A FOCUS ON THE QUALITY OF CHILD CARE SETTINGS

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I. Introduction

As mentioned in an earlier paper in this series, it is estimated that there are 45,000 children in early education and care programs in Maine and public funds of approximately $47 million dollars support child care services. One aspect of the provision of childcare or early care and education that has always been a focus of state level policymakers is quality. The state has the responsibility to license centers and family day care homes. The state currently regulates the child/staff ratio which varies by the age of the child and safety concerns.

Further concerns about the basic quality of child care throughout the U.S. has lead to the call to establish systematic monitoring or rating systems at the state level. A review of states by the National Child Care Information Center in July 2004 found that 10 states already had fully implemented quality rating systems. Quality rating systems are considered part of a State’s broader quality improvement continuum, and have the following five common elements: 1) standards; 2) accountability; 3) program and practitioner outreach and support; 4) financing incentives specifically linked to compliance with quality standards; and 5) parent education. The establishment of a statewide quality rating system is viewed as both an accountability mechanism and an opportunity to raise the overall quality of childcare. In Maine, these discussions have begun as well with a commitment to include the perspectives of both providers and
parents in the design process. This paper describes results from studies conducted to inform this discussion here in Maine.

Quality as the concept is used in child care services and education usually means, 
... warm, supportive interactions with adults in a safe, healthy, and stimulating environment, where early education and trusting relationships combine to support individual children’s physical, emotional, social, and intellectual development. (Scarr, 1998 in Clarke-Stewarts’ A New Guide for Evaluating Quality Child Care, 2001). In addition, three important dimensions of childcare quality are generally discussed – structural quality, process quality, and outcome quality (Witte & Queralt, 2005).
Structure quality is the quality of the resources or inputs that are used to generate services, process quality refers to the quality of the social environment and the social relations in that environment, and outcome quality refers to the effects of care received by children in terms of developmental outcomes. There is strong evidence that the quality of an early childhood educational setting can influence the intellectual, social, and emotional development of children, and also that quality early interventions can limit public expenditures for remedial services later on; in fact, research indicates that early interventions are more cost effective than interventions in later life (Carnerio & Heckman, 2003). The purpose of this paper is not to thoroughly review the current literature. See Love, J.M. et al (1996) and Vandell, D.L. and Wolfe, B. (2000) and Nigro and Fraser-Thill in this volume. Witte and Queralt (2005) in their summary of previous studies on child care quality state:

Many studies have found high positive correlations between process quality and structural quality (including caregiver characteristics and health and safety
practices)...when childcare programs get high marks on process quality measures, they also tend to get high scores on measures of structural quality, caregiver characteristics, and health and safety practices...Much of the available research on childcare quality also has reported significant and positive associations between process measures of quality and measures of outcome such as concurrent child functioning—cognitive, emotional, behavioral, and social. In addition, there is some evidence, although somewhat less strong and consistent, of a positive association between process and structural measures of quality, caregiver characteristics and outcome measures such as children’s development (e.g., academic, cognitive, behavioral, and social) over a somewhat longer time period.

Despite the scientific consensus summarized by Witte and Queralt (2005), they voice concerns echoed by other researchers that ...While there’s a considerable body of research on the quality of child care and early education, many studies are of limited usefulness. (p.10) The limited usefulness of the studies according to Witte and Queralt comes from small sample sizes, use of only single type observation measures, lack of longitudinal studies, and little attention to certain populations – in particular low income families using child care services. As such, there is still much researchers can learn about the nature of quality child care.

There is also an ongoing discussion in the literature on child care quality about whether parent’s perception of quality is the same as that of the child development experts. The cause of the concern is that economic studies have shown that parents do not seem willing to pay a premium for quality and that quality is not strongly correlated with price of care. Two competing hypotheses are offered. The first is that parents have
trouble observing quality. Cryer and Burchinal (1997) studied the childcare related values and assessments of quality by parents as child care consumers. They find that parent assessment of the quality of a setting differed from trained observers a difference they attribute to the fact that parents have imperfect information in their role as a consumer – they may not know what to look for and often have a limited experience with this service. In addition since parents are not there most of the time and the children affected are young, parents have a hard time gathering information about the quality of care received by their child. Also see Mocan (2003).

Emlen (1997) presents the alternative view, that parents can validly assess the quality of childcare settings. Emlen (1997) argues that: In view of the parent’s role as a child care consumer, the field is badly in need of research that more fully explores parental observations and evaluations of their child care. Emlen (1997) argues for conducting research that is done...in an individualized, humanistic way that gives expression to the parent’s perception and assessment of their experience in very specific observational and personal terms rather than through ratings that require a high degree of abstraction and generalization. According to Emlem 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.

