An Assessment of Quality in Child Care by Parents, Teachers, and the Researcher

by

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(ABSTRACT)

This study describes the differences of parents’, teachers’, and the researcher’s assessment of quality of five different child care programs. This study focuses on infant and toddler classrooms or care settings. Parents, and teachers/providers completed the Infant/Toddler Environment Rating Scale and the Definition of Quality Questionnaire in order to rate the quality of infant and toddler child care programs. The findings from the questionnaires supported existing research that indicates a majority of child care programs in the United States range from poor to mediocre; and parents utilizing all types of cares, licensed/certified or otherwise, tended to overrate the quality of child care programs. In this study, the only exception to this tendency was the ratings of quality in the licensed and accredited center, where parents’, teachers’, and the researcher’s ratings were similar. This study provides a new contribution to the field of child care research in its finding that some of the teachers in all the different types of care settings investigated (with the exception of the licensed and accredited center) also tended to overrate the quality of infant and toddler child care programs.
Follow up interviews were conducted with some of the parents and teachers, in order to explore the reasons behind their ratings of quality. The consensus was that parents and teachers identified characteristics of quality that were dissimilar to those identified by child care experts. There are many possible reasons for this result, including lack of adequate information to help them identify determinant characteristics of quality programs, that there was difficulty in assessing quality, and that there was a lack of demand for quality programs.
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CHAPTER I: INTRODUCTION

Overview and Purpose of Study

Today, several types of child care programs are available to meet parents’ rising child care needs. The census bureau (1991) grouped the different types of child care arrangements that are available to parents into five major categories: 1) care in a child’s home, 2) care in another’s home, 3) organized child care facilities, 4) school-based activities, and 5) care by mother at work. Although it appears that parents have many choices in the types of child care available, the availability, affordability, and quality of child care remain an issue. Of these concerns, quality of care received prominent attention in the study, Cost, Quality, and Child Outcomes in Child Care Centers (Bryant, Clifford, Cryer, Culkin, Helburn, Howes, Kagan, Peisner-Feinberg, & Phillipsen, 1995).

The importance of having quality child care cannot be denied. High-quality child care programs have been associated with increased cognitive and socioemotional development (Andersson 1992; Clarke-Stewart, 1991; Howes, Phillips, & Whitebook, 1992), while low-quality programs have been associated with poor academic achievement and socioemotional difficulties (Belsky, 1990; Vandell, & Corasaniti, 1990). In a recent study conducted by a team of academics at four different universities, 228 infant/toddler classrooms and 521 preschool classrooms were studied (Bryant et al., 1995). This team rated the quality of these classrooms using The Early Childhood Environment Rating Scale.
Quality Assessment

Scale and The Infant/Toddler Environment Rating Scale (ITERS) which used a seven point scale. Centers with ratings of less than 3 were classified as “poor”, ratings between 3 and 5 were classified as “mediocre” or “good”, and ratings of 5 or over were classified as “developmentally appropriate” or “excellent”.

The team found that the quality of most centers in the United States ranged from poor to mediocre. Only one center out of seven was rated as good. Of special note was the finding that 40% of infant and toddler classrooms were rated as poor, compared with 12% of the preschool age classrooms. This study focused on infant and toddler classrooms due to Bryant et al.’s (1995) finding that there was a high number of low-quality infant or toddler programs. In addition, these researchers found that 90% of the parents overrated the quality of the centers, as compared to the ratings of the trained researchers. It appears that parents’ inability to recognize good-quality programs results in a lack of demand for good-quality services. One purpose of this study was to assess parents’, teachers’, and the researcher’s ratings of quality in child care centers and family daycare homes, in order to determine if parents and teachers defined quality similarly to a child development expert. A second purpose was to identify the reasoning behind the parents’ and the teachers’ rating of quality, in an effort to understand better the differences in quality ratings and the satisfaction with low-quality care.
Rationale of the study

The findings of this study add to existing knowledge about quality assessment. The findings of the first part of this study provide information on parents’ and teachers’ assessment of quality, compared to a trained investigator’s assessment. The assessment of quality by parents and teachers assists us in determining the information they need to acquire in order for them to evaluate appropriately the quality of child care programs. In the follow up interviews, parents and teachers/family daycare home providers were asked to respond to open-ended questions that allowed them to identify and discuss factors that contributed to their assessment of quality. Their responses to these questions provided insight on the reasons why parents and teachers rate the quality of child care programs as they do.
CHAPTER II: REVIEW OF LITERATURE

Overview of the Chapter

Urie Bronfenbrenner’s ecological model (1979) of child development guided this study. A brief description of the model is provided, and literature involving studies of child care is reviewed and related to the model. Finally, the significance of the proposed study in relation to existing literature is discussed.

Theoretical Framework

Bronfenbrenner’s ecological model describes how different systems in the child’s environment, both internal and external, affect the child and the family’s interactions with one another. This ecological model is composed of four systems (Bronfenbrenner, 1986; McMillan, 1990): the microsystem, the exosystem, the mesosystem, and the macrosystem. The microsystem is comprised of the child’s family, the child care facility or family daycare home, the child’s peers, the child’s neighborhood, and the child’s school. The mesosystem is the relationship that exists between the different components of the microsystem. The exosystem is comprised of the workplace, government, television viewing, and the health and social agencies that the family participates in. The macrosystem is comprised of the culture, values, attitudes, and beliefs of the larger society.
Ecological Model of Development

In Bronfenbrenner's model, a child's development is affected by the different environments in which he or she interacts. The child's family, child care center, school, parents' workplace, the family's cultural values, and the society, contribute to the child's development as the child interacts with these systems directly or indirectly (Bronfenbrenner, 1986, McMillan, 1990). The child's immediate environment (the microsystem) contributes to the child's development directly as the child interacts with it on a daily basis. Even though Bronfenbrenner describes the family as the principle context of human development, he claims that it is not the only setting fostering children's development (1986). For example, the child care center or the family daycare home also contributes to the child's development. Support for this idea can be identified in the literature. Several studies have found that high-quality child care affects the child's cognitive and socioemotional development positively (Andersson, 1989, 1992; Clarke-Stewart, 1991; Howes, Phillips, & Whitebook, 1992). Other studies indicate that low-quality care has a negative impact on the child's development (Howes, 1990; Vandell & Coransaniti, 1990).

Furthermore, the relationships and interactions among the different contexts (the mesosystem) in the microsystem affect the child's development. For example, the child's activities and behavior in his or her home can affect the child's interaction and behavior
at the child care center or family daycare home, and vise versa (Bronfenbrenner, 1986). The interaction of the different contexts can be seen in a study conducted by Thompson, Lamb, and Estes (cited in Bronfenbrenner, 1986). These researchers compared the attachment of infants with working and non-working mothers. They found that the stability of secure attachment in children between 12 and 19 months was lower for infants placed in daycare or whose mother had returned to work during the first year, than infants with non-working mothers. They found the effect of the daycare to be greater than the effect for maternal employment.

Elements in the exosystem, such as the parents' workplace, and government, are thought to affect the children's development indirectly. For example, Bronfenbrenner and Crouter (cited in Bronfenbrenner, 1986) found that the daughters of working mothers admired their mothers, and were likely to become independent as the result of their mothers' out-of-home employment. In the recent study conducted by Bryant et al. (1995), governmental regulations such as licensing were investigated in relation to the centers' quality. In states with weak standard regulations (e.g., North Carolina) a higher number of poor-quality centers were found. On the other hand, states that received public funding, paid higher wages, and provided better benefits and working conditions had centers with higher overall quality.

The macrosystem, comprised of the larger society's cultural values, attitudes, and
beliefs can influence the child’s development indirectly. The different families’ cultures, values, and attitudes form the larger societal culture. An example of a study of the macrosystem was conducted by Harris and Associates (1989) and concerned the public attitude toward child care. They surveyed 756 parents and found that 82% of the polled parents recognized the indispensability of child care facilities in maintaining the standard of living of middle-class families.

The present study assessed three systems in Bronfenbrenner's ecological model. The microsystem, the mesosystem, and the exosystem were assessed in several ways. The assessments of the parents’, teachers' and the researcher's ratings of quality explored the perceptions of quality among persons in the different systems. The parent was considered a representative of one microsystem (the home), the teacher a representative of another microsystem (the child care program), and the researcher the representative of yet another microsystem (the educational institution). The relationship between different microsystems (the mesosystem) was assessed using the Infant/Toddler Environment Rating Scale (ITERS) (Harms, Cryer, & Clifford, 1990) and the Definition of Quality Questionnaire. The ITERS reflected child development experts’ definition of quality, whereas items on the Definition of Quality Questionnaire reflected parents’ assessment of quality. Parents and teachers responded to both instruments, while the researcher completed the ITERS, providing descriptive comparisons among the three groups.
Parents' and teachers' knowledge about the perceived importance of the government's role in the licensing and regulation of child care programs (the exosystem) was assessed in the parent and teacher interviews. Although public attitudes about child care are extremely important, no attempt was made to measure the effect of the macrosystem in this study.

Due to the importance of quality child care programs, their relation to children's development, and their effects on the different contexts in children's environments, parents need to be provided with information that would allow them to rate the quality of a program appropriately. Such information would enable parents to make informed decisions when selecting a child care program for their children. Teachers, also, need to be provided with information that would allow them to rate the quality of a program appropriately in order for them to reflect upon and evaluate the kind of care they are providing for the children. Therefore, the current study had two purposes. The first purpose was to assess and describe parents', teachers', and the researcher's (as a child development expert) assessment of quality. It was deemed important to explore these ratings in order to describe how parents and teachers view the quality of child care facilities, in comparison to one another's and to the researcher's perceptions. The second purpose was to determine the reasons behind the participants' assessment of quality by conducting interviews with some of the parents and teachers. The findings from the
interviews were also helpful in determining what kind of information parents need to assist them in recognizing and selecting quality child care.

Quality of Child Care

As more parents work outside the home, their need for child care increases. The census bureau (1991) grouped the types of child care arrangements into five major groups: 1) care in a child’s home, 2) care in another’s home, 3) organized child care facilities, 4) school-based activities, 5) care by the mother at work. According to the 1991 census, a total of 9,854,000 children under 5-years of age with employed mothers were in child care. Of these children, 23% were in center care; 31% were cared for in another home; and 35.7% were cared for in the child’s home. In addition to care in a child's home, care in another's home, and organized child care facilities, two other types of care--school based activities and care by mother at work--were identified as the major types of child care arrangements available to parents. Clarke-Stewart (1991) identified similar groupings of the types of child care.

Definition of Quality

Although it appears that parents have many choices in the types of child care, the availability, affordability, and quality of child care remain as issues. Of these concerns, the quality of child care has received the most widespread and recent attention (Bryant et al., 1995). Quality, as defined by the early childhood care and education profession, has
been tied to positive outcomes in children's development. For example, in a recent
national study of child care centers, quality child care was defined “as that which is most
likely to support children's positive development” (Bryant et al., 1995, p.1). In this study,
conducted by Bryant et al. (1995), quality was rated using the ITERS and ECERS on a
seven point scale. Centers with ratings of less than 3 were classified as “poor”; those
with ratings between 3 and 5 as “mediocre”, and ratings of 5 or over were classified as
“developmentally appropriate”. These ratings were broken down further. “Inadequate”
ratings (0-1) were given to child care settings in which the children's needs for safety and
health were not met; the adults were not warm and supportive, and learning was not
encouraged. Settings in which children's health and safety needs were met but warmth
and support and opportunities for learning were infrequent were rated as “minimal” (2-3).
“Good” (4-5) centers were judged to meet fully the children’s health and safety needs, to
provide warmth and support, and to provide many fun and interesting learning activities.
A classroom received an “excellent” (6-7) rating if, in addition to meeting fully the needs
of the children for health, safety, warmth, support, and learning opportunities, the
teachers had close personal relationships with each child, planned to meet children's
individual needs, and fostered independence in children.

A definition of quality, tied to positive outcomes for children, has emerged from
numerous studies of the effects of child care on children's development. Small group
size, low staff-to-child ratios, and teachers with training in child development are the factors which have repeatedly been found to be associated with positive outcomes for children. In addition, the child care environments that encompass health and safety, warmth and support, positive teacher-child interactions, and appropriate learning experiences, have been shown to be related to children's development. High-quality child care programs as measured by these factors have been associated with positive cognitive and socioemotional developmental outcomes for children (Andersson, 1989, 1992; Clarke-Stewart, 1991; Howes, Phillips, & Whitebook, 1992).

Several other issues or concerns related to quality have emerged from these studies. One is the negative effects of low-quality child care on children's development, particularly for infants and toddlers. Another concern is the lack of availability of high-quality care.

