Respecting but not sustaining play: Early childhood educators' and home child care providers' practices that support children's play

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This study examined and compared the extent to which early childhood educators' and home child care providers' practices supported children's play. The sample included 50 educators and 20 providers in settings that care for 70 children at 18, 24, and 36 months old. At each time point, the child care process quality was observed using the Educational Quality Observation Scales. Cross-sectional descriptive analysis revealed unsatisfactory scores on items that comprise the "adult's practices that support children's play" subscale. The item "respects children's play" was the only exception, with scores in the satisfactory range. In addition, compared to providers, educators obtained higher scores. This study suggests that although educators and providers generally respected children's play, their interventions did not extend further to sustain play. There is a need to improve educators' and providers' practices to sustain young children's development and learning during play.

Keywords: Quebec; early childhood education; practitioner's interactions; play in early childhood

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Introduction

Play is at the heart of many curricula designed for children aged 0 to 5 years (OCDE, 2012). After reviewing 20 curriculum frameworks that were designed for children before the beginning of primary education (most aimed at 3- to 6-year-olds), Bertram and Pascal (2002) noted that a "play pedagogy" was promoted in nearly every framework. Indeed, the importance of play and active learning was one of the most common core principles throughout the programs reviewed. However, the researchers stress certain key issues, including that few countries had implemented curriculum guidelines for children under

the age of 3 years (Bertram & Pascal, 2002). Perhaps as a result, play research has been mainly conducted in educational settings attended by 3- to 6-year-olds; in addition, a lack of knowledge on early childhood education practitioners' practices that support children's play remains. To address this issue, this study focuses on practices that support 0- to 3-year-olds' play in the context of Quebec (Canada), where the child care services' curriculum provides guidelines for early childhood educators and home child care providers who work with children from birth to school entry at 5 years-old.

Play pedagogy

Although the idea of play pedagogy is apparently widely accepted, it appears to vary in detail and prescription and, therefore, to elicit different understanding regarding the most appropriate practices to adopt in early educational settings. Approaches to play-based learning are often situated along a continuum that quantifies the presence of play, as well as qualifies children's roles and adults' practices that support children's play (Bouchard, Charron, Bigras, Lemay, & Landry, 2014; Hirsh-Pasek, Golinkoff, Berk, & Singer, 2009; Miller & Almon, 2009). Among many points on this continuum, research primarily concentrates on the "*free play*", "*guided play*" and "*no play*" approaches. On the one hand, the *free play approach* is characterized by the provision of stimulating material that fosters independent exploration, a child-centered and holistic environment and programming; the predominance of children's free play; and few adult interventions (Hirsh-Pasek et al., 2009). On the other hand, the *no play approach* is characterized by the predominance of direct instruction, classrooms in which adults initiate and direct most of the learning activities, and activities in which children are generally passive or expected to provide the "right answers" (Hirsh-Pasek et al., 2009). The *guided play*

approach fits between both approaches and is characterized by two key ingredients (Weisberg, Hirsh-Pasek, & Golinkoff, 2013). The first is that adults highly value children's play, as evidenced by long uninterrupted periods of child-initiated and directed play. The second characteristic is that the adults follow the children's leads to adopt diverse practices to support play with developmental and learning intentions in mind.

All types of play pedagogy have been found to be effective to an extent (for a review, see Hirsh-Pasek et al., 2009) . Because children are initiating and directing their play, the guided play approach ensures a meaningful learning context and increases motivation, as is the case with free play, but not necessarily with direct instruction (Weisberg et al., 2013). At the same time, the guidance and support of the adults help attract children's attention to the essential elements to achieve developmental and learning intentions, as is possible with direct instruction, but is not systematic with free play (Weisberg et al., 2013). In the context of Quebec, where this study was conducted, the childcare services' *Meeting Early Childhood Needs* curriculum framework (Ministère de la Famille et des Aînés, 2007) defines "development and learning through play" as one of its core principles and emphasizes free play and guided play throughout the recommendations as preferred pedagogies. Such endorsement is based on evidence that suggests that a playful child-centered approach combined with structured adult involvement appears to be more efficient in achieving developmental and learning gains than an exclusively free play or direct instruction approach (Bonawitz et al., 2011; Dickinson, Hirsh-Pasek, Golinkoff, Nicolopoulou, & Collins, 2013; Fisher, Hirsh-Pasek, Newcombe, & Golinkoff, 2013). Hence, in that context, free play and guided play, which are enacted through practices that indicate that the adult values children's play and

