



Parental Perceptions of Quality in Early Care and Education

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ABOUT THE DATA SOURCE AND METHOD USED FOR THIS BRIEF

The purpose of this Research Brief Series is to summarize key findings and implications from the Minnesota Child Care Choices study, a three-year longitudinal survey of a sample of parents with low incomes who have at least one child age six or younger, have applied to receive financial assistance through Minnesota's welfare or child care subsidy programs, and lived in one of seven participating counties at the time of the survey. Telephone surveys are conducted by Wilder Research every 5-6 months, starting in August 2009, and include questions about families' characteristics, parents' child care preferences, the processes parents use to make child care decisions, parents' familiarity with and use of Parent Aware, Minnesota's pilot Quality Rating and Improvement System (QRIS), par-

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OVERVIEW

What aspects of early care and education settings are viewed as most critical for supporting positive outcomes for families and children? The Quality Sub-Study of the Maryland-Minnesota Research Partnership explores this question from the perspective of both parents and providers. Understanding how parents and providers perceive quality can provide valuable insights into design and refinements of the quality measures used within a state Quality Rating and Improvement System (QRIS) or inform individual program evaluation or program quality improvement plans.

The components of quality explored in the quality sub-study include family-sensitive caregiving practices, strategies to implement developmentally appropriate instructional practices (including use of curriculum and child assessment strategies), strategies to support children's social and emotional development, and cultural sensitivity. The perspectives of parents and early care and education providers about quality and quality practices, and linkages between those practices and outcomes for children and families, are examined. Several different data collection vehicles are used as part of the quality sub-study, including a longitudinal parent survey in both Minnesota and Maryland and semi-structured interviews with parents and providers. This brief focuses on findings from semi-structured telephone interviews conducted with 19 low-income parents in Minnesota.

KEY FINDINGS

- Parents in this sample more frequently rated developmentally appropriate interactions and practices to support social-emotional development as extremely or very important.
- Parents rated some practices of family sensitive caregiving as extremely or very important (particularly in relation to communication and flexibility).
- Parents did not as frequently rate approaches to culturally responsive caregiving as extremely or very important.
- Of the four constructs, parents ranked developmentally appropriate practice (DAP) as the most important.



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(continued from page 1)

ents' perceptions of the quality of their child care, child care-related work disruptions, parental employment, and use of public assistance programs.

Nineteen parents completed the semi-structured telephone interview. The sample was drawn from the larger sample of parents in Minnesota who participated in a longitudinal research study about child care called The Effects of Quality Information and Financial Assistance on the Child Care Choices and Employment Outcomes of Low-Income Families in Minnesota (Tout, et al., 2011). Sixty-one parents who completed the Wave 3 longitudinal phone survey were selected as a potential participant pool to complete an additional semi-structured phone interview about parental perceptions of child care quality. During the Wave 3 survey, parents indicated whether they used as their primary child care arrangement center-based care, home-based licensed care, or informal unlicensed care. Researchers attempted to stratify the sample by recruiting seven parents who self-identified using each type of care. Researchers attempted to gauge potential similarities in perceptions of quality regardless of type of care used. Targets were met for parents who reported at Wave 3 that they used licensed home-based care and informal unlicensed care. Only five parents who reported using center-based licensed care at Wave 3 completed the semi-structured parent interview.

Parents were asked to rate the importance of developmentally appropriate practices, family-sensitive caregiving practices, practices to support social and emotional development, and culturally-responsive caregiving practices. Each construct was comprised of four or five statements that were designed to capture unique quality practices. Parents were asked to rate the practices on a scale ranging from of little importance, somewhat important, important, very important to extremely important. Then, parents were asked to rank

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- Parents understand the need for developmentally appropriate interactions and practices in early care and education settings. Parents seem less aware of culturally-sensitive caregiving and family-sensitive caregiving. Given the likelihood these latter two constructs of quality support families and their individual needs, it is unknown why parents reported with less frequency that these types of early care and education practices were less important. Further exploration into parents' views about family-sensitive caregiving and culturally-responsive caregiving practices is warranted.