In 1986, Jay Belsky was one of the first to raise questions about the negative outcomes associated with child care for infants. He concluded that early infant supervision by a non-maternal care giver increased the likelihood of insecure attachment and socioemotional difficulties. Challenged by other researchers in the field, he later qualified his conclusion by stating that children in low-quality care settings for more than 20 hours per week during infancy were at risk for insecure attachment and socioemotional difficulties (Belsky, 1990).
More recently, Vandell and Coransaniti (1990) studied 236 middle class 8-year-olds from a state with minimal child care standards. They found that children who had a history of extensive infant care in a minimal standard environment got negative sociometric ratings from classmates, poor grades and conduct ratings on report cards, and scored low on standardized tests. In another study concerned with the age of entry into child care programs, Howes (1990) found that kindergarten-age children who had been in low-quality child care settings as infants tended to be classified as maladjusted. They experienced difficulty with peers as preschoolers and were rated as distractible and not task oriented by their kindergarten teachers. Children who had experienced high-quality programs as infants were not found to differ from children who entered high-quality programs as preschoolers. Field (1991) found that children ranging in age from 5-8 years and who spent more time in high-quality infant care, as compared to children cared for in low-quality care, showed more physical affection during peer interaction, were more often assigned to gifted programs, and received higher math grades.

In the most recent and most comprehensive study on quality child care, a team of researchers from four different universities investigated a number of American children who attended child care centers (Bryant et al., 1995). The quality of 50 non-profit and 50 for-profit randomly selected centers in each of four states--California, Colorado, Connecticut and North Carolina--was assessed. Parents, teachers, and directors
completed interviews and questionnaires. Two classrooms at each center were randomly selected for observation. Data on 826 children attending the observed classrooms were collected to examine developmental outcomes.

Major findings from the study have been summarized in the executive summary (Bryant et al., 1995). These authors reported that, “Child care at most centers in the United States is poor to mediocre, with almost half of the infants and toddlers in rooms having less than a minimal quality.” (Bryant et al., 1995, p.2) Of the 225 infant and toddler rooms observed, 2 in 5 (40%) were rated as providing less than minimal care, whereas only 1 in 12 (8%) were rated as good.

The Bryant et al. study, which focused on a broad range of children as compared to previous studies which focused on at-risk children, resulted in some interesting findings. Results indicate that developmental outcomes for all children on a variety of measures improve with the quality of the center. Furthermore, it appears that a high-quality center had an even stronger positive impact on developmental outcomes for at-risk children.

Similarly to previous studies, staff-to-child ratio was found to be the most significant determinant of quality (Clarke-Stewart, 1991; Howes et al., 1992; Sonenstein, & Wolf, 1991). Other factors found to be significantly related to quality were the level of education of center staff, the administrator's previous experience, and staff tenure at the
center. Factors found to identify and discriminate mediocre and good-quality centers from low-quality ones were average teacher wages, teaching staff education, and specialized training.

Parents’ Ratings of Quality

Another issue with regard to quality assessment has emerged in the literature. Findings from the Bryant et al. (1995) study indicated that parents as consumers had difficulty observing the quality of care their children receive, which might have contributed to their overrating the quality of care. These researchers suggested that, consequently, parents do not make demands for higher quality which in turn would serve as an economic incentive for centers to improve quality. On the Bryant et al. (1995) survey of parents, parents indicated they valued the characteristics of good-quality child care, but they tended to overrate the quality of services that their children were receiving.

While trained observers rated the majority of the classrooms as poor to mediocre, 90% of the parents rated these same classrooms as very good. These researchers speculated on the reasons for the discrepancy between parent and trained observer ratings of quality. The reasons they gave included the observation that some aspects of quality are difficult for parents to observe; that parents may not feel they have a choice of care; that many parents may never have seen good-quality care and thus have no basis of comparison; and finally, parents tend to rate highly those that meet their needs, such as flexible hours.
Furthermore, it appears from the study (Bryant et al., 1995) that centers are providing the services that parents need so that they can go to go to work. For example, many centers provide part-time care, before-and after-school programs, summer camps, with a focus on meeting the health and safety needs of the children. It appeared that parents overlooked the quality of care the setting as long as their service needs were met by centers. Furthermore, it appears there is inability to search out and recognize good-quality programs contributes to the lack of demand for good-quality services.

Another study, conducted by the Families and Work Institute (1992) in four Florida counties, surveyed 807 parents about their perceptions of quality determinants of child care programs. The researchers ranked the characteristics of quality most frequently cited as “extremely important” to the least frequently cited as “extremely important”. The most frequently ranked characteristic of quality seen as “extremely important” was the safety of the children (76%), while the least frequently ranked as “extremely important” was the teaching of cultural or religious values. The common factors of quality identified by many researchers, such as group-size, staff-child ratios, and teachers’ qualifications, were ranked by parents somewhere in the middle. The frequency percentage for these factors were 57%, 56%, and 52% respectively.

In yet another study conducted by the NAEYC (National Association for the Education of Young Children, 1990), parents using child care centers were asked to rate
the characteristics of quality they considered to be important. Fifty seven % of the parents rated “provider/staff characteristics” as extremely important; 14% rated “characteristics of child’s group” as extremely important; 11% rated “program/setting” characteristics as extremely important, and 18% rated “goals of program/setting” as extremely important. Even though some parents rated child-staff ratio, group-size, and teachers’ training as extremely important, they rated other quality factors (i.e. warm provider) as more important. Based on these studies, it appears that parents rate the quality of child care programs differently than do researchers; and parents highly rate factors other than those identified as being associated with positive developmental outcomes for children.

From my understanding of the many benefits of quality child care, and from the perspective of a researcher and a child care teacher and director, it seemed to me important to understand the basis behind parents’ and teachers’ quality ratings. As the findings in the study conducted by Bryant et al. (1995) demonstrated, 90% of the parents overrated the quality of child care centers. The reasons behind parents’ overrating need to be investigated. Therefore, one aim of this study was to investigate the reasoning behind parents’ and teachers’ assessment of quality by conducting follow up interviews after their quality assessments.

In this study, it was hypothesized that parents would rate child care centers
Quality Assessment

differently than the researcher, for several reasons. Some studies have found that parents lack the information about child care that would allow them to identify the characteristics that constitute a quality child care program (Bradbard, Endsley, & Readdick, 1983; Endsley & Bradbard, 1981; Steinburg & Green, 1979). Therefore, parents might assess the quality of a center based on their needs; whereas the experts' perspective, or understanding of quality is based on the needs of children.

In a 1987 study of child care quality, Atkinson compared parents’ and providers’ ratings of some quality components of a child care center and found that the mothers rated almost all items assessing teacher qualifications higher than the providers rated these items. Furthermore, the mothers’ rating of the program goals were significantly higher that the providers’ (Atkinson, 1987). It appears, too, that frequently parents’ decisions in selecting child care programs are based on friends, families and co-workers advice, rather than on technical information concerning the quality of the program (Bradbard et al., 1983; Kisker, Maynard, Gordon, & Strain, 1989). Therefore, if parents select child care programs based on factors other than quality, then they might assess the quality of a center differently than the researcher.

The present study was composed of two phases. In phase I, parents, teachers, family daycare providers, and the researcher assessed the quality of infant-toddler child care programs in order to explore the level of agreement among the three raters. In phase
II, follow up interviews with selected parents and teachers were conducted to ascertain the reasoning behind their quality assessment ratings.

Significance of the Study

This study extended the existing understanding about the quality of infant/toddler child care in several ways. Much of the current research has assessed quality as defined by researchers. In this study, quality was defined from two perspectives--that of experts in the field of early childhood education through the ITERS, and from the perspective of parents in the parent generated items on the Definition of Quality Questionnaire. This study also extended the assessment of quality of infant/toddler child care from a primary focus on children attending profit versus non-profit centers to five types of care settings including, licensed and accredited center, licensed but non-accredited center, non-licensed and non-accredited center, certified family daycare home, and non-certified family day care home; which were selected to tap a range of quality as reflected in licensing, certifying, and accreditation standards for care settings. Because it is important to explore whether or not parents and teachers value the same variables of quality that are valued by experts in child care and early childhood education, this study, provides important findings from parents’, teachers’ and the researcher’s assessment of quality in five different types of child care programs. In addition, the follow up interviews provide the reasons behind parents' and teachers' ratings of quality.
CHAPTER III: METHODOLOGY

Phase I

Participants

All the parents and teachers of infants and toddlers in three child care centers and two family daycare homes were asked to participate in this study. The infant and toddler age groups were selected as a sample in this study because of the findings of a 1995 study concerning the high number of poor quality infant and toddler child care facilities (Bryant et al., 1995). The researchers in that study found that the quality of infant and toddler programs had the most significant problems in comparison to the other age groups. The centers in this study included one licensed center, one NAEYC accredited center, and one center that was exempt from licensing. Of the two family daycare homes, one was certified and one was non-certified. These various types of care settings were assumed to represent the different programs currently available, and were also expected to differ in quality. To facilitate the selection of child care programs for this study, a list of centers and family daycare homes in the Blacksburg Virginia area was obtained from the Virginia Tech Resource and Referral Center.

Directors of the child care centers and the family daycare home providers were contacted in person to seek their cooperation in participating in the study. At that time their role in the study was explained, and their questions and concerns were addressed.
The infant and toddler teachers were also asked, in person, to participate in the study. Once participation was agreed upon a letter of recruitment was personally given to all the parents with children in the infant (birth to 16 months) and toddler (16 months up to two years) age groups. All parents who consented to participate were included in the first phase of the study. The researcher gave the teacher and parent volunteers the quality assessment tools (described elsewhere) and provided a brief demonstration in completing the questionnaire.

Participants were encouraged to participate by informing them of the importance of their contribution in creating quality child care programs. In addition, they were provided with tools (i.e. the ITERS and The Definition of Quality Questionnaire) that would allow them to assess the quality of child care programs. Finally, participants were asked to fill out a subject’s responsibility and consent form. A total of 16 parents and 6 teachers participated in this phase of the study.

Procedure

Parents, teachers, and the researcher assessed the quality of the child care center classroom or daycare home by completing the Infant/Toddler Environment Rating Scale (ITERS) (Harms, Cryer, & Clifford, 1990) and a questionnaire entitled “Definition of Quality,” designed by the researcher to assess additional components of quality. The parents and teachers were given the two questionnaires after they signed their consent
forms for participating in the study. They were given approximately a week to complete the questionnaires. The ITERS and the Definition of Quality Questionnaire are included in Appendices A and B.

Measures

ITERS

The ITERS contains 35 items with ratings from 1 (inadequate), 3 (minimal), 5 (good), to 7 (excellent). On this framework an "inadequate" rating describes care that does not meet custodial care needs; a "minimal" rating describes care that meets custodial care needs and a narrow degree of basic developmental needs; a "good" rating describes the basic requirements of developmental care; and an "excellent" rating describes high-quality care. The items cover seven primary topics: 1) furnishings and display for children; 2) personal care routines; 3) listening and talking; 4) learning activities; 5) interaction; 6) program structure; 7) adult needs. The 35 items provide a broad picture of the quality of care for a group of infants and/or toddlers.

The Infant/Toddler Environment Rating Scale's validity and reliability have been established. The interater reliability and internal consistency were established in a study of 30 infant/toddler classes in 30 daycare centers in central North Carolina representing a wide variety in the quality of environments. Two observers rated each class on the ITERS in one visit. The test-retest reliability was conducted 3-4 weeks later, by one of the
original observers of 18 of the classes. A Spearman’s correlation coefficient of .84 was reported for the overall scale, for interater reliability. A Spearman’s correlation coefficient of .74 was reported for the overall scale for test-retest reliability. A Cronbach’s Alpha score of .83 was reported for the overall scale of internal consistency (Harms, Cryer & Clifford, 1990).

To establish validity, experts reviewed and rated the items on the instrument with regard to their importance to the quality of early childhood programs. Of the 12 evaluators, an overall agreement rate of 83% was obtained. In addition, two measures of content validity were conducted. The first measure used an item-by-item comparison of the ITERS with seven other widely used instruments for assessing the quality of infant/toddler child care. assessment of quality. An average of 82% of the ITERS items were included in the other instruments, and 75% of the items in the other instruments were included in the ITERS. The second measure included the ratings by five nationally recognized experts on the importance of each item in the ITERS in relation to a high-quality infant/toddler program, using a scale from 1 (low) to 5 (high). An overall mean of 4.3 was computed. Eighty six percent of the ratings were 4 or 5 (Harms, Cryer & Clifford, 1990). The ITERS was chosen for this study because of its reliability and validity, and because it was used in the study conducted by Bryant et al. (1995).
The Definition of Quality Questionnaire

The Definition of Quality Questionnaire was developed by the researcher. The questionnaire asked parents and teachers to rate definitions of quality from 1 "not at all important," to 7 "extremely important". Parents and teachers were also asked to identify and rank the 5 most important characteristics of quality. The quality characteristics in this questionnaire were obtained from surveys conducted by the Families and Work Institute (1993) and NAEYC (1991). In both of the above mentioned studies, parents were asked to identify and rank characteristics of quality. The Quality Definition Questionnaire was a comprehensive listing of the characteristics identified by parents in the two surveys. Where possible, items were grouped similarly to the seven categories on the ITERS questionnaire.

