aspects of the social and emotional domain, research also suggests that social and emotional competence during early childhood predicts school readiness (Blair, 2002; Ladd, Kochenderfer, & Coleman, 1996; Malecki

& Elliot, 2002). Specifically, children demonstrating higher social and emotional competence upon entry to kindergarten appear to have increased classroom participation and later academic achievement than their less competent peers (Ladd, Birch, & Buhs, 1999; Downer & Pianta, 2006). In addition, they are more likely to follow directions, display more prosocial behaviors, and engage less aggressively with others (Ladd, Herald, & Kochel, 2006). Specific skills associated with social and emotional competence such as emotion knowledge and recognition of emotional cues were found to predict academic competence (Izard, Fine, Schultz, Mostow, Ackerman, & Youngstrom, 2001). Furthermore, social and emotional competence was negatively associated with problematic behaviors, extending into middle childhood and early adolescent years (Bornstein, Hahn, & Haynes, 2010).

Specific aspects of social and emotional competence such as emotion recognition, prosocial skills, management of emotions, and positive approach to learning are found to influence a positive transition upon entry to school (Raver & Knitzer, 2002) in addition to enhanced pre-literacy performance such as alphabet knowledge, print awareness, and phonological awareness (Curby, Brown, Bassett, & Denham, 2015). Furthermore, children who display such skills are more likely to exhibit achievement in later grade school (Sabol & Pianta, 2012).

Unfortunately, not all preschool-aged children display social and emotional competence (Raver & Knitzer, 2002). Preschool children with lower social competence display later internalizing and externalizing difficulties in early adolescence (Bornstein, Hahn, & Haynes, 2010) and later discipline problems across both academic and social settings (McClelland, 2006). Specific problematic outcomes include increased dropout

rates, substance abuse, aggressive behaviors, and engagement in antisocial behaviors (Hawkins et al., 1999; Raver & Knitzer, 2002). In addition, lower levels of social and emotional competence may lead to behavioral problems that increase the likelihood of peer rejection and the difficulty of developing and maintaining positive interpersonal relationships with others (Elliot & Gresham, 2008; Parker & Asher, 1987; Webster-Stratton & Reid, 2003). As anticipated by Garmezy (1991), children's social and emotional competence acts as a protective factor to buffer children from negative developmental consequences. Thus, fostering children's social and emotional competence is particularly important in early years as implications extend into later developmental years.

Conceptualizing Social and Emotional Competence

Within the developmental literature, social and emotional competence has been conceptualized in a variety of ways. Some scholars have defined and operationalized two separate domains of competence (Garner, 2010; Waters & Sroufe, 1983). By contrast, others have conceptualized one underlying construct of social and emotional competence, because children's adaptive social functioning requires both social and emotional skills. Many scholars posit social and emotional competence as a multi-dimensional construct to include a set of skills (Curby, Brown, Bassett, & Denham, 2015; Domitrovich, Durlak, Staley, & Weissberg, 2017; Mize & Ladd, 1990), accomplishing social and emotional outcomes (Taylor & Asher, 1984), and establishing quality relationships with others (Howes, 1987; Parker & Asher, 1993). In the current study, social and emotional competence will be examined as one underlying capacity that enables effective interactions with others.

Generally, social and emotional competence refers to a broader construct that includes the specific skills of emotion recognition, situational knowledge, the ability to interpret social and emotional cues, and self-regulation (Eisenberg & Fabes, 2006; Sroufe, 1997). These social and emotional skills are distinct yet often inter-related as they enable the individual to accomplish social and emotional tasks such as communicating with others effectively and maintaining positive interactions or relationships with others.

Social and emotional competence is not an inherent characteristic, but is best understood as a transactional process as evidenced during an individual's interaction with others (Rose-Krasnor & Denham, 2009). Thus, a central component of social and emotional competence often involves the application of social and emotional skills to effectively engage in interactions that vary in complexity. Previous research has frequently defined social and emotional competence as effectiveness in interaction with others, especially peers (Gresham, 1986; Howes, 1987; Putallaz & Sheppard, 1992, Rose-Krasnor, 1997).

Component Social and Emotional Skills Developing During the Preschool Years

During the preschool years, researchers have documented the emergence of particular skills that constitute components of social and emotional competence. Preschool-aged children advance in their social and emotional understanding as specific milestones such as language, self-awareness, and self-concept also improve during the early childhood years (Berk, 2012; Kostelnik, Whiren, Soderman, & Gregory, 2009). Specifically, children's beliefs about self and others emerge during this developmental period (Meece, Colwell, & Mize, 2007; Welch-Ross et al., 1999). Preschool-age children are also adept at engaging in perspective taking (Colwell & Hart, 2006). In addition,

children gradually improve in regulating emotions more efficiently and the emergence of self-conscious emotions and empathy is also evident during this developmental period (Kostelnik, Whiren, Soderman, & Gregory, 2009).

Children's first friendships also form during the early years as children learn to converse and interact with others in various ways that take both emotional and social cues into consideration. More specifically, preschool-aged children advance in their ability to identify both positive and negative emotions in self and others. Although there may be difficulty in interpreting complex or conflicting cues, they are able to correctly identify and respond to social and emotional cues such as facial expressions and tone of voice (Boone & Cunningham, 1998; Camras & Allison, 1985; Odom & Lemond, 1972) in addition to differentiating situations that evoke particular emotions (Fabes, Eisenberg, McCormick, & Wilson, 1988). Preschool-aged children are also adept at various components of social and emotional competence such as recognition of social and emotional cues, emotional expression, and self-regulation (Berk, 2012; Campos et al., 1983). These abilities continue to develop and may display situational and context variability.

The quality of early caregiving environment is found to be a predictor of social and emotional competence (Curby et al., 2009; Gallagher & Lambert, 2006). Specifically, quality caregiving settings were found to predict early positive peer relationships, social skills, and classroom competence into first grade (Russell, Lee, Spieker, & Oxford, 2016). In addition, the type of preschool and the different kinds of teacher-child relationship formed were also evidenced to be predictors of social and emotional competency (Garner, Mahatmya, Moses, & Bolt, 2014). Thus, early caregivers who

engage in emotionally supportive interaction can be predicted to foster children's social and emotional competence; however, very little research has examined the diverse cultural contexts of many children's early development.

Children's Social and Emotional Competence within a Cultural Context

Human development is essentially embedded in cultural contexts, shaped by both cultural values and practices. Specifically, children's development cannot be separated from the cultural context (Rogoff & Morelli, 1989; Whiting & Edwards, 1988); cultural interpretation and practices not only "accumulate," but also transform over time.

Research examining the cultural contexts in which children develop indicates that the opportunities children have in learning with and from siblings vary in ways we might expect to be related to social and emotional competence. Cultural contexts vary in how adults expect older children, including older siblings, to be involved in the care of younger children and various communities have included older siblings to take part in caregiving of younger siblings (Edwards & Whiting, 1992; Whiting & Whiting, 1975). Sibling caregiving provides unique opportunities for younger siblings to observe and learn from older siblings, while providing older siblings the opportunity to practice prosocial behaviors. Similarly, opportunities to develop and further advance in practicing social and emotional-related abilities are present in mixed-age settings. In addition, specific characteristics related to the concept of family is fostered within mixed-age groups, as close relationships develop and children take on different roles of modeling, guiding, and supporting over time (Feng, 1994; Katz et al., 1990). That is, older children can take on the roles to model behaviors and help younger children, while younger children actively observe and participate in ongoing, including advanced activities with

the support of older children. In addition, the transition of roles emerge as a younger child takes on more nurturing roles the following year.

Specific socialization practices vary within and across cultural communities, leading to opportunities to practice different skills. Contemporary socialization models extend beyond the home environment by including non-parental child care and caregivers (Phillips & Lowenstein, 2011). This focus on non-parental care reflects an increase in the proportion of women working outside of home over the past 35 years (Bureau of Labor Statistics, 2009).