INTRODUCTION

Parents are vital stakeholders in early care and education, and the choices they make about early care and education have important ramifications for their children, their families, and the early care and education system. Among the many considerations that parents weigh when choosing an early care and education setting (e.g., cost, location, hours of care, etc.) is the quality of the care that their child will receive by the caregiver and in the physical setting. Quality of early care and education is of concern not only to parents, but also to policy makers, practitioners, and researchers. Yet we know little about how parents' perceptions of quality compare to those of other stakeholders (Ceglowski & Bacigalupa, 2002). If quality improvement initiatives such as Quality Rating and Improvement Systems (QRIS) which are, in part, targeted to parents, are to be successful, researchers and policymakers need to understand parents' perceptions of the quality of early care and education, and the extent to which those perceptions are reflected in quality improvement initiatives.

Over time, there has been a shift in parental perceptions regarding child care quality. Convenience factors such as cost and location, as well as health, safety, warmth of the caregiver, and parent-caregiver communication have long been important to parents (Emlen, 1999; Rose & Elicker, 2008). Recently, however, parents are also indicating that the quality of the caregiving environment is important to them (Kim & Fram, 2009; Shlay, Tran, Weinraub, & Harmon, 2005; Chase & Valorose, 2010; Yamamoto & Li, 2012). Still, not much is known about how parents define the quality of care they value (Rose & Elicker, 2008). QRIS and other quality initiatives are beginning to measure aspects of quality that are not only important for child-specific outcomes (e.g., developmentally appropriate practices, supports for social and emotional development) but also for family outcomes (e.g., family-sensitive caregiving practices, cultural responsiveness). Even so, definitions of quality used in QRIS do not necessarily account for all the components of quality that parents may deem important (Harrist, Thompson, & Norris, 2007).

SIGNIFICANCE OF THIS STUDY

This brief summarizes findings from a study investigating how low-income parents perceive constructs of quality that are emerging in QRIS standards and quality improvement strategies, namely, developmentally appropriate practices, family-sensitive caregiving practices, strategies to support children's social and emotional development, and cultural responsiveness. Developmentally appropriate instructional practices encompass all aspects of what happens in an early care and education setting that directly affects children, including the daily schedule or routine, curriculum implementation, and the use of child assessments to guide instruction (Coppie & Bredekamp, 2009). Supports for children's social and emotional development in early

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order within each construct the four or five statements (from most important to least important), and explain why they ranked the practice they identified as most important. Researchers asked parents to do this forced choice ranking in an attempt to elicit variation in parents' responses, and to minimize social desirability (e.g., parents rating most, if not all, practices as "extremely important" to them (Forry, et al, 2011). Lastly, parents were asked to comment which of the practices within each construct of quality might be easy or difficult for a child care provider to do and provide a rationale for why they believed this.

There were no significant differences on a wide range of demographic factors (gender, highest grade of schooling completed, race, respondent age, marital status, and whether the respondent was working for pay) between the 19 parents who completed the semi-structured interview and those Wave 3 parents who did not. The only significant difference was the age of the focal child; the focal child of parents who completed the semi-structured interview averaged 2 years and the focal child of parents who did not complete the interview averaged 3 years.

Comparisons between the parents who completed the semi-structured interview and parents in the larger sample who did not complete the interview were also examined on a number of other variables. During the longitudinal telephone survey, parents were asked to rate the importance of ten practices that a child care provider or teacher may do in a child care/early education setting. Because parents' perceptions of quality were the focus of the semi-structured interview, it was important to compare parents' beliefs on the quality practices. Parents' responses on the quality practices were statistically similar between the two groups, except for a question about teaching strategies. Fewer parents completing the semi-structured interview (39%) reported it was "extremely important" for the provider to use a curriculum or planning tool for teaching than did the remainder of the sample (71%).

care and education settings include (a) responsive and supportive provider/caregiver behaviors and interactions with children; (b) routines and activities to provide predictability and a structure for group and one-on-one interactions between peers and providers; (c) physical features of the environment, for example, organizing the environment to allow for children to be in comfortable spaces by themselves as well as with peers; and (d) institutional supports including explicit training of staff about social-emotional development and effective pedagogy (Hyson et al., 2011). Family-sensitive caregiving characterizes early care and education settings as resources to support families as they build their parenting skills, balance work-family needs, and promote their children's development (Bromer, Paulsell, Porter, Weber, Henly, & Ramsburg, 2011). Cultural responsiveness refers to the ways in which caregivers honor and support children's culture in the classroom and home-based care group; examples include the structure of curricula, interactions and activities to be responsive to culture in the care setting (Shivers, Sanders & Westbrook, 2011).