Phase II

Participants

The second phase of the study involved interviews with parents and teachers. Of the parents who participated in phase I of the study, three parents from each of the three centers, and one parent from each of the two family daycare homes agreed to participate in the second phase. Of the teachers participating in phase I of the study, two teachers from the center that was licensed and accredited, one teacher each from the other two centers, and the two family daycare providers participated in the interviews.
Quality Assessment

Procedure

All participants were given the choice of a face-to-face or a telephone interviews at their convenience. Most of the parents and teachers chose to be interviewed by phone. Only one teacher and one parent chose to be interviewed face-to-face. The parents and the teachers were interviewed to identify the reasoning behind their assessment of the quality of the care provided, as measured by the ITERS and the Definition of Quality Questionnaire. The interview was audio-taped to provide an accurate recording of the participants’ responses. The parents and teachers were informed that the interviews would be recorded, and gave their consent. The interview questions are included in Appendix C.

Measure

The interview questions were designed by drawing on a variety of different resources, including the Virginia Department Social Service licensing booklets for Child Care Centers and the NAEYC Accreditation booklet. In addition, the Cost, Quality, and Child Outcomes in Child Care Centers study provided some guidance in formulating some of the questions for the interviews. The questions were revised and rewritten based on the feedback of experts in the field of child development and early childhood education.
Data Analysis

The purpose of this study was twofold. The first purpose was to describe parents’, teachers’, and a child development expert’s assessment of the quality of infant and toddler child care. On the Definition of Quality Questionnaire frequency ratings were used to determine the most highly rated characteristics, and rankings were used to identify participants selection of the five most important characteristics that define quality.

The second purpose was to explore the reasons for parents’ and teachers’ ratings. Interviews were conducted with the parents and the teachers to discuss their assessments. The analysis for the interviews was qualitative, in that common themes from the interview responses were identified and described.
CHAPTER IV: RESULTS

Phase I: Descriptions of the ITERS and the Definition Of Quality Questionnaires

A total of 16 parents and 6 teachers participated in phase I of the study. The participants’ response rate differed from one child care program to another (see Table 1). The certified family daycare home had the highest parent and teacher response rate, followed consecutively by the non-certified family daycare home, the licensed center, the licensed and accredited center, and the non-licensed/non-accredited center.

Table 1

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Parent</th>
<th>Teacher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed &amp; Accredited Center</td>
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<td>2/4</td>
</tr>
<tr>
<td>Licensed Center</td>
<td>3/8</td>
<td>1/2</td>
</tr>
<tr>
<td>Non-licensed &amp; Non-accredited Center</td>
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<td>1/2</td>
</tr>
<tr>
<td>Certified Home Daycare</td>
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<td>1/1</td>
</tr>
<tr>
<td>Non-certified Home Daycare</td>
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<td>1/1</td>
</tr>
</tbody>
</table>

Note. The ratio is the number of questionnaires returned over the number of questionnaires distributed in each of the different child care programs.
Description of the Responses to the ITERS Questionnaire

Due to the small sample size, only descriptive analysis was feasible. The means and the standard deviations of parents’, teachers’, and the researcher’s responses for each category of the ITERS questionnaire are shown in Table 2.

In order to make a comparison with findings from the Bryant et al. (1995) study, an overall mean score for the ITERS was obtained by summing across all seven categories (see Table 3). Following the Bryant et al. method, child care settings with ratings of 1-3 were classified as "poor,” those with ratings of 4-5 were classified as "good” (or mediocre in Bryant et al. study), and those with ratings of 6-7 were classified as "excellent" (or very good). As reported earlier, of the 225 infant and toddler rooms observed in the Bryant et al. study (1995), 2 in 5 (40%) were rated as poor (providing less than minimum care). In this study, the researcher rated 20% of care settings (1 of 5) as poor, 60% of care settings (3 of 5) as good (mediocre), and 20% of care settings (1 of 5) as excellent (very good) (see table 3).

Also similar to the Bryant et al. study (1995), parents in this study tended to overrate the quality of their child’s care as compared with the researcher’s assessment. Specifically, parents in 3 of the 5 (60%) settings rated their child’s care as excellent, whereas the researcher rated only 1 of the 5 (20%) as excellent. Parents in the other two
settings rated them as good, whereas the researcher rated one as good, and one as poor.

This study extended the comparison of quality assessments to teachers/providers. These findings indicated, with one exception, that teachers, like parents, tended to overrate the quality of care (by 40%). In the exceptional case, the teacher rated the quality lower than either the parents or the researcher. Conversation during the follow up interviews indicated that the teacher was experiencing low job satisfaction and was considering leaving her job, which may explain this unexpected finding.
**Means and Standard Deviations of Ratings on ITERS by Program**

<table>
<thead>
<tr>
<th></th>
<th>Furnish &amp; display</th>
<th>Personal care</th>
<th>Listen &amp; talking</th>
<th>Learning activity</th>
<th>Interaction</th>
<th>Program Struct.</th>
<th>Adult needs</th>
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<tr>
<td></td>
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<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
<td>M</td>
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<td>.65</td>
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<td>.70</td>
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<td></td>
<td></td>
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<tr>
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<td>1.00</td>
<td>5.0</td>
<td>.70</td>
<td>4.2</td>
</tr>
</tbody>
</table>

**Note.** L. = Licensed, A. = Accredited, N.I. = Non-licensed, N. A. = Non-accredited, C. = Certified, N. C. = Non-certified, CDE = Child Development Expert, * = items not completed or noted as not applicable by participants.
Table 3

**Overall Mean Scores and Standard Deviations for the ITERS Questionnaire**

<table>
<thead>
<tr>
<th></th>
<th>Overall Rating</th>
<th>Descriptive Rating</th>
</tr>
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<td><strong>L.&amp; A. Center</strong></td>
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<td></td>
</tr>
<tr>
<td>Parent (N=9)</td>
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<tr>
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<td></td>
</tr>
<tr>
<td>Parent (N=2)</td>
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<td></td>
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<td>Teacher (N=1)</td>
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<td></td>
</tr>
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<td>Parent (N=1)</td>
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</tr>
<tr>
<td>CDE (N=1)</td>
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<td>.67</td>
</tr>
</tbody>
</table>

**Note.**  L.= Licensed, A.= Accredited, N.L.= Non-licensed, N. A.= Non-accredited, C.= Certified, N. C.= Non-certified, CDE= Child Development Expert
Description of the Definition of Quality Questionnaire

A total of 16 parents and 6 teachers responded to this questionnaire. The Definition of Quality Questionnaire asked parents and teachers to rate quality characteristics from “not important” to “very important”. The items were divided into five categories. The five categories were Provider/Staff Characteristics; Characteristics of Child’s Group; Program/Setting Characteristics; Attention Child Receives; and Goals of Program/Setting.

Rating Descriptions of the 30 Items in the Definition of Quality Questionnaire

Parents and teachers rated almost all of the items as seven (very important). Of the 30 items, only 13 received a rating below seven. These 13 items included: “known to family”; “experienced”; “discipline methods parents prefer”; “shares parents’ values”; “age range of children”; “homelike atmosphere”; “program that shares parents’ values”; “way provider teaches children how to get along”; “center/family daycare home is licensed”; “center/family daycare home is accredited”; “availability of care”; “and provides religious instruction”.

Parents and teachers in the licensed and accredited center had the most items rated below seven. Both parents and teachers in this center gave a rating below seven to the following items: “known to family”; “shares parents’ values”; “age range of children”; “homelike atmosphere”; “program that shares parents’ values”; “availability of care”;
Quality Assessment

“convenient location”; “and provides religious instruction”. In addition, the teachers in this center rated two more items below seven: “experienced teacher/provider”; “and discipline methods parents prefer”. The item, “provides religious instruction,” was the lowest rated item by both parents and teachers.

The non-certified family daycare home had the next highest number of items rated below seven. The items, “convenient location” and “provides religious instruction,” were commonly rated below seven by the parent and provider. The parent rated the items, “way provider teaches children to get along,” and “provides cultural appreciation,” below seven. The provider gave three more items below seven: “age range of children”; “center/family daycare home is licensed/certified”; “and center/family daycare home is accredited”. The lowest rated item by both parent and provider was provides “religious instruction”.

The licensed center, the non-licensed and non-accredited center, and the certified family daycare home had the same number of items rated below seven. In the licensed center, three items were commonly rated below seven by parents and teachers: “age range of children”; “homelike atmosphere”; and “provides religious instruction”. In addition, two items, “known to family,” and “convenient location”, were rated below seven by parents. The item, “religious instruction,” was the lowest rated item. In the non-licensed non-accredited center, only one item, “known to family,” was commonly rated below
seven by the parents and teacher. Four other items were rated below seven by the parents. These items were: “shares parents’ values”; “homelike atmosphere”; “center/family daycare home is licensed”; and “provides religious instruction”. Again, as in the licensed center, religious instruction was the lowest rated item. Finally, in the certified family daycare home only one item, “provides religious instruction,” was commonly rated below seven by the parent and provider. The parent rated three more items below seven: “way provider teaches children to get along”; “availability of care”; and “convenient location”. The provider rated one more item, age range of children, below seven. As in both programs above, the lowest rated item in the certified family daycare home was provides “religious instruction”.

Description of the Five Most Important Characteristics of Quality Identified by Parents and Teachers

The five most commonly ranked characteristics by parents were: “warm loving care”; “safety”; “child staff ratio”; “communicates with parents about children”; and “reliability”. Of these characteristics, “warm loving care” was most frequently ranked as one of the top five followed by “safety,” “reliability,” “child staff ratio,” and “communicates with parents” respectively (see table 4).

The five most frequently ranked characteristics by teachers were: “warm loving care”; “child staff ratio”; “promotes child development”; “communicates with parents
Quality Assessment

about children”; and “reliability”. Of these characteristics, similar to the parents’ responses, “warm loving care” was most frequently rated as a top five choice, followed by “communicates with parents about children,” “child staff ratio,” “promotes child development,” and “reliability” respectively (see table 4).

In addition, 17 other items were given a top five ranking of quality by one parent or teacher/provider. These items included: “plans for child unique needs”; “discipline methods parents prefer”; “quality of educational activity”; “homelike atmosphere”; “training”; “fosters independence in children”; “center/ family daycare home licensed/certified”; “center/ family daycare home accredited”; “Learning opportunities”; “group size”; “attention to nutrition”; “experienced”; “shares parents values”; “cleanliness”; “way provider teaches children to get along”; “age range of children”; and “quality, amount, and availability of equipment”.

Parents and teachers in the licensed and accredited center selected characteristics that were different than the other parents and teachers in the different types of care settings. The majority of the characteristics they selected and ranked were synonymous with the ones identified by other researchers (Andersson, 1989, 1992; Clarke-Stewart, 1991; Howes, Phillips, & Whitebook, 1992).
Table 4

**Frequencies for Top Five Rankings by Parents and Teachers**

<table>
<thead>
<tr>
<th>Items on the Definition of Quality Questionnaire</th>
<th>Rankings</th>
</tr>
</thead>
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<tr>
<td>warm loving care</td>
<td></td>
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<td>12 0 1 0 1 14</td>
</tr>
<tr>
<td>teacher</td>
<td>4 0 1 0 0 5</td>
</tr>
<tr>
<td>safety</td>
<td></td>
</tr>
<tr>
<td>parent</td>
<td>2 3 1 2 1 9</td>
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<tr>
<td>teacher</td>
<td>0 1 0 0 0 1</td>
</tr>
<tr>
<td>communicates with parents about children</td>
<td></td>
</tr>
<tr>
<td>parent</td>
<td>0 1 1 3 1 6</td>
</tr>
<tr>
<td>teacher</td>
<td>0 0 1 0 2 3</td>
</tr>
<tr>
<td>child/staff ratio</td>
<td></td>
</tr>
<tr>
<td>parent</td>
<td>0 2 2 1 1 6</td>
</tr>
<tr>
<td>teacher</td>
<td>1 1 0 0 0 2</td>
</tr>
<tr>
<td>promotes child development</td>
<td></td>
</tr>
<tr>
<td>parent</td>
<td>0 0 1 1 4 6</td>
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<tr>
<td>teacher</td>
<td>0 0 1 1 0 2</td>
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<tr>
<td>reliability</td>
<td></td>
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<tr>
<td>parent</td>
<td>2 3 0 1 0 6</td>
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<tr>
<td>teacher</td>
<td>0 0 0 1 1 2</td>
</tr>
</tbody>
</table>

Quality Assessment
Phase II: Responses to the Interviews

Interview responses were reviewed in detail from three parents from each of the three centers, one parent from each of the two family daycare homes, two teachers from the center that was licensed and accredited, one teacher of each from the other two centers, and the two family daycare providers. The four interview questions parents and teachers responded to were designed to determine the factors that contributed to parents’ and teachers’ definitions of quality. Responses from the interview questions were summarized and common themes that emerged from the interview questions were identified.

Question number one: “In the Definition of the Quality Questionnaire you ranked the five most important characteristics of quality. Why were this characteristics important to you?”

