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Quality of Care From a Parent's Point of View: An Examination of an Early Childhood Education Center Located at a Community College

Jennifer Brown

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Quality of Care From a Parent's Point of View: An Examination of an Early Childhood
Education Center Located at a Community College

by
Jennifer Logan Brown

An Applied Dissertation Submitted to the
Abraham S. Fischler School of Education
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

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Approval Page

This applied dissertation proposal was submitted by Jennifer Logan Brown under the direction of the persons listed below. It was submitted to the Abraham S. Fischler School of Education and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova Southeastern University.

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Abstract

Quality of Care From a Parent's Point of View: An Examination of an Early Childhood Education Center Located at a Community College, Jennifer Logan Brown, 2013: Applied Dissertation, Nova Southeastern University, Abraham S. Fischler School of Education. ERIC Descriptors: Child Care, Child Development, Early Childhood Education, Parent Involvement

This applied dissertation was designed to understand parents' views about child care and the variables that influence their decision to place their children in 5-star child-care facilities. Child care of any kind is often the first group experience children have outside the home. The first 5 years are the most important years in a child's educational life; it sets the educational foundation for the rest of the child's life.

The quantitative portion of this study consisted of four research questions, which assessed several sets of relationships and issues: (a) the relationship between demographic data and quality of care; (b) the reported issues causing parents to seek child care; (c) description of quality of care; and (d) the relationship between quality of care and family structure, work flexibility, caregiver flexibility, accessibility of care choices, and flexibility of quality care.

This study indicated that the vast majority of the participants are satisfied with the quality of care their child-care arrangement provided. The majority of participants (52, or 95%) reported having chosen the current child care because they heard it was good. This study also revealed that a small number of parents found out about their child-care arrangement via referral services that provide measurable indicators of quality for an assortment of child-care options. Only 8 (15%) of the participants reported they heard about the child-care center through a child-care resource and referral service. Results suggest parents rely on information supplied by friends or neighborhood contacts who can vouch for a child-care center. In addition, some recurrent themes in the study show parents judge quality mostly by their relationship with the caregiver, how the child feels in the setting, caregiver's perceived skills, and risk and safety.

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Chapter 1: Introduction

Statement of the Problem

The second half of the 20th century witnessed substantial changes in the lives of young children as maternal employment increased and more children participated in nonparental care arrangements (Vandell, 2004). America has changed drastically since 1970, and so has the way Americans perform one of society's basic acts: caring for children (Lang, 2005). The time young children spend away from their parents, cared for by someone else, has continued to grow. With more parents in the workforce today than ever before, child care has become an essential element of family life. Child care and the well-being of children have become issues of increased public focus. Millions of American parents are working during their children's early years. Parents struggle when making important decisions about their children. Furthermore, as it becomes more common for children to go to child-care centers, parents are being cautious when making decisions about child care (Ehrle, Adams, & Tout, 2001).

This study explored the social context of quality of care from a parent's point of view. In 2007, data from the Bureau of Labor Statistics (2008) showed that 64% of mothers with children under the age of 6 were in the labor force. Additionally, 72% of the employed mothers with children under the age of 6 worked full time, and over 23% of mothers in the workforce were a family's sole wage earner. An estimated 1.26 million children under 3 years of age attend center-based child care (U.S. Census Bureau, 2008). In 2001, full-time child care for preschool children was provided by 32% of the 58,500 day-care centers in the United States (Smith, Leiner, Parsad, & Farris, 2003). Past research has suggested that children who receive high-quality, center-based care do not experience negative outcomes (Loeb, Fuller, Kagan, & Carrol, 2004). There is a need for

quality child care because many children spend the majority of their time in child-care arrangements and because this is a crucial time for the development of a young child (Belsky, 2005). Parents depend on community agencies for the safety and quality care of their children. Experts and advocates have suggested that the quality of child-care is enhanced through community collaborations that focus on the provisions and maintenance of high-quality programs (Ontai, Hinrichs, Beard, & Wilcox, 2002).

The topic. Child care is now an ordinary part of life for children in most industrialized, Western countries. More than half of infants are placed in some form of child care for at least 10 hours during their 1st year of life, and more than three quarters of families with young children depend on child care as a support for maternal employment (Belsky, 2005). Formal child care also can provide early-childhood education (National Research Council, 2001). In fact, child care, nursery school, and preschool programs are often indistinguishable in their activities (National Research Council, 2001). Due to the importance of child care in American culture, stakeholders must be able to understand and comprehend the true definition of child care. Child care was defined in the North Carolina General Statutes (2009) as follows:

A program or arrangement where three or more children less than 13 years old, who do not reside where the care is provided, receive care on a regular basis at least one day per week for more than four hours but less than 24 hours from persons other than their guardians or full time custodians, or from persons not related to them by birth, marriage, or adoption. (Article 7, § 110-86[2]).

For the majority of very young children in the United States, child care is a fact of life. Therefore, the state of North Carolina provides a clear definition for all stakeholders to understand.

The National Institute of Child Health and Human Development (NICHD; 2006) has conducted the Study of Early Childhood Care and Youth Development. The largest

and longest-running study of American child care, the NICHD study has generated controversy to many working parents, especially about the effects early care has on children being cared for outside of the home (Healy, 2010). Emlen (2010) stated,

The big childcare picture is of three discordant worlds, ignorant of each other, unheeding, in unharmonious pursuit of competing solutions. Throughout a decades-long history, [child care] has been seen through a narrow and distorted lens that left families out of the picture. (p. 13)

The research problem. The problem addressed by this study is that, as more children are entering child-care centers, understanding parents' views has become a major concern for program developers, child advocates, community leaders, social workers, and policy makers (Adams, Tout, & Zaslow, 2007; Peisner-Feinberg et al., 2001). This investigation was warranted because of the limited research available regarding parents' views on placing their child in a child-care center. In addition, this investigation should assist in improving, modifying, and creating effective child-care programs and services in the third largest community college in the southeast and other colleges and universities that provide or would like to provide child-care services.

The number of mothers in the workforce has continued to increase. In 1975, 47% of women with children under the age of 18 already participated in the labor force; by 2000, the percentage had risen to 73% (Chao & Rones, 2007). With the majority of women with children currently working outside the home, a large majority of children are being cared for by a nonmaternal caregiver. A more recent trend is the number of women in the labor force with children under the age of 3. In 2007, 55.4% of mothers with children under 3 years old worked outside the home (Bureau of Labor Statistics, 2008). The U.S. Census Bureau (2008) estimated that approximately 1.3 million infants and toddlers attended center-based care in 2005. Approximately 22% of these young children

would be cared for in center-based child-care programs (Ehrle et al., 2001). This increase represents a dramatic shift in child-rearing styles and has prompted concerns as to whether child care poses any risks to healthy child development (Belsky, 2005; Belsky et al., 2007; McCartney, 2004). Due to the number of children attending child care, it is imperative that the quality and long-term developmental effects of care be carefully examined (Ehrle et al., 2001).

Background and justification. Child care is a fact of life for the majority of young children in the United States, who spend at least some time in nonmaternal care before they embark on kindergarten or enter first grade (NICHD Early Child Care Research Network, 2000a). The United States has experienced major changes in rearing arrangements for young children. The transformation stems, in part, from changes in the roles women now play in society, especially changes in maternal employment at an early stage in children's lives. Today, the majority of mothers in the United States who return to work after having a child do so before the child's first birthday. Nonmaternal care initiated in the 1st year of life has become the norm for many children and their families (Adams et al., 2007; Belsky, 2005). The number of infants and toddlers in child care outside of the family continues to grow (Adams et al., 2007; Burchinal, Cryer, Clifford, & Howes, 2002). Full-day services for preschool are provided by many states. With societal views shifting to encourage parents to enroll their children in full-time child care, research is needed to understand the motivational factors that contribute to a parents' decision about quality day care. The time young children spend away from their parents, cared for by someone else, can be considerable. Eighty percent of young children under the age of 6 in full-time child care spend an average of 40 hours during the work week with their teacher (Capizzano & Main, 2005; Marshall, 2004).

Van Dyck (2000) suggested that the most important decision for working parents is choosing child care. Child care has the potential to be more than just babysitting. It could be part of a child's education. Although child care can be expensive, quality should not be sacrificed for lower cost. The first 5 years are the most important years in a child's educational life because they set the educational foundation. Between birth and 3 years of age, a baby's brain is developing extremely rapidly, including an explosion of language and mental skills (Van Dyck, 2000). The child's body is growing rapidly, and his or her ability to relate to others is being established. For these reasons, whether a child is at home or in the care of others, the setting should include love, stimulation, safety, and positive physical health. Therefore, parents should devote special time in choosing a caregiver who will make both them and their child happy. Parents should never be shy about asking questions that affect the way their child spends time away from them. This topic was well suited to further assist the child-care center of this study in future assessments for licensure and obtaining federal, state, or local grants.

Deficiencies in the evidence. Parents are unsure about what to look for when making a decision to choose a child-care option because of conflicting information about whether to have children in child care, how often to have them in child care, and what attributes to look for in a child-care center (Balter, 2000). The need for quality child care is universal (Committee for Economic Development, 2006). It gives children the emotional, social, and academic skills to succeed in kindergarten. In other words, children who go to preschool know how to learn (Committee for Economic Development, 2006). Bronfenbrenner (as cited in Woo, 2005), a cofounder of the federal Head Start program and a professor whose theories altered the understanding of what children need to develop into successful adults, argued that individuals develop not in

isolation but within a system of relationships to family and society. To be effective and have a lasting impact, early-childhood programs should involve the children's parents and communities, so that all environments affecting children foster similar goals (Bronfenbrenner, as cited in Woo, 2005). This study sought to understand the many variables that influence parents' decision to place their children in a five-star (high-quality) child-care facility or to keep their children at home. Additionally, the study sought to determine whether the Parents for Higher Education (PFHE) child-care grant benefits the student population attending the community college of study.

Audience. This early-childhood education center has become the model facility for the southeastern United States. According to the community college's 2010 fact book, the child-care center was certified by the state and opened for service in September 2001. The large community college is located in a county with a population of approximately 314,000. The community is home to museums, gardens, and parks. The area is a mecca for hiking, fishing, and golf enthusiasts. The college is also located near a U.S. Army base. This area is experiencing huge expansions in population due to the base. The college's 2010 fact book noted that by 2013, an estimated 54,000 new jobs are expected to be created, which will significantly affect economic development and the growth and expansion of the community college and its early-childhood education center. The researcher is a recruiter in the targeted community college.

Research continues to show that growing numbers of children seem to be spending more time at younger ages in child-care arrangements that are of questionable quality. Child-care quality, quantity, and type are important (Adams et al., 2007; NICHD Early Child Care Research Network, 2002a). After all, small effects, positive or negative, on many children may have greater consequence to society than large effects on just a

few (NICHD Early Child Care Research Network, 2003a). The modest child-care effects detected in this research may not lead to immediate recommendations for any single family struggling with the decision about child rearing or child care. Sorting out alternative perspectives will not be easy for a variety of reasons, most of which have to do with limitations in available research literature (Belsky, 2005). Nevertheless, families making decisions about child-care arrangements should be heartened by the knowledge that the care they provide to their children matters most.

Definition of Terms

The following definitions apply to terms used within this dissertation.

Child-care resource and referral agencies. These agencies offer free child-care resource and referral information to parents seeking care (Child Care Resources, 2006; National Association of Child Care Resource and Referral Agencies, 2011). Parent and guardians are given information on the full range of child-care options so they may make informed choices in selecting and monitoring their child care. The agency's policy is to give referrals, not recommendations, as parents are the best ones to decide what is appropriate for their children (Child Care Resources, 2006).

Child-care facility. A child-care facility is a child-care center, family child-care home, and any other care arrangement not excluded by North Carolina General Statute Article 7, Section 110-86(2), which provides child care, regardless of the time of day, wherever operated, and whether or not operated for profit (North Carolina Department of Health and Human Services, 2010; North Carolina General Statutes, 2009).

Child-care provider. A child-care provider, as defined by North Carolina General Statutes (2009),

is employed by or seeks to be employed by a child care facility providing child

care . . . and has contact with the children; owns or operates or seeks to own or operate a child care facility or nonlicensed childcare home providing child care; or is a member of the household in a family child care home or nonlicensed child care home and is over 15 years old and is present when children are in care. (§110-90.2[a][2])

National Institute of Child Health and Human Development (NICHD). The NICHD was created by Congress in 1962; it supports and conducts research on topics related to the health of children, adults, families, and populations. In 2008, by an Act of Congress, the institute was renamed the Eunice Kennedy Shriver NICHD in honor of Mrs. Shriver’s vision and dedication (NICHD, 2008).

North Carolina Partnership for Children. The North Carolina Partnership for Children provides technical assistance and training for local Smart Start partnerships in the areas of program development, administration, organizational development, communication, fiscal management, technology, contracts management, and fundraising (Smart Start and the North Carolina Partnership for Children, 2010).

Parents as Teachers (PAT). PAT is s an organization that recognizes that parents need support in order for their children to learn grow and develop (PAT National Center, 2010).

Parents for Higher Education (PFHE). PFHE is a program that provides financial assistance with child-care costs, enabling students to overcome barriers to academic growth and personal fulfillment. Funds are available through a grant at the community college.

Partnership for Children of Cumberland County. The Partnership for Children of Cumberland County (2011a) is a nonprofit organization charged with implementing North Carolina’s Smart Start and More-at-Four school-readiness programs for children from birth through age 5.

Star-rated licenses. A star-rated license shows one to five stars that replace permits issued to a center. Centers and homes meeting the minimum licensing requirements will receive a one-star license. Programs that choose to meet higher standards can apply for a license of two through five stars. The number of stars a program earns is based upon the education levels of staff, history of compliance with licensing requirements, and program standards met by the program (North Carolina Department of Health and Human Services, n.d., 2010).

Purpose of the Study

The purpose of this study was to gain insight into parents' perceptions of placing their children in a five-star child-care center and the quality of service. Early rearing experiences play an important role in shaping early developmental trajectories, including nonmaternal child-care experiences (Belsky, 2005). Bronfenbrenner (as cited in Woo, 2005) argued that to be effective and have a lasting impact, early-childhood programs should involve the children's parents and communities, so that all environments affecting children foster similar goals. Parents have been the most underrepresented partners in the deliberations of child-care issues. Yet, parents hold the most intimate knowledge of how the system works—or does not. Accessing this knowledge and experience is essential to shape programs and policies that are responsive, relevant, and realistic (Weber & Wolfe, 2002). Recent estimates have indicated that nearly two thirds of all 3- to 5-year-old children in the United States attend some form of regular child care prior to kindergarten (Belsky, 2005). Across the nation, approximately 55% of children under the age of 3, 68% of 3-year-olds, 78% of 4-year-olds, and 84% of 5-year-olds are enrolled in some type of early care and education program on a regular basis, which translates to more than 12 million children (ChildStats.gov 2009; Johnson, 2005). Given these high child-care

rates, both parents and professionals have sought to understand the impact of these experiences on children (Belsky, 2005). Parents need to be educated about the importance of quality of child care, what to look for, and how and to find it. Blau (2001) stated,

Childcare policy should be based on the assumption that well-informed parents will make good choices about the care of their children. Government can provide the best available information to inform parental decision making and can provide incentives to parents to make good choices for children. But the government should not limit the freedom of parents to arrange care for their children as they see fit. (p. 215)

This study could help researchers and parents understand the viewpoints of parents placing their children in a five-star child-care center and the quality of service. Furthermore, this was an opportunity to learn what parents experience when considering or placing their child in child care, providing an opportunity to take parents more seriously and to learn what they are saying about their child-care experience. Additionally, this study should provide valuable information to parents, researchers, program directors, community groups, foundations, policy makers, community colleges, and child advocates aiding in guiding public policy and effectively directing resources affecting child care. The study helps fill the gap in the research literature concerning quality of care from a parent's point of view.

Chapter 2: Literature Review

Factors Driving Child Care

The need for child-care facilities has increased since the 1970s. Over 64% of all American women with children under the age of 6 are in the labor force (Bureau of Labor Statistics, 2008), and the number continues to rise. With the number of families with two working parents and the number of single-parent families increasing, parents are turning to child care. However, simply having a place for children to be while parents are at work is not the only problem. Finding a quality child-care facility has become a major challenge for most parents in the workforce.

Historically, mothers took care of their children in the home. Working class and poor women began to use private child care in the 19th century. During World War II, the first publicly funded child-care program was established (Kamerman, 2006). Stanley Greenspan, a George Washington University child psychiatrist (as cited in Lang, 2005), stated that in 25 years American families have been radically restructured as the number of women in the workforce has nearly doubled. Instead of parents providing early child care, it is outsourced to virtual strangers. A large percentage of children under age 5 spend long hours in child care each week while their mothers work (Capizzano & Main, 2005). Forty-two percent of children under age 5 with employed mothers spent at least 35 hours a week in child care in 2002 (Capizzano & Main, 2005). The proportion was even greater (50.6%) among children whose mothers worked full time. Even among the children less than 3 years old, 38% were in care for at least 35 hours per week (Capizzano & Main, 2005). These findings reinforce the important role that child care plays in the lives of America's youngest children and the need for policy makers to pay close attention to the quality of that care (Capizzano & Main, 2005). An estimated 1.3 million

American children attend child care. This represents over half of the children are of child-care age. A majority of these children spend close to 40 hours a week in child care, many starting at only a few weeks old.

Studies of full- and part-time child-care services have shown that the demand for services has increased dramatically for preschool. Jurkiewicz (2004) attributed the increase to demand to more parents working outside of the home and the increased concern to prepare children for elementary school. More than half of infants are placed in some form of child care for at least 10 hours during their 1st year of life, and more than three quarters of families with young children depend on child care as a support for maternal employment (Belsky, 2005). Formal child care also can provide early childhood education. In fact, child care, nursery school, and preschool programs are often indistinguishable in their activities (McCartney, 2004).

