AN INVESTIGATION OF THE IMPORTANCE PARENTS ASCRIBE TO QUALITY CRITERIA ESTABLISHED BY A NATIONAL EARLY CHILDHOOD ACCREDITING AGENCY

Thesis submitted to
The Graduate School of
Marshall University

In partial fulfillment of the
Requirements for the Degree of
Master of Arts
Family and Consumer Sciences

by

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August 2000

This thesis was accepted August (Month) 7 (Day) 2002 (Year)

as meeting the research requirements for the master's degree.

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ACKNOWLEDGEMENTS

To Dr. Mary Jo Graham, I owe practically all I have done and will do pertaining to my early childhood profession. She has influenced me not only in this project, but also in all decisions I have made pertaining to my career in early childhood. My successes, both present and future, are do to her guidance and encouragement.

Dr. Robert Bickel, serving as a member of my graduate committee, provided his statistical expertise throughout the data collection and analysis. His involvement in this project was invaluable, and I offer a great deal of thanks for his assistance.

Dr. Bob Angel, also serving as a member of my graduate committee, offered his early childhood expertise and insight for this project. I thank him for his participation and involvement.

I would like to thank all who participated and provided their assistance and support during this project. I would also like to extend thanks to Michael Newsome. Although he may not realize, his research was a valuable source of inspiration.

BURCH, WILLIAM CLAYTON M.A. August, 2000
Family and Consumer Sciences

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ABSTRACT

The increased use of child care in the United States has drawn attention to the choices parents make pertaining to child care. Professionals in the field of early childhood education have begun to question the methods parents use for choosing child care. Questions arise about the ability of parents to detect quality in early childhood education settings. Ninety-eight parents in an urban area of Southern West Virginia were included in a sample that explored parents' agreement with quality criteria defined by professionals in the field of early childhood education. Participants completed a 28-item survey, which provided information on demographics and consistency between parents and the National Association for the Education of Young Children's (NAEYC) accreditation criteria. Upon completion of data collection, the survey was coded, and data was analyzed using descriptive statistics, multiple logistic regression, and ordinary least squares multiple regression. Results of the survey indicated that no independent variables available could be used to form relationships between parents' understanding of quality or their agreement with quality criteria established by NAEYC. Parents agreed with some but not all surveyed quality criteria. Results did indicate that parents who utilize child care while working are more likely to choose an accredited child care center, and families with more than one child in need of care are less likely to choose an

accredited child care center. This study raised questions about the need for parent education that focuses on criteria of quality early childhood education.

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CHAPTER I

INTRODUCTION

Child care in the United States has become a necessity, especially within the past few decades. Family compositions have changed and their need for care for their children has risen. As recently as the mid-20th century, child care on a large scale was not needed. The majority children spent their younger years in the care of mothers or relatives within or close to the home. This form of care was reasonable and attainable because of "traditional" families, in which the father worked to support the family and the majority of mothers stayed home to care for the children (Shoemaker, 1995). But as the United States entered the later part of the 20th century, mothers began to enter the workforce in large numbers. Divorce rates increased, births to single parents increased, and the need for two income families increased. The "traditional" family, once known as consisting of a working father and stay at home mother, changed drastically. With this change came an increase in the need for supplemental child care. A variety of options have emerged, such as preschools, family based child care, center based child care, and relative/ nonrelative care. This raises concern for the quality of care and parents' ability to recognize quality child care. Do parents understand the effects of a quality early education program on the development of their children?

Need for Supplemental Care

Beginning around 1970, mothers started to enter the work force in large numbers. The notion of mothers staying home to care for the children was challenged, and in order to provide for their families in the changing society, mothers took to the labor force. Between 1960 and 1989, the percentage of married women in the work force with children under six went from 18.6 percent to 58.4 percent, and from 1970 through 1985 married women in the workforce with children under the age of three doubled. In 1985, nearly 51 percent of these women were employed (Walker, 1991; Statement by the Research and Policy Committee of the Committee for Economic Development, 1993). Since 1985 the number of children entering a variety of child care options have continued to rise. With such numerous increases in the number of mothers entering the work place, children were in need of alternative forms of care.

During this same time period divorce rates and children born out of wedlock in the United States also began to increase. Again, the number of traditional families declined and more diverse family organization patterns began to emerge. According to the Research and Policy Committee for the Committee for Economic Development, in 1990, one out of every five children lived in a single-parent family and more than one-quarter of all births were to nonmarried mothers, compared to only 4 percent in 1950 (1993). This change in the family continued and in 1991 just over one third of all families consisted of a married couple with children, and nearly one in eight families was headed by a single parent (Baglin, 1994). Barnet and Barnet (1997) have noted, "The time parents spend with their children has declined sharply over the last generation, chiefly because they are working longer hours, more mothers are employed full time, and

commutes are longer. Divorce reduces parental time with the kids, custodial parents have to work harder, and noncustodial parents (usually fathers) often don't maintain close relationships with their children" (p.6). Although this may not be the case for all families, it does illustrate the diversity in today's society and the reality that children are not cared for full time in the home. Children are being reared in dual earner or single-parent homes, which means that it is certainly unreasonable for young children to be cared for in the home full time by a parent.

With the rapid changes of today's society and the fast paced lifestyles of many, children are often left in the hands of a caregiver. This increase in need for child care comes not only from parents who depend on out-of-home people to help care for their children, but also parents who do not work outside the home. They want their children to have opportunities that cannot be provided for them in the home (Taylor, 1997). Many parents realize that tomorrow's generation will face quite different circumstances than those today.

Sandra Scarr (1997) points out that the children of the new century will need shared care to develop social and emotional skills in order to deal with frequent job changes and will need to be more sociable and secure with large numbers of new people than were children of previous generations. Multiple attachments to others will become the ideal. Shyness and exclusive maternal attachment will be seen as dysfunctional. "Being isolated at home with one adult and no peers, experts will claim, retards toddlers' social and emotional development and should not be permitted" (p.3).

With this increase in change of the family and the need for sociability, there is no doubt that the debate about sending children to child care has passed, and now the

majority of parents today must choose which type of child care is best for them and their children. The need for child care has increased significantly, especially within the past few decades. Families have changed, and so have their needs when it comes to nurturing and educating their children. While adults provide for their families through employment, children must be nurtured and educated outside the home (Graham, 1997).

Types of Child Care

Parents may acknowledge the desperate need for child care, but with this need comes many options. Parents today are given many opportunities and choices when it comes to choosing child care, and the out of home options range from part-time to full-time care, and family care to center care. These choices are but a few and in no way demonstrate the broad range of types of care available. Types include half-day or part-time care (preschool, nursery, laboratory school, or church/community center), full-day center based child care, full-day family based child care, and relative/nonrelative care.

Regardless of whether parents need full-time supplemental child care or whether they require part time child care, many realize the need for and want their children to experience some sort of preschool experience to prepare their children for school. The choices for these parents include half-day or part-time care, which encompasses many different forms of child care. Some parents who choose these part time child care facilities do not require supplemental care. Part-time programs are most often utilized by families with a stay at home parent. These forms include nurseries, preschools, laboratory schools at a university or college, and church or community centers.

Half-day or part-time care facilities originated with the nursery schools. Nursery school is often used to describe programs for three- and four-year-old children, although sometimes serving younger children (Decker & Decker, 1992). Nursery schools began in the United States in the 1920s, and today they seem to gain the attention from the middle class population (Clarke-Stewart, 1987). With the rise of the nursery schools came an increase in child development study and the professionalism associated with the education of young children. Experience gained by children attending these types of programs includes socialization with adults and a large group of children their own age, instead of a lone sibling or a handful of playmates (Clarke-Stewart, 1987). These programs generally have common philosophies, which Decker and Decker point out as "(1) young children have a developmental need for group association with peers; (2) play is beneficial for investigation of environment and for alleviating emotional stress; (3) children should begin the process of social weaning, that is, becoming detached from parents; (4) routine bodily functions of sleeping, eating, and eliminating should be managed; and (5) teachers should provide guidance and guard against emotional stress" (1992, p. 12).

Facilities and type of curriculum vary and the names used to describe these programs vary. Today many parents are given the choice of traditional nurseries, a preschool, laboratory schools, or a type of nursery school housed in a church or community center. Regardless of the type or location, these half-day or part-time child care facilities are an alternative that some parents may have the liberty to choose. Their work schedules, incomes, or the fact that stay-at-home parents want their child to

experience social settings before entering formal schools will determine the choices they make.

Full-day child care centers are another option for parents, usually those requiring an extended day of child care to serve their working hours. Decker and Decker define a day-care center as "an out-of-home program and facility serving children who need care for a greater portion of the day" (1992, p.6). Typically these types of centers care for children from infancy through four- or five-years of age and provide care to a large number of children. These centers not only provide the children they serve with custodial care, such as meals and naps, but they also provide early childhood education.

Baglin notes that parents "choose centers over other types of care, citing convenience, diversity, and safety among the reasons. Child care centers also can be part of the social network of communities and provide linkages to other services and agencies, particularly in rural or urban settings" (1994, p.41). Because child care centers are a segment of the community and provide linkages to other services and agencies, parents of diverse social and economic status can obtain the services of the centers.

Another form of full-day child care is family child care. Family child care is defined as "nonresidential care provided in a private home other than the child's own," (Decker & Decker, 1992, p.7.) and "care of unrelated children in the home of the provider" (Kontos et. al., 1995, p.1). This type of care serves a wide range of ages in small groups of children. Clarke-Stewart reports that this form of care is used by about one-third of the employed mothers of preschool children and is more popular for children younger than three than for older children (1987). This type of care may be chosen for reasons similar to those for a child care center, but they may also include parents wanting

a child care facility similar to the child's own home. Many of the providers "strive to incorporate their young charges into their own family's routines rather than making their home an institution" (Clarke-Stewart, 1992, p. 28) since the facility is fundamentally a home.

