

How Stake Holder Groups Define Quality in Child Care

Deborah Ceglowski^{1,2}

This paper presents definitions of child care quality from focus groups conducted to develop a research design to assess the quality of Minnesota's regulated child care system. Eleven individual interviews and 38 focus groups involving 333 people were held in communities throughout Minnesota between 1-11-00 and 6-14-00. The focus groups represented the various stake holders interested in child care quality including parents, legislators, child care staff and administrators, licensed and unlicensed family child care providers, family and center based child care licensors, child care resource and referral staff, and teacher educators. Beginning first with the traditional definition of child care quality (what is good for the child) and related quality indicators, the author presents Katz's (Multiple perspectives on the quality of early childhood programs) four dimensional definition of child care quality and the associated research investigating these dimensions. The similarities and differences in various stake holder groups' definitions of child care quality are then presented and compared with Love, Schocket, & Meckstroth's review of child care research. The paper ends with a discussion how stake holders' definitions of child care quality may inform researchers and policymakers about child care quality.

KEY WORDS: child care quality; stake holders; four dimensions of quality.

INTRODUCTION

When Minnesota residents were asked to describe characteristics of good child care providers, their responses included loving care, training and professionalism, relationship with parents, and caring, stability, and individual attention. Yet the frequency of these responses varied significantly by their perspective, or stake holder status. The following two comments, one from a parent and one from a teacher, highlight one difference:

“When I was a parent, what I liked was when the staff was in contact with me with progress, just the little things. And to see the things that teaching staff

was doing with my child and how once they came home and the things I seen that they were the abilities of the teaching staff that I liked. And just having that communication” (parent on White Earth Indian Reservation).

A teacher in a full-day Head Start program stated “the childcare provider offers age appropriate learning experiences.” While both of these constructs, communicating with parents and providing appropriate learning experiences, are important, they hint at different perspectives of child care quality. In this paper I explore Katz's (1993) four perspectives of child care quality and how the findings from 38 Minnesota focus groups are similar and different to the characteristics of quality child care providers and programs most commonly found in research studies.

Quality of Child Care

As more and more mothers have entered the paid labor force, children increasingly spend part of

¹Department of Counseling, Special Education, and Child Development, University of North Carolina at Charlotte NC.

²Correspondence should be directed to Deborah Ceglowski, 5014 Colvard Hall, 9201 University City Blvd, Charlotte, NC, 28223-001; e-mail: daceglow@email.uncc.edu

their time in non-parental care, often in paid child care settings (Cohen, 1996). Parents often choose child care for educational or developmental reasons as well, for example, using preschool even when not employed. Over half of all children under five and between 5 and 12 are in child care, and fewer now stay at home full-time with a parent (Brick et al., 1999). At the same time, welfare reform and a strong economy have increased the number of low-income mothers who are working.

Research on child care issues and policy has been expanding rapidly in the past few years. Our knowledge of the factors affecting quality of care, the impacts on children's development and education, and the outcomes for family income and self-sufficiency are growing (Peisner-Feinberg, Clifford, Yazejian, Culkin, Howes, & Kagan, 1998; Whitebrook, Howes, & Phillips, 1990). The rapidly changing policy environment and devolution mean that policy-makers at state and local levels of government are increasingly involved in program changes.

Child care policies support enhanced practices for child care and the outcomes for families and children in a number of ways. One key concern is the level of quality of care. Substantial evidence has demonstrated that variation in the quality of early care and education—within the range available in typical community and family child care programs—affects a wide range of child outcomes including cognitive, social, and health. In the Cost, Quality, and Outcomes Study (Peisner-Feinberg et al., 1998), for example, children were followed through the second grade. High quality child care had positive effects on these children's language ability and sociability through kindergarten as well as math ability, thinking/attention skills, and problem behaviors through second grade. Several other major studies show similar gains in cognitive and social skills (Burchinal, Roberts, Nabors, & Bryant, 1996; Phillips, McCartney, & Scarr, 1987; Whitebook, Howes, & Phillips, 1990).

