Understanding Quality in Child Care; Arizona Parents' Perspectives Compared to State
Measures of Quality

by

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ABSTRACT

Definitions of quality child care are subjective, depending on who is defining quality, and constructions of quality remain a contested issue in the early childhood field. There are multiple ways of defining quality child care, most of which are from the perspectives of researchers, policymakers, and professionals. Few studies of child care quality take into consideration parents' perspectives of what quality child care means to them and what they deem as important for the wellbeing of their children (Ceglowski & Davis, 2004, Duncan et al., 2004, Harrist et al., 2007, & Liu et al., 2004). This study compared parent perspectives to criteria for assessing child care used in Quality First, a statewide quality improvement and rating system for providers of center-based or home-based early care and education, to better understand the gaps drawing from ecological theory (refs – add these) and discuss the consequences of these different perspectives.

This study utilized a comparative qualitative analysis of ways in which parents and state agencies view determinants of child care quality. The data for this study were collected from interview responses to open-ended questions on a larger mixed-method study with parents of children under the age of 6 from the Central Arizona area. The quality indicators used by Quality First included the Infant/Toddler Environment Rating Scale (ITERS-R), Early Childhood Environment Rating Scale (ECERS-R), Family Child Care Environment Rating Scale (FCCERS-R), and the Classroom Assessment Scoring System (CLASS), which were analyzed and compared to parent descriptions of quality factors in child care.

The findings of this study contribute to the discussion of ways in which parents' perspectives are similar and different to that of quality rating scales, in this case those used by Quality First, and how the gap may be contributing to unintended consequences.

In the study, I noticed that parents were more inclined toward affect qualities as quality indicators whereas the Quality First had more structural qualities as quality indicators. This led to the addressing of the need to bridge this gap to have a more comprehensive understanding of quality child care to meet different needs as identified by parents and professionals.

TABLE OF CONTENTS

LIST OF FIGURES

CHAPTER 1—INTRODUCTION

Background and Context

Several studies have shown that the percentage of children who are enrolled in child care programs in the United States is higher than ever before (Manfra et al., 2014). All children in group child care have the right to attend good programs that promote their development and learning. High quality care programs have been documented to promote children's development and learning and overall well-being. Poor quality programs may place children's development, even their health and safety, at risk. Since child care is provided in a variety of settings, both formal and important, it is important to expand the current understanding of child care from its narrow focus on professional child care to a broader canvas that includes informally provided care. Until recently, quality of care has been assessed only in the context of professional child care centers or family-run child care homes. However, recent studies have also taken into consideration care that is imparted informally by caregivers such as family members, friends, and neighbors—this has been referred to as kith and kin care (Ceglowski & Bacigalupa, 2002).

There is increasing evidence that children who receive a high quality early childhood education have better math, language, and social skills as they enter school, and as they grow older require less special education, progress further in school, have fewer interactions with the justice system and have higher earnings as adults (Barnett, 1995). Research indicates that quality early educational experiences bestow numerous benefits on children, including developing a love of school, healthy socialization, meaningful learning, and preparation for kindergarten (Morrow, 2005). Given adequate support, high quality programs can be provided in all types of early childhood settings—

in centers, homes, and schools—and operated under various auspices—public, private nonprofit, and private for-profit (Helburn, 1995).

There are many definitions of "quality" in child care and while there is some consensus in the professional literature, there is far more divergence in how families, communities, and even cultures define quality. "Quality" may be produced and prioritized through particular discourses—including those that are both more general, such as managerialism, and more specific, such as the Anglo-American narrative on early childhood. With others, this study attempts to take a step back and understand such discourses as being, in turn, the product of a specific paradigm, a mindset for understanding the world and our position in it (Moss & Dahlberg, 2008).

Many would not argue that quality child care providers are warm and caring and are attentive to and respectful of children's individual needs. Quality providers understand the need to be culturally sensitive and accepting of differences in ethnic backgrounds and customs. The provider guides children in positive ways, teaching social skills, instead of blaming, criticizing, or punishing. Children need child care providers who will speak to them and actively encourage them to respond (Galinsky & Phillips, 1988). Quality is also defined differently by different groups. For example, childcare.org says that high quality child care programs have certain characteristics in common. These characteristics can help parents make better child care choices for their children because they indicate a much greater likelihood of high quality care. Quality indicators measure the conditions that generally foster a safe, nurturing, and stimulating environment for children. They typically include the following:

- Low child/teacher ratios

- Small group size

- Staff with higher education & on-going training

- Prior experience and education of the director

- Low teacher turnover

- Positive teacher/child interactions

- Accreditation or higher than minimum licensing standards

- Age appropriate/ developmentally activities

- Good health & safety practices

Another way quality was looked at was by talking about settings that offer a steady diet of nurturing care and stimulation. In searching for child care, well trained care givers, supportive and varied activities, high levels of parent involvement, and good health and safety were the main quality indicators (www.childcareservices.org)

Many states have child care quality rating systems, including the Quality Rated program adopted by the state of Georgia or the Child Care Report Card and Star Quality program by the state of Tennessee, and the Star rated licensed program in North Carolina, which influenced the Quality First program addressed in this study. These programs help child care centers establish quality and outline requirements for meeting quality standards. In Arizona, Quality First, a First Things First program, is a voluntary, statewide quality improvement and rating system for providers of center-based or home-based early care and education. Quality First, like similar quality rating systems in other states, is based on research-based areas of quality. Included in criteria are low student/teacher ratios and small group sizes; well-qualified teachers who know how to engage young learners;

warm, responsive relationships between the children and their adult caregivers; and language-rich learning environments requirements.

Returning to one of the essential questions that drive this study is who defines "quality" child care? Whose input and knowledge is considered valuable? Tobin (2005) asserts that the notions of quality should be locally negotiated and focused on dialogues among parents and professionals. It is important to explore how an understanding of rich descriptions stated by parents nested in the mesosystem can inform and transform practice in the classrooms attended by children from these households. Comber and Kamler (2004) describe these fundamental and lasting paradigm shifts as "turn-around pedagogies," which not only result in classroom curricula and activities matched to student interests, but also a lasting shift in the perceptions, beliefs, and attitudes of teachers toward their students and their communities, from a view of something lacking to one of respect and understanding. But do these values reflect in the prevailing practice in child care? Is there room for listening to the voices of the parents or other community members?

How might child care quality discussions take into account context and values, subjectivity and plurality? How could it accommodate multiple perspectives, with diverse groups in different places having varying views and definitions of quality or different interpretations of evaluation criteria? Early research tended to study the effects of child care in isolation from other significant aspects of children's lives. Current research is should try and be grounded in ecological systems theory, as suggested in my paper, which considers child care in the context of the system as well as the family and recognizes the links between these various systems and the larger society. This problem

became more acute as more people began to talk about the importance of the process of defining quality and how this should include a wide range of stakeholders, not only academic experts but children, parents, and practitioners (Moss & Dahlberg, 2008).

Statement of Problem

Tobin (2005) states that, "Those of us who believe that these progressive practices represent the highest quality early childhood education have an obligation to offer our best practices to children and parents" (p. 432). We also have to listen to parents so that we are not imposing on them our beliefs of what might be best for their children. Quality is a dynamic concept and can mean different things to different people (Evans & Schaeffer, 1996). According to Love (1998) the definition of quality needs to be broadened. This would be the ideal situation, in which parents and professionals could both have inputs on what "quality" means. Valenzuela (1999) observed that the results of the deficit perspective where experiences and understanding of parents and household are not utilized can be devastating and are manifested in multiple forms, making school a "subtractive" experience for many youth. A comprehensive understanding and meaning of quality that has value for not only professionals but also parents and ultimately the children that we strive so hard to nurture and care for.

However, in reality, it seems that parents rarely have a say in defining quality criteria for child care. This study was inspired in part by questions raised by Dahlberg, Moss, and Pence (2007): namely, "(a) who has been involved in the process of defining quality? Who has not? (b) Might there be multiple perspectives or understandings of the idea? and (c) What is the context in which the idea has been formed?" (p. 119). Nagasawa, Peters, and Swadener (2014), in their chapter "The Costs of Putting Quality

First: Neoliberalism, (Ine)quality, (Un)affordability, and (In)accessibility?," ask to what degree have parents been consulted about their needs, desires, and views of what the care their children receive should and could look like?

Why are parents and other primary caregivers of young children so rarely consulted about their views on quality child care? As Yoshikawa and Hsueh (2001) suggest, public policy research is the strongest when a multisystem methodology is used and policies would likely better serve parents, children, and communities if these views were included in the criteria for quality child care. This study analyzed what quality child care means according to state criteria and compares that with what a sample of parents in Central Arizona consider to be indicators of quality.

Theoretical Framework

This study examined the child care quality indicators outlined in Arizona's Quality First, compared them to the quality indicators outlined by parents, and then compared the similarities and disparities between regulatory indicators of child care quality and the perspectives of parents on quality child care. The study also raised possibilities for a comprehensive policy to address the child care quality. Currently, child care policy makers are expanding the scope of quality indicators of child care as reflected in recent licensing initiatives (e.g. Arizona's Quality First initiative; Norris, Dunn, & Eckert, 2003). The definition of quality, therefore, may need to be broadened (Love, 1998). My study was designed to provide a forum in which an enriched definition of child care quality could be developed by listening to voices that are not typically heard. The ultimate goal of this research is to shed light on public policy so that child care

quality will be facilitated and all stakeholders' perspectives will be honored and valued (Harrist et. al., 2007).

To inform my analysis and better understand parents' perspectives on quality child care, I utilized ecological systems theory that places the child in an ecological context, in which an individual's experience is nested within interconnected systems (Bronfenbrenner, 1989). As presented in his *Ecology of Human Development* (1979), Bronfenbrenner argued that the world of the child (and indeed all of us) consists of five systems of interaction: (1) Microsystem, (2) Mesosystem, (3) Exosystem, (4) Macrosystem, and (5) Chronosystem. The Microsystem consists of the child's most immediate environment (physically, socially, and psychologically) and constitutes the system where the child first learns about the world. Face to face connections between individuals are the distinguishing feature of microsystems—these could be between families as well as within child care settings.

At the next level, mesosystems consist of linked microsystems and the various processes that link them together. These mesosystems are in turn placed within the exosystem, which consists of settings that do not require the direct participation of the child but which nonetheless influence the lives of those in the child's world. These settings could include parents' workplaces, institutions where teachers and child-care providers are educated and trained, and governmental agencies and bodies that set standards for child care facilities or set reform policies (Bronfenbrenner, 2005). For example, a program like Women, Infants, and Children (WIC) may positively impact a young mother through health care, vitamins, and other educational resources. It may empower her life so that she, in turn, is more affective and caring with her newborn

(Swick, 2004). At the next level, macrosystems are the cultural patterns of the societies we inhibit, which are expressed within the family, in educational and religious settings, and at level of economic and political systems. Therefore, macrosystems have a substantial influence on our behavior and on our relationships (Bronfenbrenner, 2005).

Using ecological systems theory as a framework and understanding that the indicators of quality child care for parents are nested in the larger context of their individual experiences, I unpack the definition of quality of child care as defined by parents and compare these views to the state definition of quality child care. I use the argument that in the mesosystem lie the definitions of quality child care by parents and in the macrosystem lie the quality indicators outlined by the state to regulate quality in early child care. Knowing that this linkage between the family system and child care system operates in both directions, it is crucial to understand how both the stakeholders, i.e. parents, and the state entity define quality and what some of the similarities and differences are between the two schools of thought. Further, in my study I outline the consequences that may arise in the due to the discrepancies that may exist in the two definitions and how the different layers interact to impact the child using the ecological theory.

Research Statement

A saying goes, "Making the decision to have a child - it is momentous. It is to decide forever to have your heart go walking around outside your body." This reflects how many parents feel when they have a child, and they want nothing but the best for their heart, the child. But is this a sentiment reflected in the decision-making process by child care providers when determining what quality is?

In trying to better understand what parents think of as quality child care, I analyzed quotes of parents from the *Arizona Demand for Child Care Study: Statewide Report* (2011). The following are some representative quotes that influenced my decision to re-analyze some of the data from this study.

When asked what she looked for in child care, a 41-year-old, African American mother of one stated:

> Just a place that would feel like home to her when she-when I'm away from her, you know. Providers that would be like a mom to her, you know? Mom's away so…

Similarly, a 24-year-old, Hispanic mother of three who lives in a border community spoke about her child care arrangements and expressed how it is like home to her children:

> Every single one of my children has gone through here. That's why I'm saying it's home. It's all I know, because this is the only place I felt that comfortable with. As soon as I started looking, I was concerned about everything, especially are they gonna be mean to my child, are they gonna scream at my child, what are their ethics, what do they believe in, are they gonna spank them?

A 26-year-old mother of two said that what she liked about her child care arrangements was that it provided "a sense of family." She went on to explain:

> It is a place that I can go to and know that he's interacting with many

different children, not just his specific age. There's a newborn there and

now he's learning how to handle being around a newborn. You have to be

gentle. You have to be nice. You have to be calm around the baby.

A 38-year-old, Hispanic father of four talked about the importance of his family

and the care providers working "hand in hand" with his son. He made the following

remarks:

They really work with him … and not just say, "Oh, he's a bad kid." Or,

"He is displaying bad behavior." They actually really did work with him.

They taught him things about reaching hands. You see your work. Not

hitting your friends. He learned a lot. They really did help a lot. I think as

parents and as them as caregivers we kinda worked hand in hand to correct

some of the insufficiencies that he had or some of the behavioral problems.

I think that they really did a wonderful job on him.

Parents had many different things to say that could potentially be important

determinants of quality. This study addresses a gap in literature in its attempt to

foreground parent voices in the discussion of child care quality. I want to bring out the

rich descriptions of quality possessed by these parents. More specifically, the aim of the

study is to qualitatively explore what parents view as quality child care based on their

experiences, understating, needs, and wants as nested in the larger context of the

ecological system. It is an attempt to see what parents think are important determinates of

quality and compare them to state criteria for ratings of quality. Using comparative

qualitative analysis, this study looked at ways in which parents and state agencies look at

determinants of child care quality. My study is an attempt to understand how different

15

stakeholders define quality child care and to understand the gap caused by the differences in what they deem as important quality indicators. Further, my study looks at the unintended consequences caused by the gap in the two perspectives.

An intention of the study is to make the voices of the parents of children under the age of 6 in Central Arizona heard. What is it that parents in Central Arizona consider to be quality child care? This is extremely important because the "parent perspective" on service delivery is a key part of evaluation, practice, policy, and political activity in contemporary social work and in human services, more generally (Hall & Slembrouck, 2010). The voices of parents often remain unheard, regardless of widespread acknowledgment that parents play a critically important role as their child's most important teachers (Lucyshyn et al., 2002). Research that focuses on participants' personal meanings "gives voice to people who have been historically silenced or marginalized" found that through the use of qualitative methods … researchers are able to effectively communicate meaningful information that might not be obtainable using more conventional methods (Brantlinger et al., 2005, p. 199).

My study is also a vehicle to listen to the voices of diverse parents from a metropolitan area in central Arizona and compare these perspectives to the understanding of the major state quality rating system in the state, Quality First. In doing so, my study looked at ways in which parents and state agencies define quality child care. Once the definitions are clear, I looked for any possible overlaps or differences in the two. And finally, using the information from the analysis, I was able to understand and discuss unintended consequences of the gap caused by the difference in the quality indicators as deemed important by parents and Quality First.

Another intention of the study is to capture the rich and diverse understanding of quality as nested in the mesosystem. Not only are parents their children's most important teachers, they are also experts in their children's lives, with stories to share that can shed light on the science of child development and its implementation within our local communities (Keller et al., 2008). My study will draw on these rich Funds and help shed light on what parents think is quality child care.

Research Questions

The specific questions that I sought to address in this study included the following:

1. How do Arizona parents of children birth to 5 describe quality child care?

    a. What do parents look for and prioritize when determining the quality of child care?

    b. If factors such as cost, availability, and convenience were not an issue, what do parents deem as quality child care?

2. How do parents' views of quality compare to the state's quality rating system (Quality First) descriptions of quality child care?

    a. How does Quality First describe quality child care?

    b. What are similarities and differences between Quality First and parents' descriptions, and what are some of the consequences of these similarities and differences?

Having discussed the issues related to defining quality child care and the reasons why this study is relevant to the field, it is also important to understand what work had been previously done in the same. The following chapter will focus on scholarship focused on defining and describing quality from different perspectives, namely

professionals, researchers, and parents. It will also further explicate the theoretical

framework. The chapter will also focus on what is the gap in existing literature and the

importance of this study to fill the gap. Once we understand the importance of this study

and previous work done in the field to define and describe child care, we need to

understand how this study will be conducted to find rich and meaningful nuances.

Chapter three will focus on the design and methods of this study. It will outline the

structure and direction of the study to reach accurate and meaningful finding through

qualitative comparative analysis.

CHAPTER 2—LITERATURE REVIEW

The broad purpose of this study is to understand parents' perceptions of quality child care (based on interview responses from parents of children under the age of 5 years), in comparison to state standards and guidelines for quality. According to Farquhar (1989), as cited in Harrist et al. (2007), the perspectives of multiple stakeholders ought to be taken into consideration for defining the quality of child care. These include the perspectives of parents, child development experts, child care staff, social policy and funding systems, and governmental or regulatory agencies (such as social service agencies). The questions that are posed to these stakeholders may result in answers that yield unique insights on how each type of stakeholder perceives quality. Later, Katz (1994) suggested a more sophisticated way to look at the 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, (d) the perspective of the children in child care, and (e) the perspective that considers how the community and the larger society are served by a program. This can be called the ultimate perspective on program quality.