Although there are numerous choices for parents when it comes to child care, many parents rely on relative or nonrelative care in their own home. This form of care has been common practice for many years; far more years than formal child care. "Historically, the care of children has been within the responsibilities of the family" (Baglin, 1994, p.37). In the past it was common for relatives to care for children, whether on a regular basis or on certain occasions. It has also been common for parents to pay nonrelatives to come into the home to care for children, usually referred to as baby-sitting. There are, though, many differences between this type of care as opposed to the others. In-home care is typically adult-oriented rather than child-oriented, the group of children cared for is very small, usually one to two children, and the activities in which children engage are also quite limited (Clarke-Stewart, 1987). The reason for this type of care is often because of financial reasons, convenience, lack of alternative resources, or a desire to have children raised within the values and traditions specific to a family.

Importance of Choosing Quality Child Care

Quality child care is care in which the child and families' needs are met overall. Quality child care incorporates not only the custodial care, such as meals and naps, but also is appropriate developmentally for each child. Quality child care is educational, developmentally appropriate, and individually appropriate. The Research and Policy

Committee of the Committee for Economic Development (1993) define quality child care as, "that which provides a nurturing, safe, and stimulating environment for children--care that promotes the positive development of both their minds and their bodies" (p. 13).

With such an increase in need for child care and various options available to parents, it is essential that parents choose child care that is beneficial to children's developmental needs. Ideally child care not only meets the parents' needs for supplemental child care, but is also educational for the child. To accomplish this, parents' must be able to identify what is an appropriate educational setting as well as an appropriate caregiving environment. Parents must be able to identify quality child care programs and choose those that meet and enhance a child's development. For the benefit of the child, it is imperative that child care be quality care.

Many parents still are unable to distinguish the difference between mere custodial care and appropriate quality care and education. This difference should not be commonplace. Anne Smith (1996) notes, "Quality care is educational, and quality education is caring" (p. 331). It is important to the development of children that they are placed in centers that promote quality.

New research tells us that early experiences are the key to a child's future. While in the early stages of development, the brain is wiring itself for the future. During this process, synapses are forming and early experiences decide the extent to which they form. John T. Bruer (1998), of Educational Leadership, states, "...human newborns have lower synaptic densities than the adults. However, in the months following birth, the infant brain begins to form synapses far in excess of the adult levels. In humans, by age

4, synaptic densities have peaked in all brain areas at the levels 50 percent above adult levels" (p. 15).

"Research by neuroscientists... shows that after birth, experience counts even more than genetics" (New York Times, 1997, p. A14). The implications that this statement has for parenting is simple: stimulating and positive early experiences are the key to a well-developed young child. These experiences take place within the child's environment. Sharon Begley's (1996) article "Your Child's Brain" supports these early experiences and stresses the importance of the environment by reporting on research that found that early experiences are so powerful that they can completely change the way a person turns out. Genes might determine only the brain's main circuits, with something else shaping the trillions of finer connections. She reports that the "something else" is the environment. Parents need to realize that every aspect of the environment, such as nutrition, social interactions, and sensory stimulation, is impacting these connections. The White House Conference on Early Child Development and Learning held in April of 1997 also stresses the importance of positive early experiences within a child's environment. The Nation's editorial section reported on the Conference, stating, "In an environment rich in all sorts of learning experiences the growth of synapses--the connection between nerve cells in the brain that relay information-- is more lush, and this complex circuitry enlarges brain capacity" (Barnet, 1997, p.6).

Researchers at Baylor College of Medicine have found that "deprived of a stimulating environment, a child's brain suffers. Children who don't play much or are rarely touched develop brains 20% to 30% smaller than normal for their age" (Nash, 1997, p.49). To support this finding, The April 1997 White House Conference on Early

Child Development and Learning reported, "Infants who are not held and touched, whose playfulness and curiosity are not encouraged, form fewer of these critical connections...recent research discussed at the White House Conference indicates that the amount of time care givers spend talking to infants and their sensitivity to the babies' reactions are powerful predictions of language facility and intellectual capacity" (Barnet, 1997, p.6).

"The effects of early depravation may not be easily remediated later" (Thompson, 1998, p.1). Children deprived of positive stimulating environments during infancy often have trouble functioning later in life. In a 1998 Brown University Child & Adolescent Behavior Letter, Cynader and Mustard (1998) describe the tolls that a deprived environment can take on a child. They state, "Neglecting or abusing an infant...can produce functions and wiring patterns in the core of the brain that lead to heightened anxiety in response to stimuli, and to stress leading to abnormal adverse behavioral responses in childhood and adult life...children who have an adverse early childhood can have difficulty in coping with the school system when they enter kindergarten, because of deficits in cognition and behavior" (p.2).

Not only are these early experiences essential, but the timing of these experiences are also important. These "windows of opportunity" or "critical periods" are actually the time periods in which optimal brain development can occur for a particular function. Begley (1996) describes these critical periods as "windows of opportunity that nature flings open, starting before birth, and then slams shut, one by one, with every additional candle on the child's birthday cake" (p.56). These critical periods are different for every child, but exist non-the-less.

In Rima Shore's Rethinking the Brain it is stated that "...timing is crucial. While learning continues throughout the life cycle, there are optimal periods of opportunity...during which the brain is particularly efficient at specific types of learning" (1997, p. x). Children need to be given positive and stimulating environments in order for "critical periods" to be met. If these "windows of opportunity" are ignored or not met, research shows that the effects could be irreversible. It is crucial for parents to place their children in programs of care that offer an appropriate educational environment.

Research Question

Families and children of today who rely on supplemental child care need to realize and value their choices concerning quality child care. "Individual development occurs within the context of a society; the United States is changing and becoming increasingly more diverse and dependent upon varied family organizational patterns to meet individual needs. Child care is an adaptation to the changing economic conditions of this more diverse society. Many children develop and learn during their early years in these contemporary child care programs" (Graham, 1997, p.4). Because many children are learning and developing within the confines of contemporary child care programs, parents must be able to make decisions concerning child care based on criteria that constitutes appropriate stimulating nurturing educational environments, i.e. high quality programs.

The quality of child care is important to children's development, and the choices parents make concerning the placement of their children in child care could have long lasting effects on the development of their children. This is why it is crucial for parents

to choose, or be able to choose, child care programs that facilitate and offer quality care for children. Cynthia Patton (1993) stresses the importance of parents making informed decisions about quality child care by stating, "...parents must learn more about essentials of quality care--about what quality looks and sounds like. Almost all parents need some type of child care during their parental career; therefore, information about child care must be something that people have in the same way they have information they need to make other consumer decisions. In other words, information about child development should become part of the shared knowledge of our society" (p. 30).

With such an increase in need for supplemental child care and the fact that the early educational experience be of high quality for a child's developmental needs, the question arises of why, then, are so many children enrolled in child care facilities of poor to mediocre in quality? Roger Neugebauer reports, "The level of quality in most centers does not meet children's need for health, safety, warm relationships, and learning. In terms of quality of care observed by researchers, only one in seven centers (14%) were rated as developmentally appropriate" (1995, p. 80). Also, the Cost, Quality, and Outcomes Study Team reported in 1995 that child care at most centers in the United States is poor to mediocre, with 40% of infants and toddlers in rooms having less-than-minimal quality (Helburn et. al., 1995). With such an increase in need for supplemental child care and the fact that the early educational experience be of high quality for a child's developmental needs, the question arises of why, then, are so many children enrolled in child care facilities of poor to mediocre in quality?

These statements raise many concerns about the choices parents are making for their children. Are parents able to distinguish quality programs or detect what constitutes

quality in early childhood education? Or, are parents able to understand and choose programs of quality, yet not making these choices based on other reasons, such as limited choices, convenience, cost, or recommendations? The purpose of this study is to understand parents' knowledge about what constitutes quality in early childhood education.

The National Association for the Education of Young Children (NAEYC) has defined quality through its accreditation and criteria procedures. The accreditation department of NAEYC is actually the National Academy of Early Childhood Programs, but throughout this study the accreditation process will be referred to as NAEYC accreditation. The process of obtaining NAEYC accreditation for any child care program is an in-depth self-study of the program and its characteristics. NAEYC accreditation is a strategy to improve quality in early childhood programs. Accreditation takes into account interactions among teachers and children, curriculum, staff qualifications, staffing, the physical environment, health and safety, and nutrition just to mention a few. By evaluating and setting criteria in these areas, programs that meet NAEYC approval for accreditation have demonstrated they are programs of high quality. By using NAEYC's accreditation standards as a guide for high quality, this study will question parents' knowledge about what constitutes quality in early childhood education.

Because there are questions concerning parents' choices for child care and parents' knowledge or understanding of what constitutes quality in early childhood education, the research question becomes: Do parents choose criteria for quality in early childhood education consistent with the criteria of quality identified by the National Association for the Education of Young Children's national standards for accreditation?

Hypothesis

There will be no difference in the criteria of quality recognized by parents and the criteria of quality defined by the National Association for the Education of Young Children's national standards for accreditation.

Assumptions

For the purpose of this study it is assumed that participants provide honest and accurate information to the surveys, and that they have had to make choices pertaining to child care. It is assumed that the area of residence has an impact on the availability of child care facilities, and the sample is representative of parents' who have utilized child care facilities. It is also assumed that the directors of the child care facilities, used for this research project, randomly dispersed surveys as addressed in Chapter III.

Limitations

Limitations of the study include self-reporting and return rate. This affects the ability to make generalizations because the reliability of the survey is determined by the return rate and self-reporting. Besides relying on self-reporting, the sample size was limited by the return rate of thirty-four percent. Limitations on the return rate were encountered by administering the survey during the summer months; a time of frequent absences and unreliable enrollments in child care facilities. Also, accreditation is composed of multiple criteria, and criteria for the survey was limited or chosen by areas that were prominent in the research literature.