Knowing more about what parents perceive as high-quality early care and education will help inform program and policymakers who are working to interest parents in the frameworks of QRIS, and will provide insights into opportunities for educating parents and collaborating with parents to provide and use high-quality care. We focus on the perceptions of low-income parents, who are less likely to access high-quality care and education. To increase the likelihood that low-income parents will use a QRIS to access high-quality care, QRIS must support high-quality early care and education that is acceptable to them.

METHODOLOGY AND SUMMARY OF RESULTS

Results included in this brief are drawn from semi-structured telephone interviews conducted with 19 low-income parents¹ in Minnesota between August 2011 and January 2011 (see text box at the end of this brief for more information about the study's methodology). The majority of parents who completed the interview (94%) were female and the average age was 26.5 year old. Roughly half (52%) of respondents were white and 37% were African-American.² Respondents had completed an average of 15.8 years of education indicating that on average, respondents had at least a high school diploma. Thirty-seven percent of parents had a spouse or partner living with them, and 79% were working for pay in the two weeks prior to when data were collected.

Following are the results from parents' ratings (from of little importance, somewhat important, important, very important to extremely important) and rankings (from most to least important) of various aspects of child care corresponding to developmentally appropriate practices, family-sensitive caregiving practices, practices to support social and emotional development, and culturally-responsive caregiving practices. We also report what parents indicated as being "easy" and "difficult" for caregivers to provide in terms of specific practices associated with quality of care; we provide representative quotes from parents for these qualitative data. Results are organized by construct. It should be noted that the response categories of extremely and very important are the

1 The sample of parents – from which these 19 parents were drawn – were recruited into a child care research study at the time of their applications to Minnesota Family Investment Program (MFIP) or to Minnesota's Child Care Assistance Program (CCAP). Families are eligible for MFIP until their family income exceeds 115 percent of the federal poverty guidelines (FPG) (Punellil, 2012). In 2009, at the time of enrollment into the research study, the FPG for a family of 3 was \$18,310 (ASPE.hhs.gov) (115 percent of the FPG equals \$21,057).

2 Note that these categories were not mutually exclusive.

only response categories reported in this brief for parental ratings, and furthermore, these two ratings are collapsed for the purpose of this brief. It should also be noted that only the practice that parents ranked as most important (that is, what they think is most important to their idea of quality child care) is presented in the tables. Practices ranked as next most important, etc. are not reported in this brief.

Developmentally Appropriate Practice

Most parents reported almost all of the developmentally appropriate practices were extremely or very important. Approximately half of parents interviewed reported that the most important item of developmentally appropriate practice was that their provider know about children’s needs as they grow and develop. Explaining why they ranked this as such, two parents said the following:

“It’s number one because if you do not know about their changing needs, you will not understand the child. It’s very hard to understand the child and why they act the way they do if you do not understand their needs.”

TABLE 1. PARENTS’ PERCEPTIONS OF QUALITY: DEVELOPMENTALLY APPROPRIATE PRACTICE

| “When you think about quality in a child care setting, how important is it that [the provider/caregiver]...?” | Rated as extremely or very important | Ranked as the MOST important |
|---|--------------------------------------|------------------------------|
| ... know about children's needs as they grow and develop. | 89% | 53% |
| ... encourage children to recognize letters, words, numbers, or shapes. | 89% | 16% |
| ... work with families to set individual plans and goals for children. | 74% | 11% |
| ... provide materials for play and learning. | 74% | 16% |
| ... measure children's development over time to determine how they're doing. | 47% | 5% |

Researchers asked parents to identify which developmentally appropriate practices would be easy for a caregiver/provider to do. Ten of the 19 parents said they thought it would be easy for the caregiver to provide materials for play and learning. One parent reported that providing materials to children is “a common thing to do.” Other parents said, “All you have to do is go to a store” and “All daycares have toys, so that seems easy.”

When asked to identify which developmentally appropriate practices would be difficult to do, parents’ responses varied. Five parents said that it may be difficult for a provider/caregiver to work with families to set individual plans and goals for the children. One parent said that providers in a classroom setting “don’t have the opportunity to speak in-person with everyone.” Another said, “Some parents think the providers are stepping on their toes when they do this.” However, another five parents reported that none of the activities listed above would be difficult for a provider.