In a cultural approach, child care is understood as adaptive to the changing cultural context (Greenfield, Maynard, & Childs, 2003). In particular, licensed, regulated or registered child care, commonly referred to as family child care (FCC), represents an understudied form of non-parental child care arrangement. Despite the findings that suggest that practicing high-quality care is associated with children's positive developmental outcomes in FCC settings (Forry et al., 2003), the specific components of high quality practices for facilitating children's social and emotional competence have not been addressed. Specifically, what are the specific types of support within FCC that help children build a strong foundation for social and emotional competence?

Characteristics of Family Child Care (FCC)

Approximately one-quarter of children during the first five years are reported to be in home-based care settings including family child care (FCC), spending approximately 31 hours per week (Johnson, 2005; Morrissey, 2007). The existing literature has focused almost exclusively on center-based and preschool-based care and few studies have examined children's experiences and developmental outcomes within

FCC, a specific sector of early care and education (ECE). Although there are structural similarities with center-based and FCC settings, fundamental differences remain. In contrast to center-based care, structural quality indicators offered in FCC are predominantly established by the FCC providers (Morrisey, 2007). That is, FCC providers establish the expectations and policies, determine flexibility, and manage the business themselves, which sharply contrasts from the hierarchical supervision that exist in center-based settings (Fitz Gibbon, 2002; Wrigley & Dreby, 2005). In addition, a substantial portion of FCC includes situations in which children may remain with the caregiver for longer periods of time, are more likely to be in mixed-age groups, and are in smaller groups within a home-like setting (Morrisey, 2007).

In FCC homes, providers often care for children whose ages vary from several weeks old to school-age in one group all together. This inclusion of children of many different ages distinguishes FCC homes from center-based care that is predominantly structured with age-based separation of classes (Tonyan, Paulsell, & Shivers, 2017). In addition, in FCC homes, children stay with the same caregiver and other children over longer periods of time than a typical center-based child care. Thus, in comparison with the more commonly researched child care centers, FCC homes provide a distinct context in which children potentially establish social and emotional competence with children of varying ages.

Although research examining mixed-age settings for children's development in early childhood is relatively rare, research in early grade school years suggests that children are more likely to display prosocial behaviors, less likely to experience social isolation, and less likely to display aggressive behaviors in a mixed-age setting than an

age-segregated one (McClellan & Kinsey, 1999). Thus, the mixed-age grouping of children in FCC settings represents a context that may be particularly relevant for the development of social and emotional competence.

Support Provided by Family Child Care Providers for Social and Emotional Competence

The outcomes related to mixed-age structure cannot be fully understood without considering the type of support practiced by the caregiver. In research conducted in child care centers, the emotional climate has been found to be associated with children's social and emotional competence (Ahn & Stifter, 2006; Burchinal, Peisner-Feinberg, Pianta & Howes, 2002; Hamre & Pianta, 2001; Mashburn et al., 2008; Palermo, Hanish, Martin, Fabes & Reiser, 2007). The emotional climate includes the level of emotional support that children experience within a classroom. When high-quality emotional support is operationalized as caregiver sensitivity, responsiveness to children's needs, and following a child-centered approach (Pianta & Hamre, 2009), higher levels of emotional support were found to be associated with higher levels of children's social and emotional competence one year later (Curby et al., 2009). The quality of emotional support was also found to be associated with academic achievement and positive relationship with teachers (Hamre & Pianta, 2005). In contrast, the lack of sensitive caregiving can negatively predict children's social and emotional outcomes (Spilt et al., 2012). The quality of FCC providers' support for children's social and emotional competence can be examined through the emotional climate of an FCC home.

Considering that research has not yet examined emotional climate or emotional support within FCC homes, addressing particular approaches to supporting mixed-age

interactions in FCC may be particularly relevant. That is, mixed-age interactions may only be beneficial in settings in which the caregiver supports positive interactions among children. A FCC provider who does little to provide positive support among children may fail to prevent an emotional climate in which negative affect predominates and interactions among children afford fewer opportunities for positive experiences. Similarly, older children may model either appropriate or inappropriate behaviors in which younger children may imitate, and the caregivers' responses to children's behaviors could change what children learn from observing each other (Halberstadt, 1991). In sum, it is important to understand the role of the caregiver as related to children's developing social and emotional competence. Thus, this current study aims to examine the quality of emotional support provided by a caregiver as potentially helping children establish social and emotional competence.

Current Study

In sum, the purpose of the current study is to examine children's social and emotional competence as related to mixed-age interactions in FCC settings in addition to the levels of emotional support provided by FCC providers. Specifically, the hypotheses include the following: 1) positive mixed-age interaction will predict higher levels of children's social and emotional competence and 2) higher levels of support of FCC providers will moderate the relationship between mixed-age structure and children's social and emotional competence.

METHOD

Participants

Participants for this current study were recruited from a larger, longitudinal study that was designed to examine specific characteristics of the FCC homes and the providers' experiences (Tonyan, 2014). The larger study included 54 family child care providers from Los Angeles county. A total of ten family child care homes were selected based on a combination of convenience sampling and specific characteristics of the setting. Specifically, the current study recruited participants from FCC homes located within a ten-mile radius of California State University, Northridge (CSUN), in which children were cared for in a mixed-age grouping that included children aged one to five years with at least two 3- to 5-year-old children who have been attending the family child care for a minimum of one year.

To select providers who had a variety of beliefs about the role of mixed-age groupings as potentially beneficial or problematic, providers were screened based on their responses to in-depth interviews that were completed as part of a larger study. Many, though not all, of the interviews included discussion about children's ages as part of a discussion about daily life in the FCC home. Based on reviewing the transcripts for providers in the geographic area targeted who did describe interactions among children in mixed-age groupings, providers were selected for feelings about mixed-age interactions (i.e., some who were frustrated or described challenges with having mixed ages, some who described ways of seeing benefits related to having mixed ages).

Procedure

For the present study, four different family child care programs agreed to participate and they were contacted prior to obtaining data regarding the children from the family child care providers. Upon approval from the FCC provider, parents were given a written consent form to complete, indicating their permission for the children to participate in the study. Both the FCC providers and children's parents were asked to indicate their willingness to participate by signing the consent form. Although information regarding the child was collected, the FCC provider completed the measures about the child.

Potential participants were selected after confirming that the child 1) was between 36 months and 60 months of age, 2) had been attending the FCC for a minimum of one year, and 3) was not diagnosed as having developmental disability. The one year criterion was set to ensure that the FCC provider had sufficient time to have witnessed and become familiarized with the child's interactions and behaviors.

A site visit to the FCC homes were scheduled for when the children were present. Specifically, site visits included the process of providing a copy of the written consent form and with 60 minutes to 90 minutes of unobtrusive observation. Based on the site visits to each FCC homes, the provider within each site who spent the most time interacting with children were asked to complete the measures regarding children's social and emotional competence.

Measures

Social and emotional competencies. Assessments of children's social and emotional competence were completed by the FCC providers. Three- to five-year-old

children's social and emotional competence was assessed by asking the family child care providers to complete the Social Skills Improvement System-Rating Scales (SSIS-RS; Gresham & Elliott, 2008), which is a revised version of the Social Skills Rating System (SSRS; Gresham & Elliott, 1990). The SSIS-RS (Teacher version) is a questionnaire used to assess children's social skills

The SSIS-RS (Teacher version) includes three domains: Social Skills, Problem Behaviors, and Academic Competence. For the purpose of the study, only the Social Skills and Problem Behaviors domain were assessed. The Social Skills domain consists of 7 subdomains that include: Communication, Cooperation, Assertion, Responsibility, Empathy, Engagement, and Self-Control. Examples include: *Interacts well with other children, feels bad when others are sad, shows kindness to others when they are upset, and responds appropriately when pushed or hit*. The Problem Behaviors domain includes the following subdomains: Externalizing, Bullying, Hyperactivity/Inattention, Internalizing, and Autism Spectrum.

Each item is scored on two Likert scales. First, the respondent rates the frequency of the behavior, ranging from 0 = Never, 1 = Seldom/Sometimes, 2 = Often, to 3 = Almost Always. Second, the respondent rates the skill on a 3-point scale, ranging from 0 = Not important, 1 = Important, to 2 = Critical, indicating how important the specific social skill is for the child.