Societal views regarding child care are shifting. Sending children to child care is not only accepted but also encouraged. Many employers are now providing on-site child care. This is becoming one of the fastest growing forms of child care. The number of employers that provide on-site care for employees' children has dramatically changed since 1982. Approximately 8,000 workplaces had on-site centers in 2000, compared to only 204 in 1982 (Leonard, 2000). Private child-care centers are rapidly growing in the United States; Kinder Care Learning Center is one of the largest chains, with more than 1,132 child-care centers in 38 states (Kinder Care, 2010). Kinder Care (2010) is expected to expand to 2,000, or perhaps 3,000, centers with over 300,000 children over the next 10 years, with further expansion in the United Kingdom, Scandinavia, and the Far East. Kinder Care is committed to providing only the best to children and their parents. Their centers meet the highest standards of child-care quality. Kinder Care Learning Centers

provide a safe and healthy environment for children. They have teachers who are well trained, have access to excellent teaching materials, and work with curricula that are appropriately challenging and developmentally sound. Kinder Care centers must voluntarily improve their offerings and adhere to high national child-care standards.

Full-time child-care services for preschool children are provided by many states. In 2001, full-time child care for preschool child was provided by 32% of the 58,500 preschools in U.S. public elementary schools (Smith et al., 2003). According to Hirshberg, Huang, and Fuller (2005), recent studies have shown that the amount of public spending on child care has risen steadily over the past 2 decades, especially since the 1996 welfare reform. Interviews with 1,974 employed, married parents found Latinos, Vietnamese, and other non-English-speaking families mostly relied on home-based providers. In contrast, parents with higher education, who worked more hours and had a higher income, were more likely to choose a child-care center (Hirshberg et al., 2005).

Leseman (2002) noted research on the hopes and fears that have emerged as formal child care has become the norm in many nations around the globe. The greatest hope has been that child care may significantly improve the lives and development of young children, especially those most at risk of poor outcomes (NICHD Early Child Care Research Network, 2003b). The greatest fear has been that childcare may disrupt parent-child relationships and damage children's social and emotional development (Belsky, 2001). Typically, the change in childcare arrangements is attributed to the movement of mothers into paid work outside the home. However, even children whose mothers are not in paid employment now commonly participate in similar arrangements (Casper & Bianchi, 2002). Casper and Bianchi's (2002) research showed that child care has two purposes: to enable parents to work and conduct other activities away from their

children and to provide education and social activities for children. Demand for both has driven changes in care, and attendance in school-like programs for much of the day is now nearly universal in some countries for children as young as 3 (Kamerman, 2001). Barnett (2004) stated that research gives a reason for hope and has alleviated some major fears.

A significant correlation has been found between program quality and outcomes for children (NICHD Early Child Care Research Network, 2005). Outcomes found to be related to quality were cooperative play, sociability, creativity, ability to solve social conflicts, self-control, and language and cognitive development. Findings from the NICHD study (NICHD Early Child Care Research Network, 2005) indicated that the quality of provider–child interaction has a strong positive relationship with higher cognitive and language scores for children. There is an increase in positive mother–child interactions across the first 3 years of life (NICHD Early Child Care Research Network, 2005). The key dimensions that affect outcomes for children are issues such as number of children per adult and caregiver or teacher qualifications (Jaeger, Shlay, & Weinraub, 2000). Both are important for setting the stage for better quality and provide the context in which quality is more likely to occur. Other variables that affect outcomes for children include (a) responsiveness of the caregiver to the children needs, (b) individualization of care, (c) language used in the classroom, and (d) appropriateness of learning activities (Jaeger et al., 2000).

Despite the difficulty in defining quality in preschool, the idea of quality is widely regarded as a critical element of a young child’s first experience in education. In a 1998 speech, former Vice President Al Gore remarked, “Quality childcare isn’t a luxury, it’s a necessity. It not only gives parents peace of mind—it gives children safe places to learn

and to grow” (p. 1). Quality child-care experiences should be available to all children, regardless of income. Parents, regardless of family income, should have access to quality programs. Policies that promote good-quality child care during the preschool years are important for all children. Peisner-Feinberg (2004) suggested that good-quality care is expensive to provide; it is associated with well-trained and educated staff, high staff-to-child ratios, low staff-turnover rates, good wages, and effective leadership. Given the high cost as well as the relative paucity of good-quality care, consideration needs to be given to both the availability and the affordability of care. The most successful policies will need to take all these factors into account so that good-quality care is a realistic option for all children. Given the high usage rates of child care during the preschool years, such an investment would seem to be an important path to explore in improving children’s readiness for success in school (Peisner-Feinberg, 2004).

Many researchers and state departments of education use the Early Childhood Environmental Rating Scale–Revised (ECERS–Revised) to evaluate quality (Perlman, Zellman, & Le, 2004). The National Association for the Education of Young Children awards accreditation to early childhood programs that meet specific criteria for high-quality care for young children (D. McDonald, 2009). A specific definition of quality is somewhat difficult to provide, and parents, politicians, and advocates may be using the same term with a different meaning in mind. Nevertheless, they all agree that quality is of great importance in child care. Because quality is highly valued and has become increasingly important for early childhood education, researchers, practitioners, policy makers, and parents all are looking for a way to understand the quality of a program.

Perception is a basic factor in understanding behavior in the practitioner–client relationship because an impression is difficult to change once it is made, regardless of its

correlation with reality. Clients form early impressions that become very quickly entrenched. According to Brown and Harvey (2005), several studies indicated that impressions are formed very early, possibly in the first 4 or 5 minutes of a meeting. People behave on the basis of what they perceive rather than what really is (Brown & Harvey, 2005). Additionally, perception is the process by which people receive and interpret information from the world. Much evidence points to the conclusion that early experience, learning, emotion, and motivation are important in defining what and how an individual perceives. Part of this accumulating evidence comes from experiments comparing how people in different cultures perceive things. The perception of form, color, pain, and touch may differ from culture to culture, depending on habits, customs, and the training of children (“Perception,” 2011).

Parents’ perception of the meaning of what constitutes quality child care for young children could provide insight into child-care placement; quality is a factor in the decision. Burchinal et al. (2002) stated that the average parent substantially overestimates the quality of child care that his or her child experiences and has difficulty discriminating between higher and lower quality programs and lower quality. Findings also indicated that parents rate the quality of their children’s programs not according to their assessment of reality, but rather in accord with their hopes for the children they love (Burchinal et al., 2002). The perception of quality among parents could be the deciding factor into whether a child is placed in an accredited or nonaccredited program (Cryer, Tietze, & Wessels, 2002). Parents have the responsibility to make the initial decisions about the need for care and what type of child care is good for their children. Kirp (2007) wrote,

The age-old parental desire to give one’s own kids the best chance to succeed has evolved into a nationwide push for high-quality preschool that, like K-12 [kindergarten through Grade 12] public education is paid for with tax dollars and

open to all. Nor is it just parents who are behind this effort. The big-tent coalition of pre-K [prekindergarten] supports includes politicians and pedagogues, philanthropists, pediatricians, and police chiefs. (p. 3)

Furthermore, the NICHD Early Child Care Research Network (2000b) analyzed the association between quality child care and developmental outcomes of young children. The researchers concluded, based on social and cognitive findings, that parents should be concerned about child-care quality because of contributing factors that predict the reports of prosocial behavior by both the caregiver and mother as well as language outcomes (NICHD Early Care Research Network, 2000b).

Child care of any kind is often the first group experience children have outside the home. This first group experience is often the parents' first experience leaving children in care outside the home. This experience for children and parents can significantly increase or decrease the stress of the family. Greenspan (2001) suggested that children's needs must be a priority when making child-care decisions. When parents choose nonparental child care, there is a shift in needs and life events at home. The decision to place a child in care may be financial, social-emotional, or cognitive. There may be a financial need for a parent who had been home caring for children to go back to work. Parents want their children to be socially and emotionally well and often choose child care for that reason. Many parents feel pressure to keep their children cognitively stimulated by others who have enrolled their children in child care or preschool. All of these reasons and more motivate parents to enroll children in a child-care center. Parents have to balance the needs of their family; however, the children's needs take priority when considering child care (Greenspan, 2001). The decisions involved in placing children in care are complicated, and parental perspectives are crucial. A parental knowledge base of what constitutes quality care may provide an objective canvas for what to look for before

parents walk through the door of a child-care facility. Good governmental policies and best practices should support parents in this decision (Greenspan, 2001).

McClure (2010) stated that early-education experts indicate that children are fully capable of learning at a very young age. Nurturing a youngster's enormous capacity for learning and understanding can better prepare a child socially, emotionally, and academically for school when introduced to a structured learning environment early. Despite significant research that attests to the value of early education, a study conducted by Nobel Learning Communities (as cited in McClure, 2010) revealed that 70% of parents with preschoolers believed children should not be in a structured setting until age 2 or older, and an additional 26% believed age 4 or older is better. Furthermore, nearly 65% of respondents believed that such skills as sharing, problem solving, and conflict resolution cannot be taught until a child is 2 years old or older, and more than 20% believed a child needs to be at least 4 years of age. This underestimation of the benefits of early education by parents is sometimes referenced as "the Great Divide" (McClure, 2010, p. 1).

By offering children as young as 6 months an educational and nurturing environment, parents are allowing their children every chance to develop by design, rather than chance, skills necessary for success (McClure, 2010). Prendiville (2006) explored the parental role in child care by drawing on a whole-child perspective and ecosystemic theory. Prendiville discussed the partnership between parents and staff in the formal child-care context. Parents are no longer viewed as "empty vessels waiting to be filled with professionally derived child development knowledge but as active partners in search of formal and informal supports necessary to carry out the difficult task of parents" (Prendiville, 2005, p. 65). Pinkerton, Dolan, and Canavan (2004) reviewed

family support in Ireland for the Department of Health and Children and identified partnership with parents as an integral part of family support. This partnership is most critical in the formative years of a child's life. Working in partnership with parents is no longer an option; it must become a reality (French, 2000). The benefit of open communication between parents and practitioners is immeasurable; it facilitates the exchange of information about the child's progress and development.

Robertson (2003) expressed concern with what the child-care establishment is not telling parents. According to the back cover of Robertson's book, it is a contentious debate whose outcome will have profound consequences for children and their social future. The real conflict, according to Robertson, is between parents and the multimillion-dollar day-care establishment. The day-care industry has lobbied for more commercial day care, whereas parents ask for policies allowing them to care for their children at home. Robertson claimed that parents need information to make an informed choice regarding child care.

Siegel (2001) expressed worry about with the speed at which society has embraced the idea of putting children into child care without conducting more longitudinal studies of the effects of long-term child care on children. Siegel stated,

Childcare advocates are right to say that families need help, but the question is whether the policies they propose will strengthen the family or weaken it even further. There's a need to look more deeply at the historical roots of our problems and think about solutions that go further than just spending more money on day-care centers. (p. 13)

Siegel's concern is the publicized interpretation of certain studies. Siegel maintained that there was a push for preschool in the media, based on a study concluding that children who do not attend preschool are less likely to succeed than children who do attend child care. Siegel stated the problem with these findings is that the study was conducted with

low-income, at-risk children. Siegel further implied that studies should not generalize and assume that children who are not in at-risk environments would benefit as greatly as the at-risk children who participated in the study. Siegel stated that many parents are choosing to place their children in child care based on studies that may not relate to the needs of their own children. Furthermore, Siegel suggested that it may be more beneficial for children to spend more time at home and have more balance in their lives, instead of attending full-time child care. If the child's home environment is at risk, it makes sense that full-time child care would be a better option. However, if the home environment is nurturing, parents may provide development that cannot be replaced or improved upon in a child-care setting (Siegel, 2001).

Belsky et al. (2007) investigated how early child-care experience with different types, qualities, and quantities of care from birth to 54 months affects children's development from the age of 54 months through sixth grade. The researchers debated two major issues: how child-care experience is beneficial or detrimental to children's development and whether the effects continually remain or gradually dissipate as the children get older. A large number of young children participate in early childhood care and education programs, and the concerns surrounding quality care and its long-term effects are important issues to parents, educators, and policy makers. Belsky et al. reported four important findings:

1. First, the quality of child care has a significant and reliable impact on children's language development; children who experienced higher quality child care obtained higher vocabulary scores at 54 months, kindergarten, and first through fifth grades. Children who experienced poor quality care received low reading scores at 54 months; however, this became irrelevant after 54 months (Belsky et al., 2007).

2. The quantity of child care per week impacted younger children. When children had been in care more hours per week from birth to 54 months, preschool and elementary school teachers reported more behavior problems and conflicts with the teachers; however, as the children grew older, there were no differences both in behavior problems and conflicts related to amount of time in child care. Belsky et al. (2007) argued that the association could possibly reemerge in adolescence. The amount of time that children spent in child care from birth to 54 months was related to children's low vocabulary scores in fifth grade. Belsky et al. labeled this a "sleeper effect" (p. 3), because the association was not observed previously in the NICHD study.

3. The type of child care (center based, child-care home, in-home care by nonrelative, and relative care) affected children. The teachers addressed more behavior problems in the children who spent more time in child care, particularly in center-based settings. This phenomenon persisted through sixth grade, whereas many other effects of time in any kind of nonrelative care on children's social development diminished over time (Belsky et al., 2007).

4. Finally, Belsky et al. (2007) suggested that parenting quality is a powerful and reliable predictor of all the developmental outcomes.

The Society for Research in Child Development (2007) conducted a long-term study of child care in the United States and found that children who spent more time in center-based settings from birth through school entry had somewhat more problems with aggressive and disobedient behavior through sixth grade than did children who spent less time in centers, regardless of the quality of care. However, problem behavior and teacher-child conflicts experienced by children who spent extensive time in other types of child care did not continue beyond first grade. The study also found that the quality of

parenting that children receive is a far stronger and more consistent predictor of achievement and social functioning than children's experiences in early child care. However, the researchers could not determine whether this was due to genes shared by parents and children or the actual parenting experience (Society for Research in Child Development, 2007).

Katz (1993) identified four perspectives on the quality of child care: (a) the perspective of researchers and professionals in the field, (b) the perspective of parents using child care, (c) the perspective of child-care staff, and (d) the perspective of the children in child care. Katz argued that all four perspectives must inform child-care policy; however, the researcher or professional perspective is considered far more often than are the other three. Parents, children, and child-care staff have perspectives on child-care quality that have not been adequately addressed. Katz suggested that the study of parent perspectives should focus on parents' perceptions of quality, including program flexibility and staff responsiveness to family needs.

Ceglowski and Bacigalupa (2002) argued that given the preponderance of studies conducted from the professional or researcher perspective, more effort should be directed to studying child-care quality from the perspectives of parents, children, and child-care staff. National and state child-care policies are shaped in part by studies of child-care quality. The majority of these studies have focused on variables that influence child outcomes. The practice implications of adopting a broader perspective on quality were highlighted by Ceglowski and Bacigalupa, who gave the following example:

If parents who have recently immigrated from Somalia define quality childcare in terms of providers that speak Somali and observe Muslim eating customs, then programs could be developed to fit the families' definitions of quality while also conforming to traditional definitions of quality. (p. 91)

Emlen, Koren, and Schultze (2000) analyzed parents' perceptions of child-care quality (based on family flexibility) and seemed to be in opposition to the outcomes definitions of child-care quality. Families' perceptions of child-care quality might be viewed instead as another perspective on child-care quality. This would not eliminate or lessen the importance of the top-down child-outcomes definition of child-care quality but would expand it to include perspectives of parents, children, and staff (Ceglowski & Bacigalupa, 2002).

The Society for Research in Child Development (2009a, 2009b) found that early interpersonal experiences—center-based child care and parenting—may have independent and lasting developmental effects. The study drew on the large, longitudinal Study of Early Child Care and Youth Development in the United States, which was carried out in collaboration with the NICHD. The NICHD study followed about 1,000 children from 1 month through midadolescence to examine the effects of child care in children's first few years of life on later development. Children who, during their first 3 years, had insensitive mothers or spent more time in center-based child care, whether of high or low quality, were more likely to have the a typical pattern of lower levels of cortisol just after awakening when they were 15 years of age, which could indicate higher levels of early stress. These findings held even after taking into consideration a number of background variables, including family income, the mother's education, the child's gender, and the child's ethnicity as well as observed parenting sensitivity at age 15. The associations were small in magnitude and were not stronger for either boys or girls (Society for Research in Child Development, 2009a, 2009b).

Emlen (2010) explicated the dynamics of parental decisions. Emlen (2010) stated that revising understanding of parents' circumstances and behavior allows for rethinking

policy about families, employment, and child care. Furthermore, Emlen (2010) stated, “We can break the stalemate that pits support for child care against support for the wellbeing of families” (p. vii). Emlen (2010) gave the familiar concept of flexibility new scope and depth, as a necessity for any planned activity, as a resource that comes from multiple sources within the immediate environment, and as a creative problem-solving ability that parents possess. Parental choice includes a set of constructs that flow logically from knowledge of the child-care market, through learning about and securing an arrangement, to termination of the arrangement. Knowledge, values, opinions, perceptions, and options are involved. It is challenging to accurately capture this complex set of intertwined factors in a survey (Emlen & Weber, 2007).

Blau (2001) pointed out a principle that should guide child-care policy:

Childcare should be based on the presumption that well informed parents will make good choices about the care of their children. Government can provide the best available information to inform parental decision making and can provide incentives to parents to make good choices for children. But government should not limit the freedom of parents to arrange care for their children as they see fit, subject to caveats about neglect and abuse. Not all parents will want to take advantage of subsidized high-quality child care in preschools and family day care homes. Some will prefer care by a relative or close friend, some will prefer care in a church-based setting that emphasizes religion, and some will prefer a baby-sitter in their own home. These choices may not optimal from a child development perspective, but government should not coerce parents to raise children to in a particular way. As long as safety and general well-being are assured, parents should be the decision makers. (p. 215)

Quality Child Care

Child-care centers of high quality are important for the well-being of those they serve. Research briefs have viewed quality as a focus on how caregivers interact with children and the actual experiences children have (Fiene, 2002). In 1995, investigators from several universities published a study assessing the quality of child care offered by group day-care centers in California, Colorado, Connecticut, and North Carolina

(Helburn et al., 2005). The study examined the quality of care children received in 401 group day-care centers by observing interactions between the children and their providers and by testing the children (e.g., using the Wechsler Intelligence Scale for Children). At the same time, investigators studied the content of each state's regulations and recorded state-required child-to-staff ratios, maximum group size, staff education and experience, minimal square footage per child, and other widely used indicators (Helburn et al., 2005).