The 11 parents and six teachers selected and ranked the top five most important characteristics of quality on the Definition of Quality Questionnaire. Six characteristics frequently ranked highly by teachers and parents are described in detail in the following section.

Fifteen other characteristics were also selected and ranked by some parents and teachers. These characteristics included: “plans for child unique needs”; “discipline methods parents prefer”; “quality of educational activity”; “homelike atmosphere”; “training”;
Quality Assessment

“fosters independence in children”; “center/family daycare home licensed/certified”;
“center/family daycare home accredited”; “learning opportunities”; “group size”;
“attention to nutrition”; “experienced”; “shares parents values”; “cleanliness”; and “way
provider teaches children to get along”.

Warm loving care

The characteristic “warm loving care” emerged as the most important
classic characteristic defining quality for both parents and teachers. Many of the parents relayed
that they wanted their children to be in a loving and caring environment. One parent
stated “I wanna know my kids are cared for and that they care about them and that people
are just not there, basically just for the money.” Another parent said: “A mom hates to
leave her child anywhere, and if you feel very good and warm about where you’re leaving
your child and to whom you’re leaving her with, it makes it a whole lot easier.”

Teachers recognized that both parents’ and children’s needs were met through “
warm loving care”. This was evident in the teacher’s statement, “We take care of
children that don’t belong to us. It is very important that we care about them.” Another
teacher who also had her children enrolled in the center stated that as both a parent and
teacher she liked to see the characteristic, “warm loving care,” demonstrated by providers
in the center.
Quality Assessment

Safety

Parents highly valued both physical and psychological safety. Parents stated that they needed to know that their children would be safe where they leave them. One parent stated, “I want my children taken care of in a safe environment.” Another parent stated, “One of the responsibilities of taking care of a child is showing enough love to make things safe for the children.” The interviewed teachers did not select safety as one of the five most important characteristics.

Reliability

Reliability was also another characteristic that was important to both parents and teachers. Parents rated both reliability and safety as number two. Reliability was as important to parents as safety. The reliability of a child care center was a factor influencing their child care selection process. One parent said, “I never heard anything bad about ‘Center X’.” Parents also wanted their child care provider to be a reliable caregiver. One parent defined reliability in a provider as her willingness to respect parents wishes and directions.

Teachers also believed reliability to be an important characteristic of a quality program. One teacher felt that unreliable care resulted in upset and unhappy children. Due to unreliable fellow workers in her previous employment, she had been forced to work above and beyond her job requirements and hours to maintain the children’s well-
being.

**Child/staff ratio**

Parents in the licensed and accredited center highly valued a good child/staff ratio. Most parents who selected child/staff ratio as an important characteristic stated that they believed it to be a predictor of a good-quality care. Some parents believed a low child/staff ratio promoted positive child development. Another parent stated, “…to take care of children they need more than one staff, so they are able to teach the children.”

Teachers also highly valued a low child/staff ratio. Again, it was primarily teachers in the licensed and accredited center who recognized the importance of the child/staff ratio in providing high-quality care. Teachers expressed a preference for working in centers with low child/staff ratios. This was evident in one teacher’s statement, “I worked in a center where the ratios were awful…It is scary that children are put in situations like that…and now working where I work I can’t imagine how I actually worked in situations like that.”

**Promotes child development**

Teachers, but not parents, highly valued the promotion of a children’s development. Teachers felt they needed to understand child development. One teacher associated promoting independence in children with positive developmental outcomes for children.
Communicates with parents about children

In talking about why they highly valued about the characteristic, “communicates with parents about children,” parents expressed a need for teachers to communicate with them regularly about their child’s day at the center. They also expressed an expectation of learning about child development from their child’s caregiver. One parent stated, “There are areas that I don’t know what the appropriate development is at any particular age. It is the child care provider’s responsibility to know that and to communicate it.”

Teachers also highly valued “communicate with parents about their children” as a characteristic of high-quality care. One provider felt that she needed to involve parents in their children’s development by communicating with them about the children. She sensed that parents valued her effort to involve them in the child care program.

Question number two: Are you familiar with licensing regulations for centers and/or family daycare homes? What role do you feel the government should have in the regulation process?

This question was guided by Bronfenbrenner’s ecological model of child development, where different systems in the ecology affected children’s development. The governmental federal, state and local agencies and its regulations, a component of the exosystem, determine minimum standards, fire and healthy safety standards, and zoning for child care centers and family daycare homes. These regulations and government’s
role in general in regulating child care are constantly being debated in the field of early childhood education, by parents, and by the general public. One argument against regulations is that it interferes with parents rights. Therefore, this question was asked in order to identify how much parents and teachers knew about licensing or certification requirements for child care programs, and also to probe their perceptions of how much the government’s role in licensing affected their selection of child care programs.

**Minimum requirements**

Almost all of the participants knew that some form of government regulation existed, such as licensing and certification, but were not very familiar with details involving the regulation components (i.e. health and nutrition regulations, child staff ratios, etc.) or the process of regulations. Parents’ and teachers’ knowledge of minimum requirements of licensing/certification appeared to be grounded in experience with violations of the regulations. This was evident in one of the teacher’s responses, “I know that if a child has a temperature of 101 then they need to go home.”

In the area of government regulations on licensing, parents’ responses varied from one type of child care program to another. In the center that was licensed and accredited, many of the parents felt that the minimum regulations were not enough. In the center that was licensed but not accredited the reaction was mixed. Some parents felt
that minimum standards were not enough while others felt that they were. A parent stated, “I feel that they should do more than they are doing now.” In the center that was not licensed nor accredited, all of the parents felt minimum standards were enough. One parent stated, “I have no problems with establishing a minimum standard for some daycare, but I don’t feel that all need to be licensed. I am in one that is not licensed because you don’t need to be licensed to be good.” In the non-certified family daycare home the parent was not aware of certification. In the certified family daycare home, the parent was comfortable with the current certification process.

Teachers’ responses on the government’s role in licensing also varied from one type of care to another. In the center that was licensed and accredited, both teachers stated that at the least there should be minimum requirements for all types of child care programs. One of the teachers wanted the government to have a bigger role than it currently does. Even though she believed a bigger role by the government would increase the cost of care, the positive outcome for the children outweighed the cost, in her opinion. The teacher in the licensed center, and the provider in the certified family daycare home, also expressed a desire for government to have a bigger role in the regulation process. In the two family daycare homes, both providers of the family daycare home were happy with the current certification process; although the provider in the non-certified home stated, “The people that bring their children here obviously don’t
care about it.”

**Question number three:** In the first part of this study you were asked to rate seven areas (furnishings and display for children, personal care routines, listening and talking, learning activities, interaction, program structure, and adult needs) of the environment of your child’s classroom or family daycare home. Did you find any of the areas difficult to assess? If so which areas were difficult to assess?

Findings from the Bryant et al.’s (1995) study suggested that parents had difficulties in assessing and monitoring different aspects of care in the child care programs. This question was posed to identify any difficulties participants might have had in assessing the different aspects of care. Most of the participants found the ITERS easy to understand. However, they did identify two areas that posed minimal problems in completing the ITERS.

**Adult Needs**

Most of the parents reported they did not experience any difficulties in assessing the different areas covered by the questionnaire. One parent did not know what was available for adults. She did not know whether staff were provided with staff rooms or if they had adult size furniture provided for them. Another parent commented that she did not spend a long time in the center, so it was difficult to assess some of the areas, such as storage for personal belongings, separate restroom, and unscheduled breaks for the
Questions That Were Not applicable

Both family daycare providers felt that some of the questions did not apply to a family home environment. They stated that considering the environment and furnishings of the family daycare home, it was not necessary to provide child-sized furniture. Both providers also indicated that the question on staff cooperation was not applicable to their family daycare homes. They did not have coworkers to communicate with or with whom to plan lessons.

Question number four: Are you familiar with any accreditation programs?

Familiarity with accreditation differed across the five different child care programs. In the center that was licensed and accredited, and in the certified family daycare home, all the parents indicated they were familiar with the accreditation process. Parents in the accredited center stated they had received brochures about the accreditation process and were familiar with the basics of accreditation. In the licensed center many of the parents were not familiar with the process. In the non-licensed nor accredited center and the non-certified family daycare home, none of the parents were familiar with the accreditation process.

Teachers’ familiarity also varied from one type of care setting to another. Similar to parents, teachers in the licensed and accredited center, and in the certified family
daycare home were familiar with accreditation programs. This was apparent in the statement by a teacher from the licensed and accredited center, who said, “I work in one.” In the other settings none of the teachers were familiar with accreditation programs.
CHAPTER V: DISCUSSION

The purpose of this study was twofold. The first purpose was to describe how parents, and teachers assessed the quality of a child care program in comparison to the researcher's assessment of the quality of the same programs. The second purpose was to explore the reasoning behind the parents' and teachers' ratings of quality on the ITERS and the Definition of Quality Questionnaire. The findings for both questions, the limitations of the study, and future recommendations for research are discussed in this chapter.

Discussion of Findings

Differences in Quality Assessment Among Parents, Teachers, and The Researcher

The mean scores and standard deviations were examined to compare parents’, and teachers’ and the researcher’s assessment of quality. Consistent with Bryant et al. (1995), the findings from the questionnaires supported existing research that indicates a majority of child care programs in the United Stated range from poor to mediocre; and parents utilizing all types of child care--licensed/ certified or otherwise--tended to overrate the quality of child care programs. In this study, the only exception to this tendency was the ratings of quality in the licensed and accredited center, where parents’, teachers’, and the researcher’s ratings were similar. In addition, this study provides a new contribution to the field of child care research in its finding that some of the teachers in all the different
types of care settings investigated (with the exception of the licensed and accredited center) also tended to overrate the quality of infant and toddler child care programs. Their ratings have not typically been assessed in other studies.

The licensed and accredited center was the only care setting in which parents and teachers defined quality similar to experts in the field. The reason for this could be that the process of accreditation provided parents and teachers with information that helped them identify similar aspects of quality care as to those identified by experts. In addition, it could have also provided them the opportunity to observe and experience a high-quality care setting.

Follow up interviews were conducted with some of the parents and teachers, in order to explore the reasons behind their ratings of quality as measured by the Definition of Quality Questionnaire. The consensus was that parents and teachers identified characteristics of quality that were dissimilar to those identified by child care experts. Responses from the definition of quality questionnaire and the follow up interviews provided several potential reasons for this overrating. One reason could be that most parents’ and teachers’ definitions of quality differed from those of experts in the child development field. Almost all parents and teachers in the different types of care settings selected and ranked characteristics that were different from those selected and ranked as important by child development experts. Characteristics selected by parents included “

Another reason for parents’ and teachers’ tendency to overrate quality could be their lack of detailed familiarity with licensing/certification, and accreditation programs, as was found in this study. Even though not all licensed or certified programs are quality programs, a knowledge of licensing or certification processes could help parents determine what aspects of quality are required in licensed or certified care settings. As suggested by Bryant et al. (1995) parents’ and teachers’, in this study, lack of knowledge of licensing and accreditation programs could contribute to their satisfaction with low-quality programs. Many parents’ and teachers’ lack of knowledge of licensing/certification, and accreditation regulations could imply that they do not know enough about good or high-quality programs to demand good quality care. This supports the speculation made by Bryant et al. (1995).

Another finding in this study was that many of the parents and teachers who overrated the quality of child care programs were satisfied with the minimum standards of licensed centers. These parents and providers did not see the need for government standards for licensing or certifying child care programs. A provider in the non-certified
home stated, “The people that bring their children here obviously don’t care about it”. From the findings of this study, it appears that parents who valued regulation and accreditation selected programs that were licensed/certified or accredited, whereas parents who did not value regulations selected child care that was unlicensed, uncertified, or unaccredited.

Another possible reason for the tendency of parents and teachers to overrate quality could be that some items used to measure quality were found to be difficult to observe. Even though many parents found the ITERS easy to understand, some questions were left unanswered. The area that emerged as difficult to assess was “Adult Needs”. Parents did not know what was provided for adults in the child care program (i.e. staff room, adult-size furniture). This finding was, again, consistent with that of Bryant et al. (1995), where they found that parents had difficulties monitoring some services.

Parents’ and teachers’ selection of quality characteristics, as measured by the Definition of Quality Questionnaire, that differ from child development experts suggests a need to address the issue of recognizing and valuing both parents and experts perspectives, in future studies. The importance of the criteria identified by experts cannot be overlooked given their relationship to positive developmental outcomes for children. The findings provide limited evidence that parents and teachers, through the process of
Quality Assessment

accreditation and an experience with an accredited center, can come to recognize the aspects of quality identified by experts as linked to positive developmental outcomes.

Limitations

The primary limitation in this study was the sample size. The small sample size resulted in limiting analysis to descriptive statistics. Even though the researcher conducted individual and prolonged observations of the different programs before completing the ITERS, the knowledge of which centers were accredited/licensed/certified could have affected her ratings of quality.