scaffolds it through the organization of the learning environment and adult-child interactions, should be an important part of the daily routine of young children in Quebec's early educational settings. However, what is being achieved in practice? That is the question that underlies this paper.

A pedagogy of play in enacted practices

Across the world, tension appears to exist between the recommended guidelines provided by curriculum frameworks and the actual practices enacted by teachers and educators on a daily basis (Wood, 2007). Certain authors have indicated that 3- to 5-year-old children seem to have minimal to no time to play in preschool. Particularly in the United-States, research has demonstrated that there is a greater number of large group, teacher-directed activities and a lower proportion of free choice activities during a typical day in pre-kindergarten (Early et al., 2010; Pianta et al., 2005; Powell, Burchinal, File, & Kontos, 2008) and kindergarten (Bassok & Rorem, 2014; Miller & Almon, 2009). For example, Chien and colleagues (2010) described four different profiles of pre-kindergarten classrooms based on the type of activities and the practices of adults: 1) *free play* (51% of the sample), where children spent more time in free choice and gross motor activities, as well as less time in pre-academic engagements; 2) *individual instruction* (9%), where individual, fine motor skills, and letter–sound activities were more prevalent; 3) *group instruction* (27%), where whole group or small group activities were more frequent; and 4) *scaffold learning* (13%), where children spent more time on pre-academic and free choice activities or engaged in complex scaffolding interactions with teachers. These results suggest that, for many preschoolers, time appears to be primarily spent in free play or directed activities and less in scaffold activities more consistent with the guided play

approach.

Although we are beginning to understand the state of play, particularly in American preschool settings, little is known about adults' practices that support children's play in settings that care for younger children. This lack of knowledge demonstrates the need to examine adult interactions particularly among young children (0 to 3 years old) who attend educational child care services where play is one of the main activities proposed by the curriculum framework such as in Quebec (Ministère de la Famille et des Aînés, 2007).

Practices that support children's play in child care services

One means to assess the practices that support children's play is to observe the quality of the child care setting. In particular, measures of process quality, a concept that refers to children's direct educational experiences within child care, provide information on the practices that educators and providers adopt on a daily basis to ensure the development and learning of children that largely occur during play. In child care, although some observations of process quality confirmed that practitioners do provide support to children's play, several others have failed to do so.

On the one hand, early childhood educators who worked with infants in Australian child care centers were found to offer higher quality interactions (i.e., to be more sensitive and stimulating) in a play context than in the routine context (Degotardi, 2010). Such results were obtained through a procedure in which researchers provided predetermined play materials to the practitioners and asked them to play with the infant as they would normally do. Observing three infant teachers' actual practices four days per week for 12 weeks, Jung (2013) reported that they were involved in the infant's play in

several ways (i.e., observing, following/playing, facilitating, commenting/interpreting, supporting, leading, etc.) and that the roles they took followed the child's growth. Although this study provides in-depth knowledge on infant teachers' practices, it relies solely on the observations of three practitioners.