The Minnesota Landscape

Historically, Minnesota has ranked as one of the highest states nationally in the numbers of women who enter the workforce. Estimates from the Department of Children, Families and Learning reveal that 77% of Minnesota children ages five and younger, or about 285,000 children, have working parents and may use or need some form of child care while the Urban Institute (Capizzano & Adams, 2000) found

that 85% of Minnesota children under five are in child care part- or full-time. Over half of children between ages 6 and 12 are in formal arrangements when not in school. An estimated 400,000 Minnesota children under age 13 are cared for in some type of formal child care settings and an unknown number of children are cared for by friends or relatives in informal settings.

Minnesota's welfare reform effort, the Minnesota Family Investment Plan [MFIP], aims at helping participants get off welfare and out of poverty. Toward that end, the State provides child care assistance for those receiving public assistance who are seeking employment or who are employed. It also guarantees a continued child care subsidy for the year following a person's entrance into the workforce.

Minnesota's child care system is growing. This growth is due in part to increasing numbers of parents entering the workforce, but it also reflects changes in Minnesota's demographics. Recent immigration from East Africa, East Asia, Mexico, and Central America not only adds children to the child care system, but it requires a reassessment of how child care settings can best meet the needs of new families entering communities. One of the fastest growing sectors of the child care system is legally unlicensed but registered family child care homes. These homes are eligible for child care assistance funds but are not required to obtain a family child care license.

Many states and countries are struggling with issues similar to those in Minnesota. Questions about the quality of care, how parents choose care, and the impact of child care on children's social and emotional development are of concern across the country. Given the increase in number of children in non-parental care at ever younger ages, addressing questions about availability, quality, and affordability of care is critical.

In 1999, the Minnesota Department of Children, Families, and Learning issued a request for proposals [RFP] to develop a research design to study the quality of child care in Minnesota. In responding to the RFP, the author delineated two major tasks: (1) To define the indicators of quality child care from a variety of Minnesota stakeholder perspectives including parents, employers, social workers, child care advocates, and government agencies and (2) to develop a state of the art research design that utilized existing data and quality of child care measures based upon interview data gathered from various stake holders.

HOW DO WE DEFINE QUALITY CHILD CARE?

Drawing from a growing body of developmental theories and research evidence, a consensus has begun to emerge about what experiences represent “quality” in early childhood environments. The National Association for the Education of Young Children has presented these elements of consensus in two influential publications: *Accreditation Criteria and Procedures for High Quality Early Childhood Programs* (Bredekamp, 1984) and *Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth Through Age 8* (Bredekamp & Copple, 1997). Key processes related to quality center on “what is good for the child” when he/she is cared for outside the home: the amount and content of adult interaction with children, the content of interactions among children, the emotional tone of the social environment, the ways in which children are grouped, and the types of activities available to them (Love et al., 1996). Because good- and poor-quality care is evident in every type of arrangement, however, type of care cannot be used as a proxy for quality of care (Phillips, 1995).

Child care quality has been studied extensively since the 1970’s. Early research focused on the effects of child care on children, especially on infant-maternal attachment (Cornelius & Denney, 1975). Beginning in the late 1970’s, many researchers turned their attention to the question of how variations in child care affected children’s development. New questions were asked about what constituted quality in child care and how quality influenced children’s development, especially in the areas of cognitive and social development (Anderson, Nagle, Roberts, & Smith,

1981; McCartney, Scarr, Phillips, Grajek, & Schwarz, 1982). Since then, discussions of child care quality have focused on the following variables: classroom composition, curriculum and program philosophy, physical environment, staff characteristics, adult-child interactions, and parent-staff communication.