The psychometric properties of the SSIS-RS indicate strong internal consistency and test-retest reliability. The test-retest reliability coefficients reported by the creators were .82 for Social Skills scale and .83 for the Problem Behavior scale for teachers (Gresham, Elliott, Vance, & Cook, 2011). The validity for SSIS-RS scores have been

demonstrated by correlations with other measurements including the Behavioral Assessment System, the SSRS, and the Vineland Adaptive Behavior Scale.

The validity of the SSIS-RS has been demonstrated through moderate to high correlations with two widely used instruments: the Behavioral Assessment System (Reynolds & Kamphaus, 2004, as cited in Gresham & Elliott, 1990), the original SSRC (Gresham & Elliott, 1990 as cited in Gresham & Elliott, 1990), and the Vineland Adaptive Behavior Scale (2nd Ed.; Sparrow et al., 2005, as cited in Gresham & Elliott, 1990).

Support within family child care homes. The Classroom Assessment Scoring System (CLASS; Pianta, La Paro, & Hamre, 2012) was designed to measure the quality of support within the classroom via the following three domains: Emotional Support, Classroom Organization, and Instructional Support. Although CLASS was originally designed to be an observational tool, it was used in the current study to inform coding the interview transcripts and observations at the FCC home. The Emotional Support domain was used for the purpose of the current study, which includes four dimensions: Negative Climate, Positive Climate, Teacher Sensitivity, and Regard for Student Perspective. The field observation was initially guided by first listing the four dimensions of Emotional Support under a checklist.

RESULTS

Preliminary Analysis: From Initial to Focused Coding

The qualitative analysis was conducted using a constructivist grounded theory (CGT; Charmaz, 2006) approach to examine transcripts from interviews with providers who had already completed the interviews. For each provider in this analytic sample, two transcripts were read, for a total of 8 transcripts from interviews ranging 60- to 120-minutes long each.

An initial step of coding the present study's qualitative data included initial or open coding, which is an inductive approach used to generate "initial codes" that are short descriptive phrases to capture the meaning of the provider's statements. Specific examples of initial coding are represented in Table 1. To avoid bias, my ideas and interpretations that emerged while analyzing the qualitative data were documented separately from the initial coding process in analytic memos. Rather than focusing only on the topic of the study, initial codes focus on capturing the participants' meaning.

Following the initial coding process, I reflected on the main ideas that could capture patterns across providers in conversation with my advisor. Together, we considered possible "focused codes" that could be applied across the four FCC homes. Specifically, one category for the providers' view of mixed-age interaction and three categories related to children's social and emotional competence emerged. 1) *Seeing children's social and emotional competence*, which captures what the providers are seeing in terms of children's social and emotional development as part of how they are seeing the children in their care overall, 2) *Social and emotional support*, which captures the opportunities that the providers are structuring in which children can learn about social

and emotional competence, and 3) *Conditions of FCC providers*, which captures the circumstances that may influence the first two. Each will be described in greater detail below. In addition, providers' descriptions of their views of having mixed ages were also examined and categorized. In sum, focused codes provide an initial attempt to conceptualize the conditions and the pattern of support within FCC settings.

Providers' Views of Mixed-age Interaction

First, the providers' descriptions of having mixed-age interaction were examined. All providers described at least some benefits of having mixed ages, and some providers also described feeling limited in activity choices due to having mixed ages.

One provider's description of incorporating mixed age interaction within her daily routine illustrates some positive aspects of having mixed ages:

Sometimes two kids sit together looking at the same book and that's okay. Or, I pair up ... an older child reading [with] a younger one... The buddy reading system that I have... [is] also a learning experience for the older child. To be in the kind way, to be redirecting and to understand sometime how hard it is for teachers and providers to keep the kids redirecting constantly. So, I say it's more of a way of teaching her how to get her point across and also to be kind and patient. (QI_02)

In this description, the positive outcome related to having mixed ages includes providing a learning experience for the older children, as they practice being kind and patient, redirecting, and taking the perspective of others.

Another provider did not have mixed ages at the time of the interviews but she previously had children of mixed ages and again had mixed ages when the field

observation was conducted. Her prior experience included seeing children growing, helping each other, and having a sibling-like relationship:

Before... I had infants, I had toddlers. Now I have only pre-K kids, only one age group. So that's a big difference. Before I had the varieties. And [I've] seen the kids crawl from infants through kindergarten. Now I don't see that. (Interviewer: *Do you have a preference?*) I don't have a preference. I would love to have everyone, but the license is too short {{provider is laughing for 1 second}} and I cannot do [it] just because of the limit. Otherwise it's manageable. It's an interesting experience seeing the kids growing and helping each other. [They] seem[ed] like siblings. (QR_11)

These providers' views contrast with another provider (QI_15) who described being limited in offering various activities due to having mixed ages:

Sometimes I would like to have more time to take [the children] to different places, you know, but because they are different ages it's kind of hard (Interviewer: *mhmm*). You know, if they would be all one you know I'm talking about like if they...were all 4-years-old we can take them to different places you know. I would like to take them sometimes to...fire department because we talk about the fire department...but it's impossible you know because [of] the different age...Different ages it's kind of hard, you know. (QI_15)

Thus, some providers described having mixed ages as beneficial whereas other providers felt limited in choosing activities due to having mixed ages. Based on the providers' descriptions, their view of having mixed ages were categorized as having positive or

mixed views of mixed-age groupings. Each category was defined and differentiated to represent the variety of providers' responses associated with having mixed ages.

Qualitative Analysis: What Kinds of Support for Social and Emotional Competence do Children Experience in FCC Homes?

In general, most providers described their daily routine in addition to describing the challenges and rewards of being an FCC provider in the transcript; however, providers' responses varied in terms of the type of and the amount of times they emphasized children's social and emotional competence. Specifically, the providers' responses varied in *seeing social and emotional competence* and *supporting children's social and emotional competence*. In addition, their responses also varied regarding the *conditions of FCC providers* that may be associated with their support for children's social and emotional competence. Each focused code will be explained below. Examples of focused codes that were grouped into each category are represented in Table 2.

Seeing social and emotional competence. As a central part of each interview, all providers were prompted to talk about children's experiences and what they thought children received from their care. Of the four providers, only one provider described clear examples of seeing children practicing social and emotional competence. This provider's responses exemplify a high level of *seeing social and emotional competence* dimension:

One time we were talking about families and one of the kids immediately came up and told us about how hard it was for them when his parents got a divorce and then another child started and then another child started... It is incredible how grown-up[s]-, sometimes we forget about the kids, you know we don't take the time to listen to them and really let express how hard it is for them. So we were

talking about books and the book kind of trigger, you know, that and for me was a very, very, very special enlightening moment and I say I'm gonna be doing this for Mondays where they can have a day of dumping it, of getting out, you know. I'm gonna be here for you to be safe, a place where they can be safe and they can say whatever they feel. So that happens during that time and after that, um, of course if I let them talk all day. But if we really need to extend, if it's something that really needs my time, I don't care how long it will take. I will give them the time to do that. (QI_02)

Specifically, provider QI_02 stated that she not only saw the importance of "having a safe place" for children to express how they are feeling but also saw that children were coming up and sharing about both positive and negative experiences. That is, she saw that children were aware of different emotions and were expressing the emotions by sharing how they were feeling during the positive and/or negative events that they experienced at home or over the weekend.

This provider also saw children practicing specific social and emotional skills such as expressing their ideas and their appreciation for the assistant:

In this picture, we see two younger girls and they are making cards because my assistant's birthday was yesterday and all the kids and you're gonna see probably in another picture the older kids we had a whole day dedicated to making cards and with the younger kids you know we gave them ideas and...those who didn't know how to write but they know how to express so they told me what they want to put on the birthday cards and it was amazing you know... There was one kid that I think that one card is very significant, very meaningful because...for that

child he's been here since he was a baby and when he wrote up on the card he said "Thank you Tía for teaching me how to build things, how to color and paint and most of all for teaching me to be sitting down" because he had a hard time staying still and that for me was just like you know, brought me tears to my eyes to see that. (QI_02)

This provider's descriptions display children practicing social and emotional skills in the context of children's daily experiences in her care which contrast with other providers who emphasize on other aspects of children's development (i.e., academic competence) or describe children's social and emotional development in the context of the challenges that the provider faces.