On the other hand, researchers who have conducted naturalistic observations of practitioners and children in larger samples have reported low scores on the quality of dramatic play in South Korean child care centers, Swedish preschools (Sheridan, Giota, Han, & Kwon, 2009) and Canadian child care settings (Japel, Tremblay, & Côté, 2005), as well as on the quality of adults' practices that support children's play in Canadian child care settings (Bigras et al., 2010; Bigras, Lemay, Bouchard, & Eryasa, 2014; Drouin, Bigras, Fournier, Desrosiers, & Bernard, 2004). In fact, among the process quality dimensions observed, practices that support children's play obtained one of the lowest scores (Bigras et al., 2014; Drouin et al., 2004). These results are worrisome because curriculum guidelines specify that young children's development and learning should be supported through free play and guided play.

Differences between early childhood educators' and home child care providers' practices that support children's play

Another aspect less explored in children's play within child care is the difference between the practices of early childhood educators in child care centers and providers in home child care, which are two of the most frequented types of care. In general, research on process quality suggests that child care centers tend to offer higher quality services than home child care programs (Bigras et al., 2010; Japel et al., 2005). Although this general overview is informative, it does not highlight the specific processes through

which educators and providers differ (Davis et al., 2012). To the best of our knowledge, two studies have begun to explore the specific differences regarding adults' practices that support children's play.

Drouin and colleagues' (2004) survey of child care process quality in Quebec (Canada) showed that non-profit child care centers that care for infants (0 to 18 months) and preschoolers (18 months to 5 years old), as well as home child care settings, obtained minimal scores on measures of adult practices that support children's play. However, this national survey did not compare statistically significant differences between early childhood educators and home child care providers. Bigras and colleagues (2010) compared the process quality offered to infants in Quebec's child care centers and home child care programs. The researchers also reported minimal scores on measures of adult practices that support children's play in both types of care. The scores obtained in their sample were lower than those reported by Drouin et al. (2004). However, these results only pertained to practices that were adopted with infants. In addition, these analyses were conducted using the average score of an entire subscale; thus, they did not provide information on where the differences were and what specific practices educators or providers were less likely to adopt.

These results demonstrate that we still do not know much regarding adult practices that support children's play. This type of knowledge could be useful to inform initial training and ongoing education. To elucidate the state of play in the context of Quebec (Canada), where a majority of 1- to 3-year-olds attend a regulated educational context that adopts a pedagogical approach centered on play, this study examined and

compared the practices of early childhood educators and home child care providers that support children's play.

The context of Quebec's early childhood education

In 1997, the Government of Quebec created a universal network of regulated child care services for children from birth to entry into school. These services are now available to families at a cost of $7.30 per child per day ($7.30 to $20 per day based on family income since April 2015). Of the 446,800 children aged 0 to 4 years who reside in Quebec (Institut de la statistique du Québec, 2015), 227,467 currently attend regulated child care programs, 89,833 attend non-profit child care centers and 91,664 attend home child care programs (Ministère de la Famille, 2015). These types of child care are publicly subsidized, regulated and share a common educational program (the Meeting Early Childhood Needs curriculum framework; Ministère de la Famille et des Aînés, 2007). Developed upon five core principles, which include child-centered, play-based learning, the whole child approach, active learner, and collaborations with families, the curriculum emphasizes free play and guided play throughout their recommendations; these appear to be preferred pedagogies, as stated earlier.

Although many authors highlight the importance of guided play for children's development and learning, studies conducted in Quebec have suggested certain weaknesses in adult practices that support children's play (Bigras et al., 2010; Bigras et al., 2014; Drouin et al., 2004). However, no study has offered a complete picture of adult's practices that support the play of infants, toddlers and preschoolers who attend either center-based or home-based child care. Therefore, what is being effected in both early educational settings remains unknown.

Research objectives

Because play research tends to focus on 3- to 5-year-olds, the objective of this study was to examine the extent to which early childhood educator (ECE) and home child care provider (HCP) practices support children's play for 1- to 3-year-olds. Specifically, this study first describes adult practices that support the play of children in infancy (18 months old), toddlerhood (24 months old) and preschool years (36 months old). Second, this study compares the practices of ECEs and HCPs at the same time points.