Definitions of Terms

Accreditation Criteria- For the purpose of this study, criteria for quality as composed by the NAEYC, which are standards by which the components of an early childhood program will be judged (NAEYC, 1998).

Child Care- Part-day and full-day group programs in schools and other facilities serving a minimum of 10 children birth through age 5 and/or school-age children before and/or after school (NAEYC, 1998). The terms center, program, and facilities are used interchangeably throughout this document.

Quality Child Care- For the purpose of this study, quality child care is child care which consists of key components of quality as defined by professionals in the field of early childhood education, in particular NAEYC.

Validator- Early childhood professional who conducts the on-site validation visit to verify the accuracy of the Program Description (NAEYC, 1998).

CHAPTER II

REVIEW OF LITERATURE

Quality Child Care Defined by Research and Professionals

The importance of quality in early childhood education and care is a shared conviction among those involved with young children, including parents. Much of the information on criteria that determines or constitutes quality in child care has been developed by researchers and professionals in the field. A general consensus of criteria of quality in early childhood is available in the accreditation criteria. Although some of the terminology may differ, particular key factors are repeated in the research literature. Some of the research categorizes these factors into groups, such as structural features, which includes group size, composition, and staff qualifications. Another category is process features, which includes children's daily experiences and interactions. A third category is global assessment, which is the overall quality or climate of a particular center (Phillips & Howes, 1987, Cryer and Phillipsen, 1997).

Six key factors or criteria of quality that is generally supported by the literature include staff-child ratio/ group size, staff qualifications, caregiver-child interactions, curriculum, staff stability/ turnover, and child care setting/ environment.

Staff-child Ratio/ Group Size

Staff-child ratio and group size is an overwhelmingly significant determinant of quality in the majority of research available. The number of children with whom a teacher can have meaningful contact within a single day is limited. Interaction between teacher and child is directly affected by the number of children in a group and the number of teachers per child in a group. The Research and Policy Committee of the Committee for Economic Development (1993) states, "An individual adult is capable of interacting in a sensitive and stimulating way with only a limited number of children at one time" (p.15).

The adult caregiver or teacher is the key leader in mediating children's contact with the social and physical world and in providing a developmentally appropriate curriculum. If group sizes and ratios are not limited or within reason, the quality of care, education, and interaction a child receives is limited. It is assumed, then, the smaller the group and ratio, the better the care and overall interaction of teacher and child.

The National Association for the Education of Young Children (NAEYC) states, "Smaller group sizes and lower staff-child ratios have been found to be strong predictors of compliance with indicators of quality such as positive interactions among staff and children and developmentally appropriate curriculum" (1998, p.47). Along the same lines, The Research and Policy Committee of the Committee for Economic Development (1993) relate that, "Research on group size indicates that it has a significant effect on children's intellectual development. In one study, children in smaller groups made greater gains on the Preschool Inventory (PSI), an index of school readiness. Numerous

studies have found that larger group sizes, in both child care centers and family child care homes, produce fewer positive interactions between caregivers and children" (p.15).

Group size and ratios may affect the time or amount of positive interactions between caregivers and children, but the effects do not end there. This also has a direct effect on children's verbal interactions, engagement in play, and nurturant, nonrestrictive caregiver behavior (Phillips and Howes, 1987). Children in settings with large group sizes or low ratio of adults to children may often spend their day wandering aimlessly or simply hanging around with other children (Clarke-Stewart, 1992). Large group size and low staff to child ratios can have a multitude of effects on children, almost always negative.

Phillips and Howes (1987) report smaller groups are by far more beneficial than larger ones in many ways. They suggest that smaller groups facilitate constructive caregiver behavior resulting in positive developmental outcomes for children, more pretend play, more elaborate play by children, and children in small groups were more talkative. Negatively, they also report that larger groups were associated with less social stimulation and responsiveness by caregivers, and less positive affect and less responsiveness to infant distress on the part of the caregivers.

Even though it is clear that group size and ratios are directly correlated to quality, some try to circumvent this dilemma by simply adding extra staff to large groups. Hofferth and Chaplin (1994) explain that, "Adding caregivers to a large group improves the child/staff ratio but does not necessarily improve the amount of contact with children nor does it improve the test scores. This is because in large classes staff spend more time observing rather than interacting with children and more time with the other adults

and in routine chores" (p.5). It is important to realize that both group size and staff/child ratios affect quality, and it is not dependent on one or the other. Both must be met with equal consideration for the overall quality of a program.

Staff Qualifications

Research also suggests that teachers who are trained or educated in early childhood have a positive and definite effect on quality. "Trained teachers appear to increase children's verbal interactions, restrict children's activities less, punish less, provide safer environments, and generally deliver better care than those with less training" (Waite, Leibowitz, and Witsberger, 1991, p.35).

Teachers who are educated and trained specifically in early childhood not only offer knowledge for designing and implementing an appropriate curriculum, but have better interaction with children. David Blau (1997) conducted his own research and found that the effects of education and training were indeed determinants of quality. He states that, "A college degree in an education field has a sizable effect...Certified or licensed teachers are estimated to be more sensitive...and provide better care" (p.379). Marilyn Roseman (1999) agrees and suggests that "caregivers who participated in early childhood college courses were not only more knowledgeable but also more sensitive and involved with children than those lacking these courses" (p.6).

Though education level does affect the sensitivity and responsiveness of the teacher to the children, it also affects the quality of education, care, and time spent with the children. Phillips and Howes (1987) report that training was associated with more teaching, helping, dramatic play, and activity that involved interaction with children, and

it also resulted in more comforting behaviors and less time spent away from the children than untrained providers. They also suggest that the caregiver's education and knowledge of child development are associated with higher social and cognitive competence in children.

Hofferth and Chaplin (1994) also confirm that education matters, especially when it comes to children's' cognitive development, by stating that "...caregivers with training specifically related to young children provided more intellectual stimulation and had students who scored higher on cognitive tests" (p.6). Caregivers and teachers who have education and training specific to early childhood or young children are better able to meet the individual needs of each student through knowledge of child development, curriculum, and developmentally appropriate practice.

Sue Bredekamp's (1987) Developmentally Appropriate Practice in Early Childhood Programs Serving Children From Birth Through Age 8 offers suggestions for best practices and policies for implementing when working with young children. She believes that early childhood teachers should have college-level specialized preparation in early childhood education or child development because of the demands put upon a teacher of young children. Bredekamp suggests that this level of education is necessary because, "Teachers must be knowledgeable about child development before they can implement a program based on child development principles. Implementing a developmentally appropriate program also requires preparation that is specifically designed for teaching young children through an individualized, concrete, experiential approach. Such preparation includes a foundation in theory and research of child development from birth through age 8" (p.14).

Educational level of the teacher is essential when determining the quality of a child care program. It is evident that children benefit most from a care giver or teacher who has formal education or training in early childhood education or child development. Experience alone counts for very little without the necessary educational foundation.

Caregiver-Child Interaction

The caregiver and child interaction may be one of the most influential and dominant characteristics or predictor of quality. The positive, stimulating, and meaningful interaction between teacher and child is accountable for numerous effects on children's development and needs. Even though this is a determinant of quality, it is interesting to note that this interaction is made possible by the two characteristics of quality previously mentioned: staff-child ratio/ group size and staff qualifications. All of these characteristics of quality are interrelated and dependent on one another to develop quality programs.

The type and amount of interaction a teacher or caregiver has with a child has a dramatic effect on the quality of the program. Kay Chick (1996) believes interaction between teacher and child to be at the top of the quality predictors and goes as far as to state, "High-quality caregivers interact meaningfully with children and focus on the development of relationships. It is the caregiver's relationship with the child, and not the environment or the activities, that exerts the greatest influence on the child's affect in the child care environment" (p.150).

Appropriate and positive child-teacher interactions have effects on a wide range of child development and early childhood educational goals. Scarr, Eisenberg, and

Deater-Deckard (1994) found that studies indicate, "Caregiver-child interaction has been found to be a strong predictor of developmental status. Affective and informational verbal interactions between caregivers and children appear to accelerate verbal and cognitive skills" (p.134). Along the same lines, Clarke-Stewart (1992) also suggested that children are more likely to develop social and intellectual skills when the caregivers are stimulating, educational, and respectful in their interactions and responses.

Many believe that it is more important for young children to interact and verbalize with their peers more so than the teacher, but Phillips and Howes (1987) found that results reported by McCartney in 1984 were to the contrary. They state, "The degree of verbal stimulation provided to the children by their caregivers predicted children's test performance on three measures of language development. In contrast, conversations initiated with peers had a negative influence on language development, leading McCartney to hypothesize that peer talk replaces the more important caregiver talk when fewer adults are on the staff" (p.9). This finding not only demonstrates a previous point of the importance of staff-child ratios, but also the importance of interaction between caregiver and child and the effects on quality.

Simply interacting or talking to children does not necessarily mean that it constitutes a predictor of quality. The interactions must be of a positive, appropriate nature. Sue Bredekamp (1987) suggests that interactions between adults and children be developmentally appropriate. She writes, "Developmentally appropriate interactions are based on adults' knowledge and expectations of age-appropriate behavior in children balanced by adults' awareness of individual differences among children" (p.9). Bredekamp offers some guidelines to follow for appropriate adult-child interactions

which include responding quickly and directly to children's needs, desires, and messages, providing many varied opportunities for children to communicate, facilitating the development of self-esteem, self-control, independence, and providing support, focused attention and verbal encouragement.

Predictors or characteristics of quality such as staff-child ratio/ group size and staff qualifications or educational level support positive and stimulating interactions between children and caregiver. In order for children to receive the appropriate type and amount of attention they need, the caregiver or teacher must have the appropriate group composition and level of expertise to provide quality interactions.