Ceglowski (2004) takes a more agnostic view of this controversy by exploring how different perspectives are used in defining quality childcare. Ceglowski (2004) used focus groups with stakeholders who represent four different perspectives based on a conceptual model developed by Katz (1993). According to Katz (1993), the four perspectives to consider in defining quality care are:
Katz’s taxonomy helps us focus on quality issues in Maine. Primarily, we will explore how Maine parents and providers/professionals describe high quality childcare settings? Can indicators of quality be developed using these descriptions? We return to Ceglowskis’ (2004) work, and other relevant literature, in the conclusion at the end of this paper. The rest of the paper proceeds as follows. Section 2 provides a summary of three studies of quality conducted by the state Office of Child Care and Headstart in the past few years, two are focused on child development professionals view on quality while the three collected information on parental views of the quality of care their children receive. Section 3 discusses a newer study conducted by the University of Maine, Muskie School for Public Policy in conjunction with the state Office of Child Care and Headstart which seeks to map the components of quality as perceived by both parents and child care professionals. Section 4 concludes the paper with policy implications drawn from the four studies reviewed.

II. Findings from Three Recent Studies: Child Care Quality in Maine

II.A Cost Quality Study using the ECRS-R quality index.

The state Office of Child Care and Headstart recently commissioned a set of studies The Cost and Quality of Full-Day, Year Round Early Care and Education in Maine and The Cost and Quality of Family Child Care Homes in Maine (2004). These studies were conducted by Nancy Marshall of the Wellesley Centers for Women, Cindy
Creps of Abt Associates, Betsy Squibb from the University of Maine, Farmington, and other staff from these institutions. The study involved direct observation of one classroom in each of # child care centers draw into the sample to represent every county in the state of Maine. Classroom observations were made by trained enumerators over the period of # days. The study uses a methodology similar to that used by yy other states so that Maine’s results can be compared to those from the other states. The findings from these Maine studies indicate that quality is a substantial concern in Maine as it is elsewhere in the United States with less than a third of the settings meeting a “Good” level of quality.

In Preschool Classrooms it was found that:

- On average, full day, year-round Maine early care and education for preschoolers received a rating that falls between Minimal - Good Quality care on ECRS-R.

- Centers that serve primarily low or low to moderate income families on average received a lower quality rating that centers that serve primarily moderate to high income families. This was true despite the fact that centers serving primarily low- or low to moderate income families had smaller average group sizes and lower child: staff ratios.

- Proportion of Preschool Classrooms Meeting ‘GOOD’ Benchmark on ECRS-R Scales Total is 29%. The breakdown by category is:

  - Space and Furnishings – 35%
  - Personal Care and Routines – 22%
  - Language Reasoning – 41%
- Activities – 21%
- Interaction – 54%
- Program Structure – 82%
- Parents and Staff – 39%

The family day care study also followed a pattern used in other states but far fewer studies of family day care home have been conducted nationwide. In Family Child Care Homes it was found that:

- Maine is comparable to other states in the proportion of homes that meet the standards for high quality early care and education, but has slightly more homes that are judged inadequate. (Marshall, Creps et al, 2004)

- Proportion of Family Child Care Homes Meeting ‘GOOD’ Benchmarks (FDCRs) in all categories combined was 30%. The breakdown in subcategories is as follows:
  - Space & Furnishings – 31%
  - Basic Care – 12%
  - Language Reasoning – 41%
  - Learning Activities – 27%
  - Social Development – 47%
  - Adult Needs – 70%

II. B. Survey of Parents of Children Under Age 6, Parental Assessment of the Quality of Care in their Youngest Child’s Current Primary Child Care Arrangement.
As discussed in more detail in Connelly and Lathi in this volume, in 2004 a statewide survey effort of parents of young children was conducted in order to learn about, among other things, perceptions of quality directly from parents. A random digit dial household survey and a separate mail out survey to parents waiting for or using state or federal subsidy for child care services, using almost the exact same instrument, was conducted. Parents were asked to rank their youngest child’s current primary child care arrangement in eight areas. These areas were developed by Emlen et al (1998) and include:

8 ITEMS (Emlen et al, 1998):

- My child feels safe/secure
- Caregiver/teacher is warm & affectionate
- Child treated w/respect
- Child gets a lot of individual attention
- Caregiver open to new information
- Caregiver knows a lot about child development
- Child has been happy/likes caregiver
- Caregiver is happy to see my child

These eight items can be analyzed separately or combined into an index which as a reliability index alpha of .86. On each item, respondents are asked to rate their child’s current arrangement on a four point scale from 1 = never, 2=sometimes, 3=often, 4= always. Thus the highest possible score is 32.