Method

This study conducted a secondary analysis of data from the *Young children and their living environments* project, a longitudinal study concerned with the development of 188 children experiencing several types of care from before the age of one. The recruitment occurred between 2004 and 2006 in the metropolitan area of Montréal (Quebec, Canada).

The "child care center" and "home child care" groups were recruited by contacting all the non-profit child care centers (N = 200) and home child care coordinating offices (N = 29) caring for children less than 18 months of age. In the end, 60 children were recruited from 32 child care centers, which represent 46 different groups, and 46 children were recruited from 42 home child care settings. Most children originated from households with two parents (92.9%) who had attained at least a high school diploma (95.7%) and had a household income above the low-income threshold (82.9%) (Statistics Canada, 2011).

The children were visited at home on five occasions, beginning at 10 months old (when parents were informed of the project and signed a consent form), and then at 15,

18, 24 and 36 months. Child care data were collected at the 18, 24 and 36 months old visits. During each visit, the ECEs and HCPs received detailed information regarding the project, and a consent form was signed before the observation if they still agreed to participate.

Participants

The sample of ECEs and HCPs of interest in this study has been formed through 70 children (34 girls) who attend child care services full time from the age of 12 months for whom we had complete child care data at 18, 24 and 36 months. Of those children, 50 were in a child care center, and 20 were in a home child care program. A vast majority of children attended different settings and were under the care of different adults, avoiding nested data.

Characteristics of the child care settings and the ECEs and HCPs taking care of children are presented in Table 1, including the child-to-adult ratio, ECE/HCP's age and the highest diploma obtained for the participants for whom we had complete data.

Insert Table 1

Child care centers were characterized by an increasing child-to-adult ratio (5.82 at 18 months, 6.54 at 24 months and 7.59 at 36 months) and by ECEs mostly aged between 20 and 29 years old, a high percentage of whom had obtained a college diploma. Home child care settings were characterized by a more stable child-to-adult ratio (5.21 at 18 months, 5.29 at 24 months and 4.55 at 36 months), HCPs mostly aged between 40 and 49 years old, and HCPs with a more diverse educational background, ranging from those who had not pursued postsecondary education to those with a college diploma.

Measures and procedures

Process quality. At each time point (18, 24 and 36 months), the process quality was observed using the *Educational Quality Observation Scale* (EQOS), specifically the *Infant, Preschool and Home Child care* versions (Bourgon & Lavallée, 2004a, 2004b, 2004c). These observation scales were designed to measure quality based on the recommended practices specific to Quebec's educational program for child care services and have been found to have acceptable internal consistency (Drouin et al., 2004). All versions consist of over 100 items divided into four scales and nine subscales (for more details; Lemay, Bigras, & Bouchard, 2015). The appropriate version of the EQOS was completed following 5 h of observations conducted by a research assistant who received 30 hours of training on the instrument and who was familiar with the work with infants and toddlers.

The "Adult's practices that support children's play" subscale measures the quality of ECEs' and HCPs' practices that respect and accompany children's play in child care services. The subscale is composed of 6 items (infant version) or 8 items (preschool and home versions) that assess whether the adult's interventions respect children's play (item 3.1.1); support their initiatives (item 3.1.2); create a playful climate (item 3.1.3); show flexibility (item 3.1.5); support children in the plan-do-review of their free choice play (plan [item 3.1.4], do [item 3.1.6], review [item 3.1.7]); and modify the setting and material to sustain play (item 3.1.8).

Each item is scored on a four-point scale (1 = inadequate; 2 = minimal; 3 = good; 4 = very good) over a 5-hour observation period (7:45 am to 12:45 pm), which provides ample time to check the presence or absence of the recommended practices within the

curriculum. Table 2 presents a synthesis of the practices related to the items found in the Adults' practices that support children's play subscale of the EQOS preschool version (Bourgon & Lavallée, 2004a). For example, regarding item 3.1.1, 12 practices are listed to be observed and checked throughout the observation period in the preschool version of the instrument. For this item, at the end of the observation period, a score of 1 on a 4-point scale would be provided if two or less practices were observed, whereas a score of 4 would be attributed when 10 or more of these practices were checked.