Another limitation of this study was the difficulty in locating a questionnaire designed for both center based and family daycare home settings. In this study, the need to compare the items across the different categories for the different child care programs mandated the utilization of the ITERS questionnaire for both center, and family daycare home based care settings. Finally, although the Definition of Quality Questionnaire’s reliability or validity was not established, the items used in the questionnaire were identified from other studies.

Future Research Recommendation

Future studies could effectively eliminate the biases from this study by selecting a larger sample size and including several child care programs to represent each type of program selected in this study. In this study, the findings indicate that there is a need to
provide parents and teachers with the necessary information to help them identify good-quality child care programs effectively. Future studies could investigate the types of information that could be provided to parents and teachers. In one section of the interviews, parents and teachers were asked if they were familiar with the minimum licensing regulations. A more detailed interview to assess their familiarity with the licensing process could be one way to organize the needed information that would enable them to identify a good-quality child care program.

In addition, two different problems emerged from using the Definition of Quality Questionnaire. One problem was that parents and teachers rated almost all of the items as very important. Future studies could use a Q-sort method to force respondents to discriminate between items on the questionnaire. Another potential problem that emerged from the interview responses could be the lack of specific definition for items selected and ranked as the most important characteristic in the Definition of Quality Questionnaire. Many of the parents that responded to the interview described some of the characteristics such as “reliability” and “training” differently than experts in the child development field. This was evident in one parent’s definition of “reliability” as a provider’s willingness to respect parents wishes and directions.

There was some evidence that the age of the child affected the choices of important characteristics of quality. This was evident in one parent’s statement: “My
child being young affected my choices of these characteristics. In a toddler I see these characteristics as the most important ones to me”. It appears that parents and teachers/providers did not consider teaching/education criteria to be of concern with infants and toddlers. However this criterion might emerge as an important characteristic of quality care for a preschool or school-age children. Thus, future studies assessing quality need to control for age of the child.
Quality Assessment

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Appendices

A. ITERS
B. Definition of Quality of Questionnaire
C. Parents’ Follow up Interviews
D. Teachers’ Follow up Interviews
E. Human Subjects Form
F. Informed Consent ---For Directors
G. Informed Consent---For Participants
H. Vita
Notes for Clarification

1. Child sized: The intent is to have furnishings of proper size for infants and toddlers. For example, if a child is using a little chair, the child’s feet should rest on the floor. Table height should be comfortable. Knees fit under table, elbows above table.

   [Remember that for this item and all subsequent items, all descriptions in 3 must be met before credit can be given for any part of 5, and similarly all descriptions in 5 must be met before credit can be given for any part of 7.]

2. Basic materials: Infant seats, child-sized chairs and tables, rug area, appropriate space for crawling and walking, sturdy furniture able to support child pulling up, open storage for materials.

   [Since infants will pull up on anything within reach, all furnishings accessible to them should withstand pulling up without toppling, shaking, or collapsing.]

   [Low, open shelves or other open storage provision.]

   **Closed shelves means storage inaccessible to the children. The shelves may have doors or be too high for children to reach.]

   || The term caregiver means any person directly providing care and education to the children in the group.

3. Refers to furnishings provided in addition to that found in cribs, play pens, or other similar room-care furnishings.
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<tr>
<td><strong>FURNISHINGS AND DISPLAY FOR CHILDREN</strong></td>
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<td>1. Furnishings for routine care (feeding and sleeping, storage of child's possessions)</td>
<td>Insufficient number of pieces of furniture for feeding and sleeping routines (Ex: each infant present does have own crib). Routine care furniture is generally in poor repair (Ex: unstable high chair, broken crib, paint chipping).</td>
<td>Sufficient number of pieces of routine furniture in good repair. Seats for feeding are comfortable and supportive (Ex: footrest, side and back supports if needed, non-slippery surface, safety belt used if needed). Some child-sized furnishings used with toddlers.</td>
<td>Everything in 3 plus: Some adult furniture for use in routine care. Convenient storage for each child's possessions. Furniture suitable for individualized care of infants (Ex: feeding chairs rather than group feeding table). Routine care furnishings accessible and convenient.</td>
<td>Everything in 5 plus: Furnishings permit appropriate independence for toddlers (Ex: small chairs, tables, and cribs when needed). Comfortable adult furniture for use in routine care. Most furnishings used with toddlers are child sized.</td>
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<td>2. Use of furnishings for learning activities</td>
<td>Insufficient basic furnishings for learning activities. Furnishings in poor repair.</td>
<td>Sufficient basic furnishings for learning activities in good repair. Furnishings used most of day for children's play. Some child-sized furnishings used with toddlers.</td>
<td>Low, open shelves regularly used to offer safe toys to children. Closed shelves used to store toys needing supervision, and extra toys for rotation. Sturdy storage containers used to keep toys separated and organized (Ex: dishpans for blocks, sturdy box with rattles).</td>
<td>Open shelves arranged to encourage independent use by children (Ex: heavier toys on bottom shelf, similar toys stored together). Convenient organized storage for extra toys, permitting easy access for caregiver.</td>
<td>Most furnishings used with toddlers are child sized.</td>
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<td>3. Furnishings for relaxation and comfort</td>
<td>No &quot;softness&quot; provided for children at play (Ex: no upholstered furniture, no rug areas, no cushions provided for play).</td>
<td>Some rug or other soft material provided during play. Some easy-to-clean, soft toys accessible most of the day.</td>
<td>Special cozy area always available (Ex: rug, cushions, soft covered mattress, upholstered furniture). Cozy area protected from active play. Many easy-to-clean, soft toys accessible most of the day.</td>
<td>Special cozy area plus &quot;softness&quot; available in several other areas (Ex: several soft rug areas, bean bag chair used to support playing infant). Non-mobile infants placed in cozy area when appropriate. Cozy area used for reading, singing, and other quiet play.</td>
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4. *Inadequate space for the number of children served causes obvious difficulties in carrying out routines or does not leave enough open space for play. Children must play primarily in areas used for routines, for example, in small spaces between cribs or feeding tables, or under cribs.*

1. If there is more than one caregiver with the group at all times, each caregiver does not have to be able to see the whole space at a glance. However, all children must be within view of one of the caregivers.

1. Interest areas should make play convenient for the children. Space and play surfaces should be suitable for the type of material being used. For example, blocks need a steady surface, scribbling requires a hard surface under the paper and room for children to move their arms freely. Infants require lower, more flexible interest areas, while toddlers need a wider variety of play spaces.
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<td>4. Room arrangement</td>
<td>Routine furnishings placed to provide space for play.</td>
<td>Routine care areas conveniently arranged (e.g., cribs placed for easy access, diapering supplies at hand, hot running water available where needed, feeding tables on easy-to-clean floor).</td>
<td>Variety of learning experiences available in both routine and play areas (e.g., mobiles over diapering table changed often, many age-appropriate toys in play areas).</td>
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<td>- Arrangement of room makes it impossible to see all children at all times (e.g., children hidden from caregiver by high furnishings, diapering table placed so caregiver unable to see other children while changing diapers).</td>
<td>- Areas for quiet and active play separated (e.g., by low shelves). - Young infants given space and materials to explore while protected from more mobile children.</td>
<td>Materials with similar use are placed together to create interest areas with suitable play space (e.g., infants' rattles or soft toy area, toddlers' books, music, push toys, manipulative toys, gross motor area). Traffic patterns do not interfere with activities.</td>
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<td>5. Display for children</td>
<td>No pictures or other materials displayed.</td>
<td>Some colorful pictures or other materials displayed (e.g., mobiles, photos).</td>
<td>Scribbled pictures done by toddlers displayed in toddler rooms.</td>
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<td>- Content of display is not frightening to young children (e.g., no witches, animals with frightening faces).</td>
<td>- Content of display is not frightening to young children (e.g., no witches, animals with frightening faces).</td>
<td>Photographs of children in group, their families, pets, or other familiar faces displayed on child's eye level. Pictures protected from being torn (e.g., clear plastic over pictures).</td>
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<td>- Caregiver talks to children about displayed materials (e.g., responds to child's interest in picture; points out displayed items).</td>
<td>- Caregiver talks to children about displayed materials (e.g., responds to child's interest in picture; points out displayed items).</td>
<td>- Pictures and mobiles changed periodically.</td>
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6. "The term staff means all the people working in the center including the caregivers, director, and all support personnel."

- In the case food service means: simple preparation completed in the center such as opening baby food jars, making cereal or formula, and preparing simple snacks, but not more extensive preparation of food done outside of the room.

- Nutritional value is rated only if the program provides the food. The United States Department of Agriculture Child Care Food Program standards may be used to judge nutritional adequacy when program provides the food.

- Infants and young toddlers who can sit up independently and hold their bottles may be allowed to feed themselves.
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<tr>
<td><strong>PERSONAL CARE ROUTINES</strong></td>
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<td><strong>6. Greeting/Departing</strong></td>
<td>Greeting is often neglected; departure not prepared for. Parents discouraged from entering area used for child's care. Parents do not have direct contact with caregiver.</td>
<td>Caregiver usually greets child and parent and acknowledges departure. Parents allowed to enter area used for child's care. Parents and staff share information related to child's health and safety (e.g., special diets, accident reports).</td>
<td>Caregiver greets each child and parent warmly and provides pleasant organized departure (e.g., conversation on arrival, clothing ready for departure). Parents bring child into caregiving area as part of daily routine. Separation problems handled sensitively. Written record of infant's daily feeding, diapering, and care available for parents to see.</td>
<td>Staff use greeting and departure as information sharing time with parents. Staff give parents specific information about how the day went (e.g., play activities, mood, new skills).</td>
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<td><strong>7. Meals/Drinks</strong></td>
<td>Meal/snack schedule does not meet individual needs. Food service: Not sanitary (e.g., caregiver does not wash own hands before preparing food or feeding; same sink used for meals/snacks and diapering). Food served is of questionable nutritional value, not age-appropriate. Infants not held for bottle feeding. Infants/toddlers put to bed with bottles.</td>
<td>Meal/snack schedule meets children's needs (e.g., infants on individual schedules, toddlers fed lunch when hungry). Sanitary food service. Non-appropriate foods served for meals and snacks. Infants held while bottle fed. Infants/toddlers not put to bed with bottles.</td>
<td>Children feel separately or in very small groups. Meals/snacks are relaxed (e.g., caregiver patient with messy, slow eaters). Children encouraged to feed selves. Meals posted for parents. Caregiver talks with children and provides a pleasant social time.</td>
<td>Caregiver sits with children and uses feeding time to help children learn (e.g., names, foods, encourages toddlers to talk, and develop self-help skills). Staff cooperate with parents to establish good feeding habits (e.g., plan together to help child give up bottle, coordinate introduction of new foods).</td>
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Notes for Clarification

9. Adequate sanitary procedures are essential to avoid the spread of germs when diapering babies and helping to toilet children. The purpose of the sanitary procedures is to prevent the germs in the urine or stool from remaining on the caregiver's or child's hands, on the diapering surface, or on any other surface the children might touch. These measures are essential to cut down on the spread of gastro-intestinal illness. (1) after each diaper change, thorough handwashing using either warm water and soap or a waterless antiseptic wash; (2) disposal of the diapering surface after each diaper change; (3) hygienic disposal of diapers in a covered can, preferably with a stop pedal to prevent further contamination of surfaces; (4) physical separation of diapering area from food preparation area, including separate sink for each area.

Handwashing must be adequate to prevent contamination. Through washing with soap and water, and occasionally one or more antiseptic washes, hands must be cleaned after helping or changing a diaper or helping a child with toilet. If paper or plastic gloves are used, they must be discarded after each use. Hands should be washed if accidentally contaminated.

Since potty chairs are a health hazard, they should be avoided. For general use in the case when special need require, the use of a potty chair towards a toilet is more hygienic if the potty is used only for the child with the special need and is disinfected thoroughly after each use.
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<td>Nap</td>
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<td>Nap time or place not right for children (Ex: too early or late, crowded area, no fresh air, not clean)</td>
<td>Nap scheduled appropriately for each child. Each child has own crib, cot, or bed with clean sheets, blankets, etc. Same bedding not used by different children unless washed. Cribs or cots placed to avoid spread of germs. Caregiver supervises and is alert to handle problems. Cribs used for sleeping, not for extended play.</td>
<td>Nap personalized (Ex: crib/cot in same place, familiar practices, special blanket or cuddly toys, infants placed in favorite sleeping position). Toddlers are eased into group schedules (Ex: quiet place for tired toddler to start nap early). Children taken out of cribs or allowed to leave cots when awake and ready to play.</td>
<td>Children helped to relax (Ex: soft music, back rubs). Quiet activities for early risers and non-nappers.</td>
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<th>9. Diapering/Toileting</th>
<th>Basic sanitary conditions not met (Ex: caregiver doesn't wash own hands after diapering or after checking diapers; potty chairs not sanitized immediately after use)</th>
<th>Problems with toileting: need diapers, not changed or changed not enough, children left on toilet too long, toilet training started too early.</th>
<th>Diapering station near source of hot water. Adaptable equipment promotes self-help (Ex: steps near sink, child-sized toilet seat). Caregiver works with parents to toilet train toddlers. Pleasant tone between adult and child. Child-sized toilet or toilet seat used in place of potty chair.</th>
<th>Diapering/Toileting used as time to talk with and relate warmly to children. Diapering toileting of toddlers used to promote self-help in cleanliness and dressing skills (Ex: hand washing, using toilet paper, fastening and unfastening). Parents informed about child's toileting/diapering during day (Ex: written record available for infants).</th>
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<td>Little attention paid to child's personal grooming (Ex. no hand or face washing, wet clothes not changed quickly). Same towel or washcloth used for different children.</td>
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**10. Personal grooming**
- Children's hands washed as needed (Ex. after diapering/ toileting, before and after meals, after messy play).
- Own towel/washcloth (paper or cloth) used for each child.
- Extra clothes available and child's clothes changed when needed.
- Care given to children's appearance (Ex. hair washed, cleaned up after messy play, hair combed with own comb, if needed).
- Self-help encouraged in personal grooming as children are able (Ex. child cooperates in changing clothes, encouraged to wash own hands).
- Personal care activities made more acceptable to children (Ex. caregiver sings songs, softly washes baby's face and avoids making baby cry).