Parents in Maine were overwhelmingly positive in their rating of their child’s primary care arrangement. The average overall index score was 30 and there were no
significant differences in the index between rural and urban residences nor were there differences by family income categories.

In addition to these eight questions, parents were asked to summarize themselves by being asked to grade their child’s arrangement overall. Again the results were that overall parents positively rated (Good to Excellent) the quality of their own childcare provider. However, here there were differences in the rating when comparing parents by type of group, subsidy recipients versus those not receiving subsidy. (Insert Chart 1 here) Parents receiving a government subsidy rated their settings slightly lower in terms of quality.

Another potential measure of parental satisfaction is the question already discussed in Connelly and Lathi in this volume, about whether parents felt they had good choices of arrangements available to them. This question is important because parents often respond that their current arrangement is of high quality because they don’t want to be seen by the researcher or to themselves as compromising their child’s welfare. But when asked if they had choices they may be more likely to reveal their anxiety about their current arrangement. A fifth of parents answered “no” to the question about there being good choices of arrangements available to them. But, in this case, the subsidy recipients were slightly less likely to say they had no good choices, 15% instead of the 20% answering “no” of the non recipients.

In sum, these data collection efforts fuel concerns about the quality of care in Maine. Based on objective observation most Maine classrooms and family day care homes do not reach the “good” category of the ECRS scale. Parents are on the whole enthusiastic supports of their current care arrangement but vocher and slots recipients
give their current arrangement lower grades while non recipients are somewhat more likely to feel they don’t have good choices of arrangements available to them.

III. Gathering Perceptions on Quality from Parents and Providers

III. A. Study Motivation and Design

In response to red flags raised by both the cost quality studies and parent responses about the quality of child care in Maine, and the suggestion of the formation of a state wide quality rating system, the decision was made to investigate what kinds of indicators should be considered for a rating system in Maine. In addition to investigating other state rating systems and reviewing the literature to date, we sought to explore how parents and providers defined quality care. As mentioned earlier, this study effort was conducted to answer the following two broad research questions:

- What perceptions did parents and providers have about quality childcare settings?
- Are there any differences in perceptions – do these two groups have qualitatively different perspectives?

This effort in Maine is similar in approach to a study by Ceglowski (2004), where she developed a set of definitions of childcare quality through focus group methodology. In her work, she found that Minnesota parents most frequently mentioned communicating well with families as a hallmark of quality child care providers. The other areas that parents focused on were professionalism and training of staff, and a caring environment. For providers, the trends were similar although she found that providers discussed most often professionalism and training, then communicating with parents and finally a caring, stable provider.
The design used for the Maine study was a qualitative approach using focus group interview methods combined with concept mapping methodology. The primary prompt from the focus group protocol that will be explored in this paper is: *What would you see or hear that would make you think that this was a high quality child care setting?*

The concept mapping was done using the Concept System® software that organizes and displays data from the participants, using several multivariate statistical algorithms which results in a set of easily readable maps. The concept maps show the relationship between ideas, and the clustering of ideas into themes or issues. Additional analyses produces a Pattern Match graph that illustrates the values assigned by participants to each idea or cluster of ideas.

A series of focus groups with parents and childcare providers were held statewide during February and March of 2005. Participants for the groups were recruited through regional Resource Development Centers. These organizations have the responsibility of connecting parents to childcare services and developing services in areas of need. Staff at these organizations developed flyers and contacted people individually to invite them to participate. A meal was provided for participants along with a $20.00 stipend to a local grocery store. A total of 6 groups were held (n = 44); 2 groups with only providers (n=14), 2 groups with only parents (n=16), and 2 groups that were mixed with both providers and parents (n = 14). The focus groups were tape-recorded and a scribe was present to take notes during the session. In addition to participating in a discussion, participants completed a brief questionnaire which asked additional questions about the idea of a quality rating system.
The data from these transcripts were reviewed and a set of 80 statements about quality was selected verbatim from the transcript. The statements were considered by the research staff to be essentially indicators or descriptors of quality and “non-duplicative” in nature. These statements were then used in the concept mapping software in order to develop forms for people to cluster like statements and rate statements on a particular scale. Invitations were sent out via email to over 200 people working in childcare in Maine, definitely a sample of convenience determined by available email lists and mailing lists. Professionals and providers were invited to participate and we asked them to invite parents they knew to participate as well. Due to resource constraints, this was the only means of eliciting involvement in the concept mapping process. Over a three-week period, 47 people completed the rating processes and that data was entered into the analytic software program.