The quality of child care has been a subject of intense scholarly inquiry from the 1970s onward. The bulk of the research to date has employed a top-down analytical lens that aims to determine factors and variables that may affect child outcomes. While early studies focused on the impact of child care on children, researchers in later years (from the late 1970s) attempted to determine whether variations in care had an impact on the development of the child (Bacigalupa & Ceglowski, 2002). For example, research on early brain development has found that environments that stimulate and support

children's development are critical from the earliest ages. Children from such environments are more likely than their peers to have higher IQs and cognitive performance, improved language, fewer instances of grade retention, decreased need for special education, higher reading and math achievement scores, higher levels of formal education, and delayed parenthood (Behrman, 1999; Brooks-Gunn, Klebanov, & Liaw, 1995; Duncan & Brooks-Gunn, 2000; Yoshikawa, 1995). Only a few studies to date have focused on the relationship between the quality of child care and children's social and emotional outcomes, which include skills such as impulse control, attention span, emotional and behavioral self-regulation, and social behavior like cooperation and taking turns. These studies have found weak to modest associations between the quality of child care and children's social skills and behaviors (Hestenes et al., 2015).

This chapter divides the relevant literature into perspectives of researchers and professionals and those of parents. The literature helps us understand the obvious dichotomy of one versus the other.

Perspective of Researchers and Professionals

Quality child care can make a significant difference in children's development. Studies show that a high quality child care program helps children get ready for school and increases their chance to succeed. The Cost, Quality, and Outcomes Study (Peisner-Feinberg et al., 2000) found high quality child care had positive effects on children's language ability and sociability through kindergarten, and on math ability, thinking/attention skills, and problem behaviors through second grade. The effect of child care on children's social, emotional, linguistic, and cognitive development depends in part on children's daily experiences in their child care program. This experience is often

referred to as *process quality*, with high quality defined as a combination of nurturing relationships, protection of children's health and safety, and the availability of developmentally appropriate, stimulating activities and experiences (Doherty et al., 2006).

There are different predictors to determine quality of child care. The Early Childhood Environment Rating Scale (Harms & Clifford, 1980) and its revised version Early Childhood Environment Rating Scale Revised (ECERS–R) (Harms et al., 1998) are the most commonly used comprehensive observational measures of quality of preschool classroom environments and have served as the standard measure in the field of early education for more than 25 years. The ECERS–R includes 36 items that measure the following dimensions of the classroom environment: space and furnishings, routines, language reasoning, activities, interactions, and program structure. Some studies, such as Vandell et al.'s (2010) study on the effects of early child care in adolescence, have used the Observational Record of the Caregiving Environment (ORCE) as a measure of child care quality. ORCE evaluates the extent to which caregivers create a secure base for children by acting responsively and sensitively while interacting with them; this is done by measuring, for instance, the amount of time the caregiver spends talking to the child (Burchinal, 2010). All these factors (Burchinal, Roberts, Nabors, & Bryant, 1996; Howes, Phillips, & Whitebook, 1992, National Institute of Child Health and Human Development Early Child Care Research Network [NICHD ECCRN], 1996) are only process factors that are based on single scores and scales.

A second set of indicators consist of *structural characteristics* of both the child care settings and the quality of caregivers, and these include group size, child-to-caregiver ratio, and levels of caregiver education and training. Studies have found that

quality of care is higher when child-to-caregiver ratios are lower, with caregivers being able to spend more time offering meaningful care, supporting, and stimulating care to each child. Similarly, when child care staff is trained and well-compensated, the quality of activities undertaken with children is higher, and the staff is more responsive to children's needs (Vandell & Wolfe, 2000). Structural characteristics or factors are indirect assessments of child care quality; in other words, these structural characteristics act as the vehicle or foundation through which *process factors* affect the quality of child care (Hestenes et al., 2015).

The stability of child-caregiver relationship is one of the predictors of quality child care. The Classroom Assessment Scoring System (CLASS) (Pianta et al., 2007) is an observational measure of the quality of several dimensions of teacher–child interaction in classrooms. The CLASS observation system assesses different dimensions of these interactions within classrooms. These dimensions reflect social features of interactions (e.g., the extent to which teachers are sensitive and responsive to children's needs and cues) and instructional aspects of interactions (e.g., the extent to which teachers' behaviors promote concept development or scaffold children's performance of skills). Each dimension included in the CLASS is rated along a 1–7 scale, with 1 or 2 indicating low quality; 3, 4, or 5 indicating mid-range of quality; and 6 or 7 indicating high quality. In a study by Howes and Hamilton (1993), it was found that when the teacher remained with the child, caregiver relationships were as stable as maternal relationships. When the caregiver changed, caregiver-child relationship quality was less stable. The study also shows initial caregiver changes were disturbing to children. Those children who experienced the earliest teacher changes between 18 and 24 months were less secure with

their caregivers at two-year and 30-month assessments than children who remained with the same teacher between 18 and 24 months. Phillipsen et al., (1997) suggest that high education standards are merely process factors that do not focus on the real meaning of quality. Farquhar (1999) argued that, in the field of early childhood education and care, the prevailing approach to defining quality has been a "psychological approach which focuses on measurable indicators and pre-defined outcomes" (p. 32).

Professional guidelines have been developed to assist parents and policy makers. The National Association for the Education of Young Children (NAEYC) developed a set of guidelines for child care centers and the National Association for Family Child Care (NAFCC) developed a set of guidelines for child care homes. NAEYC provides recommendations regarding the child: adult ratios and caregiver education. The ratio recommendations vary depending on the age of the child, reflecting the greater autonomy of the older child than the infant or toddler. Overall, they recommend a ratio of 3:1 or 4:1 children per adult for infants, 5:1 for toddlers, 7:1 children per adult for 3-year-old and 8:1 for 4- and 5-year-old. NAFCC attempted to generalize these recommendations from the child care center in which most children within classrooms are of the same age to the child care home in which children typically are of varying ages.

A study done with over 200 licensed child care homes compared observed quality of care in child care homes as a function of the professional association's guidelines regarding group size weighted by age of the children. This analysis of these data indicates caregiver characteristics such as training is a better predictor of quality in child care homes than are group size or child to adult ratios (Burchinal et al., 2002).

International approaches to assessing child care quality have adopted a similar approach of identifying structural or process factors. In the United Kingdom, the Millennium Cohort Study has been following the lives of 19,000 children born between 2000 and 2002 and has tracked the child care they have received to date in various kinds of care facilities. The quality of these child care settings has been assessed through instruments such as the Early Childhood Environment Rating Scale—Revised Edition (ECERS-R), Early Childhood Environment Rating Scale—Extension (ECERS-E), and the Caregiver Interaction Scale (CIS). The factors identified as significant in predicting the quality of child care include group size, size of the center where child care is provided, staff and manager qualifications, age ranges of children in each group receiving care, and child-to-caregiver ratios (Mathers et al., 2007).

Thus, the bulk of the research on child care quality till date, which has adopted a top-down analytical lens, has focused on the identification of specific structural characteristics or process factors as indicators of the quality of child care. The factors identified by various studies have included ratios (e.g. child-to-caregiver ratios), extent of training and education for teachers and child care staff, wages, staff turnover, and standardized instruments like child care environment rating scales (e.g. the ECERS) (Harrist et al., 2007). Some attributes of the child care experience are, however, not well-captured by existing instruments and have not been extensively reported in the literature. These include the role of peers and assistant caregivers in the care setting, the level of engagement of the child, and curricula implementation (Burchinal, 2010).

Perspective of Parents

The prevailing definition of child care quality— that which researchers and early childhood professionals have defined as good for the child—has dominated child care research. Although this is an important perspective to investigate when studying child care quality, it is only one of several perspectives to consider (Ceglowski & Bacigalupa, 2002). A key rationale for child care regulation is the presence of information asymmetries between producers (child care providers) and consumers (parents, as agents for children) (Gormley, 1999). The "parent perspective" on service delivery is a key part of evaluation, practice, policy, and political activity in contemporary social work and in human services, more generally (Hall & Slembrouck, 2011). While most parents and child care providers agree on core definitions of child care quality, parents have more insightful understandings and desires for quality care for their children.

Researchers have only recently begun to ask parents, teachers, and children—the people who participate most directly in child care—how they define quality child care (Bacigalupa & Ceglowski, 2002). The assumption is that while parents value the same characteristics of care that early childhood professionals do, they are not well-informed about the care their children receive (Burchinal et al., 1997). In a comprehensive review of recent studies that have addressed the perspectives of parents toward quality of child care, Manfra et al. (2014) identified several reasons why the perspective of parents is important. These include: (i) the high reliance of child care in the United States, with 75% of children under the age of 5 being in some form of child care; (ii) variance in the quality of care provided at various centers; (iii) misunderstandings of parents and other caregivers about quality; (iv) implications for policymakers and legislators so informed

policy decisions can be made; and (v) the value of having multiple, valid perspectives informing and defining quality in child care, especially since parents primarily make decisions about placement of their children in child care.

Manfra et al. (2014) identified three overall approaches in the research literature to exploring parents' perceptions about child care quality. In the first approach, researchers have asked parents direct, open-ended qualitative questions about their views. In the second approach, researchers have arrived at conclusions about parent perceptions based on certain real or hypothetical decisions made by parents about enrolling their children in child care programs. In the third approach, researchers have asked parents to rate measures on instruments that researchers or experts have created or defined themselves.

To take an example of the first Manfra et al. (2014) approach to studying parent perceptions of child care, Harrist et al. (2007) designed a study to provide a forum in which an enriched definition of child care quality could be developed by listening to voices that are not typically heard. In this study, focus groups served as the primary data collection method to obtain a descriptive understanding of quality child care. The purpose of focus groups was to understand how people think or feel about a service such as child care, to discover how they understand and value that service, and to learn the language used when speaking about that service. Focus groups conducted with open-ended questions allow participants' ideas to surface that may differ from the narrow research perspective most often reported in the literature. Harrist et al. (2007) found that the perspectives of parents were more aligned to that of caregivers compared to those of policymakers or social service professionals.

In a similar example (Ceglowski & Davis, 2004), focus groups of parents in Minnesota were conducted to determine their perceptions of child care quality. Parents were able to give specific examples of good practice in the areas of meeting the needs of individual children, planning activities, and providing positive interactions that they attributed to provider training. At the same time, they were also able to give specific examples of negative experiences with the child or the setting when providers had little education or training. Ceglowski and Davis (2004) found that parents emphasized education and training for caregivers, a caring attitude (warmth and sensitivity), and attention paid to each individual child as factors important to good quality child care. Also using a variant of the first Manfra et al. (2014) approach, Researchers in England conducted 56 semi structured interviews with mothers of young children to discover mothers' beliefs and values about important qualities of child care (Duncan et al., 2004). Women with partners were purposely selected from two communities to represent different ethnic, racial, lifestyle, income, and job status groups. The rich data analyzed in this study provided a complex picture about quality child care from a parent's perspective. The Duncan et al. (2004) study found that the personal beliefs of caregivers and their reflection of what the parents considered to be good family values were important to parents as indicators of quality child care.

As an example of the second Manfra et al. (2014) approach, Leslie, Ettenson, and Cumsille (2000) undertook a survey of 235 parents who were then finding appropriate child care services for their children—these included 105 married mothers, 82 married fathers, and 48 single mothers. The researchers presented 16 profiles of hypothetical child care centers to the parents in which eight factors were varied and asked parents to rate the

hypothetical centers based on how the mix of factors would influence their decision to choose those centers for their children. The results indicated that the demographic characteristics of parents were most significantly likely to affect decision-making. For instance, single mothers lay emphasis on cost in decision-making, while married mothers gave more importance to the child-to-caregiver ratio. On the other hand, married fathers emphasized four factors almost equally: cost of child care, convenience, child-to-caregiver ratio, and hours of operation. Additionally, the study found further variations in decision-making strategies based on demographic factors like education levels of parents and family income.

Liu, Yeung, and Farmer (2001) asked Australian parents of children older and younger than age 3 to rate the importance of 20 items that addressed the importance of an educational setting for their children in child care and the educational qualifications of the teaching staff. A third of the parents felt that the major focus on child care should be on meeting the needs of parents. The survey also included an unidentified open-ended question; however, only two references were made in the article to parental responses to the question. A few parents commented on how valuable male staff would be to a child care setting. The authors also indicated that many comments were made by parents about the professional background and education of the staff. This study is an example of the third Manfra et al. (2014) approach to studying parent perceptions of child care quality.

In another Australian study that uses the third approach, da Silva and Wise (2006) used a sample of 238 Australian parents from three different cultural backgrounds (84 Anglo, 67 Somali, 66 Vietnamese, 21 other non-Anglo backgrounds) who had placed their children aged from 2 to 69 months in formal child care settings. A quantitative

measure of 20 child care factors was administered to parents, with the features

conforming to one of the following four domains: (1) responsiveness to developmental

needs [which forms the basis of the researcher perspective to child care]; (2) accessibility

(e.g. cost); (3) caregiver relationships with child and parents; and (4) responsiveness to

the child's cultural background. In this case, even though the items on the instrument

employed a parent-focused definition of quality, they were developed by the researchers.

The results indicated that while the developmental needs factors were important to the

parents' understanding of quality child care, also important were factors from the other

three categories. The study found some cultural differences in parental perceptions of the

quality of child care, which Burchinal (2010) also identified as a factor that needed

further study.

In the Australian study, Somali parents were most likely to report that their child

care arrangements matched those characteristics of quality they deemed important, while

Vietnamese parents were least likely to report this match (da Silva & Wise, 2006). An

earlier work by Farquhar (1993) had also demonstrated the difference between the

perceptions of White and non-White parents in New Zealand toward child care quality:

the former were more likely to deem staff qualifications and positive behavior

management as important, while the latter were give more importance to factors such as

biculturalism, activities and excursions, having a non-sexist curriculum, and parental

involvement in child-care decision-making. Such cultural differences in the perspectives

of parents have rarely been taken into consideration by researchers while conceptualizing

and defining the quality of child care (Burchinal, 2010).

Some studies that have used the third Manfra et al. (2014) approach have found that parent perceptions of quality align well with the researcher perspective. For instance, one study utilized a direct modification of the ECERS into a questionnaire "to assess the degree to which parents valued specific aspects of child care" (Cryer & Burchinal, 1997, p. #). Each of the original items on the seven-point ECERS instrument was transformed into questions in which parents used a three-point scale (1 *not important* to 3 = *very important*) to rate various features of child care for their child. The items addressed health and safety concerns, availability and arrangement of play materials, and interactions. Median scores for all but one of the 35 items on the infant/toddler version and all 37 items of the preschool version were 3 (*very important*), clearly showing that the parents in that study also valued the same features of quality child care as those on the ECERS instrument.

Gaps in Literature

Reviewing available literature on parents' perspectives on quality child care, I was struck by how few articles address parent views, independent of the researcher perspective. Most articles were very constrained and had parents choosing options from either a list or rating a scale. Just a few articles used qualitative, open ended questions to seek information on what parents think about the quality of child care. Children, parents, or professionals are denied access to the debates on what constitutes quality (Vandenbroeck & Peeters, 2014). The near exclusionary focus on this one perspective has limited our understanding of child care quality (Ceglowski & Bacigalupa, 2002). Also, there is material out there that focuses on listening to parents' voices, but it revolves around differentiated health or other needs (Keller et al., 2008; Benz et al., 2010; Slettebo,

2011). While there are a few that support the idea of involving parents' opinion to make child care quality guidelines more comprehensive (Tobin, 2005; Hall & Slembrouck, 2010), few have actually highlighted the same (Ceglowski & Davis, 2004; Duncan et al., 2004; Harrist et al., 2007; Liu et al., 2004).

I also noted a lack of qualitative analysis of parents' perspectives. As Harrist et al. (2007) suggest, the overwhelming majority of child care quality research studies have focused on the structural and process features of programs that have been identified by researchers as significant components of quality. There are a number of studies that focus on the quality of child care but they are focused on process quality, which is often reduced to a single score on environmental rating scales such as the Early Childhood Environmental Rating Scale (ECERS) (Phillips et al., 2000). For example, (Ispa et al., 1998) have included instruments to measure parents' ratings of the importance of various features in child care primarily by using items previously identified by researchers as components of high quality. Also, while other studies (Cryer & Burchinal, 1997) asked parents to rate certain aspects of quality based on value, they failed to ask specifically how they would define quality. Hence, we are left with no concrete understanding of how parents' definition might have differed from those of researchers.

Another common trend to understand parents' perspectives seems to be focus groups with parents (Harrist et al., 2007; Ceglowski & Davis, 2004). While it is a good start to get parents together and ask them questions like how they define quality child care and what important factors are according to them, I feel like sometimes in focus groups you might lose some voices.