**11. Health practice**
- Room lacks adequate lighting, ventilation, or correct temperature.
- Poor maintenance of room and/or equipment (Ex. dirty floors, paint chipping, toys rarely washed, highchairs dirty).
- Sand/water play and outdoor areas not protected from contamination (Ex. untrusted water in wading pool, uncovered sand box).
- Caregiver does not cut down on spread of germs (Ex. hand-washing often neglected).
- Caregiving areas and equipment well maintained.
- Caregiver cuts down spread of germs (Ex. runny noses kept wiped with clean tissue for each child, caregiver frequently washes hands).
- Accommodations made to meet sick child's needs (Ex. quiet area to rest, non-sick child held).
- Caregiver is good model of health practices (Ex. eats only healthful foods in front of children).

**Personal grooming need as learning experience** (Ex. learning names for body parts and clothing, letting child help in putting on)
- Individual toothbrushes properly stored and used for each toddler at least once during the day.
- Easy place for toddlers to wash hands (Ex. soap, warm, water).
Notes for Clarification

15 * The following list of obvious hazards is not meant to be complete. Be sure to note all safety problems on score sheet.

**Some indoor safety problems**
- No safety caps on electrical sockets
- Loose electrical cords
- Heavy toys or other things child can pull down
- Medicines, cleaning materials, and other dangerous substances not locked away
- Pot handles or stove accessible
- Sliver cutouts accessible
- Thumbtacks used to display pictures within children's reach
- Tub or playground slot far enough apart to catch baby's head
- Crib mattress doesn't fit crib snugly
- Water temperature too hot
- Mats or rugs that slide
- Pieces of toys that can be swallowed accessible
- Unprotected hot stove or fireplace in use
- Open stairwells accessible

**Some outdoor safety problems**
- Toole accessible
- Poisonous plants around
- Garden sprays accessible
- Tool shed or garage unlocked
- Sharp or dangerous objects present
- Unsafe walkways or stairs
- Entry access to read
- Trash accessible
- Play equipment too high, not well maintained, unsafe foot
<table>
<thead>
<tr>
<th>12. Health policy</th>
<th>Inadequate</th>
<th>Minimal</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>- No emergency or other health records for children.</td>
<td>- Records of immunization and other health information kept for each child.</td>
<td>- Special health problems, such as allergies, hearing loss, or hyperactivity, are recorded, and information is used in planning.</td>
<td>- Arrangement made for a medical consultant, such as a local doctor or nurse practitioner, to handle health questions. Staff assist parents in assisting that child's health needs are met (e.g., help parents recognize health problems, provide referrals, arrange for free health screening).</td>
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<tr>
<td>- Caregiver has not had physical exams and TB test within two years.</td>
<td>- Caregiver reports suspected child abuse.</td>
<td>- Parents made aware of roles for attendance during illness. Medication given only with written permission from parents and exact instructions.</td>
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<tr>
<td>- Smoking permitted in caregiving areas.</td>
<td>- Emergency information for each child is available; written permission for medical care, phone numbers for child's parent, doctor, and dentist. Parents told about illnesses of others in program.</td>
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</table>

<table>
<thead>
<tr>
<th>13. Safety practice*</th>
<th>Excellent</th>
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</thead>
<tbody>
<tr>
<td>- Safety problems indoors (e.g., toy chest with heavy lid, no covers on outlet, medicines not locked up, children not safe on changing table). Hazards present in outdoor area (e.g., equipment unsafe, unsupervised play area).</td>
<td>- Environment planned to avoid safety problems (e.g., younger children separated from older children during active play, outdoor play equipment child sized). Children taught safety rules as early as possible.</td>
</tr>
<tr>
<td>- No phone or transportation available for emergency use.</td>
<td>- Safety information shared with parents (e.g., pamphlets on car restraints, home safety tips; program's safety plans explained).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. Safety policy</th>
<th>- All staff trained in safety/emergency procedures. Facility has passed official fire safety inspection. Substitute available for emergencies. Emergency exit plans posted and practiced at least monthly with children.</th>
<th>Competent substitute is familiar with caregiving activities, specific children, and emergency plans. At least one person in facility with first aid training, including CPR, present at all times.</th>
<th>- All regular caregivers have current first aid training, including CPR.</th>
</tr>
</thead>
<tbody>
<tr>
<td>- No written safety procedures (e.g., no rules for child drop-off/pick-up, fire drills).</td>
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</table>
Notes for Clarification


Children must have access to the books by themselves. If books are stored out of children's reach, they must be placed where children's reach for much of the day.
### LISTENING AND TALKING

<table>
<thead>
<tr>
<th></th>
<th>Inadequate</th>
<th>2</th>
<th>Minimal</th>
<th>3</th>
<th>Good</th>
<th>4</th>
<th>Excellent</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Informal use of language</td>
<td>Little or no talking to infants and toddlers. Little or no response to children's attempts to communicate through gestures, sounds, or words.</td>
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<td>- Talking used mainly to control child's behavior (Ex. &quot;come here, take this, don't touch&quot;).</td>
<td>- Caregiver frequently responds verbally to infants/toddlers' crying, pictures, sounds, words, and questions.</td>
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<td>- Some social talking to children (Ex. &quot;What a pretty baby!&quot;).</td>
<td>- Caregiver usually maintains eye contact while talking to child.</td>
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<td>- Some response to children's attempts to communicate.</td>
<td>- Caregiver names and talks about many objects and actions for infants/toddlers.</td>
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<td></td>
<td>- Caregiver takes part in verbal play.</td>
<td>- Caregiver talks to each infant and toddler during play and activities about child's behavior.</td>
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<td>- Caregiver repeats what toddlers say, adding words and ideas when appropriate.</td>
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<tr>
<td>16. Books and pictures*</td>
<td>Fewer than 4 infant/toddler books accessible/daily for much of the day. Caregiver does not name objects or pictures for children.</td>
<td></td>
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<td>At least 6 infant/toddler books accessible daily for much of the day.</td>
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<td>At least 12 infant/toddler books (but no less than 4 for each child in group) accessible daily for much of the day.</td>
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<td>- Books and pictures used by caregiver with children at least three times a week.</td>
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<td>- Participation encouraged only while children are interested; children not forced to participate.</td>
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<td>- Caregiver talks about pictures, reads books, or says nursery rhymes daily with individuals or very small groups of interested children.</td>
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<td>- Each infant/toddler given opportunity daily for at least one language activity using books, pictures, or puppets.</td>
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<td>- Cozy book area set up for toddlers to use independently.</td>
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</tbody>
</table>
Notes for Clarification

17. Materials
   Infants - grasping toys, baby boxes, nesting cups, textured toys
   Toddlers - shape sorting games, large stringing beads, simple puzzles, pop beads, stacking rings, nesting toys, crayons.

18. Materials
   Infants - outdoor pad or blanket, crib gym, walkers, small push pull toys
   Toddlers - rail toys without railings, large push pull wheel toys, balance and bean bags
   Appropriate climbing equipment, balance beam, sandbox or tugs for hanging large cardboard boxes

† To be age-appropriate, equipment and materials must be safe for toddlers. For example, the highest place on the climbing equipment should be no higher than the toddlers' standing height. Provided on ground or floor under equipment, wood or plastic equipment rather than metal, no sharp edges, points, or protruding nails
† Bad weather means rain, snow, or extreme temperatures. Children should be dressed properly and taken to play outdoors except on those relatively few days of very bad weather.
<table>
<thead>
<tr>
<th></th>
<th>Inadequate 1</th>
<th>Minimal 2</th>
<th>Good 4</th>
<th>Excellent 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Fine-hand coordination</td>
<td>No age-appropriate fine-hand materials available for daily use.</td>
<td>Some age-appropriate fine-hand materials available for daily use. Some materials accessible to children for independent use daily for much of the day.</td>
<td>Variety of age-appropriate fine-hand materials of different type, color, size, shape, texture in good repair, accessible daily for independent use. Materials that cannot be left out but independent use are offered to toddlers daily for free choice with supervision (e.g., crayons, toys with many small pieces).</td>
<td>Caregiver helps children develop skills (e.g., plays with infant using appropriate toys), helps toddlers with crayons, puzzles, peg boards. Fine-hand materials rotated to provide variety.</td>
</tr>
</tbody>
</table>

18. Active physical play*  
- No outdoor or indoor space used regularly for active physical play.  
- No age-appropriate equipment/materials.  
- Equipment/materials generally in poor repair.  
- Uncluttered space provided indoors for infants and toddlers to crawl and walk around much of the day.  
- Outdoor physical play provided for infants/toddlers at least 3 times a week year-round except in very bad weather.  
- Some age-appropriate toys and equipment used daily, all equipment in good repair.  
- Convenient outdoor area where infants/toddlers are separated from older children used for at least one hour daily year-round, except in very bad weather.  
- Toys and equipment for physical activity used both indoors and outdoors are age-appropriate.  
- Materials used daily stimulate variety of large muscle skills (e.g., crawling, walking, balancing, climbing, ball play).  
- Active play areas are not crowded.  
- Physical play equipment changed or rotated weekly to provide new challenges either indoors or outdoors (e.g., tunnel, wall, bean bags, table tennis, ball games).  
- Caregiver talks to children about their activities (e.g., explains safety rules, names up/down, in/out).
Notes for Clarification

19. *Omit this item if all children in care are less than 12 months of age.
† Materials: Crayons, water color markers, brush and finger paints, play dough. All materials should be non-toxic.
‡ Drawing is an opportunity for children to scribble and create designs of their own. Therefore, coloring books and ditto sheets are not considered drawing.


21. *Omit this item if all children in care are under 9 months of age.
† Materials:
Infants—soft blocks, light weight plastic blocks of different sizes and shapes, containers to fill
Toddlers—light weight blocks of various sizes, thwops, colors, large cardboard blocks, accessories such as containers to fill and dump, toy trucks, and animals
<table>
<thead>
<tr>
<th>Inadequate 1</th>
<th>2</th>
<th>Minimal 3</th>
<th>Good 4</th>
<th>Excellent 5</th>
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</thead>
<tbody>
<tr>
<td><strong>Art</strong></td>
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<tr>
<td>No art material provided for use by children.</td>
<td>- Drawing: materials used at least once a week.</td>
<td>- Children 12-18 months of age offered some art material 3 times a week.</td>
<td>- Children 12-18 months of age offered some art material daily.</td>
<td>- Children 12-18 months of age offered some art material daily.</td>
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<tr>
<td><strong>Music and movement</strong></td>
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<tr>
<td>No music available for children.</td>
<td>- Some musical activity done with caregiver at least 3 times a week (Ex. music put on for dancing, caregiver sings with children).</td>
<td>- Caregiver informally sings/chant daily with children.</td>
<td>- Different types of music used regularly (Ex. children's songs, classical, popular)</td>
<td>- Different types of music used regularly (Ex. children's songs, classical, popular)</td>
</tr>
<tr>
<td>Other</td>
<td>- Loud background music interferes with ongoing activities.</td>
<td>Other musical activities done with adult daily (Ex. records, dancing, musical instruments).</td>
<td>Other musical activities done with adult daily (Ex. records, dancing, musical instruments).</td>
<td>Other musical activities done with adult daily (Ex. records, dancing, musical instruments).</td>
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<tr>
<td><strong>Blocks</strong></td>
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<tr>
<td>No materials available for block play.</td>
<td>- Some age-appropriate blocks and accessories available.</td>
<td>- Variety of blocks and accessories accessible daily for much of the day.</td>
<td>- Blocks requiring caregiver supervision brought out at least 3 times a week for older toddlers (Ex. sets of pull-apart blocks, blocks smaller than 2 inches).</td>
<td>- Blocks requiring caregiver supervision brought out at least 3 times a week for older toddlers (Ex. sets of pull-apart blocks, blocks smaller than 2 inches).</td>
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</table>
Notes for Clarification

22. *Materials:
   Infants—dolls, soft animals, pots and pans, unbreakable mirror.
   Toddlers—dress-up clothes, child-sized furniture, dishes, pots and pans, dolls, doll furnishings,
            doll house, soft animals, small play buildings, toy telephones, puppets, unbreakable mirror.