Promoting Children’s Social and Emotional Development

Most parents perceived practices around promoting children’s social-emotional development as extremely or very important. This was the only construct where over half of the parents reported that all of the caregiver practices were extremely or very important.

TABLE 2. PARENTS' PERCEPTIONS OF QUALITY: SUPPORTING CHILDREN'S SOCIAL AND EMOTIONAL DEVELOPMENT

| “When you think about quality in a child care setting, how important is it that [the provider/caregiver]...?” | Rated as extremely or very important | Ranked as the MOST important |
|---|--------------------------------------|------------------------------|
| ... help children to build relationships with peers and other adults. | 79% | 6% |
| ... help children learn to control their behavior. | 74% | 33% |
| ... encourage children to express thoughts and feelings. | 74% | 28% |
| ... help children resolve conflicts with other children. | 64% | 6% |
| ... discipline and/or behavior guidance styles match the parents. | 63% | 28% |

Parents were asked to rank the five practices of promoting children’s social-emotional development. Parents’ answers again varied. Six of the 19 parents reported that it is most important that the care provider help children learn to control their behavior. One parent explained the rationale for this ranking:

“Because if [children] can control their behavior, they’ll be easier to manage with other children and they can work better with other [children].”

When asked which practice would be easy for a caregiver to implement, seven of the 19 parents said that a provider helping children resolve conflicts with other children would be easy. Two parents stated that helping children to resolve conflicts was easy because “Kids get over things pretty quickly” and “Children argue and fight all day long and at the end of the day, they are best friends.” Two other parents thought that none of these practices would be easy to do. One parent said, “All of them takes a strong provider.” On the other hand, four parents thought that all would be easy to implement, citing reasons such as “Because if that’s what you do for a living then it should just be instantly easy.”

Parents were also asked which one would be difficult to do. Nine parents said that matching the parents’ discipline and guidance styles would be most difficult. Parents reported this would be difficult because “There are so many ideas of discipline” and “People have different discipline styles.” As a result, it may be difficult to “match discipline styles with all of the parents.” Fewer parents said that the remaining practices to support children’s social-emotional development would be difficult for a caregiver to do.

Family-sensitive Caregiving

There was a wider range in the importance parents ascribe to family-sensitive caregiving practices. A large majority of parents reported that it was extremely or very important for caregivers to consider parents’ suggestions and ideas when caring for their children (84%) and to accommodate parents’ work schedules (74%), but less than half considered the other family-sensitive caregiving practices to be extremely or very important. Furthermore, when asked to rank which was most important, the most frequent response from parents was a caregiver who works with parents regarding their work schedules. It may be that, ideally, parents would like to collaborate with a caregiver about their child care, but the basic and practical need for care to match parents’ schedules is more important. Without a schedule that works for the families and caregivers, the relationship is not sustainable. As parents’ spontaneous elaborations on the importance of accommodating work schedules attest, this was indeed an essential feature of what they would consider family-sensitive care, although it was ranked as most important by only 37% of parents.

“That’s a deal breaker. If they can’t work around my schedule I can’t use [them].”

TABLE 3. PARENTS' PERCEPTIONS OF QUALITY: FAMILY-SENSITIVE CAREGIVING

| “When you think about quality in a child care setting, how important is it that [the provider/caregiver]...?” | Rated as extremely or very important | Ranked as the MOST important |
|---|--------------------------------------|------------------------------|
| ... consider parents' goals, ideas, and suggestions when caring for children. | 84% | 26% |
| ...be willing to work with parents about their work schedules. | 74% | 37% |
| Families are included in planning and decision-making for the program and/or | 42% | 21% |
| ... care about the entire family, not just the child. | 42% | 16% |
| ... connect families to outside or community resources.* | 39% | 0% |

Researchers asked parents which practices of family-sensitive caregiving might be easy for a caregiver to do. Again, there was variation among parents’ responses. The practices of care that parents perceived as easiest were more concrete. For example, connecting families to outside resources and working with their schedules were rated as easy. One parent said, “Connecting families to outside resources might entail taking a paper home and might be easy for a provider to do.” Four parents said that the caregiver being willing to work with parents’ work schedules would be easiest. “As long as parents know their schedule, [they] can tell teacher in advance and [the] teacher can schedule around it.” Another parent reported that this would be easy because of how she perceives home-based providers’ flexibility level, “The flexibility. They are home 24/7, if it’s a home daycare.” One parent said that caring about the entire family would be easiest because, “If they are a child care provider, it should be easy for them.”