31

Although few people would disagree that quality in early childhood services is important, little unanimity exists concerning what is meant by the term "quality." Definitions of quality provided by different groups of stakeholders reflect differences in beliefs, values, and needs. Consequently, quality has been described as a subjective and values-based concept (Moss & Pence, 1994; Munton, Mooney, & Rowland, 1995). As noted by Williams (1995): "If quality is based on the values of people operating from a range of different perspectives, then it is essential that the interests of all 'stakeholders' are brought within any approach". My study is an attempt to fill in these gaps in existing literature. Studies with the inside-out perspective are rare, and my study is an attempt to make the voices of parents heard when it comes to quality child care and comparing it to state agencies. As Phillips et al. (2000) say all good things in child care go together; my study is an attempt at doing the same

Having discussed the importance of child care and the role of parents' perspectives in understanding quality better, the next chapter describes the research design and procedures used in the study. The chapter also further discusses what steps were taken in order to answer specific research questions of the study.

CHAPTER 3—DESIGN AND METHODS

The study examined parents' perspective on quality child care and compared it against the criteria employed by Quality First's, a *First Things First* program, which is a statewide quality improvement and rating system for providers of center-based or home-based early care and education, perspective on quality child care to answer the following questions:

1. How do Arizona parents of children birth to 5 describe quality child care?

    a. What do parents look for and prioritize when determining the quality of child care?

    b. If factors such as cost, availability, and convenience were not an issue, what do parents deem as quality child care?

2. How do parents' views of quality compare to the state's quality rating system (Quality First) descriptions of quality child care?

    a. How does Quality First describe quality child care?

    b. What are similarities and differences between Quality First and parents' descriptions, and what are some of the consequences of these similarities and differences?

With respect to data sources, I utilized a Central Arizona subset of data from the Arizona Child Care Demand Study, which interviewed over 1,400 parents in Arizona. The Child Care Demand Study had three phases: planning and development, pilot, and full implementation. The result of the planning and development phase was a mixed-method survey instrument and a sampling procedure. With relatively few parents to be recruited from each region and a mandate to gather as representative of a sample as

possible under the constraints of the time and funding available, a convenience sampling approach was used. During the pilot phase, each university held focus groups with stakeholders and gathered valuable feedback regarding the survey instrument as well as testing the instrument in the field to ensure parents understood the questions and that it covered appropriate topics. Stakeholders' and parents' feedback was then incorporated into the survey instrument for use in the implementation phase of the study, which began in December 2010.

Once the data were collected, the analyses led to several conclusions, including that parents overwhelmingly associated quality with child care that provides a home-like environment—particularly for children birth to age 3. Parents prioritized safety and security, trusting a trained, experienced, caring, and nurturing child care provider, and knowing that the environment was clean. What families found desirable in a child care provider changed with the age of the children. The demand for child care slowly but steadily increased as children got older. Once children reached preschool age, parents indicated a stronger preference for the child to receive care (*Arizona Child Care Demand Study: Statewide Report*, 2011). Parents with preschool-aged children approaching kindergarten enrollment liked to see an academic curriculum and educational activities. The study also found that parents relied heavily on informal sources of information regarding child care, particularly friends and family. They also reported a lack of information on issues related to the availability of different child care options in their local area and ways to assess the quality of care. The majority of families interviewed in the statewide sample are comprised of working parents. Both cause and effect of the child care option chosen; this represents a situation in which the majority of parents are using a

patchwork of care that often includes a family member providing child care. In addition to caring for their own children, the large majority of families used more than one source of child care.

Participants

The principal data used in this study consisted of interviews with 102 parents or caregivers from central Arizona with children under the age of 6. Each interviewee was the caregiver of at least one child under the age of 6. The sample was diverse with respect to ethnicity, marital status, level of educational attainment, age, and income level, as depicted in Table 1.

Table 1

Demographic Characteristics of Participants Whose Data Was Used in this Study

Demographic Characteristics of Participants	(n = 102)
1. Race and Ethnicity	(%)
Hispanic	37.20
White	25.40
African American	14.70
Mexican	00.98
Others	07.80
Native American	08.80
Asian	03.90
Latina	00.98
2. Marital Status	(%)
Married	57.00
Single or Never Married	25.00
Cohabiting with a Partner	09.50
Separated from a Spouse	02.70
Divorced	05.20
Widow/Widower	<01.00
3. Highest Educational Level Attained	(%)

Demographic Characteristics of Participants	(n = 102)
Lower than eighth grade	07.80
Eighth grade	06.80
High School	17.60
GED	25.40
Some College	18.60
Associates Degree	09.80
Bachelor's Degree	14.70
Post-Graduate Education	02.90
4. Age	(%)
20 and below	12.70
21 – 30	46.00
31 – 40	30.30
41 – 50	09.80
> 50	00.98
5. Income Level	(%)
$10,000 and below	07.80
$10,001 – $20,000	15.60
$20,001 – $30,000	22.50
$30,001 – $40,000	13.70
$40,001 – $50,000	03.90
$50,001 – $60,000	03.90
$60,001 – $70,000	03.90
$70,001 – $80,000	03.90
$80,001 – $90,000	00.98
$90,001 – $100,000	00.98
Above $100,000	03.90
Information Withheld	17.60

Data Collection

The Arizona Child Care Demand Study team conducted face-to-face or telephone
interviews with the 102 parents in the central Arizona region. The parents interviewed
lived or received services in one of the *First Things* First regions. Twenty- to 60-minute
interviews were completed over a 10-month period, from December 2010 to October
2011. To show appreciation for parents' time and participation, an incentive gift of a tote

bag containing a children's book and other small, educational materials was given to each participant. Interviews were conducted either face-to-face or by telephone.

For the present study, I analyzed the open-ended descriptions and examples that parents gave to describe quality child care. I received this data as a computer text file where the qualitative questions and responses were separated. This made it difficult to analyze which answer was given by which parent. Parents' accounts of quality child care were used for analysis and discussion in this study. Qualitative measures included open-ended interview questions, which enabled parents to speak in greater depth about issues relevant to the study. Interviews are a good means of gathering rich descriptions that can contribute to the development of in-depth descriptions (Geertz, 1973). These narrative accounts added depth to the data and provided greater insight into parent's choices and the reasoning underlying their child care choices. Qualitative research methods allow for descriptive data collection that can be analyzed for co-constructing meaning (Bogdan & Biklen, 1998).

Alongside data from the interviews, information gathered from focus groups held with the interviewers to understand parents' perspective on child care were also used to come up with comprehensive quality categories as focus groups are another way to add to the data through participant interaction around the same topic (Rubin & Rubin, 1995).

Data Analysis

As this study is mainly a comparative study to understand how parents describe quality child care, I started by unpacking and doing initial analysis regarding the meanings of "quality" as described by parents and compared that against the description of quality by Quality First using the Infant/Toddler Environment Rating Scale (ITERS-R),

Early Childhood Environment Rating Scale (ECERS-R), Family Child Care Environment

Rating Scale (FCCERS-R), and the Classroom Assessment Scoring System (CLASS),

which are the tools used by Quality First to determine the quality of the child care. Figure

1 illustrates the steps in the process of unpacking and describing quality child care and
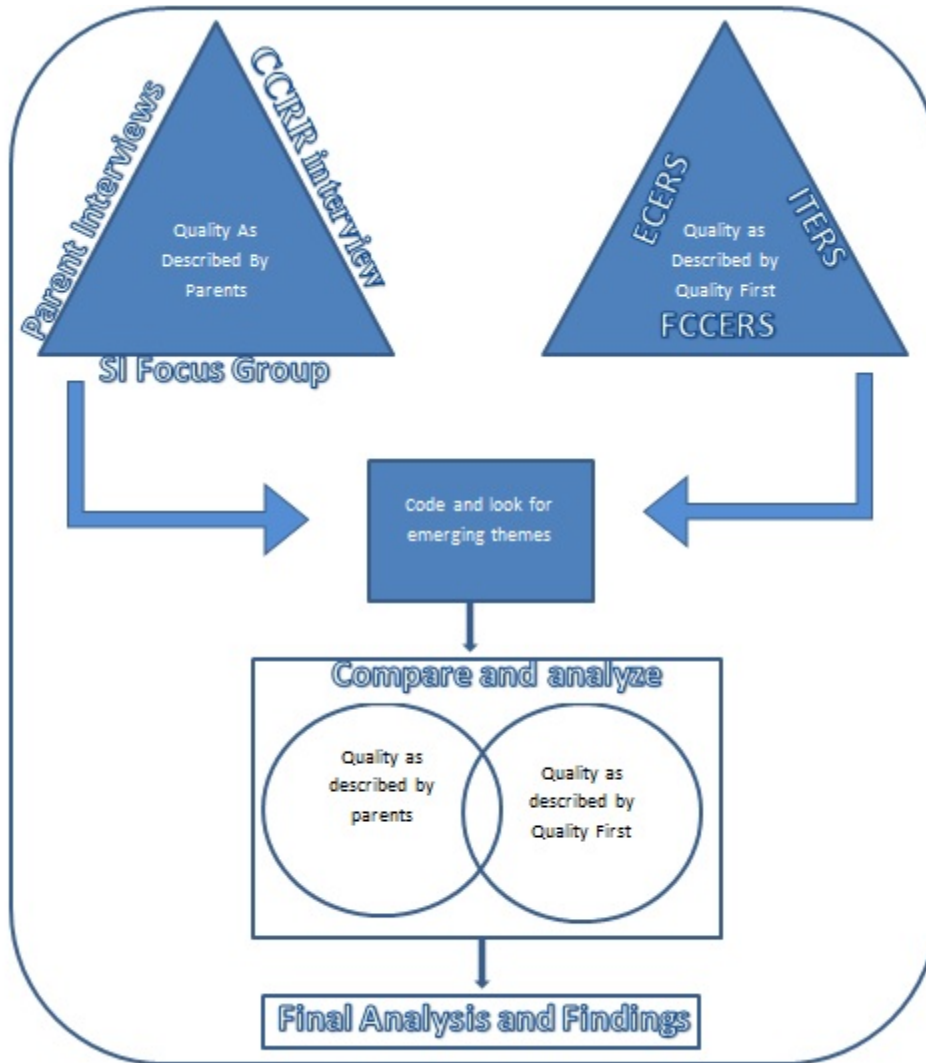
answering the research questions.

Figure 1. This figure illustrates the steps of the study.

First, I unpacked, analyzed, and described in this study how parents describe what quality child care is in a comprehensive way. To do so in this study, I (1) used parent interview responses from the Arizona Child Care study; (2) used information from Survey Interviewer focus groups to understand themes they encountered while interviewing parents; and (3) conducted an interview with a representative of Arizona Child Care Resource and Referral (AZCCR&R) to capture themes that parents state as important while calling in to look for child care. I believe this additional step of using multiple lenses helped me capture a more refined and comprehensive description. Denzin (2005) refers to this method as triangulation. I believe by triangulating I was able to use multiple perceptions to clarify meaning and verify the repeatability of an observation or interpretation as stated by Stake (2005).

Following the data collection, as part of the larger research team focused on qualitative or open-ended responses, I analyzed the qualitative interview responses using codes. I read the qualitative data and started thinking about possible codes. The list of preliminary codes was formulated based on reading the data, information provided by survey interviewers in their focus group, and the interview with the CCR&R officer. Analysis was ongoing as suggested by Peshkin and Glesne (1992). I began with a list of preliminary codes based on the interview questions. These codes enabled me to organize my data to effectively answer my research questions. Table 2 lists the codes I started with. However this is not an exhaustive list of codes. Codes evolved as the analysis progressed, and I was open to emerging themes and new codes.

Table 2

Initial Codes for Emergent Categories of Quality Indicators

Code	Definition
Pragmatics	This code will apply to pragmatic issues that contribute to parents' description of quality such as cost, distance, location, convenience etc.
Ideology	This code will be used for issues that relate to ideologies of childrearing values, bonding, trust, diversity, etc.
Staff/ Care provider	This code will be used for references made to child care staff including staff training, personality, communication, ratio to children etc.
Physical environment	This code will be used to describe any physical attributes of the ting, , for example, safety, smell, cleanliness, etc.
Learning opportunities	This code will be used for provision of activities, education programs, etc. for children.

Narrative inquiry was another lens utilized to analyze the interview data. Narrative research can either be a way of reporting the data or a way of analyzing the data collected (Clandinin, 2007). The reason for using narrative inquiry was to capture parents' rich descriptions and meaning of quality. Narrative inquiry was also a good

complement for the ecological model framework, which captures views of parents as containing ample cultural and cognitive resources with great potential utility (Moll et al., 1992).

After coding the interview responses, I moved my focus to the information collected from the survey interviewers' focus group. The focus group was arranged by the principal investigator of the AZCCS. There were four survey interviewers who attended the focus group. We asked them questions to get a feel for what kind of themes emerged while they were interviewing parents. Next I looked at the AZCCRR personnel interview to see what themes emerged as relating to quality child care. I selected to interview the program coordinator for the child care resource and referral program. I decided to interview her because she is the contact point for the parents that call AZCCRR to discuss their needs and ask questions about quality. Following this step, I looked at the parameters used by Quality First to describe quality child care. These include the Infant/Toddler Environment Rating Scale (ITERS-R), Early Childhood Environment Rating Scale (ECERS-R), and Family Child Care Environment Rating Scale (FCCERS-R). I coded the scales based on the emerging themes as I read and unpacked the requirements enlisted within these scales. Data sets were reviewed individually that is just the interview data, data from the focus groups etc. and multi dimensionally, that is while reviewing data from the interviews, I also reviewed data from the focus group and data from the CCR&R interview. This helped me get a more comprehensive understanding on the complete data.

Using the analysis from the two coded data sets, I compared and contrasted the description of quality child care by the two groups (i.e., parents and Quality First). By

comparing the two data sets, I reached a way to find nuanced information to answer my specific research question. And finally, using the information from the analysis, I was able to understand and discuss unintended consequences of the gap caused by the difference in the quality indicators as deemed important by parents and Quality First. To do so, I utilize the ecological theory to understand how the different systems interact with each other and how things set in a certain level are interpreted and filtered down through the other levels. I feel like this may be a bit post hoc in the sense that the more closely I look at my data, the more I understand that these linkages are affecting and impacting each other. For example, parents' views and ideas about quality are driven by their personal experiences and requirements which are nested in the microsystem. However, the requirements and vision and mission of the policy makers set in the macrosystem influences these views and ideas by what is imposed. Therefore understanding this flow between the lvels is important in this study. In the next chapter, I will go into greater depths to discuss the findings from the data and discuss the similarities and differences within the two groups' perspectives.

CHAPTER 4—UNDERSTANDING QUALITY: PARENT'S PERSPECTIVES AND
QUALITY FIRST MEASURES

This chapter presents findings related to how central Arizona parents of children

birth to 5 years of age viewed and described quality child care. Using the triangulation

method based on the works of Denzin (2005) and Stake (2005), I utilized multiple lenses

to unpack quality indicators as defined by parents. The study drew upon data from

interviews conducted with parents as part of the Arizona Child Care Demand Study, data

from the focus groups held with the survey interviewers, and data from an interview held

with a Child Care Resource and Referral (CCR&R) spokesperson. This chapter also

summarizes and analyzes state determinants of quality rating system indicators used in

the statewide First Things First Quality First Program. The analysis of these data is

explicated in the findings presented in this chapter. The study sought to answer the

research questions:

1. How do Arizona parents of children birth to 5 describe quality child care?

    a. What do parents look for and prioritize when determining the

    quality of child care?

    b. If factors such as cost, availability, and convenience were not an

    issue, what do parents deem as quality child care?

2. How do parents' views of quality compare to the state's quality rating system

(Quality First) descriptions of quality child care?

    a. How does Quality First describe quality child care?

    b. What are similarities and differences between Quality First and

    parents' descriptions, and what are some of the consequences of

    these similarities and differences?

First, this chapter will detail what Arizona parents deem as quality child care and what things they look for when they are seeking high quality. Based on the coding of the data, I arrived at categories of quality that parents talk about most often when defining quality child care. I will unpack each of these qualities and share some of the representative quotes from parents to better understand parents' constructions of quality child care. The analysis draws primarily from two major questions in the parent interview protocol: (a) "When you are looking to determine quality child care, what is it that you're looking for?" and (b) "If cost and convenience were not an issue, what would be your ideal child care situation?" Using the work of Katz (1994), I framed my analysis using the inside-out perspective in an attempt to make the voices of parents heard when it comes to quality child care. The process began with a list of preliminary categories based on the interview questions. These categories enabled me to organize the data to effectively answer my research questions.

Narrative inquiry was another lens used to look at the data. Narrative research can either be a way of reporting the data or a way of analyzing the data collected (Clandinin, 2007). Narratives have a universal language and speak to a universal audience capturing rich and meaningful anecdotes that might otherwise be lost. Narrative inquiry was also a good complement for the ecological model framework, which emphasizes households as containing ample cultural and cognitive resources with great potential utility that affects the different systems of the model. Finally, the chapter concludes with a discussion of state determinants of quality indicators as manifested in their Quality First program and discusses how Quality first uses different tools to define quality child care.

Parents' Views

Based on responses to two major questions in the parent interview, (a) when you are looking to determine quality child care, what is it that you're looking for? and (b) If cost and convenience were not an issue, what would be your ideal child care situation?, focus groups held with the Survey Interviewers, and an interview with a CCR&R officer, the following sections present major findings related to what parents deem as important child care quality indicators. The major quality categories as found in the interviews conducted with parents were care provider, environment, learning opportunities, ratio, flexible schedule, and ideology. I used the same codes for both data sets as the ones I started with in Table 2. However, I further broke down the code pragmatics to ratio and flexible schedule as those were quality indicators deemed as important by the parents. So instead of using the code pragmatics, I used the codes ratio and flexible schedule individually.