In addition, provider QI_02 described changes in children's social and emotional competence over time:

I did [take] the time to come here just with [the child] ... I know you feel angry, recognize your feelings-, you have to know when you're angry. You don't have to just throw yourself under the table and start hitting or grabbing things and throwing things. So, I think when he became a little more mature he could really [practice] a little bit of regulation. And that I think-, giving him the awareness, teaching him how to listen to himself and know his body; I think that was a miracle for this kid and I did it with him and then I did it with this kid. You don't know how much he taught me he was my teacher and I think providers should be open to learn because this these are the best kids that are really, really teaching us. (QI_02)

This provider described clear examples of seeing children practicing emotional skills such as recognizing and regulating emotions. Specifically, she was able to see a child learn to become more aware and recognize his emotions to practice emotion regulation skills. Her description of seeing developmental changes in children's social and emotional competence over time in her care distinguishes her as having a high level of seeing children practicing social and emotional skills.

The following response of provider QI_15 exemplifies how providers may take notice of children's emotions without intentionally "seeing" emotions as part of children's development in their daily experiences in her care:

One [child] that I have and have [had] him [in my care] since he was six weeks old and ... now is 4 ½ [years old]... The mother works so many hours, but she knows that if she cannot make it she can send someone to pick up the child. And [one time] that person forgets and then I have to call and so then the phone is disconnected, and, and... It's, you know, it's not fair for the child. And even the child comes and said to me, ... "[Provider] I think they forgot about me." And it's sad. So I go and hug him and ... it's hard it's hard.

In this description, the provider is aware of the child's emotions but her descriptions are in the context of the challenges she encounters in her work rather than as an aspect of the child's development. Specifically, this quote was shared in response to a question regarding the challenges she faces in her work, whereas provider QI_02 described social and emotional competence of children's daily experiences in her care.

In the next example, provider NI_10 appeared to see children expressing and sharing but mainly focused on children's academic competence as a central part of children's experiences in her care:

[With] homework, we can help them and we make sure that they do it and they do it as fresh head, not like 7, 8, or 9 in the evening when they already tired (*mhmm*) so they know what they're doing. They learn a lot (*mhmm, yeah*). Another thing is they learn extra because I'm getting a lot of extra work for them too – sometimes to help them... Plus, we have conversations, again as I say, around the table about people's behavior, people relationships. Whatever happens, let's say happen today; how do you feel, what do you think, how would you behave? What would you do in the situation? Something that happened around the world, they're telling the stores about it. Different countries, different religions, everything. Everything that you usually talk at the dinner table (*mhmm*), they're talking here (*hmmm*). So it's kind of educational, and feeling of the family.

In the next description, the provider describes children's academic learning in her care, often describing them in terms of children's daily experiences in her care:

Provider: They [the children] just come. I have to entertain them until nine. At nine we usually start [when] every-, everybody's here, if they are then they start lesson. We have like two lessons a day, in the morning and in the afternoon... they're doing math, English, literature, geography, and now I was surprised, I have two fifth graders last year [and] they can't see the differen[ce] between the state and the capital, state and the city (*mm-hmm*). In fifth grade it's ridiculous-, so we're teaching them, we're teaching them everything weather, money, or

measurements whatever, everything. They read uh, it's just like mandatory thirty minutes they have to read, thirty minutes a day.

In addition to describing the educational experience that the children receive while being in her care, NI_10 also emphasized seeing how children progress and seeing them receive certificates and awards as a response to a question about the rewards of being a FCC provider. Although the provider sees that the children have the opportunity in her care to express and share their feelings and thoughts, her focus remains mainly on the educational and academic experience of children's development. Thus, provider NI_10 demonstrates having a low level for *seeing social and emotional competence* relative to other providers in this sample.

Contrary to my expectation that all or most of the providers would be noticing children's social and emotional competence, providers differed in how much their descriptions of children's development included any mention of social and emotional competence. Specifically, provider QR_11 emphasized children learning from enrichment programs. This example illustrates how the provider saw children's experiences through the enrichment activities as a central part of children's development:

That's the cooking project, which we like to do like twice a month, cooking something. So those are again, apple cutting...and they were making apple pies. (Interviewer: *So how did they help with uh with making the pies?*) You can tell, they were cutting, mixing, and putting it together. My job was just putting it in the oven and taking it out of the oven. So...they did all of the job...Often we learn about proper good eating, so they'll make salad, they would make smoothies...they would make sandwiches—lots of varieties... it's a unique

opportunity and hands-on [experience] and kids love to do that. They eat better after they make it themselves.

Throughout the interview, provider QR_11 had various different enrichment programs (e.g., dance, cooking, community outreach, and animal program) that she intentionally researched and found to incorporate into her care.

In this archival study, the open-ended interviews did not specifically ask questions regarding children's social and emotional competence; however, the providers' descriptions of children's experiences in their care revealed differences as to what aspect of children's development they focused on.

Support for children's social and emotional competence (SEC). The focused code for providers' *support for children's SEC* included whether the provider showed strong evidence of responsiveness to children's social and emotional development. Specifically, this focused code was used to capture one provider's emphasis on providing opportunities for children to learn and practice social and emotional skills. In this current study, provider QI_02 was rated as having the most support for children's social and emotional competence. This provider offered various opportunities for children to express their emotions, to listen and identify different emotions, and to practice their social and emotional skills.

The responses of provider QI_02 exemplify the support for children's SEC dimension:

We ask if it's a Monday you know, 'what did you do over the weekend?' because you know, it's so important that the kids come and share sad stuff that happened over the weekend, happy stuff you know one of the kids yesterday was telling me

that she went to Magic Mountain and she's never been to Magic Mountain and she wanted to talk about Magic Mountain all day so we let her tell us about this Wonder Woman ride and you know, I didn't know they had this new Wonder Woman ride and she tells us all about it so we give them that space for them to express if they're sad, if they don't feel good, we also give them the time.

Provider QI_02's description indicates how the provider is intentionally devoting time and resource to create a safe space for children to express their feelings.

By contrast with provider QI_02, other providers offered support for other aspects of children's development, including academic competence and educational experiences. Specifically, provider QR_11 exemplifies providing support for enrichment activities and learning experiences:

So we have a curriculum we follow up. So with the teachers, we sit down in advance once a month, twice a month, whatever it takes. Plan weekly activities and then explain them through the daily. And then we have question of the day to explore... So, going from the theme... [and] question of the day, we pull out the activities... (Interviewer: *And what are your feelings about the curriculum?*) Just love it. {{Provider is laughing for 1 second}} (*Yeah?*) Now we're doing everything... through the hands-on activities and experiences. So, if you're learning colors we're not just going to mix colors like all the schools do if you try to explore with the hands-on stuff. We'll take glasses with different color glasses and put them together and see what's developing. Or we can mix food coloring, not just paint, there's water colors, other acrylic paints, how they mixed together. So it's a progress. (QR_11)

Thus, all providers described their support for children's development; however, they varied in their description of the type and level of support offered in addition to the extent to which their descriptions of children's experiences included aspects of social and emotional development (i.e., seeing social and emotional competence).

Conditions of FCC providers. This dimension captures the overall conditions of FCC providers that may help facilitate or limit the providers' support for children's social and emotional competence. That is, the providers' conditions may influence whether and how providers promote children's social and emotional competence. Specifically, engaging in a self-care routine and having a support system may positively impact the support that they can offer for children. Although the providers may have the best intention for children's social and emotional development, if their condition taxes their emotional and physical capacity, their ability to provide support may be influenced.