The state of North Carolina had the poorest scores on the Infant Toddler Environment Rating Scale (Helburn et al., 2005). More specifically, for-profit child-care centers in North Carolina had the worst ECERS scores for preschoolers, and nonprofit centers in North Carolina and Colorado had the worst ECERS scores for preschoolers. North Carolina allowed one adult to every six infants or one adult for 15 three-year-olds, whereas other states required one adult to every four to five infants or one adult for 10 to 12 three-year-olds. Additionally, North Carolina required far less early childhood education of center staff than the other three states. These findings supported the proposition that regulation has a direct correlation on the quality of child care (Helburn et al., 2005).

In the technical report of the Cost, Quality, and Outcomes study, Peisner-Feinberg et al. (2000) described low, medium, and high-quality settings for young children using the following descriptions.

Low quality settings are . . . generally characterized by either disorganization and chaos or an overly strict atmosphere, both of which prevent children from engaging in productive learning activities. Adults are inattentive and unresponsive. There are few conversations between adults and children. There is little attention given to the individual needs of children. Children have little choice in what they do during the day. Basic nutritional, health, and sanitary needs are not met, and children's indoor and outdoor play spaces may be dangerous. . . .

In medium quality settings . . . adults pay little positive attention to individual children, and supervision of the group is often divided with other tasks, such as preparing food or doing paperwork. Adults do not provide educational guidance to support children's learning. Children have some opportunity for choices. The classroom is organized into interest areas. There might be enough materials for the children, but some may need repair. Children spend much of their time in large groups and have limited opportunities for small group or individual activities. Adults are generally attentive to children's safety during activities and typically meet children's basic nutritional and other personal care needs. . . .

In high-quality settings. . . teachers interact frequently with children and provide guidance to enhance their learning. The teacher has close relationships with children and talks with them about what they are doing. The classroom is well equipped and has a variety of age appropriate materials. Activities and materials are changed frequently according to children's interests and abilities. Children have many opportunities throughout the day to choose hands-on activities and use materials to create, both independently and in small, often self selected, groups. Teachers have a planned but flexible schedule of indoor and outdoor activities that are interesting to children. Nutrition and other personal care are provided in a flexible way to meet children's individual needs and encourage the development of self-help skills. (Peisner-Feinberg et al., 2000, p. 13)

More specifically, the Cost, Quality, and Outcomes study (Peisner-Feinberg et al., 2000) resulted in the following findings: (a) Children who attended child care with higher quality classroom practices had better language skills from the preschool years into elementary school; (b) children with closer teacher–child relationships in child care had better classroom social and thinking skills, language ability, and math skills from the preschool years into elementary school; and (c) better quality child care was strongly related to better math skills and fewer problem behaviors from the preschool years through second grade for children whose mothers had less education. For mothers at the lower level of education (12 years of school as compared to 16 years), quality had a significant effect; children experiencing higher quality care continued to have higher math skills over this time period (Peisner-Feinberg et al., 2000). Children with less educated mothers (same comparison group as above) had effect sizes for teacher–child closeness. The same group of children also exhibited fewer problem behaviors, which

remained constant over time (Peisner-Feinberg et al., 2000).

Given the findings of the Cost, Quality, and Outcomes study, Peisner-Feinberg et al. (2000) suggested the following policy implications:

If America wants all its children to be ready for school, it must improve the quality of childcare experiences available in the United States, there is a clear link between cost and quality, greater government and private investment in childcare is needed, the quality set aside in federal/state block grant funds for childcare is a wise investment and should be expanded, childcare subsidies should be redesigned to offer incentives for providing high quality care and tax incentives should be used to encourage parents to choose high quality care and education services. (p. 42)

Overall, the Cost, Quality, and Outcomes study indicated that there were more positive outcomes for young children who received care in high-quality settings. Peisner-Feinberg et al. (2000) also suggested that the costs of care were related to the quality of care.

Money matters in early childhood care settings. Currently, parents pay most of the costs of child-care services in the United States. Peisner-Feinberg et al. (2000) advocated for greater government investment, which would increase the quality of care for young children in the United States. Peisner-Feinberg (2004) further pointed out the following:

Because children's outcomes are influenced by the multiple environments they encounter, including both family and childcare settings, there has been growing interest in research about the effects of childcare experiences on children's development. Moreover, the reported average quality of childcare in the U.S. falls short of the standards recommended by early childhood professionals, leading to concerns about how the quality of such environments affects children's development. Coupled with the widespread interest in promoting children's school readiness skills, a number of research studies have examined the extent to which variations in the quality of preschool childcare experiences influence children's cognitive and social skills during the preschool years, during the transition to school, and into the elementary school years. Examination of the quality of childcare has weighed a variety of factors, including classroom practices (e.g., materials, activities, daily organization), teacher-child relationships (e.g., teacher sensitivity, warmth and closeness of the relationship with the child), and teacher qualifications (e.g., education and training levels).

One difficulty with examining the impact of childcare quality is the issue of family selection factors. Families choose the childcare they use, and families with

differing characteristics may choose different types and quality of care. In particular, studies have suggested that socio-economically advantaged families tend to choose higher quality care for their children. Therefore, it may not be possible to completely separate the developmental effects of childcare quality from the effects generated by family factors. While more recent studies have adjusted statistically for these family selection factors, they may underestimate the effects of childcare quality when the two are highly correlated. (pp. 1–2)

Parents' overestimation of quality is not limited to the United States. A cross-national comparison of parents' perceptions of child care was performed with parents from the United States and Germany (Cryer et al., 2002). U.S. and German versions of the ECERS-Revised and the ECERS Parent Questionnaire were used to measure parents' perceptions. Cryer et al. (2002) found that for both countries, parents indicated high importance for the aspects of quality, but parents assigned substantially higher quality scores to their children's classrooms than did trained observers, and parents' quality assessments were influenced by the relative importance they attributed to aspects of quality. However, the findings also suggested that parents have difficulty in differentiating among programs of varying quality (Cryer et al., 2002). Parents who overestimate quality may do so based on a variety of factors, including lack of observational time in child-care programs, limited choices of care, and different expectations of care at home versus group care (Cryer et al., 2002). Informing parents may lead to better judgment of quality based more on objective facts rather than subjective feelings. The implication of these findings is that the most effective approach to informing parents about quality may be accreditation status of programs or rated licensing systems that indicate quality (Cryer et al., 2002). Parental perceptions should be considered when investigating how parents rate quality child care.

Elicker et al. (2005) conducted a study in Indiana with 307 children. The average level of child-care quality observed was below good and just above minimal (using the

Family Day Care Rating Scale). “Overall, licensed settings were of higher global quality than unlicensed settings” (Elicker et al., 2005, p. 53). However, licensed settings tended to be the lowest on process quality, especially for infant and toddler care. Process quality is determined by observing what happens in the child-care setting. Elicker et al. assessed the infants and toddlers in this study on visual reception, fine motor skills, and receptive and expressive vocabulary and found that most of them were less advanced in these areas than average children of the same age. In addition, Elicker et al. reported that the preschool-aged children being cared for in centers scored higher in cognitive competence than did the children in home-based care. Preschool-age children in child-care settings of higher global quality scored higher on early academic skills than children in child-care settings of lower global quality. Most notably, Elicker et al. reported, “Despite the parents’ high ratings of their child care quality, the global quality levels assessed by our trained observers of all types of care used by low-income working families in these four communities were relatively low” (p. 53).

The National Association of Child Care Resource and Referral Agencies (2005) conducted a comprehensive, national study of 14 focus groups of 163 parents. Findings revealed that parents had six predominate factors that constituted quality. Additionally, the study revealed that the parents felt that finding child care that was reliable and affordable was difficult. They desired child-care programs where children could learn new skills through activities and interact with other children in a clean, safe, and loving environment. Parents perceived that even if they could afford it, quality child care was just not available. They suggested that collaborative effort among federal and local governments, parents, policy makers, and scholars to improve the quality of child care. Parents also assumed that child-care programs were inspected and house staffs were basic

trained, when the reality is often otherwise. Finally, parents opined that the standard for child care, including health and safety standards and training of staff, should be mandated federally and enforced locally (National Association of Child Care Resource and Referral Agencies, 2005).

Children who attend high-quality child-care centers develop better intellectually than those attending lower quality child-care centers (Committee on Early Childhood, Adoption, and Dependent Care, 2005). The Committee on Early Childhood, Adoption, and Dependent Care (2005) found that children in centers of high quality develop better intellectually, scoring 12 points higher on IQ tests, and gain language skills faster than children in programs of lower quality. Centers should be thought of more than just drop-off points for children. Centers of high-quality child care and early-childhood education gave the children of the study a head start in lifelong learning and intellectual development.

Smart Start is a statewide initiative to help all North Carolina children enter school healthy and ready to succeed. Smart Start may help with the cost of child care and may help child-care homes or centers improve their programs. Smart Start also helps families access health care and other services that are important during a child's early years (Smart Start & the North Carolina Partnership for Children, 2010). The Smart Start initiative was established to help children enter school healthy and ready to succeed.

The Smart Start program utilizes North Carolina's five-star rating system (North Carolina Department of Health and Human Services, 2010). The system is a qualitative analysis of child-care facilities. Child-care centers must become licensed and possess at least a two-star rating but can voluntarily choose to become licensed at higher levels, up to five stars. The five-star rating system is based on two components: program standards

and education standards. Child-care centers must meet one or more of the following program standards based on the number of points for which they are applying: (a) operating and personnel policies, (b) increasing the number of activity areas in classrooms, (c) building higher square footage per classroom, and (d) reducing the staff-to-child ratio.

To improve the quality of child care in North Carolina, the Division of Child Development created credentials. The Division of Child Development oversees all aspects of child-care services in North Carolina, regulates child-care facilities, and responds to reports of illegal child-care operations and allegations of abuse or neglect in such facilities (North Carolina Department of Health and Human Services, 2010). The North Carolina Early Childhood Credential is required for all lead teachers and consists of three required components: child-care administration coursework, early childhood and child-development coursework, and a portfolio demonstrating administrative competencies. The North Carolina Early Childhood Credential or the North Carolina Family Child Care Credential is required of all lead teachers, and the North Carolina School-Age Credential is required for teachers of school-age children (Central Piedmont Community College, 2010).

Educational standards for child-care centers are based on the education level of all the staff. The state standards division evaluates transcripts to determine the number of semester hours counted towards the higher levels. Child-care centers can earn more points if more staff have completed early-childhood coursework and have experience working with children (i.e., at the highest level in education standards). Five points can be earned if (a) the administrator has the North Carolina Early Childhood Administration Credential and experience; (b) 75% of lead teachers have at least an associate degree in

early childhood as well as experience; (c) 50% of teachers have completed the North Carolina Early Childhood Credential or equivalent and have additional coursework as well as experience; and (d) those teaching school-age children have completed school-age coursework, have basic school-age training, and have experience working with school-age children (Bryant, Bernier, Peisner-Feinberg, & Maxwell, 2002). These components took effect January 1, 2008. The rules make compliance history a minimum standard for any licensed facility. Program standards and staff education are assessed for a star rating of two to five stars. The five-star rating system accurately reflects the overall quality of service to child-care centers (North Carolina Department of Health and Human Services, 2010).

Several studies have been conducted by the Frank Porter Graham Institute at the University of North Carolina (Bryant, 2002). The studies examined the effects of Smart Start on the quality of child care over time. The studies represented preschool child-care programs that were part of observational studies of North Carolina child-care quality between 1994 and 2002, focusing on early care and education (Bryant, 2002). Smart Start is a public-private initiative program that began in North Carolina in 1993 (Smart Start & the North Carolina Partnership for Children, 2010). The program is designed to provide preschool-aged children with the skills and tools they need to succeed in kindergarten and beyond. Additionally, the Smart Start program focuses on providing quality health care to children and their families. Smart Start is a family-oriented program that strives to go beyond just helping children. Counseling, job training, and other resources are intended to provide low-income families with opportunities to succeed (Smart Start & the North Carolina Partnership for Children, 2010). Smart Start has garnered much national recognition and is considered a model for comprehensive early-childhood education

initiatives. In 2001, the North Carolina Partnership for Children established a National Technical Assistance Center to assist other states with the development of an early-education initiative (Smart Start & the North Carolina Partnership for Children, 2010).

Partnership for Children

began as a pioneer Smart Start partnership in 1993 and has matured into a respected and viable organization providing the community with clear visionary leadership and a successful, proven track record. The distinct competence of the partnership lies not only in its understanding of non-profit organizations, but also in its extensive experience in capacity building at the local level, management as a service provider, and as a grantor to non-profits. The work of [Partnership for Children] encompasses brokering new partnerships between community non-profits, corporations and public agencies; suggesting new approaches to formulating innovative program strategies; and thinking beyond recognized existing structures and systems “outside the box.” (Partnership for Children of Cumberland County, 2011c, para. 1)

Certain factors improve child development in the first 5 years of life. Partnership for Children programs improve child health, family support, and access to high-quality child care and education. Goals of the Partnership for Children of Cumberland County (2011b) are the following: (a) Children up to age 5 are healthy and prepared to succeed when they enter school; (b) families of children up to age 5 fulfill their roles as the primary providers, nurturers, and teachers, helping their children reach their full potential; (c) all families of children under 5, including those with special needs, have access to high-quality and affordable early childhood services, education, and other services that support them in their parental roles; and (d) the Partnership for Children helps the community provide options, resources, and support collaboratively to help children and families reach their full potential.

The Partnership for Children of Cumberland County (2011a) is a nonprofit organization with a successful record of making a difference. They are a local administrator for Smart Start, North Carolina’s early-childhood initiative, and the More at

Four Pre-Kindergarten Program. Some examples of their success in the 2008–2009 school year include the following: (a) 51 infant and 102 toddler child-care spaces were maintained in five-star child-care facilities, (b) the More at Four Pre-Kindergarten Program prepared 2,093 children aged 4 for kindergarten in facilities with an average star rating of 3.8, and (d) 92% of families reported confidence in applying new skills after participating in programs (Partnership for Children of Cumberland County, 2011a).

“With the support of engaged communities and nurturing families, all children can thrive and have the opportunity to grow into caring, contributing, and healthy adults”

(Partnership for Children of Cumberland County, 2011a, para. 9).

Pruissen (2010) maintained that growing numbers of families need supplementary child care provided by someone other than a parent. Pruissen wrote,

The value of good child care is well documented. Early learning experiences that help build resilience, social skills, and the ability to keep learning have social and economic benefits for everyone—children, parents, employers, and society as a whole both now and in the future.

On the other hand, indifferent child care leads to poor outcomes for children. Intellectual and social development is likely to be stunted. Poor quality care can hamper what and how well children learn. Low standards of hygiene and safety in poor quality settings lead to injury and illness for children. (para. 2–3)

Pruissen continued,

The value of good child care cannot be understated, yet far too many children continue to be denied quality care. Many children spend their formative years in settings that are unsafe or only custodial. Parents are being lured into accepting listings of caregivers from various caregiver groups without the support and information they need to properly access a provider or facility. Still others simply choose the first caregiver or facility they come across based on price and convenience. We spend more time choosing a vehicle or for that matter a pet, than we do choosing a quality childcare setting. (para. 5)

However, parents know what they want from child care. Pruissen (2010)

observed,

A study conducted by Child Care Aware, an ongoing public awareness campaign sponsored by the Dayton Hudson foundation and other valuable childcare organizations in the U.S. points out that parents are highly concerned about quality, about the basic physical safety and security of their children, about positive emotional and learning experiences, about affection and fair discipline, about caregiver turnover. Sadly though, parents are less concerned about how to choose a child care setting that would produce these outcomes. They emphasize “instinct” and “gut reaction” when choosing providers. Yet many are dissatisfied with their current child care arrangements or have experienced poor quality care in the past. (para. 6)

Additional, smaller group settings provide a higher quality child-care environment (Lowery & Cassidy, 2007). The number of children per adult care provider and the total group size are two important factors that indicate the quality and safety of a child-care setting. The recommended guidelines for these factors vary by age. A report by the U.S. Department of Health and Human Services (Fiene, 2002) suggested the following standards for children-to-adult ratios: 3:1 for newborn to 24 months, 4:1 for children 25–30 months, 5:1 for 31–35 months, 7:1 for 3-year-olds, and 8:1 for children 4–5 years old. When infants or toddlers are included in mixed-age groups, the staff-to-child ratios and group-size guidelines for the youngest child should be followed. Mixed-age groups that do not include infants or toddlers should follow guidelines that reflect the most common age (Fiene, 2002).

The largest effect on a child’s development is based on the relationship between the child and child-care provider. The NICHD Early Child Care Research Network (2002b) found the child-care provider’s speech is a predictor in a child’s development. Additionally, the following attributes were found to be important: positive affect, positive physical contact, responsiveness to a child’s distress, responsiveness to the child’s vocalization, positive talk, asking questions of the child, and stimulation of the child’s cognitive and social development (NICHD Early Child Care Research Network, 2002b).

Vandell and Wolfe (2000) conducted a qualitative study in which they examined various studies regarding child-care quality. Vandell and Wolfe found that quality is currently measured in two ways: process quality and structural quality. Process quality is determined by observing what happens in the child-care setting. The observer looks at children's interactions with the caregivers and the other children (i.e., language interactions), and health and safety measures are also used. Process quality is widely measured by using the various rating scales developed in 1981 by Harms and Clifford (as cited in Vandell & Wolfe, 2000). Three instruments measure the process quality for licensed infant and toddler care, licensed early childhood care in centers, and child care in licensed family homes that provide child care. Structural quality is evaluated by measuring the characteristics of the child-care setting, including child-to-adult ratio and size of each group of children, and the amount of formal education and training the caregivers have received (Vandell & Wolfe, 2000).

Blau (2001) discussed an economic analysis describing why quality child care is elusive. Blau suggested that the evidence showed that high-quality child care is not a high priority item for many households. Blau noted that some studies described parents "as doubly ignorant: they cannot tell the difference between low-quality and high-quality care if they see it, and they don't see it anyway because they just drop their children off and head to work" (p. 9). Blau devoted two chapters to an extensive discussion of the problems facing the child-care market and the role that public policy could play. Furthermore, Blau stated that the main argument for regulating child care is due to the imperfections in the child-care market, specifically, the lack of information to parents about the quality of care and negative external benefits to society generated by low-quality child care. Blau suggested that informing and training parents on the benefits of

high-quality child care could be accomplished by giving a booklet and video with such information to mothers when they are in the hospital to give birth. Informative paraphernalia could discuss all aspects of quality, including child development, accreditation, and local resources available for parents to contact. According to Blau, lack of information for parents is one of the most important issues to tackle when facing the quality child-care problem.