23. *Count this item: all children in care are 12 months of age or younger. Sand play not required for
    children under 24 months of age.
    *Materials: Sand or similar material, outdoor sprinkler, dishpan, oil, water, box with running
                water, lettuce, celery, cheese, and bucket, small clay, and buckets, feeding bowls, plastic con-
                tainers.
<table>
<thead>
<tr>
<th></th>
<th>Pretend Play</th>
<th>Sand and Water Play</th>
<th>Cultural Awareness</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Inadequate</td>
<td>No materials available for pretend play.</td>
<td>All dolls, books, and visible pictures are of one race only.</td>
</tr>
<tr>
<td>2.</td>
<td>Minimal</td>
<td>Enough pretend-play materials accessible daily for number of children present. Materials age-appropriate (e.g., easy to open purses, hats, clothes short-sleeved and easy to put on, no necklaces with small beads). Some sand or water play provided outdoors or indoors at least once every 2 weeks year-round. Close supervision of sand/water play. Some toys used for sand/water play.</td>
<td>Some evidence of ethnic and racial variety in toys (e.g., multicultural or multiethnic dolls). Some evidence of ethnic and racial variety in books and pictures.</td>
</tr>
<tr>
<td>3.</td>
<td>Good</td>
<td>Variety of age-appropriate pretend-play materials accessible daily, indoors. Props close to what toddlers see in real life (e.g., household routines, parents' work). Some child-sized play furniture for toddlers (e.g., small stove, baby stroller).</td>
<td>Cultural awareness evidenced by generous inclusion of multiethnic books and dolls for children to use. Pictures on child's eye level that show people of various ages from infancy through old age.</td>
</tr>
<tr>
<td>4.</td>
<td>Excellent</td>
<td>Materials accessible to children for both indoor and outdoor use. Materials well organized for independent use (e.g., play dishes in separate box or on shelf instead of piled in a toy chest; play clothes hung on pegs). Caregiver pretends with children in play (e.g., talks to child on toy telephone).</td>
<td>Non sexist pictures displayed of men and women, boys and girls in similar work and play roles. Cultural awareness shown in a variety of activities (e.g., various types of music, celebration of different holidays and customs, ethnic foods served).</td>
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<tr>
<td>Interaction</td>
<td>Adequate</td>
<td>Minimal</td>
<td>Good</td>
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<tr>
<td>25. Peer interaction</td>
<td>- Little or no age-appropriate peer interaction (ex. children separated in cribs or playpen while awake). Little or no caregiver guidance to encourage positive peer interaction.</td>
<td>- Children allowed to move freely so natural groupings and interactions can occur much of the day. Non-mobile infants taken out of cribs, playpen, and swings for some supervised play time near others. Caregiver usually deals with negative social interaction (ex. stops hitting, hitting, yelling).</td>
<td>- Peer interaction is usually positive (ex. infants watch and react to others; toddlers play side by side with few conflicts). Caregiver models positive social interaction (ex. is warm and affectionate, demonstrates gentle touching, helps toddler walk around non-mobile baby).</td>
</tr>
<tr>
<td>30. Caregiver-child interaction</td>
<td>- Little affection shown. Care is impersonal (ex. caregiver does not often respond to, smile at, talk to, or listen to children). Uneven amount of attention given to each child. Caregiver shows favoritism. Physical contact used principally for routines or controlling children’s behavior (ex. slapping baby’s bottom, picking up toddler to stop what he or she is doing).</td>
<td>- Some smiling, talking, and affection shown to all children. Caregiver shows warmth and physical contact during routines (ex. holds child gently, smiles while feeding child). Caregiver responds sympathetically to help children who are hurt or upset. Children happy most of the time.</td>
<td>- Frequent positive caregiver-child interaction throughout the day (ex. caregivers initiate verbal and physical play, responds when child initiates interaction, shows delight in child’s activity). Caregiver and children relaxed, voices pleasant, frequent smiling. Much holding, patting, and physical warmth shown throughout day. Caregiver-child interaction is consistent across all caregivers, including substitutes.</td>
</tr>
<tr>
<td>Inadequate 1</td>
<td>2</td>
<td>Minimal 3</td>
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<tr>
<td><strong>Discipline</strong></td>
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<td>- Discipline is EITHER so strict that children are punished or too lenient, children are not controlled (Discipline is soft).</td>
<td>- Caregiver never uses physical punishment or severe discipline. Children are not controlled.</td>
<td>- Few discipline problems because program is set up to avoid conflict and promote appropriate interaction (Ex. provide toys accessible to children from height).</td>
<td>- Attention frequently given for good behavior.</td>
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<td>Children are not controlled, or withholding food.</td>
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**Program Structure**

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<tr>
<th>Inadequate 1</th>
<th>2</th>
<th>Minimal 3</th>
<th>4</th>
<th>Good 5</th>
<th>6</th>
<th>Excellent 7</th>
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<tbody>
<tr>
<td><strong>Schedule of daily activities</strong></td>
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<tr>
<td>Children's routine needs are not met (Ex. crying, children refuse meal times, delays in diapering). No time during or between routines for talking with children or initiating play activities.</td>
<td>Schedule for two routines: Flexible and individualized to meet individual needs (Ex. infants on individual schedules, toddlers eased into group schedule). Caregiver provides play activities as part of the daily schedule. Written schedule available (Ex. current schedule posted, accessible for use by substitute or parents).</td>
<td>Variety of free play activities provided for most of day. Schedule provides balance of indoor and outdoor activities. Active and quiet play varied to meet children's needs. Learning and play experiences incorporated into routines (Ex. caregiver sings to children during diapering, lets toddlers help set table for snack).</td>
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**Quality Assessment**

27
Notes for Clarification

29. *Children must be supervised at all times. If there is more than one caregiver with the group, each caregiver does not have to be able to see the whole space at a glance, as long as all children are within view of one of the caregivers.

33. *Use only if two or more people work with the same children
### Inadequate

<table>
<thead>
<tr>
<th>1</th>
<th>Supervision of daily activities</th>
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<tbody>
<tr>
<td>Insufficient caregiver supervision provided to protect health and safety and meet routine care needs (e.g., caregiver leaves children and cannot see, hear, or reach them even for a short time).</td>
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</table>

### Minimal

| 2 | Caregiver is within sight, hearing, and easy reach of children at all times. Attention is on caregiving, not on other tasks or interests. Sufficient supervision to meet every child's routine care needs, including crying, waiting, or temperament. |

### Good

| 4 | Caregiver maintains supervision of whole group while working with one child or a small group. Caregiver watches carefully and intervenes to avoid problem (e.g., avoid conflict by removing duplicate toys). Avoids active play that is disruptive. Quiet play. Caregiver plays with children and shows appreciation for what they do. Caregiver reacts quickly to solve problems in a calm and supportive way. |

### Excellent

| 6 | Supervision is provided with each child's learning needs in mind. The caregiver moves non-mobile infants to avoid boredom, plans activities with a small group while others are deepening. Balance maintained between individual needs for exploration and caregiver support. |

| 7 |Caregiver toys with children and shows appreciation for what they do. Caregiver reacts quickly to solve problems in a calm and supportive way. |
31. "Rate only when an exceptional child is enrolled. Ask caregiver in charge to identify any exceptional children. An exceptional child may be defined as any child whose physical, mental, or emotional needs are not met by the regular program alone.

5. "When a drop-out child is important to observe the procedure for adult involvement possible, including the professional library, skill training, and other areas of involvement."
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<tr>
<th></th>
<th>Inadequate</th>
<th>Minimal</th>
<th>Good</th>
<th>Excellent</th>
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<tbody>
<tr>
<td>31. Provisions for exceptional children*</td>
<td>No attention to the special needs of the exceptional child. The child's home physical and social environment is not modified.</td>
<td>Minor changes made in the schedule, environment, and routines to adapt to the child's special needs. Child involved in some play activities provided for the other children.</td>
<td>Caregiver provides activities, adapts schedule to meet the needs of the exceptional child. Child's needs are provided for in the daily activities. Caregiver adapts physical and environmental needs necessary for the child to be successful according to the child's needs.</td>
<td>Caregiver shares plans for exceptional child development. Caregiver explores information from a family member of the child. Clear communication among staff, parents, and other professionals. Meets the child and family.</td>
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**ADULT NEEDS**

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<th>Inadequate</th>
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<th>Excellent</th>
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<tr>
<td>41. Adult personal needs</td>
<td>No special areas for staff (e.g., separate restroom, lounge, storage for personal belongings). No time provided away from children to meet personal needs (e.g., no time for breaks).</td>
<td>Separate adult restroom. Some adult furniture available outside of children's area. Some storage for personal belongings. At least one scheduled time for caregiver to be away from job responsibilities. Some staff available to covers scheduled absence, local phone call, restroom.</td>
<td>Adult lounge area available. Lounge may have directors (e.g., office, recreation area). Adult furniture available. Convenient storage for personal belongings with security provisions if necessary. Morning, afternoon, and lunch breaks provided. Facilities provided for staff. On-site child care if necessary.</td>
<td>Separate adult lounge area. Comfortable adult furniture in lounge. Facilities provided for staff. On-site child care if necessary.</td>
</tr>
</tbody>
</table>
The intent of the formal observation is to collect information on the quality of care provided for the children. The person conducting the observation should be the director or another professional who is given this responsibility. Observer should spend at least one hour in the classroom.
<table>
<thead>
<tr>
<th>Inadequate</th>
<th>Minimal</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Opportunities for professional growth</td>
<td>No source materials on infant/child development</td>
<td>Some materials in professional library</td>
<td>Good professional library</td>
</tr>
<tr>
<td>Frequent staff meetings</td>
<td>No training provided</td>
<td>At least one staff meeting per month</td>
<td>More than one staff meeting per month</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Adequate</td>
<td>Adequate</td>
<td>Adequate</td>
<td>Adequate</td>
</tr>
<tr>
<td>Adult involvement</td>
<td>No available area for adult group meetings or individual conferences during the day</td>
<td>Private adult meeting area available for part of the day</td>
<td>Private conference space available throughout the day</td>
</tr>
<tr>
<td>Parent involvement</td>
<td>No information concerning program sent to parents in writing; No possibility for parent involvement in children's day program (Ex. parent decisions from observing or participating in program)</td>
<td>Parents given administrative information about program (Ex. fees, hours, special events, health code)</td>
<td>Parents involved in decision making (Ex. special events, parent education meetings, newsletters, health care and development materials)</td>
</tr>
<tr>
<td>8</td>
<td>9</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>Protection for parents</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Appendix B

Definitions of Quality Questionnaire
Rate from 1 not at all important to 7 extremely important, then rank the 10 most important with one being the most important.

PROVIDER/STAFF CHARACTERISTICS
1. warm, loving care
2. reliability
3. training
4. known to Family
5. experienced
6. uses discipline methods parents prefer
7. communicates with parents about children
8. shares parents' values
9. fosters independence in children
10. plans for the child's unique needs/interests

CHARACTERISTICS OF CHILD'S GROUP
11. child/staff ratio
12. group size
13. age range of children

PROGRAM/SETTING CHARACTERISTICS
14. quality, amount, and availability of equipment/materials
15. homelike atmosphere
16. program that shares parents' values

ATTENTION CHILD RECEIVES
17. attention to nutrition
18. way provider teaches children to get along
19. safety
20. cleanliness
21. quality of educational activities
22. center/family daycare home is licensed
23. center/family daycare home is accredited
24. availability of cares (flexible hours...)
25. convenient location

GOALS OF PROGRAM/SETTING
26. prepares child for school
27. promotes child development
28. provides religious instruction
29. provides cultural appreciation
30. learning opportunities

OTHER
31. ________________
32. ________________
33. ________________
34. ________________

Using the 30-35 characteristics listed above, rank the 5 most important characteristics of quality (1 = most important)
1. 
2. 
3. 
4. 
5. 
Quality Assessment

Appendix C

Parents' follow up interviews questions.

Name of Parents:

Phone #:

Names and ages of number of children attending the child care program/family daycare home:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
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<tbody>
<tr>
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</tbody>
</table>

1. In the Definition of Quality Questionnaire you ranked the five most important characteristics of quality. Why were these characteristics important to you?

2. The state currently provides minimum standards for child care centers and family daycare homes, through licensing and registrations.
   a. Are you familiar with licensing regulations for centers and/or family daycare homes? (i.e. group sizes, staff-child ratio)?
   b. What role do you feel the government should have in the regulation process?

3. In the first part of this study you were asked to rate seven areas (furnishing and display for children, personal care routines, listening and talking, learning activities, interaction, program structure, and adult needs) of the environment of your child’s classroom or family daycare home. Did you find any of the areas difficult to assess? If so which areas were difficult to assess? (Probe: Was it difficult to assess the space and furnishing available for the children (The Cost, Quality, and Child Care Outcomes in Child Care Centers, 1995)?