III.B. Study Findings

At the focus group meetings, which were held statewide, parents and providers selected from a questionnaire a set of quality indicators that has been developed from the work of Emlen (1998) and colleagues at the Oregon Child Care Research Partnership. Table 1 (below) presents how parents and providers rated the importance of certain indicators of quality. These indicators/statements are the top ten categories presented from this albeit small number of respondents. What is interesting is that parents and providers seem to perceive the importance of various aspects of quality in a very similar manner. This finding was present in other aspects of the study and lends support to including parent perceptions as part of a rating system.
Table 1: Aspects of Quality – Ratings by Parents and Providers (2005)  
1 = Most Important to 7 = Least Important

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Parent (n=22)</th>
<th>Provider (n=22)</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Child Feels Safe and Secure</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>My Child is Safe and Secure w/this Teacher/Caregiver</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>My Child is Treated w/Respect</td>
<td>1.00</td>
<td>1.18</td>
</tr>
<tr>
<td>It’s a Healthy Place for My Child</td>
<td>1.05</td>
<td>1.14</td>
</tr>
<tr>
<td>The Caregiver/Teacher is Warm and Affectionate to My Child</td>
<td>1.10</td>
<td>1.00</td>
</tr>
<tr>
<td>My Caregiver/Teacher Shows She/He Knows A Lot About Children’s Needs</td>
<td>1.15</td>
<td>1.23</td>
</tr>
<tr>
<td>My Child Likes the Caregiver</td>
<td>1.15</td>
<td>1.23</td>
</tr>
<tr>
<td>The Caregiver/Teacher Handles Discipline Matters Easily Without Being Harsh</td>
<td>1.25</td>
<td>1.32</td>
</tr>
<tr>
<td>Learning Environment – How Much the Center/Provider Focuses on Providing Activities that Focus on Learning</td>
<td>1.25</td>
<td>1.57</td>
</tr>
<tr>
<td>I Feel Welcome and I Know I Can Visit My Child at Any Time</td>
<td>1.30</td>
<td>1.09</td>
</tr>
</tbody>
</table>

Results from the focus groups are in response to this question asked of parents and providers: *What would you see or hear that would make you think that this was a high quality childcare setting?*

The most common themes that emerged from all respondents were – in order:

1. Focus on positive interactions between caregivers and children and between caregivers and adults
2. Focus on age appropriate activities – space and materials
3. Focus on caregivers needing to understand developmental issues for children
4. Safe, clean environment – healthy foods/snacks

Parent participants emphasized the following:

1. Positive, nurturing interactions between caregiver and child
2. Relationship between caregiver and parent
3. Safety/cleanliness

One parent stated: “I guess I would want it to be on a personal level, not just all business... I don’t want my child dropped off at a business. I have to go to work and I want you to treat my child like I would treat my child”.

Provider participants emphasized:

1. Caregiver interaction with children
2. Environment: safe, nurturing, structured, outdoor play, “…messy but clean…”
3. Caregiver/child ratios and caregiver knowledge
4. Positive relationship with parents

One provider commented that: “Quality is the interaction between the adults and the children and the child – consistent, positive language and encouraging children to be caring... high quality programs model the behaviors that we would like children to have”.

As mentioned above, in addition to the focus group results, another set of respondents grouped like statements, labeled each group, and then rated the statements against one. These responses were used to generate concept maps. The Concept System software generates a set of suggested labels based on respondent input and the researcher selects the label that seems most appropriate for each cluster that is used in the subsequent mapping processes. Figure 1 is a ‘point map’, the first analysis of all the statements that respondents grouped and labeled. Each statement, 80 in total, is
numbered. Already in this display one can see some affinity groups amongst certain
numbers – certain groupings of numbers are clustered together. In running this analysis
from 47 respondents sorting and rating 80 statements, the reliability measure used in the
analysis was good, meaning that the map appears to adequately represent the grouping
data.