Care Provider

The first findings category was that parents viewed the quality of the child care provider as the highest priority. I categorized qualities of care providers in two ways: (1) tangible, or factors that can be observed and measured, and (2) non-tangible qualities, factors that represent the affect and feel of parents. Tangible qualities that parents said attribute to the quality of child care included whether the care provider is clean and hygienic. For example, one mother stated, "I don't want no dirty person touching and feeding my baby. They fall sick easily and a dirty person increases that chance. Also, if the person ain't clean and smells bad or dresses unclean, I think they may do their job like that too."

Another quality of the child care provider that was important to parents was their level of education or training. As a father observed, "I think education or education experience is very important in child care cuz that will tell you how much experience that person has and background." Another mother said,

> You can sometimes stunt a child by not giving them enough to help them grow, and to realize that all children are different and they grow at different paces. All children need different things. That they're not all carbon copies. And you can only understand this if you have a education in how to deal with children. This is very important to me when looking for quality child care.

While talking about the quality of child care another parent observed, "I think more trainings should be mandatory for child cares." Another parent talked about training as well and said,

> I think that we're always—should be open for like new ideas and new training because kids change and times change. I think especially child care. A new way to teach the kids and so forth, and I think that would help the quality of the day care.

> In talking about the nontangible qualities parents were very specific about what they wanted in the care provider that would add to the quality of child care. This first and the biggest one for parents was trust. To parents interviewed, trust meant the belief that someone or something is reliable, honest, good, and effective. For example this parent said:

> It has to be someone I can trust kind of thing. I don't know how we could word that. I have to be able to trust the person that watches my son. I would actually have to go in there and see who works there. Find out

about them. I don't wanna just see them and be like oh they look nice, it's

okay.

Another parent stated,

I would probably say, well, trust for a big one, being able to trust the person, just

knowing that or trying to find somebody that would be able to treat them or look

after them like you would, which is probably a big thing.

Along with trust, parents also talked about honesty on the part of the care provider.

Other desirable non-tangible characteristics of child care providers included

whether or not caregivers were communicating with parents regularly and openly and are

willing to share information with parents about their children. For example, this parent

shared her story about her child and the dishonesty of the care provider that made her

believe the quality of child care was not good. She said,

I was just so stressed out all of the time and worried about him because he would

come home with bumps and bruises, and it kind of seemed like he was just a

number. When I would question the child care provider about things, she wasn't

always honest. This made me think the child care center was the worst ever.

Another parent commented about the importance of communication, stating,

If we have any concerns we can talk to the teacher. The teacher she's very

open. She has an open-door policy. If you're workin' on somethin' with

your kid she'll work with you with your kid. If you have any kind of

problems at home, they try and work with you to try and make it as

comfortable for you as you can. So I can trust her. I feel that is good

quality of child care.

47

Another parent commented on the importance of communication,

Lots of parent-teacher interaction, either at the start of the day when you drop

your child off or at the end of the day, and to also feel like you can reach out

through e-mail and there's somebody that does have enough time at the end of the

day or something. It would be a comfortable feeling to do that.

Another important quality indicator for parents was how the care provider treats

parents and children while interacting with them. One parent observed that, "The way

that they treat me the second I walk in the door. If they treat me bad, I can't even imagine

how they're gonna treat my kid. That would make it bad quality I guess?" Another parent

talked about how they treat children in judging the quality of child care. She said,

I would see the way they interact with the children when I go to visit the place. I

see how happy all the kids are coming and going out of the facility. If they look

sad or crying to go there, then I think they are not happy.

Some other qualities that parents said deemed important for the quality of child care were

patience, love, compassion, and the personality of the care provider. For example one

parent said, "I also think compassion with the teachers is really important to let you know

your child is getting love and attention." Another parent mentioned about the personality

of the care provider and said,

We would meet with the actual teacher that he would have and just make sure it

would be good personality wise. Like is she happy and excited to meet us and to

work with kids and how she answers our questions. You know when it is right.

48

Environment and Safety

The child care environment was the second most frequently mentioned factor mentioned by parents when determining quality of child care. According to parents, the environment was the look and feel of the actual care center, the material, supplies, and equipment at the center and safety of their child while at the center. When talking about the look and feel of the center, the parents were clear on what they expected and understood as quality child care. For example this parent said,

> First off how the place looks. If it is clean. I don't want my kid walkin' around where there's germs or kids are coughing everywhere. If it is a dirty place with trash around and smells bad, I will turn around and walk out right away.

Another parent said, "Clean, that's a big one; clean. And it also has to be well lit for the children. Not dull and grumpy."

Another indicator of quality for parents was the smell of the child care center. Parents said they can tell a lot about the place by the way it smells. For example a parent said,

> You want to make sure they are hygienic. They clean often with wipes. They throw trash and diapers out every day. That there is no nasty stuff lying around that is not good for the kids. There is no drug use. You might be able to tell a lot of that through your sense of smell.

One more example would be this parent that says, "There's one right here that it's right on the street. It looks and smells really dirty. When I go to it I'm like thinking to myself who will leave their kids there?"

The safety of the children was another big indicator of quality for the parents. This parent discussed safety in her interview, sharing her concerns. She said,

It has to be like a center where my children feel comfortable and that they're regulated and secure and watched after and—you know, they have certain standards and regulations that they have to follow and, you know, the high quality ones, those are facilities that you,—or I personally would take my children too because—you know, they're not going to do something stupid and crazy. You know, they're not going to put my child in danger.

Another parent said, "Safety and security, what's their policy on signing in and out, who can pick them up, the access to the kids. I don't want to leave my kids somewhere where anyone can come get them. That is scary."

Parents also said the condition of the materials, equipment, and supplies were a major indicator of quality for them. For example, one parent said,

Environment which is the playground, the safety and then yeah, the safety is the thing that I cared a lot and especially Arizona is such a hot state. Their playground, the design of the playground is very important for the kids. Are they exposed to the sun too much or is it too many rocks or how they do the playground with what kind of material? Is it just a sand or there's other material on the ground? It will keep the child safe. Also, the playground rules, how school they arrange to get the schedule for all the kids who—of all the kids in the school they all can fairly share the time to use the playground.

Another parent also mentioned,

How everything basically looks, if the toys are broken or paint is peeling, toys are

old, can they hurt my baby, how clean the place is, everything from safety is right

like can they choke on a toy or some unsafe materials are there in the toy box.

Parents also observed that the child care environment should be comfortable, well lit, and

the equipment should be child sized.

Learning Opportunities

The next category that parents stated as an indicator of quality was children

having an opportunity to learn. This would include having a schedule, hands on activities

and academic opportunities, opportunities to have social interactions and learn social

skills, and a discipline and reinforcement program. The first thing that parents

emphasized was to have activities and an academic focus for their children as an indicator

of quality. For example, a parent stated,

Curriculum based. Not just free for all social toys and playing in the corner alone,

or just watching TV all day. So I do wanna see activities. So that's why I say

curriculum based. Not like we'll do reading, we'll do language, we'll do math.

But no we'll have story time, we'll have you know activities.

Another mother said,

Well I like to see, you know that kind of work he's doing and the activities that

they're doing during the day. You know kinda based on curriculum. And, you

know the type of stuff that I see, and we take home things that he did during the

day. You know? So you know if I do that, he's been drawing pictures, and it's

focused around different themes and stuff like that. That's a good sign to me that,

you know they're exploring a lot of different things. So pretty much you know the type of stuff that I see that he comes home with.

The second thing that parents considered as quality indicators when it came to learning opportunities was the opportunity for their children to socialize with other children and learn social skills. As one parents stated,

Really I only want day care because I want him to be able to interact with other kids. That's really the only reason I want daycare, so he can get his social skills up. Because here he only knows how to talk to me and my wife and my daughter, but over there he'll learn how to talk to people, how to get along with people. I don't want him to grow up and be a loser I guess you would say.

Another parent expressed how social opportunities are an important indicator for quality and said, "Is he interacting with all the other children, and how he's interacting with them. How the other children are interaction within the facility is important to understand quality. It is very important that children have social time." In addition to social interaction, parents also lay emphasis on their children learning certain important social skills that would help them in life. For example this parent said,

The quality of having the child learn certain skills that would help them be independent, that that's important. I also think manners is a big, big thing. You know you have your standard 'please' and 'thank you' but I think there's definitely other manners that can be taught, such as if adults are talking, they need not to talk, or, 'excuse me' and things like that. I think that that's important, too.

Another parent stated,

Just an educational emphasis on a certain curriculum. Like some—math and

science is not enough. Teach him to think outside the box and to let him learn, not

really on their own, but help them to making decisions on their own.

Another important quality indicator was having and following a daily schedule.

For instance this parent said,

When I would go in they say that they do nap time for certain amount of time.

They say that they do reading or whatever for a certain amount of time or certain

things they said that they do. I would just walk around and just make sure that

they're not doing something that wasn't on their list. This will tell me if they are

good quality.

Another parent also said,

I would go in at different times of the day and see if they do what they say, do

they feed during lunch time, do they have same play time, do they have center

time when they told me. All this is quality child care.

Some other indicators according to parents were having a discipline technique that

centers follow, having hands-on activities that are fun for children, and most importantly

getting them ready for school.

Adult-Child Ratio

The next indicator of quality according to parents was the number of children per

care giver. They said the smaller the ratio, the better quality of the child care center. For

example this parent said, "I think at the top of the list is going to have to be like the low

adult to child ratio because then I feel as though my child is getting proper attention and

is getting some one on one." Another parent said, "You know the student to teacher ratio.

The overall size of the facility. How many students they accept. And also how many staff members they have." Parents were aware that the ratio was important for the wellbeing of their children. For example one parent said,

> I like that there's two teachers in the class. I don't like when there's just one. Also, that there's not too many kids, and a lot of people watching them too. I think smaller. Smaller with like a limit on how many kids they take.

Flexible Schedule

A few parents said another quality indicator would be if the place would be open at flexible hours for the ease of dropping and picking kids up around their schedules and not the other way round. For example a parent said:

> How about if, let's say, you can't find a job, but you find a job that starts at 5 a.m. Child care is usually what? 6 or 7. If that parent really needs it, they cannot provide at those hours what the parent needs at that time. Also let's say, if you have a job and, I don't know, sometimes you have to put overtime, and if you really need it, they can help you do a little bit overtime. You wouldn't do that every day because of course you wanna be with your kids. Once in a while if you can do it, that would help being flexible.

Another parent said,

A quality child care would be flexible in the sense that I could drop the child off, pick them up at different times that would meet either my schedule or my husband's schedule. I have more of a standard schedule, whereas my husband is a truck driver, so his schedule varies.

Ideology

Some other frequently mentioned categories for judging quality child included language, diversity, personal values, and religion. A couple of parents mentioned that having providers that speak multiple languages would be a quality child care indicator. For example this parent said, "I like that the teachers are mostly Spanish-speaking or bilingual, he could get familiar with another language." Parents said language was important to them because it made them feel like the child care arrangement was close to the child's home situation. One parent each talked about values, religion, and diversity. For example while talking about values the parent said, "Family oriented one that I can trust, the values are similar to mine is good quality, the morals." While talking about quality and religion the parent said, "I feel if she learns about religion too and that's good." A parent concerned about the diversity at the child care center said, "Even amount of like white people and black people and Hispanic people. I don't want him to be a minority."

Parents' views were very clear on what they consider to be quality indicators when it comes to child care quality. The top indicator of quality for parents was qualities related to the care provider. Parents clearly stated their thoughts on quality care providers and it relating to quality child care. The other indicators of quality child care were the environment, learning opportunities offered for the children, the adult-child ratio, schedule flexibility, and ideologies. The narratives from the interviews help in understanding the views of parents as they relate to quality child care. In the following section, I will be unpacking quality indicators outlined by Quality First, which uses the Infant/Toddler Environment Rating Scale (ITERS-R), Early Childhood Environment

Rating Scale (ECERS-R), Family Child Care Environment Rating Scale (FCCERS-R), and the Classroom Assessment Scoring System (CLASS) to determine the quality of the child care.

<div align="center">**Quality First Quality Indicators**</div>

Quality First is a signature program of Arizona's quasi state agency focused on readiness, First Things First, that partners with child care and preschool providers across Arizona to improve the quality of early learning for children birth to 5. Quality First uses the Infant/Toddler Environment Rating Scale (ITERS-R), Early Childhood Environment Rating Scale (ECERS-R), Family Child Care Environment Rating Scale (FCCERS-R), and the Classroom Assessment Scoring System (CLASS) to determine the quality of the child care. Using the Infant/Toddler Environment Rating Scale (ITERS-R), Early Childhood Environment Rating Scale (ECERS-R), Family Child Care Environment Rating Scale (FCCERS-R), and the Classroom Assessment Scoring System (CLASS), the star rating scale was piloted in November of 2010. The Board members approved the Quality First Rating Scale and implemented it in Arizona in June of 2011. Using the quality categories found from the parents' interviews and additional categories, I have analyzed the quality indicators used by Quality First to describe quality child care within the ITERS, ECERS, FCCERS, and CLASS.

ITERS-R, ECERS-R, and FCCERS-R

The ITERS-R, ECERS-R, and FCCERS-R are the Environment Rating Scales (ERS) that contain a wide range of statements or "indicators" with which to evaluate the quality of the early years' environment in its broadest sense. These indicators "stack up" like building blocks to identify the strengths and provide signposts to improvement. The

ERS use a seven-point system of scoring, with a score of 1 indicating inadequate, 3 minimal, 5 good, and 7 excellent. The ECERS-R consists of 37 items, divided into seven subscales, and the ITERS-R consists of 35 items in seven subscales. Following were the findings for each of the quality indicator categories in the ITERS-R, ECERS-R, and FCCERS-R. The ITERS-R, ECERS-R, and FCCERS-R (1998) are the revised edition of the original ITERS, ECERS. and FCCERS (1980).

The scales have been used in research studies and program improvement efforts in many other countries in addition to the United States of America, including Canada, Germany, Italy, Sweden, Russia, Iceland, Portugal, England, Spain, Austria, Singapore, Hong Kong, Korea, Hungary, and Greece. They have been proven reliable and valid in each country with relatively minor adaptations. No doubt there are cultural differences among these various countries, yet each of these countries adhered to a core set of child development goals and early childhood practices common to most modern industrialized countries (Tietze, et al., 1996). It has been shown that in England, Greece, Germany, Portugal, Spain, and Austria, higher scores on the scales are related to more positive child development outcomes (Petrogannis & Melhuish, 1996; European Child Care and Education Study Group, 1997). This provides evidence that children from many backgrounds require similar inputs for success in developmental areas valued in western industrialized countries

In the following section, I will be analyzing the quality indicator categories as outlined by ITERS-R, ECERS-R, and FCCERS-R. I will be organizing the presentation of my findings of the same using the themes generated from the analysis of parents' interviews discussed earlier in this chapter.

Care Provider

In my analysis of the ITERS-R, ECERS-R, and FCCERS-R, I found that there were few quality indicators relating to the care provider. The first indicators for the care provider were under their "personal care routines" that related to communication that stated, "Staff talks to parents about specific things their child did during the day (Ex. Play activities child enjoyed; new skill child worked on). The other indicator was, "Individual written record of infant's day given to parents." The next indicator of quality for the care provider related to staff interacting with children. It stated, "Staff helps children follow safety rules, explain reasons for safety rules to children, use a wide range of simple words, take part in verbal play and talk about varied topics with the children."

The next indicator of quality relating to the care provider dealt with supervision and outlined, "Staff watch carefully and usually act to avoid problems before they occur, supervision is individualized and to meet different requirements." Another indicator also stated, "Interaction is responsive to each child's mood and needs and staff is usually sensitive about children's feelings and reactions."

Environment

In my analysis of the ITERS, ECERS, and FCCERS, I found that the main focus of the tools is to emphasize quality indicator categories within the environment. There were five main categories that were outlined as indicators of quality. The first category was indoor space that stated requirements for controlled natural light, ventilation, and floors, walls, and other surfaces made of easy to clean material. The second category was furniture for routine care and play that stated routine furniture accessible and convenient, furniture was child sized and convenient organized storage for extra toys. The third

category was provision for relaxation and comfort that stated requirement of special cozy area accessible and cozy area used for reading and quiet play. The fourth category was room arrangement that outlined requirement of a suitable space for different kinds of experiences and that materials with similar use are placed together to make interest areas. The fifth category was about display that mentioned personal photographs and children's work displayed at children's eye level, protected from being torn, and changed at least monthly.

In addition to the five main categories, there were some additional quality indicators. The ITERS, ECERS, and FCCERS mentioned that sanitary conditions always be maintained. As relating to the outdoor space, it stated that the outdoor spaces have two or more surfaces for different kinds of play and that they offer protection from elements such as sun and wind.

Learning Opportunities

In my analysis of the ITERS, ECERS, and FCCERS, I found that there is little emphasis on learning opportunities for children. The first indicator stated feeding time is used to encourage learning. Another indicator mentioned that children who prefer not to nap are provided with activities. It also mentioned that self-help skills be promoted and that children are encouraged to manage health practices independently. Another indicator talked about the availability and use of books and stated that books are set up for children to use independently and with adults and that books are added or changed to maintain interest. Another indicator was the rotation of material to provide variety and that they are available based on the readiness and ability of the children. A category relating to play stated the availability of a variety of play materials and sand and water play. Within

the learning opportunities was a category relating to social experiences that stated help be given to children to recognize facial expressions and point out and talk about instances of positive social interaction among children or between children and adults. It also mentioned children be helped with using communication rather than aggression to solve problems.