The provider QI_02 exemplifies having a positive condition by seeking various methods to take care of herself, which may allow her to focus on supporting children's social and emotional competence:

To take care of myself, first of all, I try to eat the best I can. I do yoga, you know, and uhm I do mediation uh I think that's a good way for me to take care of myself... I'm going to the gym to get into the Jacuzzi, every Tuesday I go to a meditation group and then I go for a massage --cheap massage but I keep it as a routine and I think that as a way of taking care of myself and loving myself because I think if I don't love myself, how can I love other people. You know, I have to start myself and you know, some people might find it very selfish but I think, I have tried to be a caretaker for everybody else before and I got to a point

of breaking myself down and I said, you know what, this is a good learning lesson, I'm gonna learn from it, I'm gonna change, I gotta be a caretaker of myself first then I can have this energy outlook in life in a positive that I can give that but I'm not gonna be falling apart and then what? Then everybody will really fall apart so I do that. (QI_02)

By contrast, another provider NI_10 describes her self-care routine as trying to read as much as possible but feeling as though she does not have enough time to engage in other self-care routines:

I love reading. So whenever I can read, I read (*mhmm*). I don't know, I don't have much time for anything else. Because, as I say, I have to sho – go shopping, cooking, cleaning, preparing what they – what to teach them. Buying the supplies, buying food, make sure that nothing – everything is ok here, you know (*yeah, ok*).

Furthermore, provider NI_10 also describes having additional stress due to different agencies and programs:

Which I'm saying is all of those organizations that have to come and check on me. They create stress, they take a lot of time, they're not helping. They[re] distracting... [Because] instead of making our life easier, they just create more problems... [because] right now I feel absolutely helpless (*mhmm, ok*). They can close me anytime they want. They can do anything they want and I cannot complain anywhere. I don't know what to do-, I don't even have information.

This provider also exemplifies lacking a strong support system and wishing to change but feeling that nothing will change:

My husband...doesn't wanna do anything, so whenever I ask him to help me, "You wanted to do it [FCC], don't ask me..." I'm trying to be realistic. Of course, I wish to change. I wished to be loved, I wish to be {{provider chuckles}} the best, I wish – you know, all of us have wishes (*yeah*). But realistically nothing is going to change and I know that.

Provider NI_10's descriptions of not taking enough time to care for herself, feeling stressed and helpless, and not having a strong support system all reflect the conditions that may limit her own capacity to see and support children's social and emotional development.

Based on the providers' descriptions of their conditions, they were ranked according to their levels of support from low, medium-low, medium-high, or high. Providers' range of responses were used to represent each level of category. Defining levels of the categories are represented in Table 3.

Field Observations

Understanding children's development includes focusing on not only the provider's beliefs and views but also on what they actually do on a daily basis; therefore, the field observation portion of the analysis was used as an additional evidence of the type of support practiced within FCC homes. Specifically, the Emotional Support domain from the Classroom Assessment Scoring System (CLASS: Pianta, La Paro, Hamre, 2012) was used to guide the initial round of field observation; however, considering that the field observation included behaviors not categorized within the Emotional Support domain, a running record was then used to document the field notes to capture the details of support present in FCC homes.

An example of the summarized field observation notes when observing provider QI_15's FCC includes the following: The provider appeared to focus more on prepping activities and food while the assistant was leading circle time. During interactions with the children, both the assistant and the provider appeared to focus more on reducing problematic behaviors rather than focusing on promoting social and emotional skills. Specifically, they would emphasize on classroom rules. When discussing about Father's Day, for example, children were sharing and the provider would say, "One at a time-, remember to raise your hand." Other comments from the assistant included, "Pay attention—you need to know your numbers, stop making noises, no scribbling—we need to learn how to color inside the line, and don't do this only babies do this."

For two of the four cases, the field observation matched what I expected based on coding the transcripts. However, for the remaining two, observations changed what I expected for children's social skills and problem behavior as measured on the SSIS-RS. Specifically, provider QR_11 appeared to prioritize children's experiences in the enrichment programs based on her responses in the interview; however, the field observation provided evidence of also providing support for social and emotional competence. Specifically, QR_11 acknowledged children's feelings during conversations, encouraged prosocial behaviors, and redirected when there were conflicts between children. For example, during free play QR_11 and the assistants saw that children were sharing toys and provided verbal reinforcement by saying, "I love how my friends are playing today-, we are sharing and using inside voices."

By contrast, I expected QI_15 to prioritize children's social and emotional competence based on reviewing her interview transcripts; however, the field observation

indicated that the provider did not spend much time interacting with the children. Instead, the assistant was primarily interacting with the children for the majority of the time and there was no strong evidence of support for social and emotional competence. This was further confirmed when the provider suggested having her assistant complete the SSIS-RS rating sheet, specifically stating that the assistant spends more time with the children.

Provider Profiles

After completing the qualitative coding and the observations, I wrote profiles to understand how the different aspects of care at each site fit together as a whole. First, provider QI_02 was rated as having the highest level of support for children's social and emotional competence. She described the benefits related to having mixed ages, especially as a learning experience for older children. In addition, she described how children were practicing social and emotional skills at her FCC, such as expressing emotions, learning to be patient, and helping each other during the learning process. Furthermore, this provider was actively engaged in a self-care routine including meditation and yoga to facilitate having the capacity to take care of others. The provider's support for social and emotional competence, specifically in mixed-age settings was evident in the field observation as she took time to explain to the older children how the younger children are still learning to express and talked about different ways to positively interact with others, especially with younger children. In sum, provider QI_02 appeared to provide the most support for children's social and emotional competence.

Next, provider QR_11 also described her view of mixed ages as positive, as she witnessed children growing, helping one another, and engaging in a sibling-like interaction. Although she displayed lower levels of "seeing" children practicing social

and emotional competence and appeared to emphasize more on children's experiences through the enrichment programs, the field observation indicated that the provider and her assistants structured a supportive environment for social and emotional competence. In addition, she described positive conditions for supporting children's SEC by having shorter work hours to make time for her family and having a strong support system.

Provider QI_15 described the limitations she encountered with having mixed ages. This provider provided minimal descriptions of "seeing" children practice social and emotional competence. Although her responses in the interview transcripts showed some support for social and emotional competence, this was not readily apparent during the field observation; therefore, she was categorized as having medium-low support for children's social and emotional competence. Specifically, the provider was more focused on the tasks related to the daily routine while the assistant interacted more with the children. In addition, there was little to no indication of providing support for children's social and emotional competence, as she emphasized on reducing problem behaviors rather than offering opportunities for children to practice their social and emotional skills.

Provider NI_10 described her preference of having school-aged children. She did not "see" children practicing social and emotional competence, instead she appeared to emphasize on children's academic competence. There were few, if any, indicators of having support for children's social and emotional competence both in the interview transcript and also during the field observation; therefore, this provider was rated as having low support for children's social and emotional competence. Furthermore, this provider also described feelings of stress and not having enough time to take care of herself. The summary of each provider's profile is represented in Table 4.

Based on both the providers' responses from interview transcripts and the field observations, it was expected that children from QI_02's FCC home would have the highest level of social and emotional competence, followed by QR_11, QI_15, and NI_10 in ranked order.

Quantitative Results: What Kinds of Social Skills do Children Demonstrate in FCC Homes that Vary in the Support They Provide?

The main prediction for this current study was that children who were in family child care settings in which providers held positive views of mixed-age interaction would have more opportunities to learn social and emotional competence from their peers, but that the highest levels of social and emotional competence would be observed in FCC homes where the child care provider also provided more support for SEC. A second hypothesis was that provider support would moderate the relationship between the positive view of mixed-age interaction and children's social and emotional competence. The current study's final sample included 4 FCC providers with 2 to 3 children from each FCC, resulting in a total of 10 children.

The quantitative portion of the analysis included the teacher-report SSIS-RS measure that was scored to yield two total scores of Social Skills and Problem Behaviors scale (Gresham and Elliot, 2008). The individuals' scores and the mean score (in percentile rank) of SSIS-RS scores for each family child care settings are found in Table 5. The individuals' scores separated by social skills and problem behaviors domain for each FCC are displayed in Figures 1 and 2. Children in provider QI_02's family child care home, with the highest expected score based on the level of support and condition, had the second highest average on social skills and the lowest problem behavior scores.