EXPANDING DEFINITIONS OF CHILD CARE QUALITY

Recently some attempts have been made to broaden the definition of care. More recent views of “quality” in early childhood services and care remind us that it is a “...relative concept...subjective in nature and based on values, beliefs, and interest, rather than an objective and universal reality” (Pence & Moss, 1994, p. 172). Definitions of quality may be narrower or broader, depending on the groups identified. Children, parents, families, employers, providers, and society all have different needs and values, and will define quality differently. This outlook on quality presents “quality” as a more loosely defined construct, whose meaning can change depending on specific circumstances.

Katz (1993), as depicted in Fig. 1, suggests there are four perspectives on the quality of child care are important to consider the adult, child, parent, and staff.

The adult, or top-down perspective, focuses on program attributes and consists of structural, global, and process components. Structural quality includes group size, staff qualifications and levels of experience, and child/teacher ratio. Global quality entails classroom practices and environments that promote

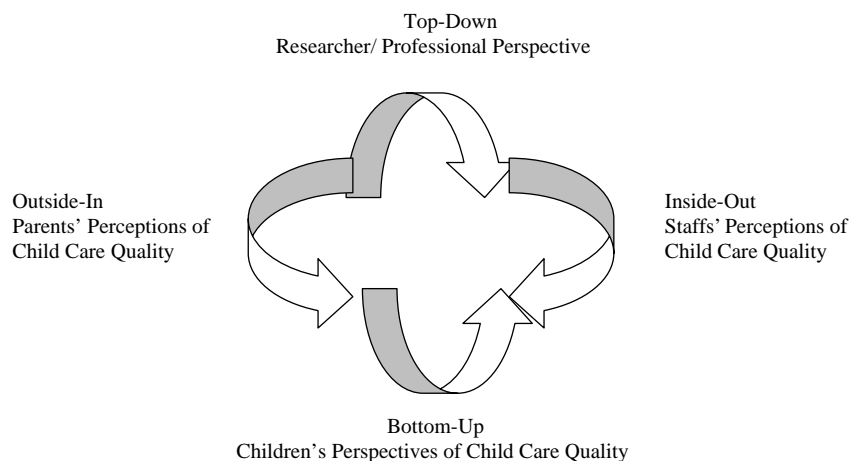


Fig. 1. Katz's (1993) model of four perspectives of child care quality.

children's growth and learning. Process quality entails adult responsiveness to and behavior with children. The top-down perspective has been utilized in every major study of child care quality.

The bottom-up perspective investigates quality from the child's vantage point and includes information about children's comfort, level of acceptance, and engagement in activities. The outside-in or parents' perspectives on quality entail program flexibility and staff responsiveness to family needs. The inside-out or staffs' perceptions of quality include administrative, collegial, parental, and sponsor relationships.

What Does Research Tell Us about How Parents, Teachers, and Children Define Quality Child Care?

A few researchers have begun to ask parents, teachers, and children—the people who participate most directly in child care—how they define quality child care. Parents in the National Child Care Survey (Hofferth, Brayfield, Deich, & Holcomb, 1991) said that, along with health and safety criteria, the most important factor in how they choose care is the personal characteristics of the caregiver, such as warmth and sensitivity. When teachers have been asked about quality of care, they tend to choose these same factors identified by parents (Galinsky, Howes, Kontos, & Shinn, 1994). Despite the fact that children are the people most affected by variations in quality of child care, almost no one has tried to study their perspective. The little research that has been done indicates they would prefer child care programs that are homelike, with “nice” staff and appealing playmates for them (Langsted, 1994).

FINDINGS FROM THE STAKE HOLDER INTERVIEWS

The aim of the focus groups was to develop a definition of child care quality from the perspective of various stake holder groups. Interviewees and focus group participants included parents, licensed and legally unlicensed family child care providers, center-based child care and Head Start staff, administrators of preschool, Head Start, and school-age child care programs, child care resource and referral staff, licensers for family child care and center-based child care programs, legislators, employers, researchers studying families enrolled in Minnesota Family Investment Program, conducting the Minnesota household child care survey, faculty in 2 and 4 years early childhood education teacher preparation

programs, staff from the Department of Children, Families, and Learning, and staff from community organizations.