Curriculum

The type of curriculum or activities in which children engage during child care is yet another predictor of quality. Too many children or high ratios of children to staff, too large of a group, or untrained teachers can all lead to children not participating in appropriate activities and curriculum. Appropriate activities does not include an overly structured day or an over abundance of activities. Appropriate activities does include activities which are child-centered and provide the opportunities for children to make choices. Clarke-Stewart (1992) stresses this by pointing out, "Children in day care need to express their needs and interests, and the day's activities cannot all be planned by the teacher. Children benefit from the opportunity and encouragement to explore and play and learn on their own. On the other hand, children who spend their time in day care just playing with other children and have no educational activities or teacher direction do not

make gains in intellectual or social development that have been observed in children who do have those experiences" (p.71).

The experienced, educated teacher with correct group sizes and ratios can plan an appropriate curriculum, which is a characteristic or predictor of quality. The curriculum is composed and originated with child development in mind as Barbara Taylor (1997) makes clear. Taylor recalls Piaget's and Erikson's view on early childhood education by stating, "Piaget saw preschool-aged children as needing to learn from actual objects (preoperational stage) prior to learning from symbols and signs (concrete operations)"….. "Erikson identified the preschool years as a period when a sense of initiative, responsibility, and independence were developing" (p. 65). The basis of child development suggests that children must be involved in developmentally appropriate activities, not those which are beyond their capabilities nor those which do not promote initiative or exploration.

Howes, Phillips, and Whitebook (1992) make clear that, "If the teacher provides interesting activities, the child is less likely to wander and more likely to engage in them with others. If the activities are developmentally appropriate, children will often work cooperatively with peers and adults rather than alone" (p.450). A quality curriculum will provide age appropriate and developmentally appropriate activities that meet the needs of each individual child. This can be accomplished with appropriate teacher training and group size and ratios.

Besides offering too few activities or not enough structure, teachers inhibit quality curriculum by promoting too much academics and structure. Too often society has made preschools into academic centers and places for formal instruction. Bredekamp (1987)

suggests that this form of education is based on misconceptions about early learning, and children learn most effectively through a concrete, play-oriented approach to early childhood education.

Bredekamp and NAEYC's position statements insist that a developmentally appropriate curriculum must be planned with children's age, developmental level, and individual needs in mind. Developmentally appropriate curriculum provides for all areas of development, emphasizes learning as an interactive process, and provides for a wide range of developmental interests and abilities. A developmentally appropriate curriculum should provide learning activities and materials that are concrete, real, and relevant to the lives of young children, as well as activities that teachers can increase in difficulty, complexity, and challenge according to the children's development of understanding and skills (1987, 1998).

Staff Stability/ Turnover

A secure attachment to a caregiver or teacher is essential for a child's sense of security and feeling of continuity. Because wages for this profession are low, staff turnover rates are often high at many centers. It is imperative for child care programs to offer children and families stability and continuity of a caregiver or teacher. Caregiver stability and continuity, which has been found to be important for the development of secure attachments and future school adjustment, is a characteristic of quality child care (Maynard and McGinnis, 1992).

Young children need to develop secure attachments to a caregiver or teacher in order to succeed in other developmental areas. Barbara Taylor (1997) suggests that, "The

attachment of a child to primary caregivers provides a base for the child's sense of self-worth and social relationships" (p.63). The Research and Policy Committee of the Committee for Economic Development (1993) further illustrate the need for staff stability by stating, "Multiple changes in child care arrangements have been found to have negative effects on children, including creating less secure attachment to the mother and lower levels of complexity of play. Stable care has been associated with positive longer-term development and better school adjustment in the first grade" (p.15).

Developing secure attachments to a caregiver or teacher may have even greater effects on children. Marilyn Roseman (1999) reports that, "When quality is compromised with poor compensation for caregivers, children also pay a hefty price. They are unable to become securely attached to their caregivers and to develop relationships with them. Some will pay even higher prices later, lacking language skills that could have been developed if consistent models had been available" (p.6).

In order for quality interactions between caregiver and child to take place, the caregiver and child must first build a relationship. With a high turnover rate, that relationship is in jeopardy, which in turn puts the child in jeopardy of not securely attaching to a caregiver. These children may develop a limited ability to form relationships and develop self-worth. Staff stability, therefore, is an essential element or characteristic of quality.

Child Care Setting/ Environment

The setting or environment in which children are cared has a great impact on the quality of the program. Not only is it important that a facility or program offer a safe,

clean, and healthy environment, but it is also just as important to consider the space and equipment that the child care facility offers.

In 1990, The National Academy of Sciences Panel on Child Care Policy listed the use of space as one of six criteria for defining quality care. They suggest that organized space and orderly space, with well-differentiated areas for different activities and age groups of children demonstrated good quality in child care (Hofferth, 1991). Space in the early childhood environment needs to be neat, orderly, and arranged appropriately to promote interest and initiative in young children.

It must also be made clear that it is not only the type of equipment or amount of space a child care facility has that makes it quality. As long as the facility offers adequate and age-appropriate space indoors and outdoors, the most important criteria for quality in the physical environment is the organization of the space and the materials available. Clarke-Stewart (1992) suggests that, "Children do better in centers that are neat, clean, safe, and orderly, that are organized into interest areas and oriented toward children's activities. Children are more likely to do constructive, mentally challenging things with building materials, to have interesting and mature conversations in play using dramatic props, and to cooperate with peers in social games like checkers or pickup sticks" (p.68). She summarizes her point by stating, "So the general conclusion to draw from the research on the physical environment might be that it is not quantity but quality that matters, and simply adding more balls or games or space will not necessarily improve the program or enhance children's development, if the center already has some balls and some games and enough space (p. 68).

The NAEYC considers the physical environment as an important criteria for high-quality early childhood programs and sets guidelines for programs to follow in order to insure quality. They suggest that there be a minimum of 35 square feet of usable space indoors per child and a minimum of 75 square feet of space outdoors per child. This space must be safe, clean, and attractive. The space should be arranged to allow children to work individually, in small groups, or in large groups, and the space should also allow children to move from one area to another with minimal distractions. NAEYC also suggest that a variety of surfaces be used indoors and outdoors, such as grass, sand, soils, and hard areas outside, carpeted and hard flooring indoors. Individual spaces should be provided for children to store their personal belongings and private areas should be made available indoors and outdoors for children to have solitude (NAEYC, 1998).

The environment is critical in young children's development. The type of environment, as well as the arrangement of the environment, is crucial for successful early childhood classrooms. The success or quality of the program lies in the teacher or caregiver's hands when it comes to arranging and using the equipment and space available.

Research on Parental Views of Quality and the Choices They Make

Research literature suggests that there are six main criteria or predictors of quality in a child care facility or early childhood education program that continue to be supported by researchers and professionals in the field. Repeatedly, throughout the literature, staff-child ratios/ group size, staff qualifications, caregiver-child interactions, curriculum, staff stability/ turnover, and the child care setting/ environment are determinants of quality in

early childhood program. However, even though researchers and professionals have a consensus on what constitutes quality in early childhood education, parents may not value the same criteria as the professionals. Or, if parents do agree with these criteria, they make choices that differ. This may be due to several factors, such as parental views on quality, parental views on child care regulations and training, cost and convenience, misinformation, lack of understanding about child development, or not fully understanding the importance of developmentally appropriate practice and the impact quality early childhood education has on children (Endsley, Bradard, and Readdick, 1984, Hofferth and Chaplin, 1994, Larner and Phillips, 1994, Cryer and Burchinal, 1997, and Roseman, 1999).

One area that child experts and parents tend to agree on is that of the importance of staff-child interaction. Literature shows that parents regard this aspect of early childhood education as very important when it comes to discussing quality and making choices about child care. In Hofferth and Chaplin's Child Care Quality versus Availability: Do We Have to Trade One for the Other? (1994), they found that most parents chose child care based on quality they defined as indicated by a warm and loving caregiver. Another study found parents associate quality with the relationship between the child and care provider (Statement by the Research and Policy Committee for Economic Development, 1993). This, however, is where the similarities or agreement between professionals and parents on quality seem to end.

Parents indicate in surveys and questionnaires that their most important concern or main priority when choosing child care is quality, yet research has found this not to be true in most cases. When it comes to regulations, such as licensing and training of the

child care provider, parents do not seem to connect these traits as criteria of quality. Hofferth and Chaplin (1994) report, " Rather than wanting a trained provider, parents are looking for such qualities as warmth, nurturance, a high level of interaction, individualized attention, and the ability to make learning fun. According to one recent study, parents do not see the connection between these traits and provider training" (p.8). Interestingly, research has indicated that in order for the child care provider to offer these traits and an appropriate child care environment, one which parents stress they are seeking, training and education of the provider is essential.

Larner and Phillips (1994) also found the same true, stating, "Some parents are also skeptical about the importance of specialized child care training, explaining that 'you can't teach someone to love children.' While professionals argue that training gives caregivers the skills that make it easier to keep loving children in groups all day long, parents hope to find one special person who 'will care for my child the way I would.' Not surprisingly, they do not think that can be taught. However, as parents watch their children grow older and focus more on their mastery of academic and social skills, they tend to place more stock in the expertise of specially trained caregivers or teachers" (p.52). Parents do not attempt to agree with professionals on caregiver education or training as an indicator of quality until their child is ready to explore academic areas, which as professionals in the field have indicated, is only one area of child development.

Parents put as little faith in licensing also. Many do not associate licensing as an indicator of quality even though it is the law that regulates child care facilities and maintains a base standard that all must meet. Hofferth and Chaplin (1994) found that parents did not put much stock in licensing, even though they did recognize which

facilities were and were not licensed. "Parents are not supportive of regulation, except for health and safety standards. They reject government regulation that simply makes it more difficult for them to find care. According to one respondent in the study, 'Getting a license may be hard, but it does not mean you know any more about children than the lady next door.' In a different study, which focused only on family day care providers, only 29 percent of parents mentioned providers being licensed or registered as extremely important in choosing care for their children" (p.10).