Parenting education programs within the United States have gained widespread acceptance in the past few decades. PAT is an organization that recognizes that many parents need support in order for their children to learn, grow, and develop. PAT is an international organization that works with families throughout pregnancy until the parents see themselves as a child's most influential teacher (PAT National Center, 2010). PAT is based on the belief that all families deserve the same opportunities to succeed, regardless of demographics, economic, or geographical differences (PAT National Center, 2010). Research has confirmed the positive impact of PAT on children and parents. Seventy-five families were randomly selected from 380 parents who had participated in PAT for 3 years. The results showed that children participating in the program were significantly more advanced in language, problem solving, intellectual abilities, and social development than children who did not participate in the study (PAT National Center, 2010). PAT parents were also more knowledgeable about child development than parents who did not participate in PAT. The PAT organization provides another tool to expand a parent's understanding of child care.

Parents are unsure about what to look for when making a decision to choose a child-care option because of conflicting information about whether to have children in child care, how often to have them in child care, and what attributes to look for in a child-

care center (Balter, 2000). How a parent chooses child care depends upon several factors: the child's age, location, hours, curriculum, number and age of children currently in the center of interest, parent income, parental education, and the parent's previous experience with child-care centers (Balter, 2000). Licensed child-care providers are regulated by the state, but standards vary by state.

Involved parents have a clearer understanding and fewer concerns about the child-care program as they became more familiar with the program's goals. Parents cooperate with teachers, which reduces stress and improves staff confidence. Parental involvement improves the quality of the child-care program and develops parenting skills. In Stoner et al.'s (2005) study, parents reported that they valued administrators who were available to them, listened to their concerns, and provided resources.

Rivera (2006) indicated that quality preschool programs lower school dropout rates, decrease crime, and save state money. The economic benefit of investing in high-quality early childhood education is a key indicator in the country's competitiveness in the global market. In contrast, lack of participation in high-quality programs contributes to decreased productivity. Children who participate in quality early childhood education contribute positively to the social and financial environment. The world's most profitable economies are those with the best educated workers (Rohr, 2006).

The benefits of quality child care emphasize the need for the government to provide child care for all children (Jacobson, 2005). High-quality child care requires a nurturing relationship between early childhood educators and children, an intellectually challenging environment that encouraged socialization with other children, and developmentally appropriate play activities (Warash, Markstrom, & Lucci, 2005). Research indicated that children who had the benefit of quality child care had more

success academically and became more productive individuals (Gromley & Phillips, 2003; Howes et al., 2008; Landry, 2005; Magnuson, Ruhm, & Waldfogel, 2007a, 2007b; Ramey & Ramey, 2004; Wong, Cook, Barnett, & Jung, 2008). In a high-quality child-care setting, early childhood educators know the importance of teacher interaction and play in the development of young children (Young, 2006).

Cultural Difference

The growing diversity in the United States has increased awareness of variation in parenting behaviors. Parents of all cultures want to do the best for their children. But when their behaviors are different from the familiar framework, they can seem strange or even dangerous. The concept of culture has endured through much debate. Gardiner and Kosmitzki (2005) defined culture as “the culture of learned and shared beliefs, values, practices, behaviors, symbols and attitudes that are characteristics of a particular group of people . . . communicated from one generation to another” (p. 4). Super and Harkness (2002) described culture as “providing organization of the developmental environment,” purposefully structured to provide the culture’s “core messages” (p. 271).

Additionally, research conducted on culture has indicated its centrality to child-development expectations and practices. Harrison, Wilson, Pine, Chan, and Buriel (1990) indicated that socialization goals and strategies that people inculcate in their children derive from cultural knowledge. Tomasello (2000) stated that cultural contexts “structure human cognition in fundamental ways” (p. 37). Based on inherent cultural foundations, societies and parents have ideal images of how children should be as adults. These images serve as a guide for the organizing of child-rearing routines and values taught to children (Roer-Strier & Rosenthal, 2001).

Child-care teachers must effectively negotiate relationships between themselves

and the families of the children in their care. According to Weiss, Caspe, and Lopez (2006), the role of teachers is important in sustaining support needed to reduce stress for parents. In order to succeed, family involvement in early child care is essential. Attitudes toward family involvement can be negatively impacted by knowledge bases that assume that other cultural practices are wrong. Dei and Calliste (2000) argued, “Marginalized bodies are continually silenced and rendered invisible . . . through the constant negation of multiple lived experiences and alternative knowledge” (p. 11). In discussing cultural constructs of independence and interdependence, Bernhard and Gonzalez-Mena (2005) cited the following example:

The video shows a Japanese mother in San Francisco spoon feeding her four year old. . . . In our experience, early childhood students and professionals sometimes become quite uncomfortable. . . . They think the daughter is too dependent on her mother. They don’t understand that the mother is modeling interdependence and teaching her daughter about the importance of helping one another. (p. 20)

Such cultural misunderstanding can damage interaction between the early childhood provider and the child’s family. Furthermore, conflict of this nature may result in a breakdown of communication and hinder family involvement.

Silva and Wise (2006) examined child-care quality from a parent’s perspective:

The findings suggest that, while developmental features of child care were central to all parents’ concepts of quality, the issues of accessibility, relationships with caregivers, and sensitivity to cultural background also ranked highly. Some cultural differences were found. Overall, parents perceived that their childcare arrangement matched the quality features they considered important. However, this differed according to parent culture, with Somali parents most likely and Vietnamese parents least likely to report that their childcare arrangement matched the quality features they considered important. (Abstract)

Silva and Wise concluded,

Parents may view childcare quality differently according to their age, cultural background and socioeconomic status, as well as the age and gender of their children. . . . Parenting beliefs, styles, and developmental expectations are known to differ by cultural background (Harkness & Super, 2002). The likelihood of

cultural differences in parents' preferred childcare characteristics is therefore high. (pp. 6–7)

Children are directly affected by the environmental influences surrounding them, both positive and negative. The influence of parents cannot be underestimated. The age, education, income, and marital status of parents have direct influence on the quality of child care that is available. To understand the significance of the parents' role in regard to a child's quality experience in child care, the theory of human ecology as proposed by Urie Bronfenbrenner should be reviewed (White & Klein, 2002). The theory of ecological framework states that the family is in a constant state of adaptation to economic and social changes (White & Klein, 2002). The concept of adaptation can be applied to an individual organism's successful adaptation to a specific type of environment or to worldwide changes, such as pollution of the earth's atmosphere. The family is at the core of defining ecology. White and Klein (2002) investigated the history of ecology, tracing scholarly roots from Charles Darwin's theory of evolution and Gregor Mendel's genetic emphasis of human development to Ellen Swallow Richards's work. Ellen Swallow Richards was the first female student at Massachusetts Institute of Technology and first president of the American Home Economics Association. Richards believed that the family and home were central to the ecological movement: "Science has to apply its knowledge to improve that unit of the community" (Clarke, 1973, p. 141).

Diverse scholarly influences on the human ecological framework have created the view that humans develop as individual biological organisms with capacities limited by genetic endowment, also known as ontogenetic endowment (White & Klein, 2002). According to White and Klein (2002), there are six theoretical assumptions within the ecological system theory:

1. Individuals and groups are both biological and social in nature. Ecological theory emphasizes the biophysical environment and adaptation and the dual nature of biology and culture.

2. Humans are dependent on their environment for sustenance.

3. Human beings are social and therefore dependent on other human beings.

4. Humans are finite, and their life cycles, coupled with their biological needs for sustenance, impose time as both a constraint and resource.

5. Human interactions are spatially organized.

6. Human behavior can be understood on several levels but most often is examined at the individual and population levels.

Culture is crucial in shaping parenting values, beliefs, and practices, but regardless of culture all families value high-quality life for their children. Universal parenting aspirations include the physical safety of children and basic physical (e.g., food, shelter, clothing) and psychological needs to help children maintain cultural values, beliefs, and practices into the next generation (Greder & Allen, 2007). Even though the basic aspirations of families across cultures are similar, differences in parenting practices are based on the local context and the specific goals of individual families from varied cultural backgrounds. Family involvement has been found to have an impact on the educational success of all children (Jeynes, 2003; Shimoni & Baxter, 2005; Weiss et al., 2006). Cultural differences can constitute a barrier to the involvement of families in the education process (Bernard & Gonzales-Mena, 2005; Roer-Strier & Rosenthal, 2001). With child-care providers serving more culturally diverse children and families, it is extremely important to understand the cultural differences in child rearing.

Child Care and Child Development

The rapid increase of children being enrolled in child care has generated concern among professionals. There are discrepancies in literature regarding the outcomes of children in child care. Experts have speculated that children who attend child care outside the home have negative developmental outcomes (Brooks-Gunn, Han, & Waldfogel, 2002; Burchinal et al., 2002; Hill, Waldfogel, Brooks-Gunn, & Han, 2005). For example, Brooks-Gunn et al. (2002) found that infants whose mothers worked outside the home more than 30 hours per week had lower scores on school readiness tests at 36 months compared to children whose mothers worked fewer hours. However, many studies have shown developmental gains for children but have identified the quality of the care at the child-care center as a predictor of the developmental outcome (Burchinal, Roberts, Zeisel, Neebe, & Bryant, 2000; NICHD, 2006; Peisner-Feinberg et al., 2001).

A longitudinal study of early care and youth development found that children who spent more time in high-quality child care in the first 5 years of their lives had better math and reading scores in middle childhood (Dearing, McCartney, & Taylor, 2009). Low-income children who attended high-quality child-care programs before the age of 5 performed similarly to their affluent peers (Dearing et al., 2009). These findings have implications for the role of child care in the creation of antipoverty policies. Low-income children who attended higher quality child care developed reading and math skills in early childhood that likely prepared them for later achievement in middle childhood (Dearing et al., 2009).

Development depends on both stability and flexibility; it is not a zero game that sets the importance of the early years against the value of the later years. The question is not what matters more, early or later experiences, but how later experiences are

influenced by a child's early experiences.

This directs attention to the early childhood years not because they provide an unalterable blueprint for adult well-being, but because what is learned at the beginning of life establishes a set of capabilities, orientations to the world, and expectations about how things and people will behave that affect how new experiences are selected and processed. The infant who has learned that he can engage his parent in play and make objects do what he wants them to do acquires a fundamental belief in his ability to affect the world around him. The toddler who has learned that the people she depends on for comfort will help her when she is distressed is more likely to approach others with empathy and trust than the toddler whose worries and fears have been dismissed or belittled. The preschooler who has routinely cuddled into an adult's lap and read books before going to bed is more likely to enter kindergarten with a keen interest in reading. The child who has missed these experiences may have a hard time recapturing them later in life. In short, getting off to a good start in life is a strategy for increasing the odds of greater adult competence. (Shonkoff & Phillips, 2000, p. 90)

Vernon-Feagans, Hurley, Yong, Wamboldt, and Kolak (2007) examined how the quality of child care affects the development of specific language components. The study is unique in that participants were demographically homogenous; all were White children of dual-earner parents who had some level of higher education and were of middle income. In every measurement used, children in higher quality child care significantly outperformed those in lower quality child care. The quality of care also made a greater difference over time. Children in higher quality care acquired key markers at a more rapid rate over time than the children in lower quality care. Previous studies examining the relationship between quality of child care and language have used teacher rating scales or standardized tests as measures, according to Zimmerman (2007). Vernon-Feagans et al. conducted the first study to observe children in their natural environment focusing on syntactic and semantic development. The study was longitudinal, covering the critical early years of life and thereby providing a broader understanding of how features of language development might be affected by the quality of child care and how these features might change over time (Zimmerman, 2007). Vernon-Feagans et al.

concluded,

Children in higher quality care had more advanced language development, especially at 24 and 36 months. Children in lower quality care became progressively further behind the children in higher quality care on all language measures. This finding was especially true for vocabulary, with children in higher quality care having double the number of different words by 36 months of age than those in lower quality care. These differences were greater over time, suggesting the cumulative effects of lower quality care. The number of ear infections a child had did not affect the outcome. (p. 2)

Unlike most child-care studies, there were no differences between quality of care and family educational and economic resources. All families were dual earners who had “economic and educational advantages that would put their children at lower risk for language development delays” (Vernon-Feagans et al., 2007, p. 2).

Research has renewed the focus on the need for quality child care and early-childhood education. Quality early experiences are therefore foundational for children's learning and success throughout their school years. High-quality child care and education can have a positive effect on the academic performance of all children, especially children at risk for failure in school and those from low-income families (Gormley & Phillips, 2003; Howes et al., 2008; Landry, 2005; Magnuson et al., 2007a, 2007b; Ramey & Ramey, 2004; Vandell & Wolfe, 2000; Wong et al., 2008).

The future of any society depends on its ability to foster the health and well-being of the next generation. Stated simply, today's children will become tomorrow's citizens, workers, and parents. . . . When we fail to provide children with what they need to build a strong foundation for productive lives, we put our future prosperity and security at risk. (National Scientific Council on the Developing Child, 2007, p. 1)

The National Scientific Council on the Developing Child (2007) continued,

Science has a lot to offer about how we as a community can use our collective resources most effectively and efficiently to build that strong foundation. When we invest wisely in children and families, the next generation will pay that back through a lifetime of productivity and responsible citizenship. When we do not make wise investments in the earliest years, we will all pay the considerable costs

of greater numbers of school-aged children who need special education and more adults who are under-employable, unemployable, or incarcerated. (p. 3)

Summary

To summarize, this literature review has shown that the need for child care has increased dramatically since the 1970s (Balter, 2000). The U.S. Census Bureau (2008) reported that in 2005 approximately 1.3 million children attended a child-care center. High-quality care for these children is essential for their later development and learning (Burchinal et al., 2000; NICHD, 2006; Peisner-Feinberg et al., 2001). The need for quality child care appears to be universal. Parents struggle to find balance between child care, work, and home life. Full-time child-care services for preschool children are provided by many states (Smith et al., 2003). Despite many opinions regarding what is best for children and their early developmental years, most studies have agreed that child development is a key component for a child's future success. Child-care centers cannot replace the responsibility of parents. However, research (Jaeger et al., 2000) has shown that the key dimensions that affect outcomes for children are the responsiveness of the caregiver to the children needs, individualization of care, language used in the classroom, and appropriateness of learning activities. Additional research (McClure, 2006) has shown that even very young children have an enormous capacity for learning and understanding. Early education experts indicated that structured settings can help children become better prepared academically, socially, and emotionally for school (McClure, 2006).

Therefore, child-care centers should be thought of as more than just drop-off points for children. Centers of high-quality child care and early childhood education give children a head start in lifelong learning and intellectual development. The decision to

place a child into a child-care center should be done with much consideration. The NICHD (2003) asserted, “It is the quality of care that appears to have the most pervasive consequences for the child’s development” (p. 451). Much evidence points to the conclusion that early experience, learning, emotion, and motivation are important in defining what and how people perceive (“Perception,” 2011). Innovative states and communities have been able to design high-quality programs that foster their children's healthy development and growth. The result of these early childhood programs has been significant long-term improvements for children and the community (Partnership for Children of Cumberland County, 2011a). Investing wisely in children at a young age will allow the next generation to pay that back through a lifetime of productivity and responsible citizenship (National Scientific Council on the Developing Child, 2007).

Research Questions

The main objective of this study was to gain insight into parents’ perception of placing their children in a five-star child-care center and the quality of service. The study was not a measurement of satisfaction. The examination of the early-childhood center was an implicit evaluation of specific, descriptive characteristics of the care a child received. The researcher’s intent was not to solicit opinions, but to keep parents focused on reporting what they observed, perceived, felt, thought, and experienced. To assist the researcher in achieving this objective, four research questions guided this study:

1. How do child disability or developmental delay, relationship, parent age, marital status, work, parent education, and prior child-care arrangements factor into a parent’s child-care decision?
2. What issues drive parents using the early childhood center to use supplemental child-care arrangements?

3. In what way do the parents whose children attend the early childhood center located at the community college view the quality of care their children are receiving?

4. Is perceived quality of care dependent on any of the variables of (a) family structure; (b) employment patterns; (c) type of child care; (d) the accessibility of care choices; (e) the affordability of care; and (f) the flexibility parents are able to get from family, caregiver, or work arrangement?

Chapter 3: Methodology

According to Kennedy (2009), all research methods have their pros and cons. This researcher was interested in how parents perceived the quality of care their child received from a five-star child-care center. This research should result in a detailed report of parents' observations, perceptions, and assessments of their personal situation. This researcher conducted mixed-methods research using triangulation to examine the many factors or variables that influenced parents' decisions to place their children in child care. According to Cohen and Manion (as cited in Kennedy, 2009), triangulation is an attempt to map out, or explain more fully, the richness and complexity of human behavior by studying it from more than one standpoint.

This researcher used a questionnaire survey as the data-gathering tool for this study (see Appendix). There are two types of questionnaires. The closed or restricted form calls for a yes–no answer, short response, or item checking; it is fairly easy to interpret, tabulate, and summarize. The second form is open or unrestricted and calls for free responses from the respondent; open-ended questions allow for greater depth of responses but are more difficult to interpret, tabulate, and summarize (Kennedy, 2009). For this study the researcher used both closed- and open-ended questions.

This researcher utilized a scale to investigate quality of care from a parent's point of view, based on Emlen et al.'s (2000) 15-item scale. The scale would help to indicate parents' perceptions of quality child care in the early childhood center located at the community college.

Participants

For this study, the target population was 145 parents from the early childhood educational center located at a large community college in a metropolitan city in the

southeastern United States. Parents who had children enrolled in the child-care center during August 2011 received a letter requesting participation in this study. The researcher provided the participants with a contact number to answer any questions. Additionally, the participants were advised that their decision to participate in this study would not affect their services at the child-care center. They also were assured of anonymity and confidentiality.

Instruments

The vehicle for collecting the data was a survey questionnaire designed to understand the work, family, and child-care context of parents' child-care decisions (Halle & Vick, 2007). According to Key (as cited in Kennedy, 2009), a questionnaire is a means of eliciting the feelings, beliefs, experiences, perceptions, or attitudes of some sample of individuals. The instrument for this study included scales created by Emlen (as cited in Emlen et al., 2000) to measure quality of care from a parent's point of view. The scales are not measures of satisfaction but provide an implicit evaluation of specific, descriptive characteristics of the care a child receives. The scales were designed to measure a parent's view of various aspects of that care, such as the warmth and interest in the child or the skill of the caregiver.