Ratio

As I was analyzing the ITERS, ECERS, and FCCERS, I found that there was little mention of the teacher to child ratio. The only mention in the ITERS, ECERS, and FCCERS about the ratio was that a small group of children is primarily cared by one designated staff member and that enough staff is employed that only staff members are used as substitutes.

Flexible Schedule

The ITERS, ECERS. and FCCERS mention that staff adjusts schedule of activities throughout the day to meet varying needs of children and that most transitions between daily events are smooth.

Ideology

The ITERS, ECERS, and FCCERS had a little mention about ideology. It stated that props be provided to represent diversity, non-sexist images in pictures or books accessible to children, and cultural awareness shown in a variety of activities.

In addition to the major quality indicator categories, there was another indicator of quality in the ITERS, ECERS, and FCCERS. This indicator was the use of technology that stated technological material encourages active involvement and that material be used to support and extend children's current experiences and interests.

CLASS

The Classroom Assessment Scoring System (CLASS) is used when a program's ERS Average Program Score is 3.0 or above, with no individual classroom scoring below a 2.5. The CLASS tool was first implemented by Quality First in 2013. The CLASS examines the quality of the interaction between teachers and children in three domains and measures eight critical dimensions that fall under two domains. Table 3 lists the various quality indicators as described by CLASS.

Table 3

Quality Indicators of CLASS

Emotional and behavioral support	Engaged support for learning
Positive climate	Facilitation of learning and development
Negative climate	Quality of feedback
Teacher sensitivity	Language modeling
Regard for child perspectives	
Behavior guidance	

Emotional and Behavioral Support

In analyzing the CLASS instrument, I found that emotional and behavioral support was clearly distributed across the five quality indicator categories. The first category was positive climate. For positive climate, it stated that a high positive climate would be observed when teacher and children enjoy a warm relationship, there are multiple episodes of smiling and laughing and teachers consistently demonstrate respect for the children. The second indicator under emotional and behavioral support was negative climate. It stated that a low negative climate would be observed when the teacher shows no negative affect or exhibits brief, very mild negative irritability, anger or

harshness; the teacher does not yell, make threats, or use physical actions without explanation to establish control; the teacher rarely, if ever, expresses negativity toward children and little, if any child negativity is observed.

The third indicator under emotional and behavioral support was teacher sensitivity. It stated that high teacher sensitivity would be observed when the teacher is consistently attentive to children, notices their cues, and is aware when children have difficulties; when the teacher consistently responds to children's needs and provides comfort and assurance and when the children appear comfortable seeking support from the teacher and interacting with the teacher. The fourth indicator for emotional and behavioral support was regard for child perspective. It stated that a high regard for child perspective will be observed when most or all of the activities are child directed and child led; when the teacher is flexible in his or her plans and within activities and the teacher makes efforts to maximize children's independence in the classroom. The final indicator under emotional and behavioral support was behavior guidance. It stated that quality behavior guidance will be observed when the teacher consistently actively monitors children's behavior; the teacher uses effective strategies to support children's behavior and children and consistently involved in activities and tasks.

Engaged Support for Learning

This quality indicator was further divided into three quality indicator sub-categories. The first category under engaged support and learning was facilitation of learning and development. The tool stated that a high facilitation of learning and development will be observed when the teacher spends most of his or her time actively involved with children, providing intentional opportunities and guidance for learning and

development; the teacher consistently connects aspects of activities and play to children's lives, experiences, and previous learning; the teacher consistently facilitates children's thinking skills through questioning, problem solving, and prediction activities, and the children are actively and consistently involved in activities and routines.

The second category under engaged support and learning was quality feedback. A high quality feedback will be observed when in response to children's actions, answers, or comments, the teacher often provides hints, assistance, or questions; the teacher often provides additional information or clarification to expand children's understanding or participation in tasks and activities, and the teacher often offers encouragement and affirmation to children's efforts and accomplishments. The final category under engaged support and learning was language modeling. The tool stated that a high language modeling environment will be observed when the teacher uses conversational language and provides frequent opportunities for children to use language through conversations and questioning; when the teacher often repeats and extends children's communication and language; when the teacher consistently describes and narrates his or her own actions and/or the children's actions using self and parallel talk and when the teacher often uses a variety of words and provides words and language for children to use.

Comparing Parents' Views to Quality First Measures

In my analysis of the quality indicator categories, I found that there were substantial similarities and differences between the quality indicators outlined by parents and those employed in the Quality First rating system for child care settings. In the following section, I will be using individual themes generated from the analysis of the parents' interviews and additional categories that were generated from the analysis of the

Infant/Toddler Environment Rating Scale (ITERS-R), Early Childhood Environment

Rating Scale (ECERS-R), Family Child Care Environment Rating Scale (FCCERS-R),

and the Classroom Assessment Scoring System (CLASS) for Quality First to present

comparative findings regarding quality of child care.

Care Provider

Parents were very articulate about what qualities of the care provider were

important to them as relating to quality child care. About 83% of the parents mentioned

the importance of the child care providers' qualities. There were some tangible factors

that parents mentioned like cleanliness and hygiene of the care provider, their level of

education and training, and the willingness to have open and effective communication

with parents. Some non-tangible factors that parents mentioned as relating to quality

indicators of care providers were trust, how the parents and children felt around the care

provider, patience, love, compassion, and personality of the care provider. While the

analysis of the interviews with parents and reflective narratives have told us what is

important to parents, Quality First indicators within the Environment Rating Scales

(ERS) were limited in terms of what they considered quality as relating to the care

provider. The ERS outlined two qualities of care providers: communication and

supervision. Within communication, ERS stated that the care provider should have

specific and detailed communication with parents. While parents do look for staff that

provides detailed and specific communication, they also look for the willingness of the

care provider to be honest in their communication. For example, one parent said, "When I

would question the child care provider about things, she wasn't always honest. This made

me think the child care center was the worst ever."

In analyzing the data from the interviews and Quality First, there appears to be a gap in what parents' views as quality indicators and what Quality First outlines as quality indicators for care providers. Parents were looking for some specific tangible qualities such as cleanliness and hygiene of the provider, as well as education and training. They also discussed some specific non-tangible qualities such as trust, compassion, etc. that relate to their affect and feelings.

Environment and Safety

Environment and safety was the second most important quality indicator for parents. With about 71% parents mentioning the importance of a quality environment and safety for their children, the environment was the look and feel of the actual care center, the material, supplies, and equipment's at the center, and safety of their child while at the center. The most important indicator for parents was the cleanliness, hygiene, and smell of the care center. For example one parent said, "If it is a dirty place with trash around and smells bad, I will turn around and walk out right away." While parents were specific about the cleanliness, hygiene, and smell, the Environment Rating Scale (ERS), that is, the Infant/Toddler Environment Rating Scale (ITERS-R), the Early Childhood Environment Rating Scale (ECERS-R), and the Family Child Care Environment Rating Scale (FCCERS-R) only mention that "sanitary conditions always be maintained." They further mention in clarifying "sanitary conditions" that the purpose of maintaining sanitary conditions is to prevent spread of germs to cut down the spread of illnesses by following diaper changing procedures. While hygiene is a quality indicator that parents look for, there are additional indicators like the smell and the appearance and cleanliness of the site, that parents attribute to as quality indicators that the ERS lack in.

The second major indicator of quality for parents was the safety of their children, reflected in this typical quote, "Safety and security, what's their policy on signing in and out, who can pick them up, the access to the kids. I don't want to leave my kids somewhere where anyone can come get them. That is scary." Parents also mentioned about the actual physical safety of their children while at the center. For example one mother said,

> I want to leave my baby there knowing he is safe and comfy. Like I don't want to
> worry that he will fall and bust his chin, like he did one time, or that the fence is
> too wide and an accident waiting to boom happen.

Parents were very specific on the quality indicators of safety and environment. The ERS had mention of safety in regards to the physical safety of the child. They mentioned about safety from hazardous objects, electric outlets, tripping hazards, edges, and hazardous surfaces and walkway and stairs. They also had mention of safety when children are out doors with requirements for surfaces, stability of equipment, and availability of safe fences and barriers. However they did not have any outlined safety procedures for pick up and drop off, which seemed to be important to parents as relating to the safety of their children.

Another important indicator of quality for parents was the condition of the materials, equipment, and supplies. The ERS and parents' views aligned closely about the materials, equipment, and supplies. The ERS mentioned furniture accessible and convenient, furniture was child sized and conveniently organized storage for extra toys, requirement of special cozy area accessible and cozy area used for reading and quiet play and personal photographs and children's work displayed at children's' eye level,

protected from being torn and changed at least monthly. These aligned closely with what parents said. For example one mother mentioned, "One time I saw this day care where they had big chairs for little babies. How can they get up there? So everything should be kid friendly. Children can get on it and be comfortable."

Learning Opportunities

Learning opportunities was the third most frequently mentioned quality indicator for parents. With about 68% of the parents considering learning opportunities as a quality indicator, including having a schedule, hands-on activities and academic opportunities, opportunities to have social interactions and learn social skills, and a discipline and reinforcement program. Parents stated that learning opportunities for their children was an important factor for them. However, the ERS made only minimal mention of learning opportunities as a quality indicator. The ERS mentions making feeding a learning opportunity, availability of activities for children, the availability of a variety of books, and social experiences among children and with the adults. While these are indicators parents are looking for, it is not exhaustive. However, the CLASS is the one that more closely aligns with what parents look for as quality indicators when it comes to learning opportunities which is put into consideration when the ERS score is 3 or higher.

The CLASS states that the teacher spends most of his or her time actively involved with children, providing intentional opportunities and guidance for learning and development; the teacher consistently connects aspects of activities and play to children's lives, experiences, and previous learning; the teacher consistently facilitates children's thinking skills through questioning, problem solving, and prediction activities and the children are actively and consistently involved in activities and routines when in response

to children's actions, answers, or comments, the teacher often provides hints, assistance or questions; the teacher often provides additional information or clarification to expand children's understanding or participation in tasks and activities and the teacher often offers encouragement and affirmation to children's efforts and accomplishments; the teacher uses conversational language and provides frequent opportunities for children to use language through conversations and questioning; when the teacher often repeats and extends children's communication and language; when the teacher consistently describes and narrates his or her own actions and/or the children's actions using self and parallel talk and when the teacher often uses a variety of words and provides words and language for children to use. These were indicators of quality of the parents. For example, one parent said,

> Curriculum based. Not just free for all social toys and playing in the corner alone, or just watching TV all day. So I do wanna see activities. So that's why I say curriculum based. Not like we're do reading, we're do language, we're do math. But no we're have story time, we're have you know activities.

Adult-Child Ratio

The fourth most important indicator of quality with 51% of the parents stating that the ration of adults of child was important is the adult child ratio. Like this one parent stated, "I think at the top of the list is going to have to be like the low adult to child ratio because then I feel as though my child is getting proper attention and is getting some one on one." However with almost half the parents interviewed saying that the adult-child ratio was an important indicator, in my analysis of the ITERS, ECERS, and FCCERS, I found that there was little mention of the teacher to child ratio. The only mention in the

68

ITERS, ECERS, and FCCERS about the ratio was that a small group of children is primarily cared by one designated staff member and that enough staff is employed that only staff members are used as substitutes. This is a major difference between what parents deem as an important indicator of quality child care and what Quality First mentions as important.

Schedule

About 30% of the parents said another quality indicator would be if the place would be open at flexible hours for the ease of dropping and picking kids up around their schedules and not the other way round. For example a parent said,

> A quality child care would be flexible in the sense that I could drop the child off, pick them up at different times that would meet either my schedule or my husband's schedule. I have more of a standard schedule, whereas my husband is a truck driver, so his schedule varies.

However, in analyzing the ITERS-R, ECERS-R, and FCCERS-R, I found that there was no mention of flexible hours and schedule for the ease of dropping and picking children as a convenience for parents and children.

Ideology

About 12% of the parents mentioned that language, diversity, personal values, and religion were important quality indicators for them. In analyzing the ITERS-R, ECERS-R, and FCCERS-R, I found that there was mention of some of these indicators. It stated that props be provided to represent diversity, non-sexist images in pictures or books accessible to children and cultural awareness shown in a variety of activities. However the two indicators that were missing were language and personal values. For example one

69

mother said, "I like that the teachers are mostly Spanish-speaking or bilingual, he could get familiar with another language." There were some discrepancies between parents' views on quality and Quality First's indicators.

Summary

This chapter has offered various quality indicator categories and narratives from parents with children under the age of 5 who participated in an interview for the Arizona Child Care Demand Study and quality indicator categories used by the child care rating system, Quality First.

The findings presented in this chapter are an indication of the similarities and differences in the ways parents and Quality First perceive quality child care. In chapter five, I will probe more deeply into the larger themes that have emerged from the data presented in this chapter. I will revisit the literature and seek to answer the research questions guiding the study, in an effort to make the voices of parents heard and to understand the rich descriptions of quality as possessed by parents and families about what they view as and deem important for quality child care.

CHAPTER 5—DISCUSSION, CONCLUSION, AND IMPLICATIONS

The goal of this study was to examine how parents of children under the age of 6 and state child care quality indicators define quality child care and to foreground parent voices in the discussion of child care quality. More specifically, the aim of the study was to qualitatively explore what parents view as quality child care based on their experiences, understating, needs, and wants. Children inhabit both families and child-care microsystems, and these systems are linked. Parents select particular types of child care, of varying quality, for children of different ages—and these decisions vary with family structure, parental characteristics, geographical location, and other factors. Using comparative qualitative analysis, this study analyzed ways in which parents and state agencies look at determinants of child care quality.

This study is located within debates about what are the best measures of quality in child care. Quality indicators based on what researchers and early childhood professionals have defined as good for the child have been the prevailing perspectives in the child care literature and in practice. Although this is an important perspective to investigate when studying child care quality, it is only one of several perspectives to consider (Ceglowski & Bacigalupa, 2002). A key rationale for child care regulation is the presence of information asymmetries between producers (child care providers) and consumers (parents, as agents for children) (Gormley, 1999). Current regulatory rules seldom require well-trained, well- educated staff members to supervise, stimulate, and protect young children. Only 18 states require pre-service training for teachers in group child care centers, and only 11 states require pre-service training for family child care providers (Gormley, 1999). The Environment Rating Scale (ERS) goes beyond minimal physical standards and contains a wide range of statements or "indicators." These

indicators evaluate the quality of the early years' care environment in its broadest sense. These indicators stack up like building blocks to identify the strengths and provide signposts to improvement. The scale is intended to provide an overall picture of the surroundings that have been created for the children and adults who share the setting. Environment is given a broad definition and encompasses the layout and use of space and provision of materials. The ECERS(R) methodology was not, however, without limitations. The tool concentrates largely on the child care environment and alone does not guarantee high quality interactions and experiences for the child. Also it simply provides a "snapshot" view of the early childhood care and education setting (Douglas, 2004).

This final chapter begins by revisiting the conceptual and theoretical framing upon which the dissertation is based. I will review the questions I set out to answer and discuss the methods used to answer these questions, including an in-depth examination of the major findings of this study, using the theories guiding the study as well as related literature. Next I discuss the limitations and recommendations for the study, and I conclude with a discussion of the implications of these findings for policy, practice, and future research.

Conceptual and Theoretical Foundations

According to Yoshikawa and Hsueh (2001), "public policy research will be strongest when a multisystem methodology is used, policies would likely better serve parents, children and communities if these views were included in the criteria for quality child care." My own curiosity was sparked to know what a diverse sample of parents of young children deemed important as indicators of quality. What is it that they want for

their children while someone else cares for their children? Furthermore, as an early childhood educator, I found myself wondering, what is it that Quality First, an Arizona statewide initiative, deems important as quality indicators. What are similarities and differences between the ways these two groups' understanding of quality child care? The specific questions I sought to answer were:

1. How do Arizona parents of children birth to 5 describe quality child care?

    a. What do parents look for and prioritize when determining the quality of child care?

    b. If factors such as cost, availability, and convenience were not an issue, what do parents deem as quality child care?

2. How do parents' views of quality compare to the state's quality rating system (Quality First) descriptions of quality child care?

    a. How does Quality First describe quality child care?

    b. What are similarities and differences between Quality First and parents' descriptions, and what are some of the consequences of these similarities and differences?

After examining the literature surrounding the issue of listening to the voices of parents regarding quality child care, I noted that parents, children or professionals are denied access to the debates on what constitutes quality (Vandenbroeck & Peeters, 2014). Using the ecological model, each system depends on the contextual nature of the person's life and offers an ever growing diversity of options and sources of growth. Hence it becomes important to understand the different perspectives. While there are few that support the idea of involving parents' opinion to make child care quality guidelines more

comprehensive (Tobin, 2005; Hall & Slembrouck, 2009), few have actually highlighted the same (Ceglowski & Davis, 2004; Duncan et al., 2004; Harrist et al., 2007; Liu et al., 2004). An element of making the voices of parents heard when it comes to quality child care and comparing it to a state initiative, Quality First, was needed.