Insert Table 2

The quality score of the Adult's practices that support children's play subscale is obtained by calculating the mean of all of its items. A score under 2.5 indicates that a quality feature does not meet the minimal requirements of Quebec's early childhood educational program; a score between 2.5 and 2.99 indicates that the requirement is minimally met; and a score of 3 or more indicates that a requirement is fully met. The internal consistency of this subscale was found to be acceptable at the 18 (α = .811), 24 (α = .823) and 36 (α = .753) month-old visits.

Prior to the observation, the ECEs and HCPs completed a self-administered questionnaire (Institut de la statistique du Québec, 2003a, 2003b), which collected information regarding the child care service's structural variables (e.g., adult's specialized degree in early childhood education and ongoing training).

Type of care. When children were 18, 24 and 36 months old, parents completed a questionnaire that was developed by the researchers that contained questions regarding the type of child care attended, the stability of the care arrangement and the child's usual arrival and departure times.

Results

The results are presented in two sections according to each research objective. The first section presents the mean scores of the eight items included in the Adult's practices that support children's play subscale and describes the scores of the practices adopted with infants, toddlers and preschoolers. The second section compares the scores of ECEs and HCPs on the Adult's practices that support children's play subscale.

Description of adult's practices that support children's play

The first research objective was to describe the quality of the adult's practices that support the play of children during infancy (18 months old), toddlerhood (24 months old) and preschool years (36 months old). Descriptive data (mean score and standard deviation) indicated minimal/unsatisfactory quality levels for the majority of items and for the full subscale at all ages (see Table 3). The "respects children's play" item was the only exception, with scores in the satisfactory range.

Insert Table 3

At 18 months, "respects children's play" was the only item with a score above 3 (M = 3.24; SD = 0.61 in centers and M = 3.15; SD = 0.59 in homes), which was the cutoff indicating that the requirements of the curriculum framework were fully met. All other items scored below 2.5 (ranging from 1.00 for item 3.1.4 to 2.46 for item 3.1.5 in centers and from 1.00 for item 3.1.4 to 2.40 for items 3.1.3 and 3.1.6 in homes); this indicates that they did not meet the minimal requirements of the curriculum framework.

At 24 months, the item "respects children's play" again had a score above 3 (M = 3.46; SD = 0.76 in centers and M = 3.25; SD = 0.55 in homes). At this time point, the

"modifies the setting/materials to sustain play" item also had a quality score above 3, but only in centers (M = 3.00; SD =0.73). All other items had a score below 2.5 (ranging from 1.00 for item 3.1.4 to 2.40 for item 3.1.3 in centers and from 1.00 for item 3.1.4 to 2.20 for item 3.1.6 in homes), meaning that they did not meet the minimal requirements of the curriculum framework.

At 36 months, the item "respects children's play" once again had a score above 3 (M = 3.44; SD = 0.61 in centers and M = 3.10; SD = 0.64 in homes). All other items had a score below 2.5 (ranging from 1.18 for item 3.1.4 to 2.42 for item 3.1.3 in centers and from 1.00 for item 3.1.4 to 2.20 for item 3.1.6 in homes) and thus did not meet the minimal requirements of the curriculum framework.

Comparison of ECEs' and HCPs' practices that support children's play

The second research objective of this study was to compare the quality of ECEs' and HCPs' practices that support the play of children in infancy (18 months old), toddlerhood (24 months old), and preschool years (36 months old). Because the data met the assumptions of normality and homogeneity of variance even with unequal groups, the differences in quality between ECEs and HCPs were examined with two-sample t-tests using the subscale score (Table 4).