To measure quality of care, the researcher used Emlen et al.'s (2000) "eight scales representing conceptually and empirically distinct facets of quality of care" (p. 25): (a) warmth and interest in the child, (b) rich activities and environment, (c) skilled caregiver, (d) shared information, (e) accepting and supportive caregiver, (f) child feeling safe and secure, (g) child getting along well socially, and (h) risk. The scale was based on a factor analysis of parent responses to 55 statements, and those item responses that were most highly correlated and had a similar underlying meaning in common were grouped as

distinguishable aspects of child-care quality from a parent's point of view (Emlen, as cited in Halle & Vick, 2007). Additionally, some questions are more global measures of quality of care. Both open- and closed-ended questions were included on the Parent Survey used in this study (see Appendix). Emlen (1998) stated that the scales were "designed to measure critical aspects of quality in current child-care arrangements and then to analyze the socioeconomic and market conditions under which parents have, or find, child care that they value in terms of quality" (p. 4).

The researcher used the 15-item "preferred short scale to measure quality of care reported by parents" (Emlen et al., 2000, p. 33). The 15-item quality-of-care scale represents the researchers' "best effort to include the different dimensions of quality in a single scale of reasonable length. . . . The scale is reliable as measured by Cronbach's alpha coefficient of internal consistency, $\alpha = .91$, $N = 862$ " (Emlen et al., 2000, p. 33). The 15-item scale is useful for investigating critical correlates of quality of care, testing its applicability and validity (Emlen et al., 2000). The 15-item parent scale consists of evaluative statements that are simple, specific, and descriptive of the child-care experience of that parent's child (Emlen & Weber, 2007).

In addition to quality of care, for this research an additional scale was added to measure the parent's perception of circumstances that can help or hinder finding better quality child care. Emlen et al. (2000) created scales to measure accessibility, affordability, and flexibility. These scales measure underlying conditions affecting the choices parents make. According to Emlen et al. (2000),

Employed parents have a fundamental need for flexibility in order to manage their lives. . . . The big three sources for the time and help they need are work, family, and caregiver. That is, from the work schedules, job requirements, and policies of the work place; from the way those responsibilities can be shared within the family or household; and from the ability to rely on caregivers to accommodate

schedules and emergencies. (p. 36)

For this research, the Parent Survey included 11 items on accessibility, options, and choice. These items reflected child-care options in the neighborhood, transportation, and affordability. The Parent Survey also had 10 items measuring flexibility of work, caregiver, and family. According to Emlen et al. (2000), using the three different flexibility scales revealed that patterns of flexibility were important in understanding which parents reported higher versus lower quality of child care.

Triangulation refers to the use of more than one approach to the investigation of a research question in order to enhance confidence in the ensuing findings. Since much social research is founded on the use of a single research method and as such may suffer from limitations associated with that method or from the specific application of it, triangulation offers the prospect of enhanced confidence. Triangulation is one of several rationales for multimethod research. The term derives from surveying, where it refers to the use of a series of triangles to map out an area (Bryman, n.d.). The idea of triangulation has been criticized on several grounds. First, it is sometimes accused of subscribing to a naïve realism that implies that there can be a single definitive account of the social world. Such realist positions have come under attack from writers aligned with constructionism, who have argued that research findings should be seen as just one among many possible renditions of social life (Bryman, n.d.). On the other hand, writers working within a constructionist framework have not denied the potential of triangulation; instead, they have depicted its utility in terms of adding a sense of richness and complexity to an inquiry. As such, triangulation becomes a device for enhancing the credibility and persuasiveness of a research account (Bryman, n.d.).

This researcher obtained the appropriate community college approval to conduct

the Parent Survey (see Appendix). The Parent Survey used in this research was developed to answer multiple questions. The Parent Survey provided parents detailed perceptions of their child-care experience in a five-star child-care center. The scales used (Emlen et al., 2000) provided useful and reliable measurement tools for parent assessment of the quality of their child-care arrangement. These scales have served as a tool for researchers working to design a parent survey, large or small (Emlen & Weber, 2007). The scales serve as a guide for constructing surveys that are designed to provide information about factors driving parental use of supplemental child-care arrangements.

Tutty (2002) asserted that using a previously developed questionnaire offers two significant advantages. First, reliability and validity measures have been established through previous use. The second advantage to using a previously developed and standardized questionnaire is that it offers the ability to compare results of an evaluation to results of other studies. This study was conducted by using a written questionnaire format. The questionnaire format was chosen for its ease of use, flexibility, and the ability to be tailored to fit the needs of the research. The approval e-mail from Emlen to allow use of the scales is available if needed upon request.

Procedures

Design. This researcher used a descriptive research design that was nonexperimental (Gall, Gall, & Borg, 2006) to explore the perceptions of parents placing their children in a five-star child-care center. The descriptive research design is a type of quantitative research that involves making careful descriptions of educational phenomena (Gall et al., 2006). Descriptive studies are concerned primarily with determining “what is” (Gall et al., 2006, p. 301). Descriptive research methods traditionally use surveys, questionnaires, or interviews to collect data. Data are gathered from a specific population

in order to take a broad view about a particular issue. One of the greatest challenges in a survey of this type is accessing the right sample with limited resources (Emlen & Weber, 2007). Because of limited resources, the decision was made to focus the survey to patrons of a five-star child-care center.

Furthermore, Gall et al. (2006) stated that descriptive studies involve

primarily the administration of questionnaires or interviews to samples of research participants. This type of research is (sometimes called survey research) has yielded much valuable knowledge about opinions, attitudes, and practices. This knowledge has helped shape educational policy and initiatives to improve existing conditions. (p. 301)

The primary goal of this survey was to provide a descriptive assessment of factors that influenced a parent's decision to place a child in a five-star child-care facility. This study evaluated parents' perceptions of child care and sought to understand the many factors that influenced their decision to place children in child care. The Parent Survey was used to collect data from parents whose children attended the early childhood education center.

The online survey for the parents was delivered through the use of commercially available Survey Monkey (n.d.) website. The Survey Monkey website allows for the creation, administration, and tallying of the survey results online. Participants were able to take the survey on the Internet and submit their responses with the click of a button. Responses as well as nonresponses were monitored by the researcher regularly during the 4-week period the survey was available. The responses of all participants were exported into Predictive Analytic SoftWare (PASW) Version 18.0, part of the Statistical Package for the Social Sciences (SPSS) software. The parents who agreed to take the survey were given 4 weeks to complete the online survey. Parents who preferred a written survey would receive one, upon request. The parents were given 4 weeks to complete the written

survey and to return it in a sealed envelope to the assistant director for anonymity and confidentiality. Reminders were posted on the bulletin board and posted on the early childhood center's website.

The Parent Survey (see Appendix) consists of 58 questions. Section 1, Items 1–15, gathers demographic data and reasons for opting to use child care.

Section 2, Items 16–35, are items from Emlen et al.'s (2000) quality-of-care scale. Items 16–19 measure warmth and interest, Items 20–21 measure richness of environment and activities, Items 22–25 measure the caregivers' perceived skills, Items 26–27 measure relationship with the caregiver, Items 28–29 measure how the child feels in the setting, and Items 30–31 address the risk and safety of the setting. Items 31–35 are more global questions about quality of care, including two open-ended questions.

Section 3, Items 36–47, addresses accessibility of child care. Items 36–44 are from Emlen et al.'s (2000) scale measuring child-care accessibility, options, and choice. Items 45–47 are researcher created.

Section 4, Items 48–57, addresses flexibility. Items 48–53 address work flexibility, Item 54 addresses family flexibility, and Items 55–57 address caregiver flexibility. The survey concludes with an open-ended question allowing the participant to make any final comments.

Three committee members assisted in approving the validity of the survey so the researcher could adjust the survey to fit the needs of the parents and the early childhood center. The committee consisted of the following three members: assistant director of the early childhood education center, a lead teacher at the center, and a principal of an elementary school in the area. A copy of the survey questions to be used in this study was given to the three committee members to help refine and improve the questions. The

committee members corresponded with this researcher by e-mail with any updates, questions, or concerns related to the survey.

Once the committee members and the researcher agreed on the questions for the survey, the Parent Survey was printed and delivered to the assistant director of the early childhood center for delivery to the parents. The online version was created on the Survey Monkey website. Staff encouraged the parents to complete the survey throughout the process. Parents had 4 weeks to complete the online or written survey. During the 4-week process, the assistant director posted reminders on the website and the bulletin board at the early childhood center. Reminders also were announced at any child-care event conducted in the time period. The survey took each parent approximately 15 minutes to complete. The data collection process began after receiving approval from Nova Southeastern University's Institutional Review Board.

Data analysis. The survey measured parent perception of the quality of the child care at the early childhood education center located in the community college. The survey was not a measurement of satisfaction. The examination of the early childhood center was an implicit evaluation of specific, descriptive characteristics of the care a child received. The survey measured a parent's view of various aspects of that care, such as the warmth and interest of the child or the skill of the caregiver. The vehicle for collecting the quality data was a survey questionnaire designed to understand the work, family, and child-care context of parents' child-care decisions (Emlen et al., 2000). This researcher was interested in knowing to what extent perceived quality of care is dependent on family structure; employment patterns; type of child care; the accessibility of care choices; the affordability of care; and the flexibility parents are able to receive from family, caregiver, or work arrangement.

The parent scale measuring quality of child care consisted of evaluative statements that were simple, specific, and descriptive of the child-care experience of that parent's youngest child. Parents responded by rating how often that statement described their experience—*never, rarely, sometimes, often, always, or don't know*. A few items had yes–no responses, and the survey had three open-ended questions. When the online or written surveys were completed, the researcher conducted the analysis of the descriptive and open-ended data. Analysis of data was completed by using descriptive and inferential statistics. Differences in quality of care for various types of child care settings and household income were determined by using independent-samples *t* tests for difference and analyses of variance (ANOVA).

Gall et al. (2006) stated that the *t* test for multiple comparisons is a test of the significance of the differences between more than two sample means. There are several types of *t* tests for multiple comparisons, including Duncan's multiple-range test and other techniques developed by Newman-Keuls, Tukey, and Scheffé. These special *t* tests adjust for the probability that the researcher will find a significant difference between mean scores simply because many comparisons are made on the same data (Gall et al., 2006). The Scheffé test was used by this researcher for this study.

Differences between demographic categories were analyzed by using chi-square tests. Whenever possible, 95% confidence intervals were reported. Typically in social science research, a researcher is interested in finding variables that are related, such as education and income, occupation and prestige, or age and voting behavior (Mamahodi, 2006). Only analyses that show a significant difference were reported in this document. ANOVA was used to test mean score differences for all characteristics except disability, in which case the independent-samples *t* tests were used. The Bonferroni post hoc test

was used to identify which categorical differences in the ANOVA results were significant. Significant ANOVA results were reported, whereas individual mean differences were reported graphically.

The Spearman rank correlation is used when there are two measurement variables and one hidden nominal variable. The nominal variable groups the measurements into pairs. Spearman rank correlation is used when one or both of the variables consist of ranks (J. H. McDonald, 2009). Spearman rank correlation works by converting each variable to ranks. Once the two variables are converted to ranks, a correlation analysis will be done on the ranks. The correlation coefficient is calculated for the two columns of ranks, and the significance of this is tested in the same way as the correlation coefficient for a regular correlation. The Spearman correlation coefficient is also called Spearman's rho. The p -value from the correlation of ranks is the p -value of the Spearman rank correlation (McDonald, 2009).

The analysis examined the means, standard deviations, and range of scores for the variables (Creswell, 2003). The demographic variables established a profile of the parents. Emlen et al. (2000) stated, "Factor analyses confirmed the ability of parents to discriminate levels of quality when making specific observations and judgments about their current child care" (p. 25). This analysis differentiated distinct aspects of child-care quality and became the basis for creating a coherent set of measurement scales. The reliability of these scales was determined by the calculation of Cronbach's alpha, which measures the internal consistency of the items within the scale (Halle & Vick, 2007).

Research Question 1. How do child disability or developmental delay, relationship, parent age, marital status, work, parent education, and prior child-care arrangements factor into a parent's child-care decision? The researcher analyzed the

demographic data of the subjects of the applied dissertation study, such as parent and child age, gender, race, disability, delay, or developmental problems. Data from Items 1–13 were analyzed to answer this question.

Research Question 2. What issues drive parents using the early childhood center to use supplemental child-care arrangements? Survey Questions 14 and 15 provided the data to answer Research Question 2. The answers to these questions helped clarify the reasons parents used supplemental child-care arrangements.

Research Question 3. In what way do the parents whose children attend the early childhood education center located at the community college view the quality of care their children are receiving? Section 2 of the Parent Survey, Questions 16–35, provided the data to answer the research question on quality of care.

Research Question 4. Is perceived quality of care dependent on any of the variables of (a) family structure; (b) employment patterns; (c) type of child care; (d) the accessibility of care choices; (e) the affordability of care; and (f) the flexibility parents are able to get from family, caregiver, or work arrangement? Data from Research Question 3 (Survey Questions 16–35) were used to establish perceived quality of care. The variables of family structure, employment, type of child care, accessibility, affordability, and flexibility were determined from Survey Sections 3 and 4, Questions 36–57. Emlen et al. (2000) used the scales to correlate certain factors with parent-reported quality:

Our intent in this research was not to second-guess parent perceptions of quality of care, but to take parent reports for what they say and study the relationship between reported quality of care and reported circumstances that may help to explain differences in the quality reported. The picture that emerged from the findings identified accessibility and flexibility as central issues accounting for differences in reported quality of care. (p. 13)

Analysis would determine any correlation between higher or lower perceptions of the quality of care and the variables of (a) family structure; (b) employment patterns; (c) type of child care; (d) the accessibility of care choices; (e) the affordability of care; and (f) family, caregiver, and work flexibility.

The Parent Survey was used to learn about, among other things, perceptions of quality directly from parents. The quality-of-care scale includes items from each of the major subscales that parents and professional experts agreed were important (Emlen et al., 2000). Responses to the open-ended questions (Survey Items 34, 35, and 58) provided additional qualitative data, triangulating the results.

Limitations

Limitations of the study might include low response to the online or written survey, or invalid responses, which could impact the statistical validity of the study. Another limitation was the length of the surveys, which might discourage parents from completing them. Another limitation of the questionnaire scale was that age-specific items were sacrificed to meet the purpose of creating an instrument that could be used regardless of the child's age (Emlen et al., 2000). Another limitation might be that the results are limited to the parents of children who attended the early childhood education center at one large community college. The study was correlational, not experimental, and not based on longitudinal data (Emlen et al., 2000). The data have limited value in making casual references. The data are about a current child-care arrangement, a snapshot in the lives of the parents and the children. Lacking is the explanatory power of a longitudinal study in the context of their lives.

Chapter 4: Results

This applied dissertation was a nonexperimental study to gain insight into parents' views about child care and the variables that influence their decision to place their children in five-star child-care facilities. The research study investigated the social context of quality of care from a parent's point of view. The study focus was an early childhood education center located at a southeastern community college. All participants were parents of children who attended the early childhood educational center. This study compared the many factors or variables that influence parents' decisions to place their children in child care.

This researcher administered 145 parent surveys, of which 54 or approximately 37% were completed online, November through December 2011. The data were transferred into PASW 18.0 for analysis. Data were screened for accuracy, missing data, and outliers. Data were examined to ensure there were no missing cases on any of the composite scores: warmth and interest, richness of environment and activities, caregivers' perceived skill, relationship with caregiver, how the child feels in the setting, risk and safety, work flexibility, caregiver flexibility, accessibility of care choices, and flexibility of quality care. There were nine missing cases from one participant; that participant was removed. Data were also examined for the presence of univariate outliers. Univariate outliers were tested by creating standardized residuals for each composite score and examining cases for values that fell above 3.29 and values that fell below -3.29 (Tabachnick & Fidell, 2012); five participants were found to have univariate outliers but were not removed. Additionally, inconsistent responses were treated as missing cases (e.g., simultaneously indicating yes and no); only two inconsistent responses were found and treated as missing data. The data from the remaining 53 participants were used in the

final data analyses.

Descriptive Statistics

The majority of participants (50, or 94%) reported no child disability and no developmental delay. Fifty-one participants (96%) reported a biological (parent) relationship to child. Thirty-six participants (68%) self-reported as White or European American. Most participants were married (48, or 91%) and worked full time (38, or 72%). Twenty-two participants (42%) were reported as a college or university graduate. In regards to length of the child-care history, 20 participants (39%) indicated 1–6 months. Frequencies and percentages for participant demographics are presented in Table 1. The range of participant ages was 24–57, with a mean of 35.36 and standard deviation of 6.21.

The survey instrument covered three sections of interest: (a) quality of care, (b) flexibility, and (c) accessibility. The quality-of-care section consisted of Likert-scaled survey items rated from 1 (*never*) to 5 (*always*). A higher score was more desirable for each variable. Six composite scores of interest in this study dealt with quality of care (see Table 2 for the data). Warmth and interest as a variable was created from the average of Survey Items 16–19 (see Appendix). Richness of environment and activities was created from the average of Survey Items 20–21. Caregivers' perceived skill was created from the average of Survey Items 22–25. Relationship with caregiver was created from the average of Survey Items 26–27. How the child feels in the setting was created from the average of Survey Items 28–29. Risk and safety was created from the average of Survey Items 30–31 (see Appendix).

Descriptive statistics are also shown in Table 2 for the two composite scores for flexibility. Flexibility items were scaled from 1 (*rarely*) to 5 (*always*).

Table 1

Frequencies and Percentages for Participant Demographics

Demographic	<i>n</i>	%
Child has disability	3	6
Child has developmental delay	3	6
Relationship to child		
Parent-adoptive	1	2
Parent-biological	51	96
Guardian	1	2
Race		
White/European American	36	68
Black/African American	8	15
Hispanic	2	4
Other	7	13
Marital status		
Live with partner	2	4
Married	48	91
Separated/divorced	1	2
Single	2	4
Employment		
Work full time	38	72
Work part time	4	8
Work both full and part time	1	2
School full time	3	6
School full time and work full time	1	2
School full time and work part time	1	2
School part-time	1	2
School part-time and work full-time	2	4
No employment	1	2
No, but work for an employer from home	1	2
Parent education		
High school graduate (include GED)	3	6
Technical/vocational school	1	2
Some college or associate degree	8	15
College/university graduate	22	42
Postgraduate	19	36
Child-care history		
Since birth	10	19
< 1 month	5	10
1–6 months	20	39
6 months to 1 year	3	6
Over 1 year	14	27

Table 2

Means, Standard Deviations, and Ranges for Variables

Variable	<i>M</i>	<i>SD</i>	Min.	Max.
Quality of care ^a				
Warmth and interest	4.59	0.65	1.75	5.00
Richness of environment and activities	4.48	0.80	1.50	5.00
Caregivers' perceived skill	3.53	1.37	1.00	5.00
Relationship with caregiver	4.37	0.88	2.00	5.00
How child feels in the setting	4.79	0.46	2.50	5.00
Risk and safety	4.81	0.40	3.00	5.00
Flexibility ^a				
Work flexibility	2.20	0.46	0.50	2.83
Caregiver flexibility	1.74	1.35	0.00	5.00
Accessibility				
Accessibility of care choices ^b	4.49	0.94	3.00	6.00
Flexibility of quality care ^c	1.29	0.26	1.00	2.14

Note. *N* = 53.

