



Parents' and Providers' Views of Important Aspects of Child Care Quality

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The Maryland-Minnesota Child Care Research Partnership brought together two states committed to examining critical issues in early care and education and using research findings to inform policy with an interdisciplinary team of researchers experienced in conducting studies on (1) subsidy policy, (2) quality improvement strategies, and (3) parental decision making. The Partnership was developed in collaboration with state partners and reflects the issues that were of highest priority for administration of the Child Care and Development Fund (CCDF) and other early care and education policy and program efforts.

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INTRODUCTION

What aspects of early care and education settings are perceived as most important, by parents and providers, for providing high-quality care and supporting positive outcomes for children and families? What are the similarities and differences in perceptions of quality by parents and providers? Understanding the match – or mismatch – of parents' and providers' perceptions of quality can inform efforts to improve quality, to strengthen family-provider relationships, and to assist parents in selecting child care that fits their child's and family's needs.

As part of a larger project examining factors that shape parental decision-making, 92 QRIS providers¹ in two states (46 in Maryland and 46 in Minnesota) and 19 parents of young children (ages zero to six) in Minnesota who recently applied for the Temporary Assistance for Needy Families (TANF)² program were asked their views on what is important to the overall quality of a child care arrangement. Respondents were asked to think about their overall *idea* of quality and what quality meant to them rather than what they do or are presented with in practice, and to consider constructs of quality that are emerging in QRIS standards and quality improvement strategies. These quality constructs include:

¹ Sixty-four providers in the sample were family child care providers (N=40 Parent Aware providers, N=24 Maryland EXCELS providers) and 28 were center-based preschool teachers (N=6 Parent Aware providers; N= 22 Maryland EXCELS providers). Most spoke to the children in their care primarily in English (n=83); one provider spoke solely in Spanish and eight communicated in English and another language(s). Twenty-three percent reported finishing high school or having some college but no degree, 39% reported having a two-year degree, and 38% reported having a BA or higher. Providers had an average of 19.4 years of experience working with children under age eight, and reported working an average of 52 hours per week. Providers were primarily female (n=91); most identified themselves as white/Caucasian (72%), 12% identified themselves as African American, 8% as another race, 4% as more than one race, and 4% opted not to identify their race/ethnicity.

² The sample of parents – from which these 19 parents were drawn – was 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) (Punell et al., 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).

As reported in <http://www.childtrends.org/wp-content/uploads/2013/12/2013-44ParentalPerceptionsOfQuality.pdf>, there were no significant differences between the 19 parents who completed the semi-structured interview and those Wave 3 parents who did not 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) and parents' beliefs on quality practices (ratings of the importance of ten practices that a child care provider or teacher may do in a child care/early education setting), except for two factors: age of the focal child (which was younger in the group of 19 parents) and perceptions of the importance of use of a curriculum or planning tool for teaching (which was rated as "extremely important" among a larger percentage of the 19 parents than in the remainder of the sample).

- 1) strategies to implement **developmentally appropriate practices (DAP)**,
- 2) strategies to promote and support children’s **social and emotional development (SE)**,
- 3) **family-sensitive caregiving practices (FSC)**, and
- 4) **cultural responsiveness (CR)**.

Parents and providers were asked to rank the four quality constructs and 19 individual items of quality practices (four to five items in each construct) from most to least important in their overall conception of quality (Table 1). There are some notable points of difference between parents and providers,³ starting with the rank ordering of constructs, and then the item ranked as most important within each construct.

FINDINGS

What quality construct did parents and providers perceive to be the most important?

Most parents (79%) reported developmentally appropriate practices (DAP) was the most important quality construct, while four in ten providers (41%) said that social and emotional development (SE) was most important and another one-third of providers (33%) reported DAP was most important. A small percentage of providers ranked family-sensitive caregiving practices (FSC) (16%) or cultural responsiveness (CR) (1%) as most important, while no parents ranked either FSC or CR as most important.

Within each construct, what individual quality practice did parents and providers perceive to be the most important?