**Figure 1. Concept Map of 80 Statement Clusters**

Figure 2 is a Cluster Rating Map, developed from respondent responds to “How
important do you think it [the given statement] is compared to other statements as a
description of child care quality?” The height or number of layers of each piece
represents the greater importance respondents put on that particular cluster. The thickest
in this map being “Provider – Parent Relationship”.

![Cluster Rating Map](image-url)
Results of the concept mapping process provide more than just a set of themes or domains as initially developed from the focus group methodology. The maps and the ratings provide both visual non-numeric and numeric displays from which to further explore these quality indicators.

Figure 3. maps “How necessary do you think it is to find a way to measure this characteristic of quality in order to accurately report on quality of a given child care setting?” One can see that this map is very similar to the earlier Cluster Rating Map on Importance. Again, ‘Provider – Parent Relationship’ is the prominent cluster or domain from which quality indicators could be created.
Of particular interest is whether there are differences in perceptions of quality between parents and professional providers. Figure 4 is a Pattern Matching graph that was developed to explore this question.

**Figure 4. Pattern Matching on Most Important Domain of Child Care Quality**
This result indicates that there is essentially no difference between the parents and providers/professionals who responded. Results from a different Pattern Match also indicated no differences between the groups in terms of how necessary they believe it is to measure each cluster in order to monitor the quality of a child care setting. What may be of interest in terms of further discussion in planning the actual rating system is that the order of the clusters is slightly different between the two types of respondents. In particular, Staff-Child Interactions are rated lower by parents than professionals/providers.

IV. Conclusions and Policy Recommendations

Initially, this paper briefly summarized of the two Maine Cost and Quality studies of child care centers and family day care homes that found that most Maine licenses child care arrangements do not meet the “Good” standard. Similar studies in other states have found similar results leading us to conclude that while Maine may not be doing worst than other states in this regard we are not doing well enough for our current generation of young people.

Next we reviewed the findings of the parent survey focusing on three measures of quality of the current primary child care arrangement of the youngest child in the household. Based on the eight question scale of Emlen et al (1998) Maine parents are overwhelmingly happy with their current arrangement. But based on the overall grade given by parents to their current arrangement about 15 percent of parents do not give their arrangement the highest grade, and that percentage is even higher for parents receiving child care subsidies from the state. Finally we argued asking parents if they feel they have good choices in child care arrangements may be another way to access
parent’s sense of quality that suffers less from the respondents need to appear to be a good parent.

Finally we presented findings from a new study which used focus groups and concept mapping to assess what parents and providers mean by “quality”. Here in Maine, the following quality domains appear to be most important to measure, based on focus group interviews and then a concept mapping process:

1. Parent – Provider Relations
2. Child’s Social / Emotional Needs
2. Quality of Staff
3. Health and Safety Issues
3. Staff – Child Interactions

These domains appear similar to the elements identified by Ceglowski (2004). Central in both studies is the domain or element of the interactions between parents and providers.

The other important finding of our most recent study is that parents and providers have similar perspectives on what should be measured to monitor quality. As mentioned earlier, while there may be concerns expressed about how accurate parents can be in terms of assessing the quality of a child care setting, it does not appear that what parents would look for would be very different than what providers think is important.

According to a National Institute of Child Health and Human Development (NICHD) report on the characteristics and quality of child care for toddlers and preschoolers (2000), they state that “positive care giving” is very uncharacteristic for 8% of children in the United States ages 1 to 3 years, somewhat uncharacteristic for 53%,
somewhat characteristic for 30%, and only highly characteristic for 9% of children in care in this age group. They conclude that “most young children in this country receive childcare that is ‘adequate’ – neither outstanding nor terrible but in need of improvement”. Similarly, the work done in Maine to investigate the quality of care, in particular the work of Marshall et al (2004), also suggests that the current quality of care leaves much room for improvement.

A clear recommendation from a review of current work here in Maine is that a closer monitoring of the quality of childcare services is warranted, especially those that are supported through public resources. Quality rating systems are one approach that states are embarking on and Maine could benefit from lessons learned by those states in order to develop a system that makes sense for our unique needs.

In order to get an even better assessment of needs as they relate to quality, this study would suggest a focus on parent and provider relations – social interactions in this setting appear to be very important to both parents and providers. In addition, as parents and providers appear to agree on the larger domains that should be monitored in order to measure quality, perhaps it is not too large a leap to involve parents directly in assessing quality. Involving and educating parents in order to help them be better consumers of care and more importantly, more effective advocates for their children, can be another positive consequence of the implementation of a quality rating system.
BIBLIOGRAPHY