Child care quality has been studied extensively since the 1970s. To date, the vast majority of this research has used a top-down perspective (Katz, 1995) or the perspective of researchers and professionals which often includes lists of structural features or process factors of programs such as ratios, teacher training and education, staff wages, and turnover; or scores from standardized measures of process quality, such as environmental rating scales (e.g., the ECERS), aiming to determine the variables that influence child outcomes in care facilities. However, it is important to hear the voices of parents in what quality means to them. This is important because in current times, families rely more on child care services than they did in the past (Kim & Fram, 2009). According to Mulligan, Brimhall, West, and Chapman (2005), approximately 60% of young children under the age of 6 years have been enrolled in a child care program on a regular basis, therefore, making it important to serve them better and meeting their needs.

Furthermore, in the U.S., the quality of child care, using researcher and expert definitions, has been found to vary greatly with most programs falling into the "mediocre quality" category and very few falling into the "high quality" category (Cryer, Tietze, & Wessels, 2002). Also, the role of cost as a determinant in child care options for parents is crucial when it comes to understanding child care quality indicators. This gap could be an outcome of not taking into consideration what parents are saying about quality child care.

74

Parents' views of the quality of early childhood education and care services have been addressed primarily from the perspective of customer satisfaction (Scopelliti et al., 2012). This study investigated parents' view within a more comprehensive framework in which parents' values of child care and qualities they deem important were used to understand what it is that parents actually look for. My study was directed by the ecological model within which are nested the understanding of quality child care possessed by parents regarding what is best for their children and to get an inside-out perspective on what indicators are considered as important quality indicators by parents and how do they compare to statewide quality improvement and rating system for providers, Quality First. This is important because it is important to see how the different systems overlap and interact and the better they fit, the more advantageous the situation will be for the child. For example, parents' income and education are affected by the policies outlined by the government. While the family and individuals are a part of the mesosystem, the effects caused in this situation stem from the exosystem. Therfore the individuals in the mesosystem and the policies in the exosystem interact to decide the situation of care for the child. Future sections of this chapter will further unpack these descriptions from parents and compare their perspectives to Quality First indicators of quality child care.

The findings of this study were drawn from an analysis of the qualitative, open-ended items of in-depth orally administered interviews conducted with parents with children under the age of 6 for the Arizona Child Care Demand Study. The larger surveys discussed a range of issues related to child care and collected comprehensive information on the current use of child care for children ages birth through 5 years old. Parents were

asked a number of general questions about their current use of child care, how they found

care, and what they viewed as important to look for in child care.

    This study focused on open-ended items including, (a) when you are looking to

determine quality child care, what is it that you're looking for? and (b) if cost and

convenience were not an issue, what would be your ideal child care situation? These

parents represented a wide range of socioeconomic and cultural backgrounds and life

experiences and offered different perspectives on what quality means to them and what

important indicators of quality are for them when talking about child care.

    The following sections will further discuss the major findings surrounding each

research question beginning with indicators of quality child care by parents and Quality

First followed by further comparisons of the two perspectives and ending with

consequences of the similarities and differences. It will also compare findings of the

present study to any related literature or previous findings.

Quality Indicators

Quality is a dynamic concept and can mean different things to different people

(Evans & Schaeffer, 1996). According to Love (1998) the definition of quality needs to

be broadened. Knowing what parents perceive as high child care quality provides

information about whether parents are actively making the decision to send their children

to high quality care (Ryan et al., 2011). Finding points of convergence between parents

and professionals and drawing on both groups' views, values and sources of evidence

would deepen broader discussions of quality. The major quality categories as found in the

interviews conducted with parents were issues related to the care provider, environment,

learning opportunities, ratio, flexible schedule, and ideology. Where younger children

76

were concerned, the phrase "it feels like home," was frequently used to convey parents' priorities, and for older children, "it looks more like school," was often heard. This also indicates that parents' criteria for assessing quality of care changed over time with children's different developmental stages and perceived needs, with kindergarten readiness coming into play as children turned 4. Using the quality categories found from the parents' interviews and additional categories, the quality indicators used by Quality First to describe quality child care within the ITERS, ECERS, FCCERS, and CLASS are discussed below.

The first quality indicator described by parents in defining quality child care was the care provider. Parents were very articulate about what qualities of the care provider were important to them as relating to quality child care. There were some tangible factors that parents mentioned, including cleanliness and hygiene of the care provider, their level of education and training, and the willingness to have open and effective communication with parents. Some non-tangible factors that parents mentioned as relating to quality indicators of care providers were trust, how the parents and children felt around the care provider, patience, love, compassion, and personality of the care provider. In my study like many others (Davis & Connelly, 2005; Johansen et al., 1996; Musatti, 1993; Noble, 2007; Singer et al., 1998), the features of child care arrangements that affected parent choice varied according to the child's age: in the case of infants and toddlers, parents considered care providers' warmth toward the child as the most important element, while the parents of older were more focused on the level of education, training, and experience of the care provider. Quality First indicators within the Environment Rating Scales (ERS) were limited in terms of what they considered quality as relating to the care provider. The

ERS outlined two qualities of care providers: communication and supervision. Here I noticed a disconnect between the parents' important qualities of care provider and their ideas nested in the microsystem and the state quality indicators that are nested in the macrosystem.

The second quality indicator in defining quality child care was environment and safety. Parents mentioned the importance of a quality environment and safety for their children; the environment generally referred to the look and feel of the actual care center, the material, supplies, and equipment at the center, and safety of their child while at the center. Parents in this study seemed especially focused on having their children in a caring and safe environment and did not believe that licensing guaranteed these things. This was also consistent with the findings in other studies (Manfra et al., 2014) where they found that parent satisfaction was highly related to a secure and safe environment. The Environment Rating Scale (ERS), that is, the Infant/Toddler Environment Rating Scale (ITERS-R), the Early Childhood Environment Rating Scale (ECERS-R) and the Family Child Care Environment Rating Scale (FCCERS-R) only mention that "sanitary conditions always be maintained. They further mention in clarifying "sanitary conditions" that the purpose of maintaining sanitary conditions is to prevent spread of germs to cut down the spread of illnesses by following diaper-changing procedures.

The third quality indicator in defining quality child care was learning opportunities for children. One may suspect that parents who are not familiar with child development knowledge may be more comfortable with programs that emphasize academic achievement with which they are more familiar rather than good developmentally appropriate programs (Gestwicki, 1997). However, parents who were

78

interviewed considered learning opportunities as a quality indicator, including having a schedule, hands-on activities and academic opportunities, opportunities to have social interactions and learn social skills, and a discipline and reinforcement program. Parents stated that learning opportunities for their children was an important factor for them. The ERS made only minimal mention of learning opportunities as a quality indicator. The ERS mentions making feeding a learning opportunity, availability of activities for children, the availability of a variety of books, and social experiences among children and with the adults. Once again the microsystem and the macrosystem fail to closely overlap.

The CLASS instrument guidelines states that the teacher should spend most of his or her time actively involved with children, providing intentional opportunities and guidance for learning and development; the teacher consistently connects aspects of activities and play to children's lives, experiences and previous learning; the teacher consistently facilitates children's thinking skills through questioning, problem solving and prediction activities and the children are actively and consistently involved in activities and routines when in response to children's actions, answers or comments, the teacher often provides hints, assistance or questions; the teacher often provides additional information or clarification to expand children's understanding or participation in tasks and activities and the teacher often offers encouragement and affirmation to children's efforts and accomplishments; the teacher uses conversational language and provides frequent opportunities for children to use language through conversations and questioning; when the teacher often repeats and extends children's communication and language; when the teacher consistently describes and narrates his or her own actions

79

and/or the children's actions using self and parallel talk and when the teacher often uses a variety of words and provides words and language for children to use.

The fourth indicator in defining quality child care was the adult child ratio. Almost half the parents interviewed said that the adult-child ratio was an important indicator. In my analysis of the ITERS, ECERS, and FCCERS, I found that there was little mention of the teacher to child ratio. The only mention in the ITERS, ECERS, and FCCERS about the ratio was that a small group of children is primarily cared by one designated staff member and that enough staff is employed that only staff members are used as substitutes. One might think that this is the case because licensing requirements have clear indications of the adult child ratio and therefore there is lesser mention of the same in the ERS.

The next indicator in defining quality child care was scheduling. The parents said another quality indicator would be if the place would be open at flexible hours for the ease of dropping and picking kids up around their schedules and not the other way round. In analyzing the ITERS-R, ECERS-R, and FCCERS-R, I found that there was no mention of flexible hours and schedule for the ease of dropping and picking children as a convenience for parents and children.

The final indicator in defining quality child care was the ideology. Parents mentioned that language, diversity, personal values, and religion were important quality indicators for them, which aligns with Duncan et al. (2004) who found that family values and personal beliefs had the largest impact on perceptions of quality. In analyzing the ITERS-R, ECERS-R, and FCCERS-R, I found that there was mention of some of these indicators. It stated that props be provided to represent diversity, non-sexist images in

pictures or books accessible to children, and cultural awareness shown in a variety of activities.

Comparing the Two Views

As previously stated, there were some important quality indicators as mentioned by parents and Quality First. In the following section, I will be comparing the two groups' views on each of the indicators. Parents may view child care quality differently according to their age, cultural background, and socioeconomic status, as well as the age and gender of their children (Harkness & Super, 2002). This section will focus on views of parents of children under the age of 5 and compare it to Quality First indicators.

When talking about the indicators of quality, the first indicator was the child care provider. In analyzing the data from the interviews and Quality First, there appears to be a gap in what parents' views as quality indicators and what Quality First outlines as quality indicators for care providers. Family child care studies suggest that well-qualified providers or non-parental caregivers who offer developmentally enhancing care and affection are more likely to be committed to the well-being of the children and child care as a profession (Kontos, Howes, Shinn, & Galinsky, 1995; Pence & Goelman, 1987). This closely aligns with what parents deemed as important. Parents were looking for specific tangible qualities such as cleanliness and hygiene of the provider, as well as education and training. They also discussed some specific non-tangible qualities such as trust, compassion, etc. that relate to their affect and feelings. This goes along other studies where when parents were asked to rate features of child care in order of importance they typically rank the emotional warmth of care as the most important (Miller, 1990; Cryer & Burchinal, 1997; Farquhar, 1993). However, The ERS outlined

two qualities of care providers: communication and supervision. There was a clear gap in the two views on quality of the child care provider.

The second indicator of quality in child care was the environment and safety aspect of care. The environment was the look and feel of the actual care center, the material, supplies, and equipment at the center, and safety of their child while at the center. The most important indicator for parents was the cleanliness, hygiene, and smell of the care center. The Environment Rating Scale (ERS) mention that "sanitary conditions always be maintained." They further mention in clarifying "sanitary conditions" that the purpose of maintaining sanitary conditions is to prevent spread of germs to cut down the spread of illnesses by following diaper-changing procedures. The second major indicator of quality for parents was the safety of their children. The ERS had mention of safety in regards to the physical safety of the child. They mentioned about safety from hazardous objects, electric outlets, tripping hazards, edges, and hazardous surfaces and walkway and stairs. They also had mention of safety when children are out doors with requirements for surfaces, stability of equipment, and availability of safe fences and barriers. However they did not have any outlined safety procedures for pick up and drop off, which seemed to be important to parents as relating to the safety of their children. The ERS and parents' views aligned closely about the materials, equipment's and supplies. Once again, the gap created was while the ERS was looking at process qualities, parents look for more specific and affect based qualities when determining the quality of child care environment.

The next quality indicator was learning opportunities, including having a schedule, hands-on activities and academic opportunities, opportunities to have social interactions

82

and learn social skills, and a discipline and reinforcement program. Parents stated that learning opportunities for their children was an important factor for them. However, the ERS made only minimal mention of learning opportunities as a quality indicator. The ERS mentions making feeding a learning opportunity, availability of activities for children, the availability of a variety of books, and social experiences among children and with the adults. While these are indicators parents are looking for, it is not exhaustive. However, the CLASS more closely aligned with what parents in this study looked for as quality indicators when it comes to learning opportunities which is put into consideration when the ERS score is 3 or higher. This means that the physical environmental qualities are given more importance before they can get to learning opportunities.

The next quality indicator as deemed important by parents was the adult child ratio. In analyzing the ITERS, ECERS, and FCCERS, I found that there was little mention of the teacher to child ratio. The only mention in the ITERS, ECERS, and FCCERS about the ratio was that a small group of children is primarily cared by one designated staff member and that enough staff is employed that only staff members are used as substitutes. This is a major difference between what parents deem as an important indicator of quality child care and what Quality First mentions as important. While the adult-child ratio is one of the easiest process qualities to access (Scarr, 2000), the mention of the same on the ERS was limited.

Scheduling flexibility was the next important indicator of quality for parents. They feel that a good quality indicator would be if the place would be open at flexible hours for the ease of dropping and picking kids up around their schedules and not the other way round. However, in analyzing the ITERS-R, ECERS-R, and FCCERS-R, I

found that there was no mention of flexible hours and schedule for the ease of dropping and picking children as a convenience for parents and children. As stated by Cryer and Burchinal (1997), as more mothers with young children enter the work force, then the supply of child care should be flexible and expanded to meet the increased demand for varied services. However with the quality rating indicators of Quality First, this does not seem to be an important factor.

The last quality indicator for parents was ideology. Parents mentioned that language, diversity, personal values, and religion were important quality indicators for them. In analyzing the ITERS-R, ECERS-R, and FCCERS-R, I found that there was mention of some of these indicators. The ERS stated that props should be provided to represent diversity, non-sexist images in pictures or books accessible to children, and cultural awareness shown in a variety of activities. However, the two indicators that were missing were language and personal values. This validates the point that the ITERS-R, ECERS-R, and FCCERS-R mostly look for process qualities but not qualities which deal with the affect, emotion, ideas etc. which are deemed important by parents.

Consequences of Similarities and Differences

As discussed earlier, there are some clear overlaps in what parents in the study deemed important quality indicators and what Quality First deems important along with some differences in the two vies as well. These similarities and differences between parents' views and Quality First lead us to thinking about the consequences caused by these similarities and differences. In the following section, we will be discussing the unintended consequences caused by these similarities and differences. The etymology of

"unintended" or "unanticipated consequences" according to the Mertonian definition is a

gap that needs to be filled (Garfield, 2004).

The first unintended consequence that stems from the gap in the two groups' is

that the lack of existing parents' views leads the focus by Quality First to be on aspects

different than what parents deem important and, in turn, giving funding priority to

services that may not reflect what parents deem most important. This is important

because child care demand comes from the consumers, who in most cases are the parents

of young children. These consumers choose from among the various suppliers, using

quality and care as major factors in their decision making (Cryer & Burchinal, 1997).

Parents' perceptions about child care quality are related to uncovering a more informed

and broader understanding of child care quality. The current understanding of quality

child care rarely, if at all, takes into consideration the cultural beliefs of a given

community (Farquhar, 1993). Current understandings of child care quality tend to be so

closely tied to a quality measurement instrument (e.g., ECERS/ITERS; Harms, Clifford,

& Cryer, 1998) that they lack considerations for variation within communities that likely

value different child care characteristics (Manfra et al., 2014). This may be just as true for

communities of parents from different cultural backgrounds, with differentiated needs

and parents of children with special needs.

When parents were asked to rate features of child care in order of importance they

typically rank the emotional warmth of the care provider as the most important along

with personal qualities such as cleanliness and personality. This is consistent with other

studies as well (Miller, 1990; Cryer & Burchinal, 1997; Farquhar, 1993). When it comes

to care provider, Quality First indicators within the Environment Rating Scales (ERS)

were limited in terms of what they considered quality as relating to the care provider. The ERS outlined two qualities of care providers, communication and supervision, which left a gap. Another example of the gap is the most important indicator for parents when it came to the environment was the cleanliness, hygiene, and smell of the care center. However the focus of Quality First by using the ERS is on the process qualities. These measures sample many aspects of the center environment and not the affect aspects that are deemed important by parents. The obvious gaps, as discussed earlier, are wide and significant. Therefore, the focus by Quality First to provide a quality child care to parents who are important stake holders is different from what they want. If parents want high quality child care for their children, then they should be able to demand this from the market and act as a force to increase the quality of the supply. However, this does not appear to be the case (Cryer & Burchinal, 1997).

The second unintended consequence of the gap is applying resources to quality categories that are not deemed important by parents. In my interview with the CCR&R, I found out that parents were calling the helpline to inquire about child care based on different quality indicators they deem important. However, the help that they receive is based only on cost and type of care (home and center). The CCR&R spokesperson said,

> Parents call us to ask for quality child care. They don't just say give us 4 stars or give us 5 stars. They know what they want. But the problem is we don't know what they want. There is no central place for all the information they are looking for.

This can be a crucial consequence as there were 22,178 calls that came in 2012 and 22,225 calls in 2013 (State Child Care and CCR&R Information Comparison, 2013). As

noted by Williams (1995): If quality is based on the values of people operating from a range of different perspectives, then it is essential that the interests of all `stakeholders' are brought within any approach. This will help with using the available resources to best serve the parents and meet their needs and requirements. As it is known, an appreciation of different perspectives will extend the definition of child care quality (Farquhar, 1999), which is important for the formulation of child care policies and services that satisfy a range of stakeholder interests (Powell, 1997).