Interestingly, children in QR_11's FCC scored the highest average on both the social skills and problem behavior scales. As expected, children in NI_10's FCC, with the least supportive environment, had the lowest average on the social skills scale and the second highest average on the problem behavior scale. The mean scores for social skills and problem behavior scale for NI_10 and QI_15 appeared quite similar.

DISCUSSION

This study's findings provided initial support for the hypotheses that having positive views of mixed age interaction and support for social and emotional competence would be associated with higher levels of children's social and emotional competence. I was not, however, able to examine the hypothesized role providers' support for children's social and emotional competence as a moderator of the relationship between views of mixed-age interaction and children's social and emotional competence, because the number of FCC sites and variation across sites in the present study was not sufficient to test the moderation hypothesis. Specifically, the providers' view of having mixed ages and their level of support for children's social and emotional competence appears to be confounded, further limiting the test for moderation effects. The current findings warrant future research to examine a larger sample of family child care homes to determine whether there is a greater variety of combination between providers' views of mixed ages and their level of support for children's social and emotional competence.

The first research question of this present study examined the providers' view of mixed-age interaction and children's social and emotional competence. The providers' descriptions from interview transcripts indicated that individuals differed in how they viewed the mixed-age grouping common in FCC homes. Specifically, some providers

viewed mixed ages as only positive and others saw challenges with the benefits associated with having mixed ages.

The second research question of this study addressed the providers' support for children's social and emotional competence. Although firm conclusions of moderation effects were not possible, the variability of conditions found within the family child care homes suggest that further examination of the providers' open-ended dialogue may help facilitate the understanding of support present within family child care homes that promote children's social and emotional development. In addition, such variability found in FCC homes indicates that additional research is warranted. Despite having a limited sample, the results provided preliminary foundation for identifying the dimensions representing FCC providers' support for children's social and emotional competence.

There is growing evidence of the role of early caregivers and educators in children's peer relations (Farmer et al., 2011). As early caregivers and educators guide and shape children's academic competence, they are also found to facilitate children's interactions with other peers and even referred to as "the invisible hand" (Farmer et al., 2011). Despite the growing evidence that creating context in which values for relationships with others is supported can shape children's connection with each another (Rodkin & Ryan, 2012), research examining the influence of support in mixed-age interaction on children's social and emotional competence within FCC homes have not yet been addressed. Thus, this study's findings contribute to the existing knowledge regarding the developmental process of children's social and emotional competence in early caregiving settings.

This study has several limitations. First, there were only four FCC homes that were examined and assessed, limiting the conclusions drawn from this study. In addition, the field observation was conducted to connect the providers' beliefs and intentions to actual practices; however, the length of the observation limited current research to capturing only a "snapshot" of children's daily experiences in the family child care. Although the providers were interviewed at two different time points, the interview questions were open-ended without any direct prompts for providers' view of mixed age interaction or children's social and emotional competence. Although the providers' responses from the interview capture only what was prompted, this open-ended interview also enables one to examine the providers' priorities and values as they were able to freely choose the details and examples to articulate. Despite the limitations, the qualitative portion of the analysis provided concrete details and examples of conditions that may have been otherwise overlooked in close-ended surveys and questionnaires. Further longitudinal study is needed to examine the sustainability of the findings across additional family child care homes and also over time.

In addition to the literature-based hypotheses, this study's findings also pose important questions for practitioners in the field of early care and education. What professional training and development help providers better see and support children's social and emotional competence? Also, to what degree can the training and support activities improve the quality of children's social and emotional daily experiences in family child care? Current findings indicate the variation of support and conditions present; however, efforts to improve children's experiences warrant further examination of larger samples of family child care homes. Furthermore, the findings from open-ended

interviews suggest that providers may not explicitly articulate their approach to care but they do describe rich examples of what children are experiencing in their care. Even in their descriptions, the providers differed in how they provided support and also in how they saw children practicing social and emotional skills with varying conditions, indicating the diverse cultural values and practices that are present in family child care. Thus, both individual variation and common patterns that emerged from this study provide further insight into the cultural practices regarding children's development.

In sum, this study represents an important initial step forward in understanding the varied experiences in family child care homes that contribute to children's social and emotional development. Further research is needed to examine the diversity of conditions and support that emerged from this study as applicable to different contexts.

REFERENCES

- Berk, L. E. (2012). *Infants and children: Prenatal through middle childhood* (7th ed). London, England: Pearson.
- Blair, C. (2002). School readiness: Integrating cognition and emotion in a neurobiological conceptualization of children's functioning at school entry. *American Psychologist*, *57*, 111-127. Doi: 10.1037//0003-066X.57.2.111
- Blair, K. A., Denham, S. A., Kochanoff, A., & Whipple, B. (2004). Playing it cool: Temperament, emotion regulation, and social behavior in preschoolers. *Journal of School Psychology*, *42*, 419-443.
- Bornstein, M. H., Hahn, C., & Haynes, O. M. (2010). Social competence, externalizing, and internalizing behavioral adjustment from early childhood through early adolescence: Developmental cascades. *Development and Psychopathology*, *22*, 717-735.
- Campos, J. J., Barrett, K. C., Lamb, M. E., Goldsmith, H. H., & Stenberg, C. (1983). Socioemotional development. In P. H. Mussen (Series Ed.) and M. Haith & J. Campos (Vol. Eds.), *Handbook of child psychology* (pp. 273-314). Hillsdale, NJ: Erlbaum.
- Camras, L.A., & Allison, K. (1985). Children's understanding of emotional facial expressions and verbal labels. *Journal of Nonverbal Behavior*, *9*, 84-94.
- Charmaz, C. (2006). *Constructing Grounded Theory: A Practical Guide through Qualitative Analysis*. Thousand Oaks, CA: Sage.
- Curby, T. W., Brown, C. A., Bassett, H. H., & Denham, S. A. (2015). Associations

- Between preschoolers' social-emotional competence and preliteracy skills. *Infant and Child Development*, 24, 549-570. Doi: 10.1002/icd.1899
- Curby, T. W., LoCasale-Crouch, J., Konold, T. R., Pianta, R. C., Howes, C., Burchinal, M., ... Barbarin, O. (2009). The relations of observed pre-k classroom quality profiles to children's achievement and social competence. *Early Education and Development*, 20, 346-372. Doi: 10.1080/10409280802581284
- Denham, S. A. (1986). Social cognition, prosocial behavior, and emotion in preschoolers: Contextual validation. *Child Development*, 57, 194-201.
- Denham, S. A., & Holt, R. W. (1993). Preschoolers' likability as cause or consequence of their social behavior. *Developmental Psychology*, 29, 271-275.
- Domitrovich, C. E., Durlak, J. A., Staley, K. C., & Weissberg, R. P. (2017). Social-emotional competence: An essential factor for promoting positive adjustment and reducing risk in school children. *Child Development*, 88, 408-416.
- Eisenberg, N., & Fabes, R. (2006). Emotion regulation and children's socioemotional competence. In L. Balter & C. S. Tamis-LeMonda (Eds.), *Child psychology: A handbook of contemporary issues* (pp. 357-381). New York, NY: Psychology Press.
- Elliot, S. N., & Gresham, F. M. (2008). *Social Skills Improvement System: Intervention guide*. Minneapolis, MN: Pearson Assessments.
- Fabes, R. A., Eisenberg, N., Jones, S., Smith, M., Guthrie, I., Poulin, R., Shepard, S., & Friedman, J. (1999). Regulation, emotionality, and preschoolers' socially competent peer interactions. *Child Development*, 70, 432-442.
- Fabes, R. A., Eisenberg, N., McCormick, S. E., & Wilson, M. S. (1988). Preschoolers'

attributions of the situational determinants of others' naturally occurring emotions. *Developmental Psychology*, 24, 376-385.