^aScored based on a scale from 1 (*never*) to 5 (*always*), with higher scores more desirable. ^bAccessibility of care choices was scaled from 1 (*1–2 blocks from home*) to 6 (*more than 10 miles from home*), with a lower score more desirable. ^cFlexibility of quality care was scaled as 1 (*no*), 2 (*somewhat*), or 3 (*yes*), with a lower score more desirable.

The variable of work flexibility was created from the average of Survey Items 48–53 (see Appendix). A higher score indicated greater flexibility (Survey Items 50 and 52 were reverse scored). Caregiver flexibility was scaled from 1 (*never*) to 5 (*always*). The variable of caregiver flexibility was created from the average of Survey Items 55–57. Again, a higher score indicated greater flexibility.

Descriptive statistics are also shown in Table 2 for the two composite scores for accessibility. The variable of accessibility of care choices was created from Survey Items 45–46 regarding the child-care center's distance from the respondent's home and work or school. Items measuring accessibility of care choices were scaled from 1 (*1–2 blocks from home*) to 6 (*more than 10 miles from home*). A lower mean score indicated greater

accessibility. The variable score for flexibility of quality care was created from Survey Items 36–43 (see Appendix). Flexibility of quality care was scaled as 1 (*no*), 2 (*somewhat*), and 3 (*yes*). A lower score indicated greater flexibility (Survey Items 36 and 42 were reverse scored).

Preliminary Analysis

Internal consistency was conducted on the six quality-of-care composite scores to establish reliability. Reliability determines whether the scores computed by the survey instrument are useful and significant, or in other words, reliable. The Cronbach's alpha test of reliability provides mean correlations, as alpha coefficients, between each pair of items and the number of items in a scale (Brace, Kemp, & Snelgar, 2006). According to the rule suggested by George and Mallery (2010), alpha coefficients range from unacceptable to excellent, where $> .9$ = excellent, $> .8$ = good, $> .7$ = acceptable, $> .6$ = questionable, $> .5$ = poor, and $< .4$ = unacceptable.

The quality-of-care composite scores with the highest alpha coefficient ($\alpha = .79$) were how the child feels in the setting and risk and safety, indicating acceptable reliability. Relationship with caregiver had the lowest alpha coefficient ($\alpha = .13$), indicating unacceptable reliability. The alpha coefficients are presented in Table 3.

Table 3

Cronbach's Alpha Reliability for the Quality-of-Care Composite Scores

Score	No. items	Cronbach's α
Warmth and interest	4	.76
Richness of environment and activities	2	.78
Caregivers' perceived skill	4	.66
Relationship with caregiver	2	.13
How child feels in the setting	2	.79
Risk and safety	2	.79

Results for Research Question 1

How do child disability, development delay, relationship, parent age, marital status, work, parent education, and prior child-care arrangements factor into a parent's child-care decision? The hypothesis was that child disability, development delay, relationship, parent age, marital status, work, parent education, and prior child-care arrangements would have a statistically significant relationship with the quality of care composite scores. The null hypothesis was that child disability, development delay, relationship, parent age, marital status, work, parent education, and prior child-care arrangements would not have a statistically significant relationship with the quality-of-care composite scores.

To answer Research Question 1, three series of analyses were proposed. The first series of analyses proposed involved six Pearson correlations with parent age and the six quality-of-care composite scores, with one correlation per score. The second series of analyses involved 30 ANOVA examining mean differences on each of the six quality-of-care scores by demographic (relationship, marital status, work, parent education, and child-care history), or six ANOVA per demographic variable. The third series of analyses involved six independent-sample *t* tests on each of the six quality-of-care scores by disability and six independent-sample *t* tests by developmental delay. The assumptions of each series of analyses were checked.

In preliminary analysis of the six Pearson correlations, the assumptions of linearity and homoscedasticity were assessed with scatterplots, and the assumption was not met. Due to these violations, six Spearman (nonparametric) correlations were conducted. The results of the six Spearman correlations were not significant for any of the quality-of-care scores and parent age, suggesting that no significant relationship

existed between parent age and each of the quality-of-care composite scores. The results of the six Spearman correlations are presented in Table 4.

Table 4

Spearman Correlations on the Six Quality-of-Care Scores and Parent Age

Quality-of-care score	Correlation with parent age
Warmth and interest	-.14
Richness of environment and activities	.10
Caregivers' perceived skill	.01
Relationship with caregiver	.07
How child feels in the setting	.04
Risk and safety	-.03

In preliminary analysis of the second series of analyses, 30 ANOVA, the assumptions of normality and homogeneity were assessed. Normality for all scores was assessed using Kolmogorov-Smirnov tests, and the results were significant; the assumption of normality was not met. However, Pallant (2010) suggested that ANOVA is robust against the assumption of normality if there are at least 30 participants for the analysis. Due to this violation, nonparametric Kruskal-Wallis tests were conducted.

The Kruskal-Wallis test was on each quality-of-care score by relationship (adoptive, biological, and guardian): 51 biological parents, one adoptive parent, and one guardian. Mean rank was evaluated by examining the composite scores by the three levels of relationship (adoptive, biological, and guardian). No mean rank could be calculated for both guardian and adoptive due to equally low sample sizes; thus, adoptive was arbitrarily assigned. The results of the Kruskal-Wallis test were not significant, suggesting that there was no statistically significant relationship on each quality-of-care composite score by parent relationship. The results of the Kruskal-Wallis tests on each of

the six quality-of-care composite scores by relationship are presented in Table 5.

Table 5

Kruskal-Wallis Tests on Quality-of-Care Composite Scores by Parent Relationship

Quality-of-care score	Mean rank			$X^2(1)$	p
	Adoptive ($n = 1$)	Biological ($n = 51$)	Guardian ($n = 1$)		
Warmth and interest	44.00	26.16	—	0.77	.221
Richness of environment and activities	38.50	26.26	—	0.77	.380
Caregivers' perceived skill	38.50	26.26	—	0.33	.569
Relationship with caregiver	39.50	26.25	—	0.87	.352
How child feels in the setting	32.50	26.38	—	0.30	.587
Risk and safety	33.00	26.37	—	0.33	.568

The second set of Kruskal Wallis tests proposed was on each quality-of-care score by marital status (live with partner, married, separated or divorced, and single). See Table 6 for the statistics; most of the participants (48, or 91%) were married. Mean rank was evaluated by examining the composite scores by the four levels of marital status. The results of the Kruskal-Wallis tests were not significant, suggesting that there was no statistically significant relationship between each quality-of-care composite score and marital status. The results of the Kruskal Wallis tests on each of the six quality-of-care composite scores by marital status are presented in Table 6.

The third set of Kruskal-Wallis tests was on each quality-of-care score by parent education (high school graduate or GED, technical or vocational school, some college or associate degree, college or university graduate, and postgraduate). Mean rank was evaluated by examining the composite scores by the five levels of parent education. The results of the Kruskal-Wallis tests were significant only for relationship with caregiver, $X^2(4) = 9.73, p = .045$, suggesting a statistically significant relationship between

relationship with caregiver and parent education. Of the five levels of parent education, high school or GED reported the highest median score (40.00), followed by college or university graduate (31.93).

Table 6

Kruskal-Wallis Tests on Quality-of-Care Composite Scores by Marital Status

Quality-of-care score	Mean rank				$X^2(3)$	p
	Live with partner ($n = 2$)	Married ($n = 48$)	Separated/ divorced ($n = 1$)	Single ($n = 2$)		
Warmth and interest	18.00	26.25	45.00	45.00	5.38	.146
Richness of environment and activities	21.25	26.49	39.00	39.00	2.60	.458
Caregivers' perceived skill	11.50	26.33	48.00	48.00	7.76	.051
Relationship with caregiver	31.00	26.02	40.00	40.00	2.89	.415
How child feels in the setting	33.00	26.38	33.00	33.00	1.56	.669
Risk and safety	18.50	26.95	33.50	33.50	2.01	.571

Post hoc analysis (Mann-Whitney U test) was conducted to determine which of the five groups were statistically significantly different from one another. Those participants with some college or an associate degree scored significantly higher on relationship with caregiver than those participants who graduated college or university, $U = 45.00$, $z = -2.21$, $p = .027$. The results of the Kruskal-Wallis tests on each of the six quality-of-care composite scores by parent education are presented in Table 7.

The fourth set of Kruskal-Wallis tests proposed was on each quality-of-care score by employment status, where employment status was recoded (strictly work, strictly school, work and school, and none). Mean rank was evaluated by examining the composite scores by the four levels of employment status. The results of the Kruskal-Wallis tests were significant only for richness of environment and activities, $X^2(3) = 9.14$, $p = .027$, and how the child feels in the setting, $X^2(3) = 8.73$, $p = .033$, suggesting a

statistically significant relationship between employment status and both richness of environment and activities and how the child feels in the setting. For richness of environment and activities, of the four levels of employment status, work and school and no employment both had the highest median score (39.00). For how the child feels in the setting, work and school and no employment both had the highest median score (33.00).

Table 7

Kruskal-Wallis Tests on Quality-of-Care Composite Scores by Parent Education

Quality-of-care score	Mean rank					$X^2(4)$	p
	High school, GED ($n = 3$)	Technical, vocational school ($n = 1$)	Some college, associate degree ($n = 8$)	College graduate ($n = 22$)	Post-graduate ($n = 192$)		
Warmth and interest	32.00	2.00	30.00	30.16	22.61	6.30	.178
Richness of environment and activities	39.00	1.50	26.19	30.41	22.84	8.51	.075
Caregivers' perceived skill	39.17	15.00	21.13	27.84	27.21	3.74	.442
Relationship with caregiver	40.00	13.50	19.00	31.93	23.32	9.73	.045*
How child feels in the setting	33.00	10.00	22.56	30.66	24.58	7.53	.110
Risk and safety	33.50	9.50	29.78	27.77	24.84	4.41	.354

* $p < .05$.

Post hoc analysis (Mann-Whitney U test) was conducted to determine which of the four groups were statistically significantly different from one another. For how the child feels in the setting, there was a statistically significant difference between strictly work and strictly school, $U = 35.50$, $z = -2.52$, $p = .012$, indicating that those participants who strictly worked (and did not attend school) had significantly higher scores on how their child feels in the setting than those participants who strictly studied. For richness of

environment and activities, there was a statistically significant difference between strictly work and strictly school, $U = 34.00$, $z = -2.13$, $p = .033$, indicating that those participants who strictly worked had significantly higher scores on richness of environment and activities than those participants who strictly studied. The results of the Kruskal-Wallis tests on each of the six quality-of-care composite scores by employment status are presented in Table 8.

Table 8

Kruskal-Wallis Tests on Quality-of-Care Composite Scores by Employment Status

Quality-of-care score	Mean rank				$X^2(3)$	p
	Strictly work ($n = 43$)	Work & school ($n = 4$)	Strictly school ($n = 4$)	Single ($n = 2$)		
Warmth and interest	26.16	40.25	18.50	35.50	5.40	.145
Richness of environment and activities	26.74	39.00	11.75	39.00	9.14	.027*
Caregivers' perceived skill	26.34	26.63	26.00	44.00	2.56	.465
Relationship with caregiver	27.60	28.88	16.63	31.00	2.40	.493
How child feels in the setting	27.55	33.00	12.13	33.00	8.73	.033*
Risk and safety	27.30	33.50	14.00	33.50	6.91	.075

* $p < .05$.

The fifth set of Kruskal Wallis tests proposed was on each quality-of-care score by child-care history (since birth, less than a month, 1–6 months, 6 months to 1 year, and over 1 year). Mean rank was evaluated by examining the composite scores by the five levels of child-care history. The results of the Kruskal-Wallis tests were significant only for caregivers' perceived skill, $X^2(4) = 12.35$, $p = .015$; relationship with caregiver, $X^2(4) = 10.97$, $p = .027$; and how the child feels in the setting, $X^2(3) = 9.61$, $p = .048$. Results suggested a statistically significant relationship between employment status and

caregivers' perceived skill, relationship with caregiver, and how the child feels in the setting.

For caregivers' perceived skill, of the five levels of child-care history, since birth had the highest median score (39.90), followed by over 1 year (27.29). For relationship with caregiver, of the five levels of child-care history, since birth had the highest median score (32.00), followed by less than a month (39.50). For how the child feels in the setting, since birth, less than a month, and 6 months to 1 year had the highest mean scores (32.00).

Post hoc analysis (Mann-Whitney U test) was conducted to determine which of the five groups were statistically significantly different from one another. For caregivers' perceived skill, there was a statistically significant difference between since birth and over a year, $U = 34.50$, $p = .034$, indicating that those participants with child-care attendance since birth had significantly higher scores on caregivers' perceived skill than those participants with child-care attendance of over a year. For relationship with caregiver, there was a statistically significant difference between since birth and 1–6 months, $U = 34.50$, $z = -2.12$, $z = -2.62$, $p = .009$, indicating that those participants with child-care attendance since birth had significantly higher scores for relationship with caregiver than those participants with child-care attendance of 1–6 months. For how the child feels in the setting, there was a statistically significant difference between since birth and 1–6 months, $U = 18.00$, $z = -2.27$, $p = .023$, indicating that those participants with child-care attendance since birth had significantly higher scores for how the child feels in the setting than those participants with child-care attendance of 1–6 months. The results of the Kruskal Wallis tests on each of the six quality-of-care composite scores by child-care history are presented in Table 9.

Table 9

Kruskal-Wallis Tests on Quality-of-Care Composite Scores by Child-Care History

Quality-of-care score	Mean rank					$X^2(4)$	<i>p</i>
	Since birth (<i>n</i> = 10)	< 1 month (<i>n</i> = 5)	1–6 months (<i>n</i> = 20)	6–12 months (<i>n</i> = 3)	> 1 year (<i>n</i> = 14)		
Warmth and interest	33.15	22.40	23.85	27.50	26.79	3.25	.517
Richness of environment and activities	32.50	32.50	20.53	31.83	27.46	7.22	.125
Caregivers' perceived skill	39.90	25.60	19.48	26.50	27.29	12.35	.015*
Relationship with caregiver	34.25	39.50	20.65	26.83	24.61	10.97	.027*
How child feels in the setting	32.00	32.00	21.15	32.00	27.07	9.61	.048*
Risk and safety	30.65	33.00	21.98	33.00	26.29	6.98	.137

**p* < .05.

In preliminary analysis of the third series of analyses, 12 independent-sample *t* tests (six *t* tests on quality-of-care scores by disability and six *t* tests by developmental delay), the assumptions of normality and equality of variance were assessed. As previously noted in the ANOVA discussion, the assumption of normality was checked. Equality of variance was checked by 12 Levene's tests; the assumption was met.

The first set of independent-sample *t* tests was conducted on the six quality-of-care composite scores by child disability (yes vs. no). The results of the six tests were not significant, suggesting that there was no statistically significant relationship between each score and child disability. The results of the first set of independent-sample *t* tests conducted on the six quality-of-care composite scores by child disability (yes vs. no) are presented in Table 10.

The second set of independent-sample *t* tests was conducted on the six quality-of-

care composite scores by developmental delay (yes vs. no). The results of the six tests were not significant, suggesting that there was no statistically significant relationship between developmental delay and each score (see Table 11).

Table 10

Independent-Sample t Tests on Quality-of-Care Composite Scores by Child Disability

Quality-of-care score	Disability		No disability		<i>t</i> (51)	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Warmth and interest	4.75	0.43	4.58	0.67	0.44	.663
Richness of environment and activities	5.00	0.00	4.45	0.82	1.16	.253
Caregivers' perceived skill	3.08	1.66	3.56	1.36	-0.58	.567
Relationship with caregiver	4.67	0.58	4.35	0.90	0.60	.552
How child feels in the setting	5.00	0.00	4.78	0.48	0.79	.431
Risk and safety	5.00	0.00	4.80	0.40	0.85	.400

Table 11

Independent-Sample t Tests on Quality-of-Care Composite Scores by Developmental Delay

Quality-of-care score	Developmental delay		No developmental delay		<i>t</i> (51)	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Warmth and interest	4.83	0.14	4.57	0.67	0.67	.508
Richness of environment and activities	5.00	0.00	4.45	0.82	1.16	.253
Caregivers' perceived skill	2.42	1.26	3.60	1.36	-1.47	.149
Relationship with caregiver	4.33	0.58	4.37	0.90	-0.07	.945
How child feels in the setting	4.67	0.58	4.80	0.46	-0.48	.634
Risk and safety	5.00	0.00	4.80	0.40	0.85	.400

The null hypothesis for Research Question 1 was that child disability, development delay, relationship, parent age, marital status, work, parent education, and prior child-care arrangements would not have a statistically significant relationship with the quality-of-care composite scores. The null hypothesis could be partially rejected.

Results for Research Question 2

What issues drive parents using the early childhood center to use supplemental child-care arrangements? To answer Research Question 2, descriptive statistics (frequencies and percentages) were computed for Survey Items 14 and 15. Survey Item 14 asked respondents to indicate which reasons on a list affected child-care choice. Survey Item 15 asked who in the respondent's family takes responsibility for child-care arrangements. In regards to Survey Item 14, the vast majority of participants (52, or 98%) reported having chosen the current child care because he or she heard it was good. The second most cited reason was the child-care center offered care during hours needed. The least cited reason was offering part-time care. Frequencies and percentages for Survey Item 14 are presented in Table 12.