Within constructs, the rankings of individual items show some similarities and differences between parents and providers. Within DAP, majorities of both parents (53%) and providers (57%) endorsed “knows about children’s changing needs as they grow and develop” as the most important quality item. In contrast, within SE, no one particular item was endorsed by a majority of parents or providers. Two SE items’ rankings suggested some similarity, as they were ranked as important by about one-quarter to one-third of both parents and providers (“Helps children to learn to control their behavior,” 23% and 32%, respectively, and “encourages children to express thoughts and feelings,” 26% of each). In contrast, two other SE items’ rankings suggested some differences, as they were ranked as most important by one-quarter to one-third of one group but smaller percentages of the other group (“helps children to build relationships with peers and other adults” was ranked as most important by over one-third of providers but only 5% of parents; “caregiver’s discipline and guidance styles that match the parents” was ranked as most important by one-quarter of parents but only 4% of providers). The top-ranked items within FSC were different between groups; 37% of parents ranked “is willing to work with the parents about their work schedules” as most important (compared to only 4% of providers), while 50% of providers ranked “cares about the entire family, not just the child” as most important (compared to only 16% of parents). Similarly, within CR, the top-ranked items differed between groups; half of the parents ranked “promotes ways to communicate with families who speak a language not spoken by the provider” as most important (compared to 26% of providers), while half of providers ranked “gathers information about families’ beliefs, customs, and ways that each family does things” as most important (compared to 21% of parents).

³ Due to slight differences in the parents’ and providers’ surveys, the unbalanced sample sizes, and the small sample of parents (with only 19 parents, the standard errors would be large), we did not test for statistical significance of differences in rankings.

Table 1. Percentages of parents and providers who endorse each overall quality construct, and individual provider practices within constructs, as “most important” when thinking about the overall quality of child care

	Overall, which of these areas is most important to you when you think about quality in a child care setting (arrangement)? *a	Parents n=19	Providers n=92
DAP	Developmentally Appropriate Practices (DAP)	79%	33%
SE	Strategies to promote Social and Emotional Development (SE)	16%	41%
FSC	Family-Sensitive Caregiving practices (FSC)	0%	16%
CR	Cultural Responsiveness (CR)	0%	1%
	Which of these practices [within a construct] is the most important to you in terms of what quality child care is? The caregiver/teacher/provider/program	Parents n=19	Providers n=92
DAP	Knows about children’s changing needs as they grow and develop.	53%	57%
	Works with families to set individual plans and goals for children.	11%	21%
	Encourages children to recognize words/letters/numbers/shapes.	16%	4%
	Provides materials for play and learning.	16%	14%
	Measures children’s development over time to determine how they’re doing.	5%	4%
	Missing	0%	0%
SE	Helps children learn to control their behavior.	33%	23%
	Helps children to build relationships with peers and other adults.	5%	36%
	Encourages children to express thoughts and feelings.	26%	26%
	Caregiver’s discipline and guidance styles that match the parents’.	26%	4%
	Helps children resolve conflicts with other children.	5%	5%
	Missing	5%	4%
FSC	Cares about the entire family, not just the child.	16%	50%
	Is willing to work with parents about their work schedules.	37%	4%
	Considers parents goals, ideas, and suggestions when caring for children (Parent interview)/takes into account parents’ ideas about caregiving. (Provider interview)	26%	16%
	Includes families in planning and decision making for the program and/or children’s activities.	21%	7%
	Connects families to community resources such as developmental screenings for children, economic assistance, or parenting information.	0%	22%
	Missing	0%	1%
CR	Gathers information about families’ beliefs, customs, and ways that each family does things.	21%	51%
	Interacts with children in ways that are in keeping with their family’s beliefs, customs, and ways of doing things.	26%	7%
	Arranges the care setting so that it reflects different cultural backgrounds of the children and their families.	0%	13%
	Promotes ways to communicate with families who speak a language not spoken by the provider.	53%	26%
	Missing	0%	3%

*84/91 providers were able to rank and identify one construct as the most important. Seven providers were unable to identify one construct as most important and were unable to answer the question.

^a18/19 parents were able to rank and identify one construct as the most important. One parent was unable to identify one construct as the most important and was unable to answer the question.

IMPLICATIONS

Many QRIS and professional development systems include standards related to developmentally appropriate practice, supports for social-emotional development, and family engagement, and some are evolving to include standards related to family-sensitive care, family-provider relationships, and cultural perspectives. This project offers a useful survey tool which extends prior research on views of child care quality by including quality constructs and items that are beginning to be incorporated in QRIS and which may reflect child care quality features that matter differently to parents and providers. Findings from this initial set of results using this survey tool can call attention to the possibility that parents and providers may have somewhat different priorities when it comes to elements of quality care. Future research can employ the survey tool in larger matched samples of providers and the parents of the children in their care.

Understanding parents' and providers' perceptions of quality can inform quality improvement initiatives, quality measurement, and program evaluation. Awareness of possible match and mismatch between parents' and providers' views of the importance of different elements of child care quality can aid efforts to develop QRIS indicators, professional training, and technical assistance regarding working with families and strengthening the relationship between families and providers. Furthermore, understanding alignment (or misalignment) of parents' and providers' perceptions of quality can inform efforts to help parents make choices that fit their child's and family's needs and efforts to help providers offer care that parents seek.