Fabes, R. A., Gaertner, B. M., & Popp, T. K. (2006). Getting along with others: Social competence in early childhood. In K. McCartney, & D. Phillips (Eds.), *Handbook of early childhood development* (pp. 297-316). Malden, MA: Blackwell.

Fitz Gibbon, H. M. (2002). Child care across sectors: A comparison of the work of child care in three settings. In F. M. Cancian, D. Kurz, A. S. London, R. Reviere, M. Tuominen (Eds.), *Child care and inequality: Rethinking carework for children and youth* (pp. 145-159). New York: Routledge.

Forry, N., Iruka, I., Tout, K., Torquati, J., Susman-Stillman, A., Bryant, D., Daneri, M. P. (2013). Predictors of quality and child outcomes in family child care settings. *Early Childhood Research Quarterly*, 28, 893-904. Doi: 10.1016/j.ecresq.2013.05.006

Garnezy, N. (1991). Resilience and vulnerability to adverse developmental outcomes associated with poverty. *American Behavioral Scientist*, 34, 416-430.

Garner, P. W. (2010). Emotional competence and its influences on teaching and learning. *Educational Psychology Review*, 22, 297-321.

Halberstadt, A. G. (1991). Socialization of expressiveness: Family influences in particular and a model in general. In R. S. Feldman & S. Rime (Eds.), *Fundamentals of emotional expressiveness* (pp. 106-162). Cambridge, England: Cambridge University Press.

Halberstadt, A., Denham, S. A., & Dunsmore, J. (2001). Affective social competence.

Social Development, 10, 79-119.

Hamre, B. K., & Pianta, R. C. (2001). Early teacher-child relationships and the trajectory of children's school outcomes through eighth grade. *Child Development, 72, 625-638.* Doi: 10.1111/1467-8624.00301

Hamre, B. K., & Pianta, R. C. (2005). Can instructional and emotional support in the first-grade classroom make a difference for children at risk of school failure? *Child Development, 76, 949-967.*

Hamre, B. K., & Pianta, R. C. (2007). Learning opportunities in preschool and early elementary classrooms. In R. C. Pianta, M. J. Cox, & K. L. Snow (Eds.), *School readiness and the transition to kindergarten in the era of accountability* (pp. 49-83). Baltimore: Paul H Brookes Publishing.

Howes, C. (1987). Social competence with peers in young children: Developmental sequences. *Developmental Review, 7, 252-272.*

Howes, C., & Smith, E. W. (1995). Relations among child care quality, teacher behavior, children's play activities, emotional security, and cognitive activity in child care. *Early Childhood Research Quarterly, 10, 381-404.*

Izard, C. E., Fine, S., Schultz, D., Mostow, A., Ackerman, B., & Youngstrom, E. (2001). Emotions knowledge as a predictor of social behavior and academic competence in children at risk. *Psychological Science, 12, 18-23.*

Johnson, J. O. (2005). *Who's minding the kids? Child care arrangements: Winter 2002.* Washington, DC: U.S. Census Bureau.

Katz, L. G., Evangelou, D., & Hartman, J. A. (1990). The case for mixed-age grouping in early education. Washington, DC: NAEYC.

- Kostelnik, M., Whiren, A., Soderman, A., & Gregory, K. (2009). *Guiding children's social development and learning* (6th ed.). Clifton Park, New York: Delmar, Cengage Learning.
- Ladd, G. W., Birch, S. H., & Buhs, E. S. (1999). Children's social and scholastic lives in kindergarten: Related spheres of influence? *Child Development, 70*, 1373-1400.
- Ladd, G. W., Kochenderfer, B. J., & Coleman, C. C. (1996). Friendship quality as a predictor of young children's early school adjustment. *Child Development, 67*, 1103-1118.
- Lev Vygotsky, "Interaction Between Learning and Development," in *Mind in Society: The Development of Higher Psychological Process*, ed. Michael Cole, Vera John-Steiner, Sylvia Scribner, and Ellen Souberman (1978), 79-91.
- Malecki, C., & Elliot, S. (2002). Children's social behaviors as predictors of academic achievement: A longitudinal analysis. *School Psychology Quarterly, 17*, 1-23.
- Meece, D. W., Colwell, M. J., & Mize, J. (2007). Maternal emotion framing and children's social behavior: The role of children's feelings and beliefs about peers. *Early Child Development and Care, 177*, 295-309. Doi: 10.1080/03004430500480826
- Mize, J., & Ladd, G. (1990). Toward the development of successful social skills training for preschool children. In S. R. Asher & J. D. Coie (Eds.), *Peer rejection in childhood* (pp. 338-364). Cambridge: Cambridge University Press.
- Odom, R. D., & Lemond, C. M. (1972). Developmental differences in the perception and production of facial expressions. *Child Development, 43*, 359-369.
- Parke, R. D. (1994). Progress, paradigms, and unresolved problems: A commentary on

- recent advances in our understanding of children's emotions. *Merrill-Palmer Quarterly*, 40, 157-169.
- Parker, J., & Asher, S. (1987). Peer relations and later personal adjustment: Are low-accepted children at risk? *Psychological Bulletin*, 102, 357-389.
- Parker, J., & Asher, S. R. (1993). Friendship and friendship quality in middle childhood: Links with peer group acceptance and feelings of loneliness and social dissatisfaction. *Developmental Psychology*, 29, 611-621.
- Phillips, D. A., & Lowenstein, A. E. (2011). Early care, education, and child development. *Annual Review of Psychology*, 62, 483-500.
- Pianta, R. C., & Hamre, B. K. (2009). Conceptualization, measurement, and improvement of classroom processes: Standardized observation can leverage capacity. *Educational Researcher*, 38, 109-119.
- Spilt, J. L., Hughes, J. N., Wu, J. Y., & Kwok, O. M. (2012). Dynamics of teacher-student relationships: Stability and change across elementary school and the influence on children's academic success. *Child Development*, 83, 1180-1195.
- Tonyan, H. A., Paulsell, D., & Shivers, E. M. (2017). Understanding and incorporating home-based child care into early education and development systems. *Early Education and Development*, 28, 633-639. Doi: 10.1080/10409289.2017.1324243
- Walden, T. A., & Field, T. M. (1990). Preschool children's social competence and production and discrimination of affective expressions. *British Journal of Developmental Psychology*, 8, 65-76.
- Waters, E., & Sroufe, L. A. (1983). Social competence as a developmental construct. *Developmental Review*, 3, 79-97.

Webster-Stratton, C., & Reid, M. J. (2003). Treating conduct problems and strengthening social and emotional competence in young children: The Dina Dinosaur treatment program. *Journal of Emotional and Behavioral Disorders, 11*, 130-143.

Wrigley, J., & Dreby, J. (2005). Fatalities and the organization of child care in the United States, 1985-2003. *American Sociological Review, 70*, 729-757.

Table 1.

Example of Initial Coding from Transcript.

Transcript	Initial Coding
<p>Provider: So after we do all the cleaning and all that stuff it is reading time [okay]. We do uhm, I read to them but before I do that, everyone reads a book by themselves --even the babies. They get a book, they look at it, they sit at that moment, you know be themselves, have some reflection time, they look at pictures, sometimes two kid sit together looking at the same book and that's okay or I pair up an older child --you can see in the picture, an older child reading to a younger one and after that you know, that gives us some time for us to kind of settle down, you know, okay changing diapers, somebody coming in, somebody coming out so that for transitioning we use that and after that I get everybody around and I do the reading you know, relate it to the curriculum, another book, we ask if it's a Monday you know, 'what did you do over the weekend?' because you know, it's so important that the kids come and share sad stuff that happened over the weekend, happy stuff you know one of the kids yesterday was telling me that she went to Magic Mountain and she's never been to Magic Mountain and she wanted to talk about Magic Mountain all day so we let her tell us about this Wonder Woman ride and you know, I didn't know they had this new Wonder Woman ride and she tells us all about it so we give them that space for them to express if they're sad, if they don't feel good, we also give them the time and it has been amazing during this time after reading, uh one time we were talking about families and one of the kids immediately came up and told us about how hard it was for them when his parents got a divorce and then another child started and then another child started, and you know, it is incredible how grown-up sometimes we forget about the kids, you know we don't take the time to listen to them and really let express how hard it is for them so we were talking about books and the book kind of trigger, you know, that and for me was a very, very, very special enlightening moment and I say I'm gonna</p>	<p>(Prior to) reading books to children, having children read/look at books by themselves</p> <p>Including opportunities for mixed-age interaction</p> <p>Seeing older children read to younger child</p> <p>Pairing older children with a younger child</p> <p>Asking children about their weekend if it is a Monday</p> <p>Seeing the importance of giving space for children to share</p> <p>Giving children the space to express their emotions</p> <p>Seeing the children share about their struggle (i.e., parents getting divorced)</p> <p>"... it is incredible how grown-up sometimes... don't take the time to listen to [kids] and really let express how hard it is for them."</p> <p>"I'm gonna be here for you to be safe, a place where they can be</p>