4. Are you familiar with any accreditation programs?
Appendix D

Teachers'/family daycare home providers follow up interviews questions.

Name of teacher/provider:

Phone #:

The number of children in your classroom:

The age group of the children in your classroom:

Other adults or teachers in your classroom:

1. In the Definition of Quality Questionnaire you ranked the five most important characteristics of quality. Why were this characteristics important to you?

2. The state currently provides minimum standards for child care centers and family day care homes, through licensing and registrations.
   a. Are you familiar with licensing regulations for centers and/or family daycare homes? (i.e. group sizes, staff-child ratio)?
   b. What role do you feel the government should have in the regulation process?

3. In the first part of this study you were asked to rate seven areas (furnishing and display for children, personal care routines, listening and talking, learning activities, interaction, program structure, and adult needs) of the environment of your child’s classroom or family daycare home. Did you find any of the areas difficult to assess? If so which areas were difficult to assess? (Probe: Was it difficult to assess the space and furnishing available for the children (The Cost, Quality, and Child Care Outcomes in Child Care Centers, 1995)?

4. Are you familiar with any accreditation programs?
Quality Assessment

Appendix E

Human Subjects Form

Title of Project: An Assessment of Quality in Child Care by Parents, Teachers, and the Researcher.

Principal Investigator: Chuni Petros

Justification of Project

As more parents work outside the home, their need for child care increases. Even though the need for child care has increased, recent research suggests that the quality of the available programs is alarmingly low across the nation. Infant and toddler programs in particular have been found to be of very low-quality (Bryant, Clifford, Cryer, Culkin, Helburn, Howes, Kagan, Peisner-Feinberg, & Phillipsen, 1995; Clarke-Stewart, 1991; Howes et al, 1992). Numerous researchers have found a relationship between the quality of a child care and children's cognition and social development (Bryant et al., 1995; Clarke-Stewart, 1991; Howes et al., 1992). Therefore this project proposes to compare the parents’ teachers’/family daycare home providers’ and the researcher’s assessment of quality. It is important to know how parents rate quality in order to better help them select quality programs for their children.

Procedures

This study is composed of two phases. In the first phase all the parents, and the
teachers/family daycare home providers of infants and toddlers in three child care centers
and two family daycare homes will be asked to participate in this study. The age group
selection in the present study is based on the findings of the study conducted by Bryant et
al. (1995) in relation to the poor-quality infant and toddler child care programs. The
researchers in that study found the quality of infants and toddlers’ programs to have the
greatest problems compared to the other age groups.

In the first phase of this proposed study parents, teachers, and the researcher will
assess the quality of the infant/toddler classroom in the child care center or daycare home
by completing the Infant/Toddler Environment Rating Scale (ITERS) (Harms, Cryer &
Clifford, 1990). Parents and teachers will also complete a questionnaire designed by the
researcher. The questions in this questionnaire, Definition of Quality, will ask parents
and teachers to rate definitions of quality from 1 “not at all important” to 7 “extremely
important”. Subjects will also be asked to rank the 10 most important characteristics of
quality provided in one page questionnaire. The questions in this questionnaire are
drawn from two different surveys conducted by the Families and Work Institute (1993)

In the second phase of this study, selected parents and the teachers will be
interviewed to identify their reasoning behind their assessment of the quality care. The
interviews will be audio taped to foster an accurate recording of the participants’
Quality Assessment

responses. The interview questions were based in part on licensing and accreditation booklets, and findings from the Cost, Quality, and Child Outcomes in Child Care Centers study. The questions have been revised and rewritten based on the feedback of experts in the field of child development and early childhood education.

The participants will be given approximately one week to complete the questionnaires and bring them to the child care arrangement. Upon their completion of the questionnaires, a sample of the parents and the teachers will be asked to give an interview to answer the open ended questions designed by the researcher. The approximate time required to fill out the questionnaires is between 45 minutes to one hour and 30 minutes. The approximate time to respond to the interviews is between 45 minutes to one hour.

Risks and Benefits

The possibility of risk towards the participants is very minimal, if any at all. The completed questionnaires will be analyzed by the principal investigator. On the other hand, the respondents participation in this project will directly and indirectly provide them several benefits. The findings of this study will indirectly benefit the parents by informing child care administrators of the aspects of quality care that parents identify as important. The parents will be directly benefited by receiving tools and resources that would help them assess appropriately the quality of child care programs.
Confidentiality/Anonymity

The confidentiality of this project will be maintained by removing the name of the participants from the questionnaires and by providing pseudonyms where necessary.

Consent

All participants will be asked to fill out the consent forms included in the appendix. The directors and family daycare providers have asked that parents not be contacted until the Human Subject Review is completed.
Appendix F

Informed Consent for Participants of Investigative Projects

(For the Directors of the centers)

Title of Project: An Assessment of Quality in Child Care by Parents, Teachers, and the Researcher.

Principal Investigator: Chuni Petros

I. THE PURPOSE OF THIS RESEARCH/PROJECT

You are invited to participate in a study about parents’, teachers’ and the researcher’s assessment of quality of child care programs. This study involves approximately 30 participants and your involvement would require assistance in recruiting parents and teachers to participate. The purpose of this study is to examine how parents and teachers assess the quality of a child care program.

II. PROCEDURES

The rating scale and questionnaires are to be completed and returned by the parents within a two weeks period of time. An interview with a smaller sample of the parents and teachers will follow. The time required of the parents to participate in this study is 45 minutes to one hour to complete the ITERS and Definition of Quality questionnaire, and 1 hour to complete the follow-up which will be scheduled at their convenience. A substantial time frame of up to two weeks will be provided to complete
the questionnaires in order to give busy parents adequate time.

III. BENEFITS OF THIS PROJECT

Your participation in the project will provide the following information that may be helpful. As a director you will be able to determine the aspects of quality parents and teachers see as important in a child care program and be able to implement the findings from this study in your center.

No guarantee of benefits has been made to encourage you to participate. You may receive a synopsis or summary of this research when completed. Please leave a self-addressed envelope.

IV. EXTENT OF ANONYMITY AND CONFIDENTIALITY

The results of this study will be kept strictly confidential. At no time will the researcher release the results of the study to anyone other than individuals working on the project without your written consent. Any information you provide will have your name removed and only a subject number will identify you during analyses and any written reports of the research.

V. COMPENSATION

None.

VI. FREEDOM TO WITHDRAW

You are free to withdraw from this study at any time. If you chose to withdraw
Quality Assessment

you will not be penalized in any way.

VII. APPROVAL OF RESEARCH

This research project has been approved, as required, by the Institutional Review Board for projects involving human subjects at Virginia Polytechnic Institute and State University, by the Department of Family and Child Development.
VIII. SUBJECT'S RESPONSIBILITIES

I know of no reasons I cannot participate in this study. I have the following responsibilities:

- To allow the recruitment of parents and teachers to participate in this project.

- To provide any information the investigator might need

----------------------------------------

Signature
IX. SUBJECTS'S PERMISSION

I have read and understand the informed consent and conditions of this project. I have had all my question answered. I hereby acknowledge the above and give my voluntary consent for participation in this project.

If I participate, I may withdraw at any time without penalty. I agree to abide by the rules of this project.

Should I have any questions about this research or its conduct, I will contact:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chuni Petros</td>
<td>953-0795</td>
</tr>
<tr>
<td>Investigator</td>
<td>Phone</td>
</tr>
<tr>
<td>Janet Sawyers</td>
<td>231-6148</td>
</tr>
<tr>
<td>Faculty Advisor</td>
<td>Phone</td>
</tr>
<tr>
<td>Ernest R. Stout</td>
<td>231-9359</td>
</tr>
<tr>
<td>Chair, IRB</td>
<td>Phone</td>
</tr>
<tr>
<td>Research Division</td>
<td></td>
</tr>
</tbody>
</table>
Appendix G

Informed Consent for Participants of Investigative Projects
(For the selected parents/teachers/family daycare providers)

Title of Project: An Assessment of Quality in Child Care by Parents, Teachers, and the Researcher.

Principal Investigator: Chuni Petros

I. THE PURPOSE OF THIS RESEARCH/PROJECT

You are invited to participate in a study about parents’, teachers’ and the researcher’s assessment of quality of child care programs. This study involves your participation in completing questionnaires and a follow up interviews. The purpose of this study is to examine how you rate the quality of a child care program.

II. PROCEDURES

The rating scale and questionnaires are to be completed and returned within a two weeks period of time. An interview with a smaller sample of parents, and teachers/family daycare home providers will follow. The time required of you to participate in this study is 45 minutes to 1 hour to complete the ITERS and the Definition of Quality questionnaire, and 1 hour to complete the follow-up interviews which will be scheduled at your convenience. interview questions. A substantial time frame of up to two weeks will be provided to complete the questionnaires in order to give you adequate time.
III. BENEFITS OF THIS PROJECT

Your participation in the project will provide the following information that may be helpful. As a parent or a teacher, you will be given the opportunity to assess the quality of the child care program and determine what components of the program are important in a child care arrangement. Therefore your participation will provide child care administrators knowledge of your needs and wants in child care programs.

No guarantee of benefits has been made to encourage you to participate. You may receive a synopsis or summary of this research when completed. Please leave a self-addressed envelope.

IV. EXTENT OF ANONYMITY AND CONFIDENTIALITY

The results of this study will kept strictly confidential. At no time will the researcher release the results of the study to anyone other than individuals working on the project without your written consent. Any information you provide will have your name removed and only a subject number will identify you during analyses and any written reports of the research.

V. COMPENSATION

None.

VI. FREEDOM TO WITHDRAW

You are free to withdraw from this study at any time. If you chose to withdraw
you will not be penalized in any way.

VII. APPROVAL OF RESEARCH

This research project has been approved, as required, by the Institutional Review Board for projects involving human subjects at Virginia Polytechnic Institute and State University, by the Department of Family and Child Development.
VIII. SUBJECT'S RESPONSIBILITIES

I know of no reasons I cannot participate in this study. I have the following responsibilities:

- To complete quality assessment questionnaires.
- To complete a follow-up interview.

----------------------------------
Signature
IX. SUBJECT'S PERMISSION

I have read and understand the informed consent and conditions of this project. I have had all my question answered. I hereby acknowledge the above and give my voluntary consent for participation in this project.

If I participate, I may withdraw at any time without penalty. I agree to abide by the rules of this project.

Should I have any questions about this research or its conduct, I will contact:

Chuni Petros 953-0795

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Investigator Phone

Janet Sawyers 231-6148

----------------- ----------------

Faculty Advisor Phone

Ernest R. Stout 231-9359

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Chair, IRB Phone

Research Division
Appendix H

VITA

Etesgenet Chuni Petros

EDUCATION: Masters, Child Development, Virginia Tech, Blacksburg, VA, May 1997
QCA: 3.71/4.00
Thesis: Parents’, Teachers’, and the Researcher’s Assessment Quality of Child Care

B. S., Child Care Administration, Virginia Tech, Blacksburg, VA, Dec. 1992
Major QCA: 3.50/4.00

PRESENTATIONS: March 12, 1994, Art with a Twist presented at the Virginia Association for the Education of Young children Annual Conference, Richmond Va. (Co-presented with Helma Irving)

April, 20, 1995, Art with a Twist presented at the Virginia Association for the Education of Young children Annual Conference, Richmond Va. (Co-presented with Helma Irving)

EXPERIENCE: Center Director- KinderCare Learning Centers (6/1995-present) Alexandria, VA.
- Manage all aspects of a child care center including educational, financial, marketing, recruitment, employee relations, and customer relation.

Head Teacher - Toddlers, Virginia Tech Lab School, (8/93-1995) Blacksburg, VA, Dr. Janet Sawyers
- Planned curriculum & organized learning activities
- Supervised the education of 14 children ages 18 to 36
Quality Assessment

months

- Directed and lead 5-7 assistant teachers per semester
- Conducted parent-teacher conferences twice a year

**Teacher, Tomorrow’s World Child Care Center**, (1/93-8/93) Christiansburg, VA, Caroline Janelle
- Instructed all age groups from infants to school-age
- Assisted in scheduling staff and room organizing

**Assistant Teacher, Virginia Tech Lab School**, (Fall 1991 & Fall 1992) Blacksburg, VA, Dr. Janet Sawyers
- Assisted in teaching three and four-year-old children
- Assisted in planning and implementing curriculum

**Head Teacher, Kinder Care Learning Center**, (Summer 1992) Alexandria, VA
- Instructed two-three and four-year-old children

**Office Assistant, Virginia Tech Resource and Referral Service**, (Fall 1991) Blacksburg, VA, Anne Francis
- Provided child care service referrals for customers
- Assisted with clerical work
- Compiled child care/health information packets for providers & parents

**AFFILIATIONS**

- Member of National Association for the Education of Young Children
- Member of Virginia Association of Early Childhood Education (VAECE)
  - Organized children’s arts fair at Brush Mountain Crafts Fair, for AECE