Because parents put such little faith in regulations, teacher training and education, and other criteria professionals deem as important for quality, it is not surprising that they are unwilling to pay for quality. Cost and convenience play key roles in their decision making process, even though parents state these aspects are not important to their decisions. Kagan and Cohen (1996) believe convenience and price play a key factor from the very beginning of parents' search for child care. They believe parents are first and foremost driven by cost and location, even though they may answer researchers' questions differently, either to please the researcher or to flatter themselves.

In their study of parents' choices about child care, Hofferth and Chaplin (1994) also believe cost and convenience play key roles in parents' decisions. They found that, "In 1990, three-quarters of parents reported that they lived within 30 minutes of a child care center, almost 60 percent reported living that close to a family day care home, and half reported living that close to a relative who could provide care. Convenience plays a significant role in parents' child care decisions. The farther parents live from a type of care, the less likely they are to use that type of arrangement" (p.11). They go on to report on cost and state, "The lower the price of a type of care, the more likely a parent is to

choose it" (p.11). They summarize their findings by concluding parents have a two- or three-step process for choosing child care, and the first of these steps is determining the geographic distance they are willing to travel and the cost they are willing to pay.

Two other studies support that when parents consider cost and location, their children usually suffer, being placed in lower quality child care. Endsley, Bradbard, and Readdick (1984) studied predictors of parents' choices and found that when the location of a center was a parents' determinant of care, it had a negative effect on child care quality. They found that parents who emphasize convenience may disregard quality considerations and take their own needs into consideration first. Newsome also found this true in his study "Valuing Day Care Center Characteristics with a Random Utility Model: Parental Willingness to Pay for Improvement" (2000). His study supported this notion and found characteristics that are found to significantly and negatively affect center selection are enrollment cost and distance from home and work.

Although parents may downplay cost and convenience as determinants in their child care criteria, cost and convenience are major considerations and limitations from the beginning. Regardless of whether parents admit considering price and location as criteria in choosing child care, many believe they indeed do. Roseman (1999) believes parents do consider cost and states, "parents shop for lower fees in child care, using the money for more immediate, tangible needs, like cars" (p. 8).

Parents are limited in other ways when it comes to choosing child care. Many overestimate the quality of care they feel their children are receiving or are simply misinformed and make poor judgments when choosing child care. Parents may state that they are satisfied their children are receiving quality care but are poor monitors of the

care their children are receiving. Some suggest that parents may be aware of the type of care their children are receiving, yet are in denial of the care being less than quality because of guilt they may feel.

Hofferth (1992) suggests, "Parents may reduce the guilt and stress by convincing themselves they are satisfied even if they are not. Or, they may be satisfied they have chosen the best among the options available" (p. 21). Kisker and Maynard (1991) also believes parents may justify to themselves that they have found the best care and are reluctant to admit they are dissatisfied when questioned because this could be construed as a confession of poor parenting performance.

Cryer and Burchinal (1997) determined that mothers reported being very satisfied with their children's centers, despite the relatively low quality of the programs that was found by trained observers. Instead they believe parents overestimate the quality of their children's programs and are unaware that they are not receiving quality services. They suggest parents may "rate the quality of their children's programs not according to their assessment of reality, but according to their hopes and desires for their much loved children" (p.55).

Roger Neugebauer (1995) also believes parents overestimate the quality of care their children are receiving and reports, "While parents say they value quality of care their children receive, they tend to be ineffective in evaluating quality. Ninety percent of parents rated the quality of services their children receive as very good, while the ratings of trained observers indicate that most of these same programs are providing care that ranges from inadequate to mediocre. The inability of parents to recognize good quality

care implies that they do not demand it. Thus centers dependent on parent fees have little or no incentive to provide a higher level of quality at a higher cost" (p81).

Not only are parents poor monitors of their children's care, they are often misinformed from the beginning, relying too heavily on a friend or family recommendation. Endsley, Bradbard, and Readdick (1984) believe parents know little about what composes a quality program and, therefore, rely too heavily on secondary sources, such as friends, rather than on first-hand experiences of contacting and observing possible programs. Ispa, Thornburg, and Venter-Barkely (1998) also agree that parents rely too heavily on recommendations when choosing child care and found through their study "Parental Child Care Selection Criteria and Program Quality in Metropolitan and Nonmetropolitan Communities" that parents who choose child care programs based on friends' recommendations choose child care of poorer quality. They also suggest that, "parents who rely most on the advice of friends are less discriminating because they have low confidence in their ability to judge the quality of child care" (p. 11)

There are, however, positive predictors of parents who choose quality child care. Endsley, Bradbard, and Readdick (1984) found three characteristics of parents who chose quality child care. The first predictor was the husband's level of education; the higher the level the more likely the choice of quality care. This predictor is complex. Several interpretations were made of this finding. Those more educated place greater value on education, those more educated are better able to choose quality child care, or the higher the level of education, the higher level of social status and resources available. A second positive predictor of selecting quality child care was parents' expressing dissatisfaction with previous child care arrangements. By going through a negative child care

arrangement, these parents assessed their child care goals and made better choices the next time. A third positive predictor for selecting quality child care was the wife and husband making decisions together and jointly deciding on a program for their children. Of course, these positive predictors, except for parents expressing dissatisfaction with a previous experience, rest in the assumption of a married, educated, well-to-do family making decisions.

Many parents may feel trapped when choosing child care and rely on recommendations or may justify to themselves that the care they chose is of quality, but the reality is parents, overall, choose poorly when it comes to child care. Research shows that the group least able to choose quality child care is that of low-income parents. This group is most often limited in choices because of cost, but also because of their accessibility to child care and the hours they may work (Roseman, 1999). But with so many centers reported to offer inadequate to mediocre care, it is not only this group that is choosing poorly, regardless of economic status or recommendations from friends. Parents, in general, throughout the United States have come to accept poor quality child care, whether they know it or not.

In order for quality in early childhood education and care programs to increase, parents must demand it. They are essentially the only ones who can change the state of child care programs poor to mediocre quality. Cryer and Burchinal (1997) bring to attention the child care supply and demand and state, "Child care demand comes from the consumers, who in most cases, are the parents of young children. These consumers choose from among the various suppliers, using price and quality as major factors in their decision making. Ideally, this market should react to variations in demand, which would

then affect the supply" (p.36). As more parents demand child care, specifically quality child care, then more higher quality child care programs should become available, yet this is not happening. Parents are not demanding higher levels of quality in child care, thus child care providers are not responding and offering higher levels of quality child care. If parents realize the importance of quality child care, the impact it has on their children, and are able to detect what constitutes quality, would they, then, change the supply-demand need and request higher quality?

NAEYC Accreditation as an Indicator of Quality

The National Association for the Education of Young Children (NAEYC) has in place a national accreditation program, in which child care facilities do a self study and subject themselves to NAEYC validators in order to try to obtain the mark as NAEYC accredited. This accreditation process has come to be known as a mark of quality on centers which have obtained it. This level of quality is accomplished by centers taking a close look at their programs and making sure their programs meet the criteria NAEYC has developed to meet the mark of high-quality. NAEYC defines a high-quality early education program as, "one that meets the needs of and promotes the physical, social, emotional, and cognitive development of the children and adults—parents, staff, and administrators—who are involved with the program" (NAEYC, 1998, p.13).

NAEYC accreditation strives to improve the quality of care and education for young children in group programs. NAEYC's accreditation system has two major goals, which are, "1. to engage early childhood program personnel in a process that will facilitate real and lasting improvements in the quality of the program serving young

children, and 2. to evaluate the quality of the program for the purpose of accrediting those programs that substantially comply with the Criteria for high-quality programs" (NAEYC, 1998, p.1).

Research shows that centers which have obtained NAEYC accreditation to exhibit a higher degree of quality than nonaccredited centers. Paula Bloom, while discussing the quality of work life in accredited centers, reported that accredited centers had a better trained staff, paid higher wages, had lower staff turnover, and provided more developmentally appropriate activities and higher quality care giving for children than nonaccredited centers (1996). Howes and Galinsky also reported positive effects on quality by centers which were accredited by the NAEYC. They reported on findings of a study conducted at Johnson and Johnson's Child Development Center, which indicated that, "the NAEYC accreditation process has had a significant impact on the quality of the early childhood setting and on children's development" (1996, p.58). The report goes on to state that the corporate community also agrees that the NAEYC accreditation process is an indicator of quality. They agreed to put money into this program because they felt accreditation was a form of insurance that their money was being spent wisely.

Though NAEYC's accreditation criteria cover all the major aspects of quality described in the research literature, such as interactions among teachers and children, curriculum, staff qualifications, physical environment and staffing, it also includes criteria on relationships among teachers and families, professional development, administration, health and safety, nutrition and food service, and evaluation. Each of these sections are broken down and examined in great detail. Even though all these areas are looked at during the accreditation process, and NAEYC accreditation has come to

exemplify quality, how can parents still be sure that the NAEYC criteria for high-quality is justifiable? NAEYC offers this statement to describe how the criteria was developed:

> "NAEYC's Criteria for High-Quality Early Childhood Programs were developed and are periodically revised using a consensus-building process involving numerous members of the early childhood profession. The accreditation Criteria were originally developed over a three-year period (from 1981 to 1984) by reviewing approximately 50 evaluation documents and the research literature on the effects on children of various components of an early childhood program. The validity of the original Criteria indicators of a good quality program was tested by submitting them to approximately 250 early childhood specialists throughout the country. The Criteria were then revised based on the recommendations of the 175 specialist who responded. A draft of the Criteria was published in NAEYC's journal Young Children, in November 1983 and distributed for review and comment to the Association's membership. Numerous individuals and NAEYC Affiliate Groups reviewed and critiqued the draft. Open hearings were also held at NAEYC Conferences in 1982 and 1983 to receive comment about the accreditation system. The Criteria were then field-tested in 32 early childhood programs in four areas of the country. The Criteria were adopted by NAEYC's Governing Board in July 1984.
>
> Following a thorough review based on the first five years of experience applying the Criteria in accreditation decisions, the Criteria were revised in 1991; after more than a decade of accreditation experience, the Criteria were revised again in 1998. The most recent revision process began in 1996 and again included reviewing the research, holding hearings at NAEYC conferences, and soliciting input and written comment from the thousands of early childhood program personnel, validators, commissioners, and Academy staff" (NAEYC, 1998, p.13).