Researchers asked parents which practices of family-sensitive caregiving would be difficult for a caregiver to do. Five parents reported that the caregiver working with parents’ work schedules would be hard for a provider to do. These parents recognized that a provider balances many families’ work schedules when caring for all of the children in care.

There was noticeable variation in parents’ perceptions about the ease or difficulty of providers’ working with parent work schedules. This is an important area for further exploration. Parents were less likely to mention the other practices of family-sensitive caregiving (i.e., including families in the decision-making process, caring about the entire family, considering parents’ goals and ideas). It may be that these are newer concepts to parents in relation to child care and thereby harder for parents to perceive as integral to quality caregiving.

Cultural Responsiveness

Parents consistently rated the culturally-responsive practices as less important than the other quality care practices. While the large majority of parents (74%) did perceive interacting with children in ways that are respectful to their family’s beliefs, customs, and ways of doing things as extremely or very important, promoting communication, gathering information about family practices, and having a care setting that reflects cultural diversity were perceived as noticeably less important. This is noteworthy as QRIS are striving to improve their ability to define and measure culturally-responsive caregiving (Shivers, et al., 2011), and research has found that some parents choose a type of provider (e.g., family, friend and neighbor caregiver) because they perceive this provider will promote their cultural views (Susman-Stillman & Banghart, 2011). It is premature to conclude that low-income parents do not value culturally-responsive caregiving. It is possible that they have given less thought to this construct of caregiving, feel uncomfortable commenting on it, or genuinely do not see it as a feature of quality.

TABLE 4. PARENTS' PERCEPTIONS OF QUALITY: CULTURAL RESPONSIVENESS

| “When you think about quality in a child care setting, how important is it that [the provider/caregiver]...?” | Rated as extremely or very important | Ranked as the MOST important |
|--|--------------------------------------|------------------------------|
| ... interact with children in ways that are respectful to their family's beliefs, customs, and ways of doing things. | 74% | 26% |
| ... promote ways to communicate with families who speak a language not spoken by the provider. | 42% | 53% |
| ... gather information about families' beliefs, customs, and ways that each family does things. | 37% | 21% |
| ... the care setting reflects different cultural backgrounds of the children and their families. | 37% | 0% |

Similar to parents' responses about family sensitive caregiving, parents' responses about cultural responsiveness also reflected practical considerations. When asked what the most important feature of culturally-responsive caregiving was, ten parents said it was for the caregiver to promote ways to communicate with families who speak a language that the provider does not speak. When asked why, one parent commented on the importance of communication for learning.

“You need to be able to communicate in order to learn from each other. If the child speaks in a different way, how are you going to teach them?”

Parents also placed an emphasis on overcoming language barriers and creating a personal relationship with families. One parent stated,

“It makes it more personal with the family. If you don't acknowledge their language and aspects of their culture, it suggests that you [the provider] don't care.”

When asked what would be easy for a caregiver to do, just over one-third of parents said that gathering information from families about their beliefs and customs would be easiest for caregivers. One parent acknowledged that gathering the information would be easy, but interacting with children in ways that reflect cultural diversity would be much harder. Six parents said that having a care setting that reflects different backgrounds would be easy for caregivers. One parent said, “Making the classroom environment reflective of different cultures is as simple as putting different languages up on the wall.” Further exploration into parents' viewpoints about culturally-responsive practices is warranted. Researchers point out that providing a culturally-responsive environment is challenging, and that the superficial components of diverse cultures, such as putting words in other languages on the wall, does not elevate children's cultural process quality in an early care setting (Shivers, et al., 2011).

Although promoting ways to communicate with families who speak different languages was most important to parents, just over half (10 out of 19) reported this would be the most difficult practice for a caregiver to carry out. One parent said, “If neither one speaks the same language, then there is a communication barrier and learning will not occur.” While another said, “I think it's important, but could be challenging because you are asking two people to find a bridge. Maybe only one is willing to find a bridge.”