The third unintended consequence of the gap was, likely due to a lack of parents' perspective, the quality indicators are measured on process elements or elements relating to the physical environment and staffing requirement (Fraenkel, 2003). It has been suggested that the current lack of consideration regarding parents' perceptions of child care quality in policy and service development is because of the belief that parents do not recognize good-quality child care (Farquhar, 1999; Sonestein, 1991). The major research measures of process quality in child care settings in the United States and in several other countries are the ITERS, ECERS, and FCCERS, which are the tools used by Quality First to evaluate quality. Based only on face validity, these items seem to measure process elements, such as furnishings and displays, personal care routines, adult-to-child ratios, and providers education, because they are easy to assess. Whether these scales actually measure different aspects of care with discriminant validity remains an open question (Farquhar, 1999; Scarr, 2000). This can be a significant issue as parents are not only looking for process quality indicators but also other factors such as affect and emotion, trust, reliability, etc. This goes along with other studies where when parents were asked to rate features of child care in order of importance they typically rank the emotional

warmth of care as the most important (Browne Miller, 1990; Cryer & Burchinal, 1997; Farquhar, 1993).

These consequences lead to affecting the overall quality of the child care provided as a crucial piece, the voices of the parents, are missing in the decision-making process of quality care. This suggests the importance of reflecting parents' expectations in policy development and service improvement (Scarr, 2000). Also as Nagasawa, Peters, and Swadener (2014) state in their chapter "The Costs of Putting Quality First: Neoliberalism, (Ine)quality, (Un)affordability, and (In)accessibility?" that hope lies in engaging with parents, practitioners, children, policymakers, and other scholars to challenge unreflected upon common sense, build on the good sense that can be found within dominant discourse, and work to address unintended consequences that are inherent in policy implementation, there is a need to bring different stakeholders' perspectives together to gain a better understanding of quality child care.

Benefits and Limitations of this Study

The study was carried out with 102 parents from primarily urban areas of Central Arizona with children under the age of 5 who participated in an interview for the Arizona Child Care Demand Study. Given that the current sample was not state wide, the findings cannot be generalized beyond the state of Arizona but with the given information the findings do raise valid points about how parents feel across different socio-economic status groups. Also, the study does provide new information about parent perspectives on quality and suggests that there is a need to listen to and accommodate views of parents in deciding what constitutes quality child care. This paper has shown that, along with child care characteristics deemed to be important from a research perspective, parents place

importance on other aspects such as accessibility, relationships with care providers, and certain cultural responsiveness. Another related limitation of this study is that the interviews were not conducted by me but by trained survey interviewers. Therefore, it does limit my understanding of how parents stated certain aspects of quality. However, I understood this shortcoming and to strengthen my understanding, I held a focus group with all the survey interviewers to understand parents' perspectives on quality and gauge from their experience and interaction what parents felt and shared with them during the interview. Also, during the larger AZCCS, I was the only qualitative data analysis person on the team. I hand coded every single qualitative response on the interviews. This made me extremely familiar with the data and what parents were saying.

Similarly, another limitation could be the lack of information on parents' cultural backgrounds. As mentioned by Wise and Sanson (2000), cultural backgrounds might be crucial in determining how quality is defined. But in spite of this piece of information missing, what unified the parents' views were they all belong to the same state (Arizona) with children under the age of 5 who access some kind of child care for their child/children. This is, however, an important thread of inquiry that I hope to follow in the future. Many researchers continue to devalue the knowledge in the households. Households are often viewed as units from which children must be rescued and not as the place of rich understanding and experience. This is especially true for households of lower income or cultural minority households (Genzuk, 1998).

Recommendations and Implications

The goal of this study was to examine how parents of children under the age of 6 and state child care quality indicators define quality child care and to foreground parent

voices in the discussion of child care quality. As Gonzalez (2001) says that the rich descriptions and cultural experiences start with the recognition of children's multi stranded relationships within their families and communities which could contribute to a deep transformation in the relationships between schools and communities and these transformations begin with respectful dialogic interactions. All these relationships are nested within ecological model, which is dynamic and not static, and each sphere affects the other and vice versa. Along those lines, more specifically, the aim of the study was to qualitatively explore what parents view as quality child care based on their experiences, understating, needs, and wants. Using comparative qualitative analysis, this study analyzed ways in which parents and state agencies look at determinants of child care quality. This led to some important findings that affect decisions within policy and practice.

The "parent perspective" on service delivery is a key part of evaluation, practice, policy, and political activity in contemporary social work and in human services, more generally (Hall & Slembrouck, 2011). In my analysis of the views of the two different groups, I found there to be a gap in the way they view and understand quality child care, which in turn affected the policies and decisions that affect the quality of care and services provided. While from the ecological theory we understand that the different levels reciprocally affect each other, in this situation I feel that the policy makers and the policy itself are affecting the ideas and requirements of the parents nested in the microsystem. But there is very minimal effect in the opposite direction. Because parents make decisions about child care with consideration for a range of family, personal, and child factors,all nested in the microsystem, policy makers can benefit from

understanding the various perspectives and priorities parents consider by establishing

policies in the exosystem that will enable parents to enroll their children in the highest

quality center available (Manfra et al., 2014). Even though this is just a start, it is a

beginning to think about groups that are important parts of the child care system and are

unable to get their voices heard. I am hopeful, however, that this dissertation can help

pave way by bringing the voices of the important group of stakeholders, the parents, to

the discussion. Furthermore, as this idea gains momentum, my hope is that policy makers

begin to recognize the tenacity and power of the important descriptions and experiences

nested in the mesosystem that so largely affect the child that these groups possess and to

focus on their needs and voices. Also, other linkages within the mesosystem must also be

considered if one is to adequately understand and modify the definition of child-care

quality. For instance, aspects of the family system, such as the mother's education or

health conditions, parenting practices, and family income, may have independent effects

on the way quality is viewed and understood.

While this study is so important in shaping the future of policy, it also affects the

way things are done in the child care realm. In my study, I found that parents want

particular things when it comes to the care provider, the environment of the care facility,

or the learning opportunities provided to their children. However, they are not the same

as deemed important by Quality First. This would mean that the way things are done is

going to need a change. For example, while parents look for more personable, caring, and

trustworthy care providers, Quality First deems factors other than the ones mentioned

important. To bridge this gap, additional training and a change of mind set and practice is

required to meet the needs of parents. Like Harrist et al. (2007) found that parents'

perceptions were not closely aligned with the perceptions of policy makers and social service professionals. Because parents are closest to the children (most proximal), they are likely to share more varied views about child care that are important to be heard and to make necessary changes.

Future Research Directions

As any research endeavor, this study has opened up many new questions and avenues for further research. As I stated earlier in this dissertation, this study brings to light the rich descriptions and understanding possessed by parents and making their voices heard and comparing them to quality indicators of Quality First and understanding the gaps between the two voices were all central to the current study. While I set out to address this gap at the beginning, my research evolved into understanding the consequences created by this gap. This led me to think what factors could affect this gap as child care quality typically relates to subjective values and beliefs about children and their development (Farquhar, 1993; Friedman, Randolph, & Kochanoff, 2001; Moss, 1994; Moss & Pence, 1994), and, as such, is dependent on the stakeholder being considered (Moss, 1994).

Therefore, in the future I would like to examine how contextual constraints such as location, cost, family factors, and culture relate to parents' views of quality in child care. For example, the Child Care in Cultural Context study (Wise & Sanson, 2000) provides an opportunity to explore parent perspectives of parents from Anglo, Somali, and Vietnamese cultural backgrounds whose children were using center-based care or family day care in metropolitan Melbourne, I would like to do something similar in order to better understand varied perspectives and bring to the foreground more detailed and

varied perspectives to make the understanding of quality child care more comprehensive to serve all stakeholders better and bridge the existing gaps to effectively and successfully navigate policy and practice.

Another direction that research can forge into through my study is to make suggestions of a third space, which would account for a more comprehensive understanding of quality child care based on the descriptions of parents and expertise of policy makers. Some scholars refer to this in-between space as "third space," explicitly emphasizing the role of the physical, as well as socialized space in which people interact. Soja (1996), for example, called for a reconceptualization of human interaction around the concept of space. By finding a third space to understand quality, I am hoping that it will open avenues for parents and professionals to negotiate quality and come up with a better model of quality to best serve our children. In my future endeavors, I want to extend and apply Soja's (1996) critique of binaries to "draw selectively and strategically from the two opposing categories to open new alter-natives" (p. 5). In third space, then, what seem to be oppositional categories can actually work together to generate new knowledge, new discourses, and new forms of literacy (Ellis et al., 2004).

Researcher Reflections

Definitions tend to interpret quality as what is developmentally appropriate. However, who defines quality and thus how it is defined (e.g. Moss & Pence, 1994) is currently under debate. Indeed, much of the relevant literature suggests that the definition of quality is uncertain (Farquhar, 1993). As a researcher, I was always intrigued by who has the power to decide what quality is. As I was working on my study, I realized that along with the power of writing as a researcher comes the responsibility to give a voice to

the groups who would not be heard otherwise. I also learned along the way that it is more important to reflect on larger policy and practice contexts that would lead to a better future with comprehensive policies and understanding rather than smaller issues that might come along the way. This helped me with my study in analyzing the rich descriptions nested in the mesosystem and reflecting on them as compared to the ERS and CLASS.

The first aim of this study was to explore parent perceptions of child care quality. This was really important to me as I felt like the important piece of parents' perspectives is highly lacking in the way we define and understand quality child care. Children, parents, and professionals are denied access to the debates on what constitutes quality (Vandenbroeck & Peeters, 2014). The near exclusionary focus on this one perspective has limited our understanding of child care quality (Ceglowski & Bacigalupa, 2002). My study has brought to light the views and perspectives of parents that are so important in defining and understanding what quality child care means to them.

Secondly, my study compared the views of parents to state determinants of quality rating system indicators used in the statewide program. This was important to understand the gap that is created by the differences in the views of the two groups. This gap led me to the consequences created by the gap in resources and services provided by Quality First. This was important to me because while the initial problem remains not listening to the voices of parents, the outcome of the same is a discrepancy in what the parents want and the services provided. By bringing the same to light, now we can see the gap by listening to the parents and try to fill the gap by new policy reforms.

Finally, this study led me to understanding a lot about my own passion of working with groups that are not as powerful and visible and that need assistance in making their voices heard. In reading the narratives of parents and what they deem as important quality indicators due to their own experiences or experiences of others, I realized that when provided with a platform, these parents have a lot to share and contribute to the field of child care. We need to work in a direction of progress where all stakeholders can work collectively. Indeed, Brauner, Gordic, and Zigler (2004) believe and I agree that without a definitive definition of child care quality, which takes into consideration all stakeholder perspectives including parents, it will be difficult if not impossible to improve and advance the state of child care quality.

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APPENDIX A

ARIZONA CHILD CARE STUDY PARENTS SURVEY

P   PARENTS SURVEY

**(TO FAMILIARIZE YOURSELF WITH THE FAMILY BEFORE
BEGINNING, ASK THE FOLLOWING QUESTIONS)**

"So I have a sense of who you are talking about today, would you
mind spending a minute telling me about your child(ren)?" PROBES:
"How many do you have? What are their names? Boys or girls?"

**(TO CLARIFY OUR DEFINITION OF CHILD CARE, READ THE

FOLLOWING)** "For the purposes of this study, when we are talking

about child care, we are
including all the different ways parents look after their children. We
would
include everything from a parent taking care of their own child or
having a relative do so to a child care center, day care or preschool,
and even play groups, etc."

**(READ THE FOLLOWING AND, WITH PERMISSION, START THE
DIGITAL RECORDER)**

"Unless you have any questions, we're just about ready to begin.
With your permission, I will start the audio recorder now."

(FOR THE TRANSCRIPT, START THE INTERVIEW BY STATING)
- THE DATE
- FAMILY ID #
- SURVEY-INTERVIEWER ID #
- **RPC#**

SECTION 1: BACKGROUND INFORMATION

1.1 What is your ZIP code?

_____

1.2 How many adults are living in your household today?

_____

1.3 How many children are living in your household today?
(RECORD NUMBER FOR EACH AGE RANGE)

_____ < 6 years
_____ 6- 12 years
_____ 13- 18 years

1.4 What is your current marital status?

☐ Single j Never married
☐ Married
☐ Separat
☐ ed
☐ Divorce
☐ d
Cohabitating (living with significant other) Widow(er)

1.5 What is the highest level of education you have completed?

☐ Less than 8th grade
☐ 8th grade
☐ High
☐ school
☐ GED
☐ Some college
☐ Associate degree
☐ Bachelor degree
☐ Post graduate degree
   Other

1.6 What is your current age?

_____

1.7 How do you identify yourself in terms of race or ethnicity?
(READ RESPONSE CATEGORIES)

     **(CHECK ALL THAT
☐   APPLY)**
☐ White
☐ Black/African American
☐ Hispanic/Latino
☐ Asian
☐ Native Hawaiian/Pacific Islander
☐ American Indian/Alaska Native
   Other: _____

1.8 What is your current level of household income per year?
   **(SHOW RESPONSE
      CATEGORIES)**

- [ ] $0-$10,000
- [ ] $10,001- $20,000
- [ ] $20,001- $30,000
- [ ] $30,001- $40,000
- [ ] $40,001- $50,000
- [ ] $50,001- $60,000
- [ ] $60,001- $70,000
- [ ] $70,001- $80,000
- [ ] $80,001- $90,000
- [ ] $90,001- $100,000
- [ ] Above $100,00

1.9 Next, we would like to know about your current job status. For each of the adults in your household, please indicate the following:
(FILL IN THE FIRST COLUMN THEN CHECK ALL THAT APPLY)

a) "How is he/she related to your child (mother, step-father, child care?	Employed full time?	Employed part	Employed temporarily time?	Unemployed? or	A fulltime student?	A part-time student?	Providing home

grandma, uncle,

etc.)?"

seasonally?
**(RECORD

N
UMB
ER
OF
HOU
RS
PER
WEEK)**

1.10 Who else besides you cares for your child(ren)? PROBES:Could you tell me a little more about these arrangements?

_____

_____

_____

_____

_____

_____

(WHILE ANSWERING THE ABOVE QUESTION, CHECK ALL THAT APPLY)

☐ *A* family member or relative cares for my child(ren) in my home

☐ *A* family member or relative cares for my child(ren) in his or her home

☐ *A* friend or neighbor cares for my child(ren) in my home

☐ *A* friend or neighbor cares for my child(ren) in his or her home

☐ My child(ren) attend(s) a child care center/preschool

☐ My child(ren) attend(s) a family child care home

☐ *A* non-family member cares for my child(ren) in my home (babysitter, nanny, au pair, respite care)

A non-family member cares for my child(ren) in his or her home (babysitter, respite care)

☐ My child(ren) stay(s) home alone

☐ My child(ren) stay(s) with an older sibling. Age of sibling:

☐ _____

☐ ___ I care for my own child at home

☐ My spouse cares for our child at home

Other *(please specify)* - _ _ _ _ _ _ _ _ _ _ _ _ _ _

1.11 How do you pay for child care?
(READ RESPONSE CATEGORIES)

      (CHECK ALL THAT APPLY)
☐ No charge **(SKIP TO QUESTION

☐ 1.14)** Out-of-pocket (self-pay)

☐ Exchange of goods and services

☐ Co-op care ("a child care arrangement involving parents in care
giving and other roles.")

☐ Subsidy through the Department of Economic Security (DES)

☐ Subsidy through the Division of Developmental Disabilities

☐ (DDD) Subsidy through employer

☐ Family or relative helps pay

☐ Scholarship *(Please specify source)*： – – – – – – – – – – – – – –
☐ Other: _____

1.12 On average, how much do you pay for child care?
(FOR MULTIPLE CHILDREN, RECORD TOTAL AMOUNT)

      Amount: $_____   ☐

                                                 ☐

                                                 ☐

                                                 ☐

                                                 ☐

(SKIP IF ALL THE CHILDREN IN THE HOUSEHOLD ARE IN CHILD CARE OUTSIDE THE HOME)

1.13 Please tell us some reasons you chose to care for your child(ren) at home?

_____

_____

_____

_____

_____

_____

(WHILE ANSWERING THE ABOVE QUESTION, CHECK ALL THAT APPLY IN THE LEFT COLUMN.)

(THEN PROBE TO CLARIFY THE ABOVE ANSWER BY ASKING IF THE FOLLOWING REASONS WERE *A* FACTOR. CHECK ALL THAT APPLY IN THE RIGHT COLUMN)

☐	☐	I cannot afford child care
☐	☐	I cannot find quality child care
☐	☐	I don't have a way to transport my child(ren) to child care
☐	☐	I don't want to put my child(ren) in child care because I prefer to stay home
		I don't want to put my child(ren) in child care because I prefer to have my spouse stay home
☐	☐	I don't need child care outside the home.
☐	☐	Other:_____

SECTION 2: DECISION FACTORS FOR CHOICE OF CARE

2.1 In general, how satisfied are you with your current child care arrangements?
(READ RESPONSE CATEGORIES)

- ☐ Satisfied
- ☐ Somewhat satisfied
- ☐ Dissatisfied

2.2 What do you like about your child care arrangements? PROBES: Could you give an example? Could you tell me more about it?