The criteria NAEYC adopted and uses today is based on years of research, observation and knowledge of how to provide optimal environments for young children. Many professionals in the field of early childhood education agree that NAEYC accreditation is the standard for high-quality. Whitebook states, "There is a fair degree of consensus within the early childhood field, and among policymakers and funders, that NAEYC accreditation standards represent a level of quality that surpasses the standard of care in many communities and exceeds the requirements of licensing in most states"

(1996, p.32). This is why the NAEYC accreditation criteria for high-quality early childhood programs serves as an excellent indicator of quality. It is also why it is used in this study as a comparison to the values parents hold on quality.

CHAPTER III

METHODOLOGY

This study seeks to determine if a relationship exists between parents' ideas of quality and the criteria of quality in early childhood education programs established by NAEYC. This study investigates the importance parents ascribe to quality criteria in early childhood programs developed by professionals in early childhood.

A survey, which utilized a Likert scale, was created that included significant indicators of quality as established by NAEYC. A sample of parents responded to the survey, indicating if they considered NAEYC's criteria of quality child care important. Results of the survey instrument were analyzed using logistic regression and ordinary least square regression to determine if statistical relationships occurred between and among certain specific variables. This chapter provides a description of the sample of subjects, a description of the instrument used in obtaining information from the subjects, the procedure for data collection, and the statistical procedures utilized.

Population and Sample

A population in a statistical set includes all the possible subjects or interests. This study focuses on those who utilize child care in a southern West Virginia urban area. This area is distinctive because of the many options of child care available. The city is surrounded by rural areas, which contributes to the use of the child care centers within the

city. This creates a wide range of diversity within the centers. Parents of the centers include various social, educational, economic, family composition, and age characteristics.

Because of the large number of child care arrangements in this area, a random sample of parents from pre-selected full day child care centers served as the participants. To obtain this random sample, all full day child care arrangements that resided within the city limits were selected. Only child care centers offering full day services for children under the age of five were contacted. Part day programs, programs limited to summer or school year operations, and programs limited to serving children ages five and older were not included in the study. Two hundred and eighty seven surveys were distributed to 16 child care centers and 98 were returned which is a 34% return.

Seventy-five percent of all centers were nonaccredited and twenty-five percent of the centers were nationally accredited by NAEYC. To attempt to distribute the surveys equally in order to receive similar returns from each type of center, those which were accredited received surveys for 50% of their total enrollment and those which were not accredited received surveys for 17% of their total enrollment. The centers served a variety of families from all income levels, received funding assistance from various sources, and were staffed with individuals who have a variety of educational backgrounds. The centers were all located within city limits and regulated by the state licensing agency. Those accredited were regulated by the state licensing agency and validated by the NAEYC.

Survey Instrument

A survey instrument (Appendix A) for collecting the necessary data was created for the purpose of this study. It consisted of three sections. The first section requested information on child care service needs including the reason for using child care, number of children in the household, number of children in child care, and the age and sex of each child in child care. The review of literature indicated that the number of children a family had was a variable of importance in their ability to detect quality and affected their child care choices. Therefore, combined with parents' reasons for using child care, questions in section one were identified as variables needed in order to offer tentative explanations of the answers in section two.

The second section of the survey instrument was an Attitudes Toward Criteria of Quality (ATCQ) consisting of 18 statements on a Likert-type scale. The statements for this section were derived from NAEYC's 1998 accreditation criteria. Five of the statements were stated as positive statements, or statements in agreement with criteria set up by NAEYC, and 14 statements were stated as negative statements, which contradicted criteria established by NAEYC. The respondents indicated the importance of each statement on a 4-point continuum. The continuum gave four choices for respondents: Not Important, Mildly Unimportant, Mildly Important, and Very Important. Scores for negatively coded items were recorded so that high scores represented agreement with NAEYC accreditation criteria.

The ATCQ was created for the purpose of this study and was piloted with a class of 47 university students in Early Childhood Education. Reliability for the survey was tested using the students' responses. A Reliability Analysis-Scale (Alpha) indicated a

reliability coefficient of 0.75. This reliability coefficient indicates a strong reliability for the survey instrument.

The third section of the survey instrument consisted of 6 questions concerned with general questions about the household make-up. Questions in this section included the relationship of the respondent to the child, marital status, age, racial background, educational attainment, and total household income. Through the research of literature, it was discovered that these were predictors of a family's ability to detect quality and affected choice of child care. These items were included to determine if there were confounding variables and to understand relationships between a household's characteristics and a family's ability to choose quality child care.

Procedure for Data Collection

Directors in all sixteen child care centers were contacted (Appendix B). Each director was asked to allow the researcher to distribute the research instrument to a random sample of parents. Directors volunteered to randomly distribute the surveys to parents at a convenient time during the centers' hours of operation. Center directors were then provided with the survey instruments, which was designated by the total number of children enrolled in each center. Participants were asked to complete the survey and return it to their directors as soon as possible (Appendix A). Parents were given three weeks to return the surveys to the director of their center, and surveys were collected from each individual center at a designated time.

As surveys were collected, they were marked as originating from accredited or nonaccredited child care centers. This was done to distinguish the participants and the choice they had made in child care arrangements.

Data Analysis

At the beginning of the project, the stated objective was to determine if parents' understanding of quality was consistent with criteria promulgated by NAEYC. The scale for measuring consistency had a maximum value—complete agreement—of 74. Parents averaged 50. The practical question then became what decision criteria could be legitimately employed to determine if this represented consistency or lack of consistency? There were no such criteria.

At this juncture, in the absence of statistical or substantive guidance as to the quantitative meaning of consistency, the research question was reformulated, as explained below. These questions are related to the initial interest, but, in the absence of NAEYC standards as to just what represented consistency with their criteria, a more manageable, and perhaps more interesting and potentially useful set of issues were addressed.

SCALETOT and Accreditation

Data from the ninety-eight completed questionnaires was used in setting up an SPSS 9.0 data file. Items from the ATCQ section of the survey were summed. A total score across all items of this section were computed and given the code of SCALETOT. High scores represented agreement and low scores represented disagreement. The

objectives were as follows: first, to identify variables which had statistically significant, substantively interpretable relationships with a total scale score (SCALETOT); second, to identify variables which had statistically significant, substantively interpretable relationships with selection of an accredited or nonaccredited facility (ACCREDIT).

Hypothesis Analysis

To answer the first question, ordinary least squares multiple regression analysis was used, with SCALETOT as the outcome measure. Independent variables were selected based on the findings in the research literature. Also used was an item by item inspection of responses from the ATCQ section of the survey. These findings identify variables that other researchers have found which contribute to explaining parents' knowledge of favorable characteristics of child care facilities.

Accreditation Choices Analysis

To answer the second question, multiple logistic regression analysis was used. Choice of this statistical tool was dictated by the fact that ACCREDIT, the dependent variable, is dichotomous. As with the first question, research literature was referred to for a suitable complement of independent variables affecting the choice of facility.

Analysis Concerns

A primary concern with regard to the SCALETOT analysis was to determine if explanatory factors found by others were comparable to those which we identified in the research. If not, could differences be explained?

A primary concern with the ACCREDIT analysis was to determine if SCALETOT, the gauge of parents' knowledge of desirable characteristics of facilities, was a statistically significant predictor of choice of an accredited or nonaccredited child care facility.

CHAPTER IV

RESULTS AND DISCUSSION

This chapter presents the findings of the study and discusses those findings. A statistical analysis of the data collected from surveys returned by the subjects who participated in the study is the basis for the findings. The study is investigating if parents have an understanding of criteria of quality in child care that resembles or is in agreement with the criteria of quality established by professionals in the field of early childhood education, specifically the National Association for the Education of Young Children. It was predicted that parents do not share the same values of quality as professionals in early childhood. Because age, number of children, income, and level of education have potential to influence the attitudes of parents, information about these factors was gathered to control for these variables in the investigation. This chapter states the hypothesis, presents the results for the hypothesis, and analyzes the findings. From the findings, predictors of parents' choices between accredited and nonaccredited child care centers were detected and are discussed further in the chapter. The chapter closes with a summary of the overall findings.

Definitions of Variables and Descriptive Statistics

Once the surveys were collected, each question was assigned a code for the purpose of data input. Table 1 illustrates the definitions of the variables.

TABLE 1: DEFINITIONS OF VARIABLES

REASON	Primary reason for using child care. Coded 1 for working, 2 for school, 3 for completing errands, and so on.
KIDSHOUSE	Number of children living in the household.
KIDSCC	Number of children in child care.
KIDAGE1	Age of each child in child care. More than one child in child care changed variable to KIDSAGE2, and so on.
KIDSEX1	Sex of each child in child care. More than one child in child care changed variable to KIDSEX2, and so on.
RELATION	Relationship to the child in child care. Coded 1 for mother, 2 for father, 3 male legal guardian, and so on.
MARSTAT	Current marital status. Coded 1 for married, 2 for divorced, 3 for separated or single.
AGE	Age of participant.
ETHNIC	Racial-cultural background. Coded 1 for American Indian, 2 for Asian, 3 for Black/ African American, and so on.
ED	Highest formal education in household. Coded 1 for 1-8 years, 2 for 9-12 years, 3 for high school graduate, and so on.
INCOME	Household's total income before taxes. Coded 1 for less than $5,000, 2 for $5,000-$9,999, and so on.
SCALETOT	Total score for ATCQ survey questions. The higher the score, the more agreement; the lower the score, the more disagreement.
ACCREDIT	Descriptor of origin of survey; coded 1 for accredited and and 2 for nonaccredited.