Table 12

Frequencies and Percentages for "Yes" Responses for Survey Item 14: Reasons for Choosing Child Care

Reason	<i>n</i>	%
Heard it was good	52	98
Offered care during the hours needed	49	93
Asked people I know for a reference	42	79
Close to work	40	76
The cost fit in my budget	32	60
Close to home	27	51
Already know the caregiver	15	28
Close to school	12	23
Other	12	23
List provided by the resource and referral service	8	15
Sensitive to my culture	3	6
Offered part-time care	1	2

In regards to Survey Item 15, 24 participants (45%) reported equally sharing the

child-care arrangements responsibility with a spouse or partner, followed by 16 participants (30%) who reported that mostly the participant takes responsibility.

Frequencies and percentages for Survey Item 15 are presented in Table 13.

Table 13

Frequencies and Percentages for Survey Item 15: Who Takes Responsibility for Child-Care Arrangements

Response	<i>n</i>	%
Equally shared with spouse or partner	24	45
Mostly I do	16	30
I do completely	11	21
Mostly spouse or partner does	2	4

Results for Research Question 3

In what way do the parents whose children attend the early childhood center located at the community college view the quality of care their children are receiving? To answer Research Question 3, descriptive statistics (means and standard deviations) were conducted on the six quality-of-care composite scores. The quality-of-care composite scores were composed from Survey Items 16–33, which used Likert scales from 1 (*never*) to 5 (*always*). The composite score with the highest mean was risk and safety ($M = 4.81$, $SD = 0.40$), followed by how the child feels in the setting ($M = 4.79$, $SD = 0.46$). The means and standard deviations for the quality-of-care composite scores were presented earlier in the chapter in Table 2. The lowest mean score was for caregivers' perceived skill, at 3.53.

Results for Research Question 4

Is perceived quality of care dependent on any of the variables of (a) family structure; (b) employment patterns; (c) type of child care; (d) the accessibility of care

choices; (e) the affordability of care; and (f) the flexibility parents are able to get from family, caregiver, or work arrangement? The hypothesis was that there would be a statistically significant relationship between the quality-of-care composite scores and the variables of (a) family structure, (b) work flexibility (employment patterns), (c) caregiver flexibility (type of child care), (d) the accessibility of care choices (including the flexibility parents are able to get from family, caregiver, or work arrangement), (e) flexibility of quality care, and (f) the affordability of care. The null hypothesis was that there would not be a statistically significant relationship between the quality-of-care composite scores and any of the variables of (a) family structure, (b) work flexibility, (c) caregiver flexibility, (d) the accessibility of care choices, (e) flexibility of quality care, and (f) the affordability of care.

To answer Research Question 4, 30 Spearman correlations on each quality-of-care composite score were conducted on (a) family structure, (b) work flexibility, (c) caregiver flexibility, (d), accessibility of care choices, and (e) flexibility of quality care.

Affordability of care was assessed by examining responses to open-ended Survey Items 34 and 35.

Prior to conducting the 30 Spearman correlations, a Bonferroni correction was applied to each of the analyses to reduce the likelihood of Type I error. The reason for the implementation is the same dependent variables (the composite scores) were used for multiple analyses a repeated number of times, and it was important to reduce the chances of incorrectly rejecting the null hypothesis. The Bonferroni-type adjustment was calculated by dividing the alpha level (.05) by the number of times (5) the dependent variable was repeated per correlation analysis. The new alpha was thus established at .01. This was the level that was used to determine significance in the analyses (Tabachnick &

Fidell, 2012). The dependent variables were the six quality-of-care composite scores. The independent variables were (a) family structure, (b) work flexibility, (c) caregiver flexibility, (d), accessibility of care choices, and (e) flexibility of quality care. Family structure was measured from Likert-scaled Survey Item 54. Survey Item 54 stated, “I have someone I can share home and child-care responsibilities with,” which respondents rated from 1 (*never*) to 5 (*always*).

No correlations were found to be significant at the Bonferroni adjusted significance level of $p = .01$. The results of the 30 Spearman correlations are presented in Table 14. The null hypothesis for Research Question 4 could not be rejected.

Table 14

Spearman Correlations on Family Structure, Work Flexibility, Caregiver Flexibility, Accessibility of Care Choices, and Flexibility of Quality Care by the Six Quality-of-Care Scores

Response	Family structure	Work flexibility	Caregiver flexibility	Accessibility of care choices	Flexibility of quality care
Warmth and interest	-.01	.29	.22	-.12	-.17
Richness of environment and activities	-.01	.15	.14	.02	-.08
Caregivers' perceived skill	-.03	.10	.35	-.14	-.19
Relationship with caregiver	.04	.03	.24	.07	-.16
How child feels in the setting	.10	.21	.11	.16	-.25
Risk and safety	.13	-.07	.05	.03	-.07

The affordability of care was addressed by examining open-ended responses from Survey Items 34 and 35. Survey item 34 asked, “If your child-care arrangement is the best, could you please explain why?” Out of the 53 respondents who participated in the survey, 25 respondents (47%) did not respond to Survey Item 34. Only 28 respondents

(53%) provided reasons why the child-care arrangement is the best. The common themes that emerged were convenience, quality environment and staff, quality attention, and overall satisfaction and comfort (see Table 15).

Table 15

Themes and Number of Participants per Theme

Suggested themes	<i>n</i>
Quality environment and staff	11
Quality attention	8
Overall satisfaction and comfort	7
Convenience	6

Comments that demonstrated the themes of quality attention, quality environment and staff, or both are presented in Table 16. Participant comments demonstrating overall satisfaction and comfort are presented in Table 17. Table 17 also presents comments demonstrating the theme of convenience.

Some comments were not coded. For instance, Participant 36 simply responded, “Never had any other child-care besides higher grades in public school.” Participant 52 responded at length, comparing the current provider to a previous one:

I've had 3 children attend [the center of this study]. My first child had gone to a 3-star church daycare that at the time, I thought was great. But I learned that [the current center] provides so much more learning and educational opportunities that they adapt for each child. The other childcare facility was purely daycare. Also, my child rarely comes home with dirty clothes. It was the norm at the other center. This just exemplifies that [the center] doesn't want the child getting messy and staying that way. The other provider seemed to just not care whether my child had breakfast, lunch, snack and art piled on their clothes at the end of the day.

Survey Item 35 asked, “If your child-care arrangement is not the best, could you please explain why?” Out of the 53 respondents who participated in the survey, 3 respondents (6%) provided reasons why the child-care arrangement is not the best (see

Table 18).

Table 16

Open-Ended Responses: Child-Care Arrangement Is the Best due to Quality Environment and Staff or due to Quality Attention

ID	Participant response
Theme: Quality environment and staff	
2	It is the only place we have ever had. Staff are friendly. Environment is based on creative learning opportunities. My child loves going to school!
8	The quality of teachers is the first reason and the facilities is second. The facilities are great but would be nothing without the really tremendous teachers.
20	Every one working there is certified, so the children are getting an education, not just being watched. It is close to work. It is organized and has a lot of activities for the children.
23	The teachers are very affectionate and the curriculum is challenging and fun enough to keep my daughter interested.
25	Coming from our previous arrangements this child care center is highly equipped for growth and education for my child. The teachers are not just there for a job but because they LOVE what they are doing and care about their children.
27	The facilities and teachers are great.
39	IT is near my job and I love the teachers.
42	It is a safe and caring environment that promotes learning. I never have to worry about her when she is there.
51	Great teachers that care a lot for each and every child that is there.
Theme: Quality attention	
24	I feel that my daughter gets the individualized attention and care that she needs on a daily basis. Her teachers seem to care for her like they would their own children.
29	Previously had military based daycare and they had too many children to care for and could not provide individual attention
Theme: Both	
12	The staff to child ratio, the quality of teachers and the involvement the teachers have with the children.
13	Teacher-child ratio; policies to keep children safe; educated teachers; variety of creative learning experiences for children.
18	Caregivers pay attention to my child and can tell me things about him personally. The activities are fun and educational. Caregivers seem to really like and enjoy the children.
19	The best facilities and teacher-student ratio. The best learning and creative opportunities. The most reliable and child-centered.
43	Being that is a 5 star rated facility, this gives me the peace of mind that I have my child in a safe and healthy environment. He is learning daily and the class he is in now keeps him engaged in learning. His teachers in this class I really like, they show him attention and individuality. Other classes in the past I wasn't thrilled with, but never unhappy enough to take him out completely. I am happy with this class at the present time.

Note. ID = Participant number.

Table 17

Open-Ended Responses: Child-Care Arrangement Is the Best due to Overall Satisfaction and Comfort or due to Convenience

ID	Participant response
Theme: Overall satisfaction and comfort	
3	Best quality of care that we have found. Best preparation of child for transition to kindergarten. Wonderful teachers.
4	staff cares about my child and my child like to go to center.
6	They are amazing with my children and I feel very comfortable going to them about anything in any situation!
11	My child has always loved going to daycare. It would be my preference to not have him in daycare, but since I do, I would place him nowhere else. They have been excellent in caring for him and have kept me in the loop on everything.
28	I asked around to many parents and checked out other highly recommended daycares and by far this is the only one my husband and I felt comfortable with and the student/teacher ratio was impressive.
47	Out of all of the 3 child care centers my son has been in he adjusted the quickest here which I take it as a good sign. He is always telling me about the art activities they do and he is being taught good things such as washing your hands properly, good hygiene and manners.
17	This is the only center my twins have ever been to but I could not ask for a better center. It is an awesome feeling to drop my children off and not have to worry about if they are being taken care of, I know that if there is any issues I am typically right there on campus and can be reached easily. [Statement also coded as convenience theme]
Theme: Convenience	
1	Key card entry, covered drive-thru for pick-up and drop off, staff to children ratio, class size, all highly trained staff.
15	Because I work at the center that my child goes to. So I am able to see how my child is doing throughout the day.
20	Every one working there is certified, so the children are getting an education, not just being watched. It is close to work. It is organized and has a lot of activities for the children.
22	Price, quality and proximity to home.
39	It is near my job and I love the teachers.

Note. ID = Participant number.

Table 18

Open-Ended Responses From Survey Item 35: Why Child-Care Arrangement Is not the Best

ID	Response
38	This child care center is very good, but my child was at a different child care center last year and I feel that she was learning a lot more at the other center. She was writing the alphabet every day, writing her name everyday and they worked with her on writing. She was also learning sign language and Spanish all at the age of 3-4. At this center she writes her name every morning on a sign in book but that is it, and I haven't seen her bringing anything home that is showing that she is learning. Also when I go in there it seems chaotic and I go in at random times. The teacher also doesn't seem very happy and warm, it is more of her job rather than a passion. I would like to see her more involved and happy to be with the kids. If it was affordable at this moment, I would put her back in her old daycare. I may have been spoiled at the last daycare. This center is nice, but I think when they are in the 4- to 5-year-old class they should be learning more and having more structure and not always just playing on their own.
45	The best child care arrangement was in the care of a family member with no other children. My two older children did not enroll in a childcare center until they were at least two years old. My youngest started childcare when he was three months old and he is not receiving as much quality time and care as my older children who were cared for by a family member until age two.
53	There is no part-time care available for a lower cost than full-time care. My child is not challenged enough at her individual level of knowledge and skill. I expected more structured activities than currently offered, and I don't get regular reports back on her activities.

Note. ID = Participant number.

Summary

Results of the collected data and statistical analysis using appropriate procedures were presented in this chapter. The outcome from this survey mirrored the views of parents who responded to the survey. The data analysis results for this study were based on a sample of 53 parent participants and the literature. Due to the low response rate, it is difficult to say with confidence that the information gathered and the results obtained are representative of views of all parents whose children attend this early childhood education center.

The quantitative portion of the study consisted of four research questions, which assessed several sets of relationships and issues: (a) the relationship between demographic data and quality of care; (b) the reported issues that drove parents using the early childhood center to use supplemental child-care arrangements; (c) description of quality of care; and (d) the relationship between quality of care and family structure, work flexibility, caregiver flexibility, accessibility of care choices, and flexibility of quality care. Affordability of care, part of Research Question 4, was assessed by examining qualitative data from the open-ended responses to Survey Items 34 and 35.

For Research Question 1, child disability, development delay, relationship to parent, parent age, marital status, work, parent education, and prior child-care arrangements had no significant relationship with the composite scores. Results for Research Question 1 were significant for six sets of data:

1. Scores for relationship with caregiver by parent education showed that participants with some college or an associate degree scored significantly higher on relationship with caregiver than those participants who graduated from college.

2. Scores for richness of environment and activities showed a significant relationship to employment status. Participants who strictly worked and did not attend school had significantly higher scores for richness of environment and activities than those participants who strictly studied.

3. Scores for how the child feels in the setting showed a relationship to employment status. Specifically, participants who strictly worked had significantly higher scores regarding how the child feels in the setting than those participants who strictly studied.

4. Scores for caregivers' perceived skill were related to child-care attendance

history. Participants with child-care attendance since birth had significantly higher scores regarding caregivers' perceived skill than those participants with child-care attendance over a year.

5. Scores for relationship with caregiver were related to child-care attendance history. Specifically, participants with child-care attendance since birth had significantly higher scores for relationship with caregiver than those participants with child-care attendance of 1–6 months.

6. Scores for how the child feels in the setting showed a relationship to child-care attendance history. Participants with child-care attendance since birth had significantly higher scores on how the child feels in the setting than those participants with child-care attendance of 1–6 months).

Research Question 2 was answered by examining descriptive statistics (frequencies and percentages) on the multiple responses to Survey Items 14 and 15. Participants reported issues that led them to use supplemental child-care arrangements.

Research Question 3 was answered by examining descriptive statistics (mean and standard deviations) on the six quality-of-care composite scores, where the scores characterize the ways the parents whose children attend the early childhood center located at the community college view the quality of care their children are receiving.

Research Question 4 was answered with 30 Spearman correlations by examining the relationship between quality of care and family structure (Survey Item 54), work flexibility, caregiver flexibility, accessibility of care choices, and flexibility of quality care. The results were not significant.

For this research an additional scale was added to measure the parent's perception of circumstances that can help or hinder finding better quality child care. Emlen et al.

(2000) created scales to measure accessibility, affordability, and flexibility. Survey Item 34 on the Parent Survey reflected the basic conditions that affect how parents make choices for child-care arrangement. Four themes emerged from the open-ended responses about quality of the current child-care arrangement: (a) quality environment and staff, (b) quality attention, (c) overall satisfaction and comfort, and (d) convenience. The findings were consistent with previous research on parental perception of child-care quality (e.g., Emlen et al., 2000).

This chapter provided the data analysis findings of the study on parent survey data and the literature search. Each research question was addressed via the analysis of the data sources. Chapter 5 provides an interpretation of the findings, relates the findings to the literature of the study, and provides recommendations for future studies.

Chapter 5: Discussion

Overview of the Study

The purpose of this study was to explore parents' perceptions of child-care quality and the variables that influence their decision to place their children in child care. From a parent's perspective, service quality is usually defined in relation to the needs of the child and family, with the most important aspects relating to the child-care service outcomes, including affordability aspects, and physical child-care settings (Emlen, Koren, & Schultze, 1999). Although quality assessments are often influenced by the demographic characteristics of the parents, including age, cultural norms, and socioeconomic background (Noble, 2007), prior research has shown that overall parents consistently rate the emotional warmth (nurturing), health, and safety dimensions above all else (Cryer & Burchinal, 1997).

Listed below are a few reasons why examining child-care quality from a parent's point of view could be helpful. First, parents are acting as consumers when they choose child care for their children. Second, parents often use various types of child care at different times in the lives of their children, allowing them to weigh quality based on their own experiences. Finally, parent opinions provide insight into significant but subjective aspects of child care that cannot be quantified, such as how the child feels in the child-care center. This suggests that parents tend to associate quality with observable child-care experiences. In this study, the majority of the parents indicated satisfaction with their current child-care arrangement; which lends support to previous research. As more children are entering child-care centers, understanding parents' views has become a major concern for program developers, child advocates, community leaders, social workers, and policy makers (Adams et al., 2007; Peisner-Feinberg et al., 2001).

Bronfenbrenner (as cited in Woo, 2005) argued that to be effective and have a lasting impact, early childhood programs should involve the children's parents and communities, so that all environments affecting children foster similar goals. Parents have been the most underrepresented partners in the deliberations of child-care issues. Yet, parents hold the most intimate knowledge of how the system works—or does not. Accessing this knowledge and experience is essential to shape programs and policies that are responsive, relevant, and realistic (Weber & Wolfe, 2002). Previous studies have shown that there is a need for quality child care because many children spend the majority of their time in child-care arrangements during a crucial time for the development of a young child (Belsky, 2005; Buell, Hallam, & Beck, 2001; Raikes & Love, 2002). This study presented findings reflective of parents' perceptions and the quality of service they receive from the early childhood education center. The study involved an online parent survey and a literature review. Out of the 145 parents sent surveys, 54 (37%) completed the online survey. Inconsistent responses were treated as missing cases, such as simultaneously indicating yes and no. Therefore, data from the remaining 53 participants were used in the final data analysis.

Findings and Implications

Research Question 1. How do child disability or developmental delay, relationship, parent age, marital status, work, parent education, and prior child-care arrangements factor into a parent's child-care decision? The results of the parent survey indicated the null hypothesis for Research Question 1 could not be rejected. The null hypothesis was that child disability, development delay, relationship, parent age, marital status, work, parent education, and prior child-care arrangements would not have a statistically significant relationship with the quality-of-care composite scores. Differences

in responses were analyzed by various demographic categories, such as education level, employment status, and prior child-care arrangements. Demographic information was gathered to understand the sample of the parents who responded to the Parent Survey. This study demographic characteristics were consistent with the work of Cryer and Burchinal (1997) and Cryer et al. (2002). Parent participants drew on their feelings and appeared to make decisions according to what is most important to them and what they considered to be best for their child.

Participants with some college or an associate degree scored significantly higher on relationship with caregiver than those participants who graduated from college. Participants who strictly worked and did not attend school had significantly higher scores for richness of environment and activities than those participants who strictly studied. Those who strictly worked also had significantly higher scores regarding how the child feels in the setting than those participants who strictly studied. Participants with child-care attendance since birth had significantly higher scores regarding caregivers' perceived skill than those participants with child-care attendance over a year. Additionally, participants with child-care attendance since birth had significantly higher scores for both relationship with caregiver and how the child feels in the setting than those participants with child-care attendance of 1–6 months.