_____

_____

_____

_____

_____

_____

2.3 Have you had any concerns or difficulties with your child care arrangements? PROBE: Could you give an example?

_____

_____

_____

_____

_____

2.4 For each of the factors I am about to read, please indicate how important it is to you when choosing child care: not important, somewhat important or very important.
(READ EACH ITEM. USE CARD FOR RESPONSE CHOICES)

	Not Important	Somewhat Important	Very Important	N/A
Accepts children with special needs				
Accredited				
Center accepts DES child care subsidy				
Closeness to home				
Closeness to place of employment				
Closeness to school				
Daily outdoor play & age-appropriate equipment				
Education of child care staff				
Educational activities or curriculum				
Environment (cleanliness, appearance, toys, facility, etc.)				
Experience of child care staff				
Flexible scheduling				
Handle medical & other emergencies				
Licensed				
Low adult-to-child ratio				
Meals/snacks provided				
Mix of large & small group activities				
Open evenings				
Open weekends				
Parent involvement				
Personal relationship with provider				

	Not Important	Somewhat Important	Very Important	N/A
Price (affordability/cost)				
Referral from friends, family or neighbors				
Regular communication				
Religious affiliation				
Reputation				
Safety/Security				
Small group sizes				
Smaller facility				
Staff is caring & nurturing				
Scholarships				
Trust the child care provider				
Understands language spoken at home				
Values like your family's(moral, cultural, spiritual, etc.)				
Variety of learning & play activities				
Written rules & policies				

2.5 Hasjhave your child(ren) ever been denied entry or asked to leave by a child care provider for any of the following reasons:
(CHECK ALL THAT APPLY)

	Denied Entry	Asked to leave
a) Behavioral difficulties		
b) Special health needs		
c) Learning difficulties		
d) Other *(Please specify):*		

2.6 Have your child care arrangements changed in the last year?

       Yes   No   **(IF NO, SKIP TO SECTION 3)**

2.7 Why have your child care arrangements changed in the last year?

(CHECK ALL THAT APPLY)

- [ ] Child care provider raised the price
- [ ] Child care provider lowered the price
- [ ] My family's income increased
- [ ] My family's income decreased
- [ ] Lost job
- [ ] Changed job hours
- [ ] Changed job location
- [ ] Problems with staff
- [ ] Cleanliness
- [ ] Moved
- [ ] Site could not provide services my child needed
- [ ] Needed a new site to care for multiple children
- [ ] Moved child(ren) to be with friends in another child care situation
- [ ] Wanted a better education program
- [ ] Wanted a bilingual program
- [ ] Did not like other parents and children who attended the location
- [ ] Child(ren) started school
- [ ] Child(ren) outgrew current care
- [ ] Other *(Please specify):* _____

SECTION 3: REQUIREMENTS

3.1 To the best of your knowledge, is the person or facility caring for your child(ren)
licensed or certified?

Yes   No   Unsure

3.2 How did you find out about requirements for certification or licensing?

(CHECK ALL THAT APPLY)

☐ I have not obtained information about requirements

☐ Newspa

per

☐ Televisio

n Radio

☐ Internet

☐ Magazin

e

☐ Brochure

s

☐ Friend *I* Neighbor *I* Relative

☐ Employer

☐ Birth to Five Helpline

☐ Association for Supportive Child Care

☐ (ASCC) Child and Family Resources

☐ Department of Economic Security (DES)

Division of Developmental Disabilities

(DDD) Arizona Department of Health

Services (DHS) Child Care Resource and

Referral (CCR&R)

Other *(Please specify):* _____

3.3 In general, do you think the quality of child care increases if a
provider is licensed or certified?

Yes   No   Unsure

3.4 Can you please explain why you think so?

_____

_____

_____

_____

_____

_____

3.5 In general, do you think the quality of child care increases if a provider is accredited?

      Yes   No   Unsure

3.6 Can you please explain why you think so?

_____

_____

_____

_____

SECTION 4: GAINING INFORMATION ABOUT CHILD CARE SERVICES

4.1 Do you feel you have enough information about child care options in your local community?

　　　　　Yes　　No

4.2 Can you tell me how you went about finding child care? PROBE: Remember, we're interested in all the different ways your child is being cared for not just in centers.

_____

_____

_____

_____

_____

_____

4.3 How did you find out about your child care provider?
(SHOW RESPONSE CATEGORIES)

**(CHECK ALL THAT

☐ APPLY)** Newspaper

☐ Televis

☐ ion

☐ Radio

☐ Interne

☐ t

☐ Magazi

☐ ne

☐ Brochu

☐ res

☐ Friend *J* Neighbor *I* Relative

☐ Employer

☐ Birth to Five Helpline

☐ Drove around/Street signs

☐ Association for Supportive Child Care

(ASCC) Child and Family Resources

Department of Economic Security

(DES) Division of Developmental

Disabilities (DDD) Arizona Department

of Health Services (DHS) Child Care

Resource and Referral (CCR&R)

Other *(Please specify):* _____

4.4 How helpful was the information you found?
(READ RESPONSE CATEGORIES)

☐ Helpful

☐ Somewhat helpful

☐ Not helpful

SECTION 5: EXPECTATIONS FOR CHILD CARE

5.1 What do you look for when determining the quality of child care? PROBE: How do you determine a child care provider's quality?

_____

_____

_____

_____

_____

_____

5.2 Overall, based on what you have just mentioned, how would you rate the quality of your current child care arrangement(s)?
(READ RESPONSE CATEGORIES)

- ☐ Low quality
- ☐ Acceptable
- ☐ quality High
  quality

5.3 Do you feel your child care provider is aware of your child's individual needs?
(READ RESPONSE CATEGORIES)

- ☐ They are not aware
- ☐ They are somewhat aware
- ☐ They are very aware

5.4 Do you feel your child care provider is aware of your family's beliefs and traditions?
(READ RESPONSE CATEGORIES)

- ☐ They are not aware
- ☐ They are somewhat aware
- ☐ They are very aware

5.5 Do you feel your child care provider respects your opinion about how to raise children?
(READ RESPONSE CATEGORIES)

- ☐ They never ask for my opinion
- ☐ They never respect my opinion
- ☐ They sometimes respect my opinion
- ☐ They always respect my opinion

5.6 Do you have any examples? PROBES: Can you think of any times when it seemed like your child care provider was not respecting your opinion about how to raise children? Can you think of any times when it seemed like your child care provider
did something that went against your family's beliefs or traditions?

_____

_____

_____
_____

_____

_____

5.7 If convenience and cost were not an issue, what would be your ideal child care situation?

_____

_____

_____

_____

_____

_____

SECTION 6:
COST

6.1 Are you able to afford to pay for all your child care at this time?

    Yes   No   Sometimes   N/A

6.2 In the past year, have your overall child care costs:
(READ RESPONSE CATEGORIES)

- Stayed the
- same
- Increased
- Decreased

6.3 Has cost influenced your decisions about child care options?

    Yes   No   Sometimes

(IF NO, SKIP TO QUESTION 6.5)

6.4 How has cost influenced your decisions about child care options?

_____

_____
_____
_____
_____

_____

6.5 Is there anything else about your child care services you would like to share with us? PROBE: Do you have any suggestions about how it could be improved? Do you have other concerns we didn't have a chance to talk about?

_____

_____

_____

_____

_____

_____

Thank you for participating in this research study. We appreciate you taking time out of your day to complete this survey.

Thank you!

SECTION 7: SPECIAL NEEDS SURVEY

7.1 What special needs has your child been identified with by a professional?

_____

_____

_____

_____

_____

_____

(WHILE ANSWERING THE ABOVE QUESTION, CHECK ALL THAT APPLY)

- [ ] ADD/AD
- [ ] HD
- [ ] Asthma
- [ ] Autism Spectrum
- [ ] Disorders Blind/Visual
- [ ] Impairment Cerebral
- [ ] palsy
- [ ] Cystic fibrosis
- [ ] Deaf/Hearing
- [ ] Impairment
- [ ] Developmental Delay
- [ ] Down syndrome
- [ ] Emotional/Mental

128

Health Fetal Alcohol
Syndrome Head/Brain
Injury (TBI) Multiple
Disabilities
Neurological
Impairment
Orthopedic
Impairment Severe
Allergies
Speech/Language Disorder
Spina bifida

7.2 If there are other conditions or concerns, even if they have not been identified by a professional, please tell us what they are:

_____

_____

_____

_____

_____

_____

7.3 What programs have you had contact with regarding services for your child with special needs?
   **(SHOW RESPONSE
      CATEGORIES)**

   (CHECK ALL THAT APPLY)
   ☐ Arizona Health Care Cost Containment System
   ☐ (AHCCCS) Arizona Schools for the Deaf & Blind
   ☐ (ASDB)
   ☐ Arizona Long Term Care System
   ☐ (ALTCS) Child care provider
   ☐ Children's hospital
   Department of Economic Security (DES)
       ☐ Arizona Early Intervention Program
       ☐ (AzEIP) Children's Rehabilitation
       ☐ Services (CRS) Division of
   ☐ Developmental Disabilities (DDD)
   ☐ Early Head Start
   ☐ Program Head Start
   ☐ Program Healthcare
   ☐ provider
   ☐ Local school district
   ☐ Private therapy
   Parent support group *(Please specify):* ------------
   Raising Special Kids
   Other *(Please specify):* _____

7.4 Please tell me what it was like trying to find care for your child with special needs:

_____

_____

_____

_____

_____

_____

7.5 What kind of individualized plan of services do you have for your child?

    (CHECK ALL THAT APPLY)

- ☐ We do not have an individualized plan of
- ☐ services Individualized Education Program
- ☐ (IEP) Individualized Family Service Plan (IFSP)
- ☐ Behavioral Intervention Plan
- ☐ 504 Plan
- ☐ Other *(Please specify)*: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

7.6 When in child care, what specific services are needed for your child with special needs and/or his or her care givers? Which of these services are present? **(SHOW RESPONSE CATEGORIES)**

(CHECK ALL THAT APPLY, INDICATING WHICH SERVICES ARE NEEDED AND WHICH ARE PROVIDED AT THE CHILD CARE PROVIDER)

NEEDED	PROVIDED	
☐	☐	A variety of toys appropriate for your child's needs
☐	☐	Advocacy parent/community group
☐	☐	Adaptive equipment
☐	☐	Applied Behavior Analysis
☐	☐	Assistance: One-to-one
☐	☐	aide
		Assistive technologies (walkers, special chairs, wheel chairs)
☐	☐	Availability of a registered nurse
☐	☐	Basic first aid supplies including glucagon and Ambu bag
☐	☐	EpiPen
☐	☐	Feeding issues (special diet,
☐	☐	allergies) Feeding: Gastrostomy tube
☐	☐	feeding
☐	☐	Hand washing facility next to diaper changing area
☐	☐	Locked medicine box
☐	☐	Mats
☐	☐	Perception: Augmentative communication devices
☐	☐	Perception: Braille reading materials Private
☐	☐	area and table for changing diapers Respiration
☐	☐	issues: Suction machine and supplies
		Respiration issues: Nebulizers and equipment for asthma
	☐	Respiration issues: Oxygen
☐	☐	Therapy (Occupational, physical, speech)
☐	☐	Time out room for behavior issues and quiet time out
☐	☐	

Other
(Please
*spe
cify
):--

--*

7.7 Do you feel you have access to child care that meets your child's needs?

       Yes   No   Unsure

7.8 Does you child care provider work with you to meet your child's needs?

       Yes   No   Sometimes

7.9 Is your child care provider trained to help you meet these needs?

       Yes   No   Unsure

7.10 Do you feel your child with special needs is able to participate in services that all children might receive?

       Yes   No   Sometimes

7.11 If convenience and cost were not an issue, what would be your ideal child care situation for your child with special needs?

_____

_____

_____

_____

_____

_____

7.12 Is there anything else about your child with special care needs you would like to share with us?

_____

_____

_____

_____

_____

_____

Thank you for participating in this research study. We appreciate you taking time out of your day to complete this survey.

Thank you!

APPENDIX B

INTERVIEW PROTOCOL: COORDINATOR, CHILD CARE RESOURCE &

REFERRAL PROGRAM, AZ FIRST THINGS FIRST

Interview Protocol: Coordinator, Child Care Resource & Referral Program, AZ

First Things First.

Date April 25, 2014

Time 9:00 am

Location AZ First Things First, Suite O, Tempe AZ, 85282

Interviewer Sharmeen Charania

Interviewee Becky Hancock

Notes to interviewee:

> Thank you for your participation. I believe your input will be valuable to this
>
> research and in understanding what quality means to parents when it comes to
>
> child care.
>
>
>
> Confidentiality of responses is guaranteed
>
>
>
> Approximate length of interview: 30 minutes, five major questions.

1. Is there a way for parents to call and find out about the different types of child care

offered in the state?

2. Can you describe some details of what you have noted about the parents calling to inquire about child care? Are there certain things that they are looking for when they call to ask about child care?

3. What are some of these that parents are looking for?

4. Is there a way to track the phone call and what is being asked/ inquired? Are the phone calls transcribed?

5. What does it tell you about what parents are looking for when it comes to quality of the child care on these phone calls?

APPENDIX C

FOCUS GROUP QUESTIONS: SURVEY INTERVIEWERS, THE ARIZONA CHILD

CARE DEMAND STUDY.

Focus Group Questions: Survey Interviewers, The Arizona Child Care Demand Study.

Moderator: Dr. Beth Blue Swadener

Note taker: Sharmeen Charania

Questions

1. How was the experience interviewing parents?

2. When interviewing parents, what were some of the questions that got most responses?

3. What were some of the emerging themes in parents' responses?

4. What were some of the things parents said they were looking for when it came to quality child care?

5. What did you notice about emerging themes in relation to the parents that were interviewed?

APPENDIX D

ENVIRONMENTAL RATING SCALE, QUALITY INDICATORS

Environmental Rating Scale, Quality Indicators

ITERS-R QUALITY SCALE CRITERION

Overview of the Subscales and Items

39 Items organized into 7 Subscales

Space And Furnishings

1.   Indoor Space

2.   Furniture For Routine Care And Play

3.   Provision For Relaxation And Comfort

4.   Room Arrangement

5.   Display For Children

Personal Care Routines

6.   Greeting/Departing

7.   Meals/Snacks

8.   Nap

9.   Diapering/Toileting

10.   Health Practices

11.   Safety Practices

Listening And Talking

12.   Helping Children Understand Language

13.   Helping Children Use Language

14.   Using Books

Activities

15.   Fine Motor

16.   Active Physical Play

17.   Art

18.   Music And Movement

19.   Blocks

20.   Dramatic Play

21.   Sand And Water Play

22.   Nature/Science

23.   Use Of TV, Video, And/Or Computer

24.   Promoting Acceptance Of Diversity

Interaction

25.   Supervision Of Play And Learning

26.   Peer Interaction

27.   Staff-Child Interaction

28.   Discipline

Program Structure

29.   Schedule

30.   Free Play

31.   Group Play Activities

32.   Provisions For Children With Disabilities

Parents And Staff

33.   Provisions For Parents

34.   Provisions For Personal Needs Of Staff

35.   Provisions For Professional Needs Of Staff

36.   Staff Interaction And Cooperation

37.   Staff Continuity

38.   Supervision And Evaluation Of Staff

39.   Opportunities For Professional Growth

ECERS-R QUALITY SCALE CRITERION

Overview of the Subscales and Items

43 Items organized into 7 Subscales

Space and Furnishings

1. Indoor space

2. Furniture for routine care, play and learning

3. Furnishings for relaxation and comfort

4. Room arrangement for play

5. Space for privacy

6. Child-related display

7. Space for gross motor play

8. Gross motor equipment

Personal Care Routines

9. Greeting/departing

10. Meals/snacks

11. Nap/rest

12. Toileting/diapering

13. Health practices

14. Safety practices

Language-Reasoning

15. Books and pictures

16. Encouraging children to communicate

17. Using language to develop reasoning skills

18. Informal use of language

Activities

19. Fine motor

20. Art

21. Music/movement

22. Blocks

23. Sand/water

24. Dramatic play

25. Nature/science

26. Math/number

27. Use of TV, video, and/or computers

28. Promoting acceptance of diversity

Interaction

29. Supervision of gross motor activities

30. General supervision of children (other than gross motor)

31. Discipline

32. Staff-child interactions

33. Interactions among children

Program Structure

34. Schedule

35. Free play

36. Group time

37. Provisions for children with disabilities

Parents and Staff

38. Provisions for parents

39. Provisions for personal needs of staff

40. Provisions for professional needs of staff

41. Staff interaction and cooperation

42. Supervision and evaluation of staff

43. Opportunities for professional growth

ITERS-R QUALITY SCALE CRITERION

Overview of the Subscales and Items

38 Items organized into 7 Subscales

Space and Furnishings

1. Indoor space used for child care

2. Furniture for routine care, play, and learning

3. Provision for relaxation and comfort

4. Arrangement of indoor space for child care

5. Display for children

6. Space for Privacy

Personal Care Routines

7. Greeting/departing

8. Nap/rest

9. Meals/snacks

10. Diapering/toileting

11. Health practices

12. Safety practices

Listening and Talking

13. Helping children understand language

14. Helping children use language

15. Using books

Activities

16. Fine motor

17. Art

18. Music and movement

19. Blocks

20. Dramatic play

21. Math/number

22. Nature/science

23. Sand and water play

24. Promoting acceptance of diversity

25. Use of TV, video, and/or computer

26. Active physical play

Interaction

27. Supervision of play and learning

28. Provider-child interaction

29. Discipline

30. Interactions among children

Program Structure

31. Schedule

32. Free play

33. Group time

34. Provisions for children with disabilities

Parents and Provider

35. Provisions for parents

36. Balancing personal and caregiving responsibilities

37. Opportunities for professional growth

38. Provisions for professional needs