Items 5 through 22 of the survey were questions related to participants' attitudes toward indicators of quality, which were stated either in the negative or positive from NAEYC's accreditation criteria. In order to develop a score for this section, items worded in the positive were represented with the actual score and items worded in the negative were equated 5 minus the actual score. The total score possible on the criteria

survey was a 74 using this formula. The participants' scores were calculated and assigned the code SCALETOT to represent their total score.

The research sample descriptive statistics indicated a wide range of participants (Table 2). The educational attainment of the participants ranged from high school graduates to professional degree or Ph.D. holders, with the average respondent having some college experience or college graduation. The income level of participants ranged from those earning less than $5,000 a year to those earning $150,000 or more a year, with an average participant's income of $30,000 to $40,000 a year. The participants' ages ranged from 19 to 47, with an average age of 32.

TABLE 2:
DESCRIPTIVE STATISTICS
Means and (Standard Deviations)

ED	5.7938
	(1.3764)
INCOME	6.2188
	(2.8255)
KIDSCC	1.4490
	(0.6279)
RELATION	1.1327
	(0.5494)
MARSTAT	1.4388
	(0.7470)
AGE	31.9082
	(6.5031)
ETHNIC1	0.8163
	(0.3892)
SCALETOT	50.0729
	(5.9564)
ACCREDIT	0.4082
	(0.4940)
	N=98

The participants' were predominately married and the majority of participants answering the survey were mothers. Because of the large number of participants being Caucasian, the descriptors for racial-cultural background were changed in the data to Caucasian and other (ETHNIC1). The sample also included families who had between one and four children enrolled in child care, with the average number of children enrolled being 1.4.

Hypothesis Analysis Results

To test the hypothesis that there will be no difference in the criteria of quality recognized by parents and the criteria of quality defined by the National Association for the Education of Young Children's national standards for accreditation, the Attitudes Toward Criteria of Quality (ATCQ) scores (SCALETOT) was utilized. The total possible points for the survey was 74, with respondents' scores ranging from 33 to 66.

The sample's SCALETOT showed that, though, there was not overwhelming similarities with NAEYC's accreditation criteria for quality, there was also not significant dissimilarities either. It is difficult to justify how high of a score is needed for respondents to be in agreement or disagreement, but it is justifiable to say that, in general, not all items of the criteria for quality are agreed upon by all respondents.

What is found using regression analysis with SCALETOT as the dependent variable and various demographics as independent variables (TABLE 3) is that none of the independent variables used predict parents' knowledge of or agreement with quality criteria. No pattern shows a group that agrees with the scale, or predicts parents' knowledge of quality. From the research literature, it was suggested that lower income

parents' are less likely to detect quality, higher income parents and higher educated parents are more likely to detect quality. But, using this instrument, income or education level does not statistically predict parents' knowledge of quality.

Using the variables available, SCALETOT could not be explained. Education, income, number of children in child care, relation to the child, marital status, age, ethnicity, and reasons for choosing child care were analyzed to find relationships with SALETOT, but no statistical significance emerged. It is difficult to obtain statistical significance with a sample of only 98.

TABLE 3
SCALETOT
Unstandardized and (Standardized) Coefficients

ED	0.522
	(0.122)
INCOME	-0.148
	(-0.071)
KIDSCC	0.207
	(0.022)
RELATION	0.188
	(0.018)
MARSTAT	-0.549
	(-0.071)
AGE	5.533E-02
	(0.062)
ETHNIC1	-2.302
	(-0.152)
REASON1	-2.186
	(-0.177)
Adjusted R-Squared	-0.024
N=98	

Although the standard coefficients were low, they did not meet statistical significance at the .05 level. However, with a larger sample size, the data indicates that some variables may become significant. Older, high-educated, high-income, Caucasian respondents are more likely to disagree with the importance of conversations between young children and teachers. Caucasians are also more likely to agree that a preschool classroom should have planned activities the entire day. And higher-educated respondents are more likely to disagree with the need for teachers' to interact on young children's level.

What was found using this instrument is that none of the identified independent variables predict parents' knowledge of quality in child care. Even by completing an item by item analysis (Table 4), no relationships are found between the given independent variables and SCALETOT.

TABLE 4
ITEMIZED RESPONSES TO QUALITY CRITERIA

Consensus: Agreement	No Consensus	Consensus: Disagreement
Q7, Q8	Q6, Q9	Q5
Q17, Q18	Q11, Q12	Q10
Q20, Q21	Q13, Q14	
Q22	Q15, Q16	
	Q19	

When analyzing the survey items, the respondents vary in their agreement and disagreement between each item. A large majority of respondents agree with seven quality criteria items. Nine quality criteria items were found to have no consensus among respondents, and a large majority of respondents disagreed with two quality criteria items. Still, no relationship is evident between respondents and the choices they make.

Agreement, using an item by item inspection of the survey, is evident for seven of the items. In general, parents agreed that they should be able to visit a child care center at any time, at least two teachers should be in a classroom of 20 4-year-old children, and that a child should be responsible for the spills or messes they cause. Parents also agreed that children should not be excluded from meals for any reason, centers must have a written philosophy, be licensed, and be nationally accredited. No relationship is evident using the available independent variables between respondents and the choices they make.

A low SCALETOT and a high SCALETOT were not related to any particular group of respondents. There is no relationship between a respondent's SCALETOT and their demographic variables. However it was found using this particular instrument that there are predictors of parents' selection of child care centers, whether it is accredited or nonaccredited.

Accreditation Analysis Results

Although no statistical predictors emerged of parents' understanding of quality, when logistic regression analysis was utilized with accreditation and similar variables as before, predictors of the type of child care facility parents chose emerged (Table 5).

TABLE 5
LOGISTIC REGRESSION RESULTS:
ACCREDITATION PREDICTORS

	Coefficients
ED	-0.0975
INCOME	0.1807
KIDSCC	-1.1752*
RELATION	0.5791
MARSTAT	-0.0869
AGE	-0.0277
ETHNIC1	0.6573
SCALETOT	0.0548
REASON1	1.5276**
	R^2_L= 15.9%
** <.01	N=98
* <.05	

When the surveys were entered into the data, those originating from accredited centers were coded as 1 and those originating from unaccredited centers were coded as 0. Using accreditation as the dependent variable in a logistic regression analysis, two variables became significant: those respondents choosing child care while they worked (REASON1) and the number of children a family has in child care (KIDSCC).

The data indicates that one predictor of parents' choice of child care facility, using accreditation as the dependent variable, is those families using child care while working. These parents are more likely to choose an accredited child care center. The significance for this variable was found to be less than 0.01, indicating a statistical significance.

A second significant variable found to be a predictor of parents' choice of child care facility, using accreditation as the dependent variable in a logistic regression analysis, is the number of children a family has in child care. The significance for this variable, however, was negative (.0145), meaning that the more children a family has in child care, the less likely they are to choose an accredited child care facility.

Other variables, such as income, age, and marital status may seem significant, but were confounded in the logistic regression analysis. Each is intertwined with the other. The older person is more likely established in a career and may have a higher income. Married dual earner couples may also have higher incomes. Income relationships with parents' choices may seem significant, but when age or marital status is added to the analysis, the relationship fades. These may be significant variables, but do become confounded in the analysis.

Summary

Using the current survey instrument, parents' views of quality in early childhood education were inconsistent with quality criteria developed by NAEYC. However, predictors of the choices they make when selecting child care were evident. The data indicates that parents using child care while working are more likely to choose an accredited child care center, while parents who have more than one child in child care are less likely to choose an accredited child care center. Higher income, educated families did not show a difference in the survey. Although, the initial research objective was unobtainable using this survey instrument, the discovery of predictors proves to be just as interesting and useful in describing parent characteristics and parent choices.

CHAPTER V

CONCLUSIONS AND IMPLICATIONS

The initial research question addressing parents' understanding or consistency with criteria of quality established by professionals in early childhood education, specifically NAEYC's accreditation criteria, was found to be undetermined. The instrument created for this study found little or limited consistency between parents' views on quality as compared to criteria for quality established by NAEYC. There was no distinct group or pattern of respondents found to answer the survey consistent with the quality criteria established by NAEYC accreditation.

However, predictors of parents' choices of child care facilities did emerge from the data. Two distinct variables were found to predict the choices parents make when choosing child care. The survey found that parents who utilize child care while working are more likely to choose an accredited child care facility. And the more children a family has in need of child care, the less likely they are to choose an accredited child care facility.

The determinants gathered in the research literature on parents' views or understanding of quality were neither confirmed nor discredited using this survey instrument. No variables available could offer statistical significance to parents' knowledge of child care. Only when inspecting parents' choices of child care were variables found to have significance.

Hypothesis Analysis Discussion

Although there was limited consistency between parents' views on quality as compared to criteria for quality established by NAEYC, the data raises some intriguing questions. The average score for parents on the ATCQ section of the survey was found to be 65%. It has been determined that justification for agreement or disagreement is confounded because no scale exists to determine what percent is acceptable for agreement. However, when child care centers seek NAEYC accreditation, they would not be permitted accreditation with only 65% compliance with the criteria. Does this level of agreement among parents imply that the majority of parents agree with or understand criteria of quality in early childhood? Is the lack of agreement at this level an indicator that parents have limited understanding of quality that would raise concern about their ability to choose wisely? If so, much work is needed in educating and informing parents of what quality in early childhood consists of and the criteria they must demand.

When utilizing least squares multiple regression analysis, the data indicated three possible findings that may prove significant with further research or a larger sample. First, the data suggested that older, high-educated, high-income respondents are more likely to disagree with the importance of conversations between young children and teachers. Do parents in this group realize or value the importance of teacher conversations and the effect it has on language development in young children? Perhaps being highly educated and having a higher income, parents from this group are looking for an environment that promotes discussions or conversations addressing academics and focusing less on child initiated conversations.