IMPLICATIONS FOR POLICIES, STAKEHOLDERS, AND FUTURE RESEARCH

The 19 parents participating in this interview³ reported caregiver practices fostering developmentally appropriate interactions were most important to them when they consider quality in child care. Parents also identified the importance of practices to support social-emotional development, although slightly less so. Parents' values about these two constructs of early care and education quality mirror the public emphasis on children's development over the last 20 years, which has focused on promoting children's cognitive readiness for school throughout the majority of that time, and children's social-emotional readiness for school only more recently (Snow, 2011). While parent conceptions of school readiness are shifting towards a more integrative notion that recognizes the interdisciplinary nature of school readiness (see Gamble, et al., 2009; Forry & Wessel, 2012), current parent perceptions of quality in this study are still reflective of a somewhat greater emphasis on practices to support learning than practices to support social-emotional development and behavior, or the interplay between the two.

However, while both of these constructs of quality were still strongly endorsed by parents, there was variation in how parents thought those practices should be enacted in a care setting. Parents differed on how easy or hard it was for providers to support developmentally appropriate practices and social-emotional development. For both of these constructs, there was a set of parent responses that suggested a disconnect between ideals about high-quality caregiving and teaching and the particular practices to accomplish a valued goal. For example, parents most highly valued developmentally appropriate practices, but did not rank highly the measurement of children's development with use of an assessment tool as part of developmentally appropriate practices (Snow, 2011). Findings from other research indicate that parents do have a concept of child-centered/individualized care, but aside from suggesting that providers participate in training (Harrist, et al., 2007), parents are less able to articulate clearly the practices or strategies providers might use to support individual children's developmental growth and transitions (Gamble, et al., 2009). Further work is needed to understand parental reasoning about how they believe caregivers should learn about children's development and growth over time.

From the findings in this study, it appears that the concepts of family-sensitive caregiving and cultural sensitivity were valued to a lesser extent by parents. It is unclear if this is because parents have less familiarity with these concepts in relation to quality caregiving and teaching, if these are just of less concern to them (compared to developmentally appropriate practice and practices to support social-emotional development), or because parents are less comfortable talking about family-sensitive caregiving and cultural responsiveness. Parents valued communication and flexibility, which is a common theme noted by other researchers (Harrist, et al., 2007; Rose & Elicker, 2008), and also considered other practices of family-sensitive caregiving. However, parents viewed caregiving and teaching as primarily what is directed toward the child rather than the family. Yet, scholars posit that supporting families is a reasonable way to positively impact children's development, given parents' influence on children's outcomes (Bromer, et al., 2011). Educating parents about the philosophy underlying family-sensitive caregiving strategies and the role that caregivers' support of families may play in positive outcomes for children may result in parents differently perceiving how caregivers can provide quality care. Parents may benefit from a more comprehensive understanding of how caregivers' attitudes, knowledge, and practices impact their longevity in a program and their overall comfort-level with the provider. Those insights may help parents better use the opportunities and support they receive from their caregivers, or decide if they want to seek that kind of caregiving for their family.

Parents also differed on how easy or difficult it may be to provide family-sensitive caregiving. Parents may have less experience with or less recognition of this construct of care, which may have

³It should be noted again that implications from this research may be limited due to the small sample size (n=19).

contributed to their responses. Again, parents may not understand how family-sensitive caregiving may benefit them. As a result, they may not be accustomed to thinking about it as a construct or realize what it is when it does happen.

Culturally-responsive practices were least likely to be endorsed by parents as important practices of quality. Similar to the results in Gamble, et al. (2009), parents' responses were mainly practical. For example, they ranked being able to communicate with families who spoke a different language as most important, followed by gathering information about families customs and ways of caring for children. However, the noticeably lower importance ascribed to this warrants further attention, particularly in light of efforts by QRIS developers to respond to calls for culturally-responsive caregiving (Ray, 2010).

Parents place greater emphasis on quality child care now more than ever before (Chase & Valarose, 2010; Gamble, Ewing & Wilhelm, 2009; Harrist, Thompson, & Norris, 2007; Kim & Fram, 2007; NAC-CRRA, 2010; Rose & Elicker, 2008; Shlay, Tran, Weinraub & Harmon, 2005); however, there are both matches and mismatches in what parents and other stakeholders perceive as important. Continuing to support parents where they are in strong agreement about quality practices, all while continuing to build their awareness of family-sensitive and culturally-responsive caregiving practices, may be an initial step towards continuing to develop parents' understanding of quality caregiving for young children and families.

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