Insert Table 4

ECEs were found to have a higher mean score than HCPs on the "Adult's practices that support children's play" subscale score at all time points. Specifically, ECEs obtained a mean score of 2.38 and HCPs of 2.09 at 18 months (t (70) =2.24, p =0.03), 2.25 compared to 1.98 at 24 months (t (70) =2.03, p =0.04) and 2.23 compared to 1.97 at 36 months (t (70) =2.51, p =0.01). However, at all three time points, the quality

score obtained on the subscale fell below 2.5, both in child care centers and home child care programs. This finding indicates that adults' practices that support children's play did not meet the minimal requirements of the *Meeting Early Childhood Needs* program.

Discussion

This study revealed minimal/unsatisfactory scores on adult's practices that support children's play at all three ages and in both types of child care. Although adults respected children's play and appeared to use a free play approach, the poor scores on most of the other items suggested that their interventions did not extend further to enact a guided play approach by, for example, supporting children's play initiatives, creating a playful climate, showing flexibility, supporting children in the plan-do-review of their free choice play or modifying the setting and material to sustain play. The following sections will discuss and attempt to explain the two conclusions derived from those results. The low scores observed in all settings will be discussed first, and the lower scores offered by HCPs will be discussed second.

Low scores of adult's practices that support children's play

Although guided play is meant to be the center of Quebec's child care curriculum, our results suggest that pedagogical interventions targeting children's play fall short of the recommendations of the curriculum framework, as has been previously reported for older children (Bassok & Rorem, 2014; Bigras et al., 2014; Early et al., 2010). We propose three hypotheses to explain why the recommended practices to sustain child development and learning through play were not common in the groups that were observed in this study.

The first hypothesis is that ECEs and HCPs associate play with children's free exploration and adults' interventions with more structured learning activities. Indeed, for certain adults, placing play in a curriculum framework could conflict with the principle of freedom and choice that typically characterizes this type of activity (Wood, 2007). Second, ECEs and HCPs may have difficulties applying what they have learned in their initial training to promote learning within play. In a case study conducted in Hong Kong, Pui-Wah and Stimpson (2004) followed six kindergarten teachers over a year to gain insight into their understanding of play and the actions they took while teaching. These researchers found that, although all teachers recognize play as the best learning and teaching approach, they were unable to use it to achieve their intentions on a daily basis. In other words, when it was time to pursue learning objectives, play was put aside and replaced by more traditional direct teaching practices. Last, our results may reflect the fact that ECEs and HCPs do not perceive that children's development and learning are best sustained through interactions within play. In accordance with this hypothesis, certain researchers have reported that adults appear more likely to supervise and direct a child's play than to play with him to scaffold his development and learning (Kontos, 1999; Pramling Samuelsson & Johansson, 2009). Therefore, ECEs and HCPs could also lack adequate knowledge of how to concretely sustain children's development and learning through play (Miller & Almon, 2009; Moyles, Adams, & Musgrove, 2002).

These three hypotheses – that ECEs and HCPs confer a different meaning to play, that they have difficulty transferring their learning to sustain children's development and learning through play, or that they lack knowledge on how to intervene through play – should be explored further. Future research should investigate what child care educators

and providers are doing during children's play if they do not adopt the child's play practices that were assessed with our subscale. Educators or providers may adopt practices other than those in the scale we used, such as observing children, documenting their play, monitoring behaviors, or assisting a child who needs help. Careful detailed observational work could reveal these types of practices, whereas qualitative interviews could provide relevant information on how educators and providers interpret the idea of supporting children's growth and learning though play.

In the absence of such data, our results suggest a certain tension between the recommendations of the curriculum framework and the enacted practices within child care. This sort of play theory-practice tension has been reported in kindergarten settings (Wood, 2007); however, to our knowledge, our results are the first to suggest that it may occur in child care settings for younger children. Future studies should explore adult's practices around children's play in depth to elucidate this issue and to better understand the consistently low scores that are obtained through our samples.