The second and third possible findings were that Caucasians are more likely to agree that a preschool classroom should have planned activities the entire day and higher-educated respondents are more likely to disagree with the need for teachers to be on the young child's level. These items may indicate a cultural bias the respondents have in their concept of an early childhood teacher. Does this group of respondents feel a teacher of young children is ineffective when spending the majority of the day on the child's level? Do they feel that quality education can only be obtained through an extensive curriculum focused on planned activities throughout the day, even though the research generating NAEYC accreditation criteria suggests differently? If so, do they feel their children are more precocious and ready for more structured, academic activities, although contrary to NAEYC recommendations?

Although there may have not been complete agreement with the criteria of quality established by NAEYC, statistically the participants' responses offered no significant indicator of agreement nor disagreement. More research is necessary to identify the reasons a particular group may or may not have similar criteria for quality, as do professionals in the field of early childhood.

Accreditation Analysis Discussion

When logistic regression analysis was utilized with accreditation and the independent variables available, predictors of the type of child care parents chose emerged. The data indicated that two variables became significant and were predictors of parents' choice of child care center: those respondents choosing child care while working and the number of children a family has in child care.

Questions do arise from these findings. Because parents who use child care while working are more likely to choose an accredited center, does this suggest that 1.) they are more apt to afford a center of this type and/or 2.) these parents are seeking a long term, high-quality placement for their child because of their extended absence, thus selecting a center with prejudice to accreditation?

Accredited child care centers generally cost more in this sample, thus parents who are working may be in a better position to afford this type of care. Parents using child care while in school may not be able to afford other options, specifically an accredited center, nor are they seeking long-term child care arrangements, instead only using a child care facility that fits their schedule. Low-income parents, which may also include students, may be limited in their child care choices because of cost constraints, thus opting for a less expensive alternative. Only parents who can afford accredited child care have access to it.

It may also be implied that this group of parents is trying to fill the parental gap in their child's life, and are choosing accredited centers because they feel guilty for their absence. If so, are they knowledgeable of NAEYC's accreditation and its link to high quality? Although these are only assumptions, the significance of those choosing child care while working and being more apt to choose an accredited child care facility is evident in the data.

Also, parents who have more than one child in need of child care, according to this survey, are less likely to choose an accredited center according to the logistic regression analysis of the data. This outcome can also fall into the category of money. The more children a family has in need of child care, the more expensive the care

becomes, thus limiting selection. Is this group constrained by money and the cost amount to enroll multiple children in child care? But it may also be caused by a need factor. Is this group constrained by limitation of spaces available in accredited centers, thus being forced to choose nonaccredited child care facilities? Accredited child care centers in this sample tend to have a waiting list for families, and a family with more than one child in need of care may find this constrains their search. A family of this type may be more inclined to choose a child care facility that can accommodate all of their children, which due to waiting lists may be an unaccredited center.

Summary

These questions, of course, can not be answered using the data available from the survey instrument in this study, so other methods of answering these questions must be found. But how can these factors be determined? Perhaps a new survey needs to be constructed to address these concerns. Variables not included in the present survey may need to be added to account more for the reasoning behind parents' choices of child care. Or, perhaps another approach is in order, such as a qualitative study of parents who compose the predictor groups discovered.

In order, though, to address the initial research question proposed in this study, additional research must be accomplished. The major problem with the survey instrument utilized in this study was the inability to determine the degree of agreement or disagreement parents had with quality criteria. Efforts must be made to establish a scale that is able to judge or assign a score of agreement. The lack of consistency was evident,

but to what degree is the consistency in agreement or disagreement with criteria of quality as defined by NAEYC's accreditation?

Though parents and professionals in early childhood may not be in complete agreement on criteria for quality, is it important for parents to know quality criteria? If parents truly expect the best for their child and do believe that early childhood education is essential for the development of young children in need of care, then parents must be knowledgeable about what is considered standard of quality in early childhood. This can only be accomplished through education—education of parents by professionals in the field of early childhood.

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APPENDICES

APPENDIX A

SURVEY INSTRUMENT

Dear Parent(s),

The following survey is being conducted as part of my graduate research at Marshall University concerning early childhood education and today's child care facilities. For my research, it is imperative that I truly understand what parents in our area believe to be important aspects of early childhood education and child care. Your answers are strictly confidential. I do not ask for your name and your individual answers will remain anonymous. It is essential that I receive as many of the surveys back as possible, so please return this survey to the director of your center as soon as possible. Thank you for your time and cooperation.

Sincerely,

Clayton Burch
graduate student, Marshall University

Section 1: Your Child Care Service Needs

Q1. Which of the following best explains your primary reason for using child care? (**Circle Only One**)

1. Child Care while Working
2. Child Care while at School
3. Child Care while Completing Errands
4. Child Care to Increase Child's Socialization/ Education
5. Other _____

Q2. How many children live in your household? (**Write the Number**) _____

Q3. How many children do you have in Child Care? (**Write the Number**) _____

Q4. Please list the age and sex of each child in Child Care?
(Example: 18 month old male, 4 year old female)

_____

Section 2: Selecting Child Care

How important are the following statements to you pertaining to child care and early childhood education? Please place the number on the line representing your feelings about the statements by using following scale:

Not Important	Mildly Unimportant	Mildly Important	Very Important
1	2	3	4

Q5. ___ In a preschool classroom, the teacher should have planned activities throughout the day.

Q6. ___ If a video is used in the classroom, children should be required to sit with their classmates to view the video.

Q7. ___ Parents should make an appointment for visiting the center or classroom.

Q8. ___ In a classroom of 20 4-year-old children there should be at least two teachers.

Q9. ___ Materials in the classroom should be on high, open shelves that the children can ask for at any time.

Q10. ___ Children in a preschool classroom should be encouraged to copy letters with the teacher's assistance.

Q11. ___ Children in 4-year-old classrooms should be encouraged to play in sand or water at any time.

Q12. ___ During art activities, children should have a teacher-made model to guide young them.

Q13. ___ A preschool teacher <u>does not</u> need a degree if they have experience working with young children.

Q14. ___ Preschool teachers should <u>stand</u> in a position that allows them to observe the entire room during indoor classroom time.

Not Important	Mildly Unimportant	Mildly Important	Very Important
1	2	3	4

Q15. ___ The lead teacher should solve conflicts between children.

Q16. ___ Teachers should avoid lengthy conversations with preschool-age children.

Q17. ___ If a child spills something in the room, teachers should ask an assistant or cleaning personnel to clean up the spill.

Q18. ___ If a child refuses to clean up or cooperate with the teacher, the child should not be permitted to join the class for lunch or snack until they have finished cleaning up.

Q19. ___ No matter what the children are doing or how engrossed they are in play, they should stop to eat meals on time.

Q20. ___ Your Child Care Facility must have a written philosophy.

Q21. ___ Your Child Care Facility must be state licensed.

Q22. ___ Your Child Care Facility must be nationally accredited.

Section 3: General Questions About Your Household

The following questions ask you about yourself. The information helps describe the survey results. This information is completely confidential and you are not being identified individually in this survey.

Q23. What is your relationship to the child(ren) in child care? (**Circle Only One**)

1. Mother
2. Father
3. Legal Guardian, and You are Male
4. Legal Guardian, and You are Female
5. Other _____

Q24. Which of the following best describes your current Marital Status? **(Circle Only One)**

1. Married
2. Single or Widowed
3. Separated or Divorced

Q25. How old are you? _____

Q26. Which of the following best describes your racial-cultural background? **(Circle Only One)**

1. American Indian or Alaskan Native
2. Asian/ Oriental or Pacific Islander
3. Black/ African American
4. Hispanic/ Latin American
5. Indian (from India)
6. Middle Eastern or North African
7. White/ Caucasian
8. Other

Q27. Which of the following best describes the highest formal education in your household? **(Circle Only One)**

1. 1-8 Years
2. 9-12 Years, Did Not Graduate High School
3. High School Graduate or Equivalent
4. Technical School or Vocational School Graduate
5. Some College Experience
6. College Graduate
7. Masters Degree Holder
8. Professional Degree or Ph.D. Holder

Q28. Which of the following categories best describes your household's total income before taxes last year? Please include income from all sources such as salaries and wages, Social Security, retirement income, investments, and other sources? **(Circle Only One)**

1. Less than $5,000
2. $5,000- $9,999
3. $10,000- $14,999
4. $15,000- $19,999
5. $20,000- $29,999
6. $30,000- $39,999
7. $40,000- $59,999
8. $60,000- $79,999
9. $80,000- $99,999
10. $100,000-$119,999
11. $120,000-$149,999
12. $150,000 or more

APPENDIX B

CHILD CARE DIRECTORS'

CONSENT LETTER

Date

Center Name
Address
Address
Address

Dear <Director>:

I am writing to you to ask permission to do a survey of the opinions of a random sample of parents in your center.

In order to fulfill the requirements of my master's degree at Marshall University, I am studying the opinions of parents of young children on early childhood education and child care to better understand the comparison between what parents and professionals constitute as quality, pertaining to early childhood education. I have constructed a survey that consists of ten general questions and 18 attitude statements that takes about 15 minutes to complete. The survey does not ask for any names. I would like to utilize your center and a random sample of parents to conduct the survey.

I am asking all area day care centers to participate and expect to have between 200 and 250 participants. There will be no identification of centers or parents in the study. Only totals of all participants will be reported. Data gathered will be confidential.

I hope that you will be willing to participate. If you would like more information, please call me at my office at Marshall University, where I am Lead Teacher/ Coordinator of the Marshall University Early Education Center. I have a voice mail so that if I am not in, you can leave a message. My number is 696-3189.

Sincerely,

Clayton Burch
Graduate student, Marshall University