be doing this for Mondays where they can have a day of dumping it, of getting out, you know I'm gonna be here for you to be safe, a place where they can be safe and they can say whatever they feel. So that happens during that time and after that, uhm, of course if I let them talk all day. But if we really need to extend, if it's something that really needs my time, I don't care how long it will take. I will give them the time to do that

safe and they can say whatever they feel”

Extending the talk if the provider sees that it is important to spend time on it

Giving the children that time to talk

Table 2.

Example of Focused Codes within each Category

(Not) Seeing social and emotional competence	(Not) Providing Social and Emotional Support	Conditions of FCC Providers
<ul style="list-style-type: none"> -Having a quiet time -Expressing emotions (both positive and negative) -Practicing patience -Children knowing what to expect and knowing the routine -Taking turns -Practicing prosocial skills -Calming down -Having choices -Practicing responsibilities 	<ul style="list-style-type: none"> -Listening to children -Recognizing/identifying feelings -Offering different coping strategies -Giving children opportunity to teach -Balancing provider-directed and child-directed play/activities -Offering age-appropriate activities -Allowing for flexibility/adjusting schedule -Listening to and incorporating children's choices/desires -Reading books about different emotions and experiences (e.g., both positive and negative events children may experience) -Communicating with parents about children -Being aware of children's home environment -Modeling prosocial behavior -Providing routine/structure 	<ul style="list-style-type: none"> -Taking care of self *Doing yoga *Meditating *Going to gym/Jacuzzi *Getting a massage *Having a self-care routine (i.e., going to meditation group every Tuesday, going to gym for Jacuzzi) *Going out of town -Having shorter work hours -Spending quality time with family -Seeing the need to release stress -Releasing stress -Having a support system -Communication -Conflict with parents -Conflict with agency -Conflict with family -Working with union -Lack of resources -Passion/love of work -Beliefs/values

Table 3.

Defining levels of Seeing SEC, Supporting SEC, and Conditions of FCC Providers

	Seeing SEC	Supporting SEC
Low	There are no clear indications that the provider is seeing children practice social and emotional skills	There are no clear indications that the provider is supporting children's SEC
Medium-low	There are few, if any, indications that the provider is seeing children practice social and emotional skills	There are few, if any, indications that the provider is supporting children's SEC
Medium-high	There are some indications that the provider is seeing children practice social and emotional skills	There are some indications that the provider is supporting children's SEC
High	There are many indications that the provider is seeing children practice social and emotional skills	There are many indications that the provider is supporting children's SEC
Conditions of FCC Providers		
Positive	Having a strong support system, practicing self-care routine(s), and/or demonstrating effective ways to cope with stress	
Negative	Lacking a support system, feeling stressed due to work conditions/parents/agencies	

Table 4.

Rating and Classification of each FCC Provider

Provider ID	Views of Mixed Ages	Seeing SEC	Supporting SEC	Conditions
QI_02	Positive	High	High	Positive
QR_11	Positive	Low	Medium-high	Positive
QI_15	Mixed	Low	Medium-low	Positive
NI_10	Mixed	Low	Low	Negative

Table 5.

Individual and Mean scores of SSIS-RS

Provider ID	ChildID	Support for SEC	Social Skills Scale			Problem Behaviors Scale		
			Std Score	Mean %ile Rank	Mean	Std Score	Mean %ile Rank	Mean
	QI_02A	high	104	59		103	63	
QI_02	QI_02B	high	86	20	39.5	105	67	65
	QR_11A	medium-high	114	81		127	93	
	QR_11B	medium-high	102	53		125	91	
QR_11	QR_11C	medium-high	111	74	69.33	128	92	92
	QI_15A	medium-low	90	27		118	86	
	QI_15B	medium-low	90	27		98	47	
QI_15	QI_15C	medium-low	74	6	20	140	97	76.67
	NI_10A	low	66	2		139	97	
NI_10	NI_10B	low	95	38	20	100	56	76.5

Figure 1.

Individual Scores of Social Skills Scale

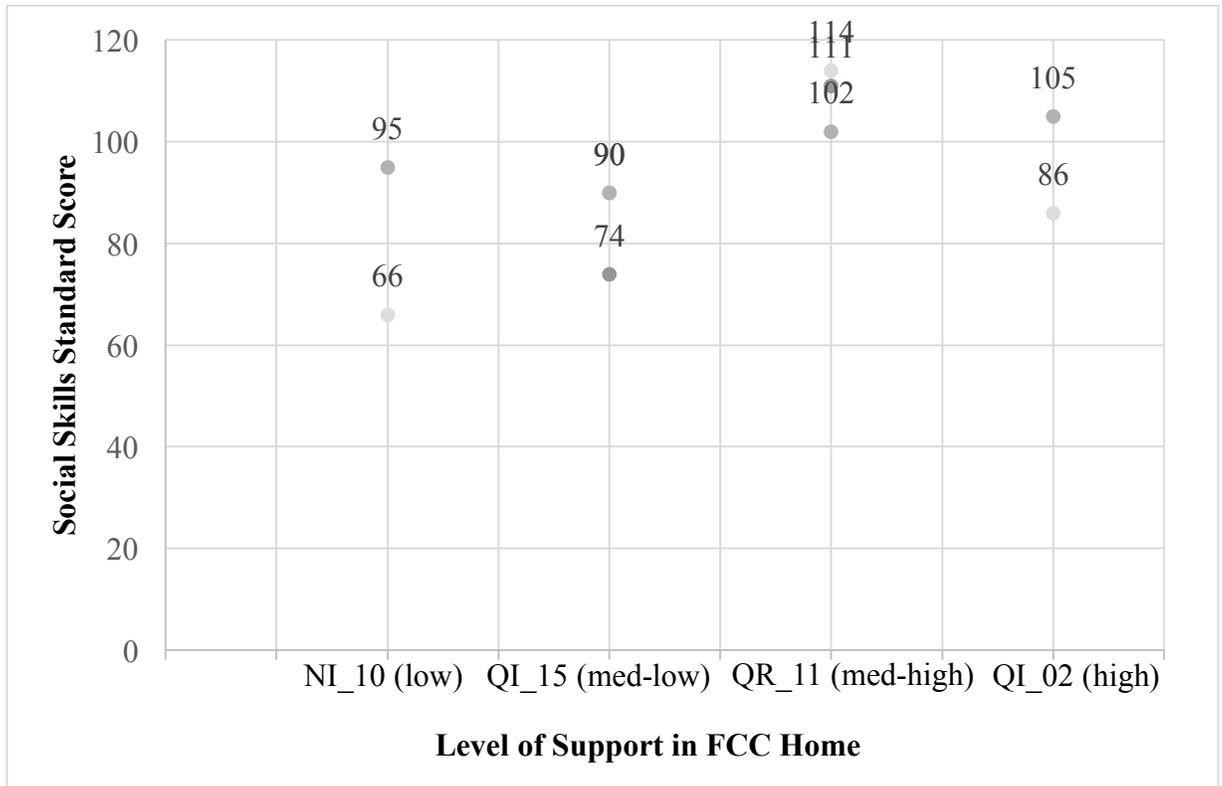


Figure 2.

Individual Scores of Problem Behaviors Scale