Lower score of adult's practices that support children's play in home child care settings

Although we observed low scores of adult's practices that support children's play in both child care centers and home child care settings, this result was more pronounced for HCPs, who adopted significantly less practices that support children's play in their infancy, toddlerhood and preschool years than ECEs. To date, research has mainly focused on comparing child care centers and home child care programs without examining the influence of educational development in home-based child care (e.g., qualification), nor the state of education and care in that type of setting such (e.g.,

changing quality of care) (Davis et al., 2012).

HCPs have been found to be less likely to have a higher level of education and specialized training in early childhood, which may affect their implementation of early childhood curricula (Bigras et al., 2010). This finding could have applied to the implementation of practices that support children's play in our study because HCPs originated from a more diverse educational background than the ECEs. In a study conducted by Doherty (2015), when 52 Canadian HCPs were asked about the essential components of a quality home child care setting, they noted the following factors: (a) emotional safety and well-being are protected, (b) the provider is affectionate and supportive of each child, (c) the provider–parent relationship is collaborative and professional, (d) the setting looks and acts similar to a family home, (e) the home and neighborhood are used as learning opportunities, (f) the presence of a mixed-age group is used as a learning opportunity and (g) the provider successfully addresses the challenges inherent in the occupation. There were few references to children's play and none that related to a setting that sustains child development and learning through play.

While the ECEs changed yearly, children were taught by the same HCPs throughout the entire study. This structural difference is particularly worrisome for children's development and learning because it implies that children who attend home child care are continuously exposed to lower quality interactions that support their play during their infancy, toddlerhood and preschool years because they continue to be supported by the same HCP.

Based on our findings, it would be prudent to focus on strategies to adopt during initial training and during ongoing education to improve adults' practices that support

children's play, particularly in home child care. If improved guided play interactions were adopted in home child care, the children who attend this type of setting would be continuously exposed to more practices that support their play, which could further promote their development and learning. According to our results, practices that support children in planning their free choice play and in reviewing what they have done are interventions that should be discussed in priority because they obtained the lowest scores of all items; however, supporting children's initiatives was not far behind.

Limitations

Although this exploratory study is innovative, it also has limitations. First, we inferred practices that support play using a subscale of an extensive measure designed to assess global child care process quality that required two weeks of training for individuals to be considered a qualified observer. These quantitative data were gathered from an observation of the content, activities and interactions throughout the day, not specifically during play contexts. However, these data still provided a preliminary objective examination of the quality of ECEs and HCPs practices that support children's play from a standardized observation scale. In addition, due to the nature of the type of care provided, children in child care centers changed groups at each measurement point, whereas children in home child care remained under the care of the same provider during the entire study. This finding means that we compared the practices of different educators to those of the same providers, which should be considered when interpreting the results.

Finally, the sample originated from advantaged families, who are known to attend higher quality settings than disadvantaged families (McCoy, Connors, Morris, Yoshikawa, & Friedman-Krauss, 2015; NICHD Early Child Care Research Network,

1997). However, this limit does not appear to have affected our results because the scores obtained remained low. Because we obtained similar results at three time points across two subsamples of a relatively advantaged sample and because our results were consistent with those of Drouin and colleagues (2004) and Bigras and colleagues (Bigras et al., 2010; Bigras et al., 2014), we consider our findings to be robust. The implications of these findings should be seriously considered for ECEs and HCPs training, as well as for updates to curriculum frameworks.

Conclusion

Although adults generally respected children's play, their scores on all the other items that relate to adults' support of children's play suggest that educators' and providers' practices may need to be improved to better sustain children's development and learning during play. This study explored those interactions in younger children, at ages where play should be a large part of the day and one of the main activities used to promote their development and learning.

Our results highlight the necessity to improve ECEs' and HCPs' practices that support young children's play throughout the early childhood years. The results highlight the importance of focusing on HCPs' knowledge of child development, as well as their knowledge of the curriculum framework, to improve their practices regarding guided play. Our results also stress the need for more research on adults' beliefs and interactions regarding children's play in educational contexts attended by 0- to 5-year-old children.

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