This recent research continues to support the findings from the NICHD study (NICHD Early Child Care Research Network, 2005), which indicated that the quality of provider–child interaction has a strong positive relationship with higher cognitive and language scores for children. Partnership for Children programs improve child health, family support, and access to high-quality child care and education (Partnership for Children of Cumberland County, 2011b). The U.S. Census Bureau (2008) reported that in

2005 approximately 1.3 million children attended a child-care center. High-quality care for these children is essential for their later development and learning (Burchinal et al., 2000; NICHD, 2006; Peisner-Feinberg et al., 2001). Brennan (as cited in Emlen, 2010) stated special needs pose a challenge for parents, of course, and the challenge for caregivers or child-care facilities is to be inclusive. The parents of these children are looking for some extra level of effort, sensitivity, knowledge, and simple willingness to respond to their child as an individual (Brennan, as cited in Emlen, 2010).

Research Question 2. What issues drive parents using the early childhood center to use supplemental child-care arrangements? Information gathered from this research question covered reasons for choosing the child-care setting. The vast majority of participants (52, or 98%) reported having chosen the current child care because they heard it was good. Fifty participants (94%) participants reported not having chosen the current child care because part-time care was offered, making that the least influential reason cited. An often-cited reason was offering care during the hours needed (93% of participants).

Only 8 (15%) of the participants reported they heard about the child-care center through a child-care resource and referral service, suggesting parents are making choices about their child-care provider based on a limited amount of information. These findings reinforce the important role the child-care resource and referral agency provides. The agency is a critical link between the child-care providers and parents. The child-care resource and referral agency helps parents navigate a disconnected array of programs that often have confusing eligibility criteria, costs, hours of operation, staffing criteria, and program focus. Child-care resource and referral agencies also provide essential parent education, helping both parents and community leaders understand the important role

early care plays in school readiness (Child Care Resources, 2006; National Association of Child Care Resource and Referral Agencies, 2011).

How a parent chooses child care depends upon several factors. The factors consist of the child's age, the cost and availability of the child care, location, hours, curriculum, number and ages of the children, parental income, parental education, and the parent's experience in child care (Balter, 2000). Past research has indicated children who had the benefit of quality child care had more success academically and became more productive individuals (Gromley & Phillips, 2003; Howes et al., 2008; Landry, 2005; Magnuson et al., 2007a, 2007b; Ramey & Ramey, 2004; Wong et al., 2008). According to Emlen (2010), "Parental choices reflect a blend of values, circumstances, and opportunities" (p. 30). Emlen (2010) continued, "In choosing childcare, parents ask whether the care meets their own child's needs" (p. 36). Practical concerns were cited by participants in the current study, such as care during hours needed (93%); close to work (76%), home (51%), or school (23%); and cost (60%); however, hearing the child care was good (98%) far outweighed those concerns. Findings from this study further suggested parents value what is perceived to benefit their child.

Research Question 3. In what way do the parents whose children attend the early childhood center located at the community college view the quality of care their children are receiving? Parents were asked a series of questions that addressed the quality of the child-care setting they were using. The responses reflect the perception of the parents using the early education child-care center. The composite score with the highest mean was risk and safety ($M = 4.81$, $SD = 0.40$), followed by how a child feels in the setting ($M = 4.79$, $SD = 0.46$). Overall, the parents indicated satisfaction with their current child-care arrangement. Parents were most satisfied in the areas covering risk to health, safety, well-

being, and how the child feels in the child-care setting. The next highest scores were the child-care personnel's warmth and interest in the child, richness of the environment and activities, and the parent's relationship with the caregiver. The area with the lowest score was the caregivers' perceived skills. These results indicate the parents judged quality mostly by their feeling of security and how the child feels in the child-care setting. The information provided by these findings should add to the knowledge base that is required to empower parents to make the best feasible decision for their children's future. Parents' perception about quality criteria that most often concerns researchers is perceived caregiver skills.

The findings here, as in past studies (Capizzano & Main, 2005), reinforce the important role that child care plays in the lives of America's youngest children and the need for policy makers to pay close attention to the quality of that care. Furthermore, the findings continue to support research that parents rate the quality of their children's programs not according to their assessment of reality, but rather in accordance with their hopes and desires for highly valued and much-loved children (Burchinal et al., 2002). The perception of quality among parents could be the deciding factor in whether a child is placed in an accredited or nonaccredited program (Cryer et al., 2002).

Research Question 4. Is perceived quality of care dependent on any variables of (a) family structure; (b) employment patterns; (c) type of child care; (d) the accessibility of care choices; (e) the affordability of care; and (f) the flexibility parents are able to get from family, caregiver, or work arrangement? There was no statistically significant relationship on the quality-of-care composite scores by family structure, flexibility (i.e., employment patterns and type of child care), accessibility (i.e., accessibility of care choices and flexibility from family, caregiver, or work), and affordability of care. The

results of the 30 Spearman correlations were not significant. According to Emlen (2010),

Parents are good at judging the quality of child care. They may or may not be experts in child development, but parents do have a natural ability to size up child care in relation to what their child needs are. Parents can judge whether the caregiver likes and accepts their child, and if there is warmth in that relationship. . . . What's more, when parents make these judgments discriminating some of the hallmarks of quality of care, they are not confusing quality with flexibility, and they know the difference. (p. 107)

Furthermore, Emlen et al. (2000) stated,

Employed parents have a fundamental need for flexibility in order to manage their lives. . . . The big three sources for the time and help they need are work, family, and caregiver. That is, from the work schedules, job requirements, and policies of the work place; from the way those responsibilities can be shared within the family or household; and from the ability to rely on caregivers to accommodate schedules and emergencies. (p. 36)

Conclusion

This study explored parents' perception of the quality of their child-care arrangement. Although the results did not reveal significant correlations among many variables of interest, this study provided insight into parents' view of various aspects of the care, such as the warmth and interest in the child or the skill of the caregiver. The final analysis of the 53 participants in the study indicated that 28 (53%) stated their current child-care arrangement was the best, and 3 (6%) stated the arrangement was not the best. This study is noticeably similar to an earlier study by Emlen et al. (2000), showing more than half the participants are satisfied with their child-care arrangement.

The study also revealed that few parents found out about their arrangement via referral services that provide measureable indicators of various child-care options. The component of quality that seems to be the most satisfying to parents is the caregivers' personal qualities and whether they are loving and caring. Although this is a very important aspect of quality care, it is difficult to quantify. According to Emlen (2010),

Parents make the best feasible choices most of the time, parents make the best choices they possibly can—not necessarily according to the idealized standards of well intentioned critics, but according to their own values and what makes common sense, given the resources within their reach. (p. 107)

Parents' approach to child care is highly individualistic, shaped by their unique understanding of their children's needs and such factors as personal values and the provider's flexibility and accessibility (Emlen et al., 2000).

Beyond the opinion of whether child care is good or bad for a child, parents are often the primary decision makers regarding child care. Therefore, it cannot be denied that it is the parent who must finally decide which early childhood education center is best for his or her child. Parents have a lifelong investment in their child's interests; therefore, the way forward may lie with child-care advocates joining forces with parents to collaboratively drive demand for available, affordable, high-quality child care.

Limitations

A key limitation of this study is that only a small sample of parents participated. The research data in this dissertation were limited to one early childhood education center located in the southeastern United States and were collected by an employee of the community college where the college is located. This limitation could be overcome in future studies through investigating the perceptions of a larger sample of parents. In addition, although the participants were a diverse sample, varying on demographic variables such as employment status, education level, and ethnicity, it is not known if similar themes would emerge from a study of another child-care center. The survey was slightly lower than expected due to the limited time frame allowed for the survey to be completed online. Lastly, the scope of the study was limited to one specific education center. The information was limited to a current child-care arrangement of one child in

the family, a snapshot in the lives of the parents and the children. Lacking was the explanatory power of a longitudinal study in the context of their lives.

Recommendations

According to Emlen (1998), parent perspective is critical in the overall assessment of child-care quality, and parents have the capacity to improve their understanding of what makes a high-quality child-care setting. New research could be conducted to expand the knowledge of how parents actually perceive their caregivers' perceived skills. Research that more fully explores parental observation and evaluation of their child care would be helpful for parents who act as consumers. In short, parents consider quality child care to be a place where their children can learn through activities and interaction with other children in a safe, healthy, and loving environment (Committee for Economic Development, 2006). Finally, this study needs to be replicated in variety of early childhood education centers with larger group of parents and in a variety of geographical settings: urban, rural, and suburban. Researchers should continue to involve and educate parents in future research. Even when there is a high-quality market of child-care and education facilities, the parents' role as advocate and monitor for their child is extremely important. The information provided from this study should help to empower parents to be better advocates for their children. This study should assist other researchers, program directors, community groups, foundations, policy makers, community colleges, and child advocates in guiding public policy and effectively directing resources affecting child care. It is this researcher's sincere hope this study will assist in filling the gap in the limited literature concerning quality of care from a parent's point of view.

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Appendix
Parent Survey

Parent Survey

Thank you for taking time to provide information about your child(ren) and yourself that will assist with this research study. Please answer the following questions thinking only about your child for this survey. **If there is more than one child in this arrangement, please answer about the youngest.**

Section 1: Information About Your Child and You

1. Is this child male or female?
 - Female
 - Male

2. How would you describe the ethnic or racial background of this child?
 - White / European American
 - Black / African American
 - American Indian or Alaskan Native
 - Hispanic
 - Other

3. Do you consider this child to have a disability or long-term health problem?
 - Yes
 - No
 - Don't know

4. Have you noticed or have any professionals mentioned this child having a delay or developmental problem? (For example, a delay in learning to talk or walk, a problem understanding things, or a delay in his/her emotional or behavioral development).
 - Yes
 - No
 - Don't know

5. What is your relationship to your child?
 - Parent – Adoptive
 - Parent – Foster
 - Parent – Biological
 - Parent – Step
 - Guardian
 - Grandparent
 - Other

6. What is your sex?
 - Female
 - Male

7. What is your age? _____

8. How would you describe your ethnic or racial background? (Choose all that apply)
- White / European American
 - Black / African American
 - American Indian or Alaskan Native
 - Hispanic
 - Other
9. What is your marital status?
- Live with a partner
 - Married
 - Separated / Divorced
 - Single
 - Widowed
10. Do you currently work outside the home or attend school? (**Circle all that apply**)
- Yes – Work full time
 - Yes – Work part time
 - Yes – Work both FT & PT
 - Yes – School full time
 - Yes – School part time
 - No
 - No – But work for an employer from home
 - No - But own a business run from home
11. What was the last grade of school that you completed?
- Less than 12th grade
 - High school graduate (includes GED)
 - Technical / vocational school
 - Some college or AA degree
 - College / university graduate
 - Postgraduate
12. How long has your child been receiving child care from this person/place?
- Since birth
 - Less than one month
 - One to six months
 - Six months to a year
 - Over one year
13. Does anyone else pay for any of the cost of this care (all or some of it)? Is it “paid care”? (This would include your co-pay or payment vouchers by an agency or company.)
- Yes
 - No

14. The list below gives some reasons why and how people choose their child care.
Please answer yes or no for whether or not the reason affected your current choice of child care?

	Yes	No
a. A list provided by the Resource and Referral service	<input type="radio"/>	<input type="radio"/>
b. Asked people I know for a reference	<input type="radio"/>	<input type="radio"/>
c. Already knew the caregiver	<input type="radio"/>	<input type="radio"/>
d. Sensitive to my culture	<input type="radio"/>	<input type="radio"/>
e. Offered care during the hours needed	<input type="radio"/>	<input type="radio"/>
f. Offered part-time care	<input type="radio"/>	<input type="radio"/>
g. Close to home	<input type="radio"/>	<input type="radio"/>
h. Close to work	<input type="radio"/>	<input type="radio"/>
I. Close to school	<input type="radio"/>	<input type="radio"/>
j. The cost fit in my budget	<input type="radio"/>	<input type="radio"/>
k. Heard it was good	<input type="radio"/>	<input type="radio"/>
l. Other (please list)	<input type="radio"/>	<input type="radio"/>

15. In your family, who takes responsibility for child-care arrangements?
- I do completely
 - Mostly I do
 - Equally shared with spouse or partner
 - Mostly spouse or partner does
 - Spouse or partner does completely

Section 2: Quality of Current Child Care for Child

The following statements are about the **child-care center warmth and interest** in your child. Circle the one best answer per question.

16. My child gets a lot of individual attention.
- a. Never
 - b. Rarely
 - c. Sometimes
 - d. Often
 - e. Always
 - f. Don't know
17. The child-care center staff are happy to see my child.
- a. Never
 - b. Rarely
 - c. Sometimes
 - d. Often
 - e. Always
 - f. Don't know

18. The center staff are warm and affectionate toward my child.

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Always
- f. Don't know

19. My child is treated with respect.

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Always
- f. Don't know

The next few statements are about the **richness of the environment and activities** for your child. Circle the one best answer per question.

20. There are lots of creative activities going on.

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Always
- f. Don't know

21. It's an interesting place for my child.

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Always
- f. Don't know

The **teacher skills** for the child-care center. Circle the one best answer per question.

22. The teacher changes activities in response to my child's needs.

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Always
- f. Don't know

23. My child's teacher shows he/she knows a lot about children and their needs.

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Always
- f. Don't know

24. My child's teacher is open to new information and learning.

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Always
- f. Don't know

25. The teacher handles discipline matters easily without being harsh.

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Always
- f. Don't know

The following statements are about **your relationship with the child-care center and teacher**. Circle the one best answer per question.

26. My child-care center and teacher share information.

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Always
- f. Don't know

27. The child-care center and teacher are supportive of me as a parent.

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Always
- f. Don't know

These statements are about **how your child feels** in the child-care setting. Circle the one best answer per question.

28. My child feels safe and secure in care.

- a. Never

- b. Rarely
- c. Sometimes
- d. Often
- e. Always
- f. Don't know

29. My child likes the child-care center.

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Always
- f. Don't know

The following statements consider **risks to the health, safety, and well-being** of your child. Circle the one best answer per question.

30. My child is safe with this child-care center.

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Always
- f. Don't know

31. It's a healthy place for my child.

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Always
- f. Don't know

32. All things considered, how would you grade the quality of the care your child is in?

- a. Perfect
- b. Excellent
- c. Good
- d. Fair
- e. Poor
- f. Bad
- g. Awful

33. Is this child-care arrangement the best one you've ever had?

- a. Yes (go to Question 34)
- b. No (go to Question 35)
- c. It's the only one
- d. I like it the same as the others (go to Question 36)

34. If your child-care arrangement is the best, could you please explain why?

35. If your child-care arrangement is **not** the best, could you please explain why?

Section 3: Accessibility and Options

The next few statements are about **how easy it is to find** child care that is appropriate for you and your family. Circle the one best answer per question.

36. When I made the arrangements, I had more than one option.

- a. No
- b. Somewhat
- c. Yes

37. Getting to work is a long commute.

- a. No
- b. Somewhat
- c. Yes

38. For my child-care arrangement, transportation is a big problem.

- a. No
- b. Somewhat
- c. Yes

39. Transportation overall is a big problem for me.

- a. No
- b. Somewhat
- c. Yes

40. I've had difficulty finding the child care I want.

- a. No
- b. Somewhat
- c. Yes

41. My child care is too far from home.

- a. No
- b. Somewhat
- c. Yes

42. There are good choices for child care where I live.
- No
 - Somewhat
 - Yes
43. Getting my child places is difficult for me.
- No
 - Somewhat
 - Yes
44. In choosing this center, I felt I had to take whatever I could get.
- No
 - Somewhat
 - Yes
45. How far from home is the child-care center? Circle the one best answer.
- 1 to 2 blocks from home
 - About a half mile from home
 - About a mile from home
 - More than 1 but less than 5 miles from home
 - More than 5 but less than 10 miles from home
 - More than 10 miles from home
46. How far from **work or school** (whichever causes the most hours of child-care use) is your child care? Circle the one best answer.
- 1 to 2 blocks from home
 - About a half mile from home
 - About a mile from home
 - More than 1 but less than 5 miles from home
 - More than 5 but less than 10 miles from home
 - More than 10 miles from home
47. Is the child-care center on your way to work? Circle the one best answer.
- No
 - Yes
 - Not applicable

Section 4: Flexibility

The following statements are about **the flexibility** of your child-care situation with work, family, and the child-care center. Circle the one best answer per question.

48. My schedule makes it easy to be on time.
- a. Never
 - b. Rarely
 - c. Sometimes
 - d. Often
 - e. Always
 - f. Don't know
 - g. Does not apply
49. In my work schedule I have enough flexibility to handle family needs.
- a. Never
 - b. Rarely
 - c. Sometimes
 - d. Often
 - e. Always
 - f. Don't know
 - g. Does not apply
50. My shift and work schedule cause extra stress for my child and me.
- a. Never
 - b. Rarely
 - c. Sometimes
 - d. Often
 - e. Always
 - f. Don't know
 - g. Does not apply
51. I work a regular day shift (8 a.m. to 5 p.m.).
- a. Never
 - b. Rarely
 - c. Sometimes
 - d. Often
 - e. Always
 - f. Don't know
 - g. Does not apply
52. My work schedule keeps changing.
- a. Never
 - b. Rarely
 - c. Sometimes
 - d. Often
 - e. Always

- f. Don't know
 - g. Does not apply
53. Where I work, it's difficult to deal with child-care problems during working hours.
- a. Never
 - b. Rarely
 - c. Sometimes
 - d. Often
 - e. Always
 - f. Don't know
 - g. Does not apply
54. I have someone I can share home and child-care responsibilities with.
- a. Never
 - b. Rarely
 - c. Sometimes
 - d. Often
 - e. Always
 - f. Don't know
55. The child-care center understands my job and what goes on for me at work.
- a. Never
 - b. Rarely
 - c. Sometimes
 - d. Often
 - e. Always
 - f. Don't know
 - g. Does not apply
56. I rely on the child-care center to be flexible about hours.
- a. Never
 - b. Rarely
 - c. Sometimes
 - d. Often
 - e. Always
 - f. Don't know
 - g. Does not apply
57. The child-care center is willing to work with me about my work schedule.
- a. Never
 - b. Rarely
 - c. Sometimes
 - d. Often
 - e. Always
 - f. Don't know
 - g. Does not apply
58. Please describe anything about your care that has been or is a source of worry or

concern to you.

Thank you very much for providing your views!

Your responses are very important to understanding issues that impact the well-being of our youngest population!