Interviews and focus groups were conducted in urban, suburban, and rural communities across Minnesota. Participants included a full spectrum of Minnesota residents including American Indian, African American, Ethiopian, Hmong, and Latino and recent immigrants from East Africa, Mexico, Central America, and East Asia. Translators were provided for participants who speak a language other than English. Interviews were tape recorded and transcribed. NVivo* NUDIST software was used to systematically code, organize, map, and analyze the transcripts.

A state-wide advisory committee developed the interview questions. All participants involved were asked to list characteristics of quality child care. Other questions included: “What are three key components of a quality program or care?” “What do you consider to be the single most important factor that will lead to quality care?” “What should be the role of the community and community agencies, institutions, in supporting quality child care?” “If you could do one thing to improve child care in Minnesota, what would it be?” Other questions, aimed at specific stake holder groups, were used as well. For instance, employers were asked what do your employees need most in a child care setting? What barriers are there to providing on-site child care for employees of a large business? Child care providers were asked “What are the strategies you’ve used to improve the quality of child care?” Parents were asked “What quality of the child care provider is the most important to you?” and “What do you look for in the child care environment?”

Interview participants discussed a wide range of issues related to the quality of Minnesota child care. For the purpose of this study, the author selected three major topics related to the quality of child care. The topics were selected by analyzing the interviewee responses most relevant to the issue of child care quality. When discussing child care quality, respondents most frequently discussed the following three topics: (1) the characteristics of quality child care providers; (2) the characteristics of quality child care programs; (3) child outcomes related to quality care.

Figs. 2 and 3 depict the first two themes and sub-themes in a map format. The findings for theme three are more limited and are presented in a text format.

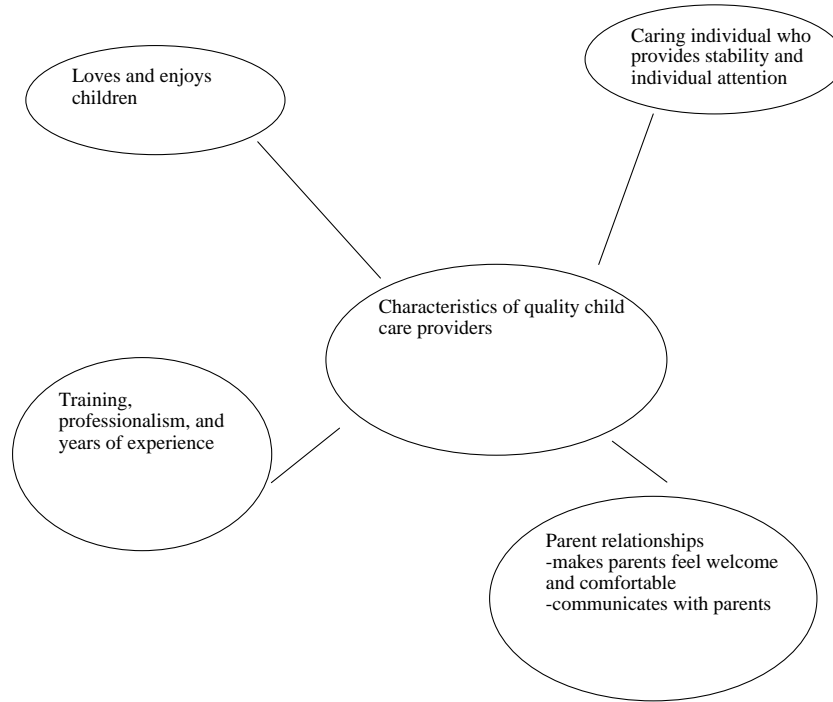


Fig. 2. Main themes and sub-themes of quality child care providers.

Following each theme map, an analysis of the findings is presented in two formats. First, the responses for each stake holder group are presented for each

major category. Second, the top three rated categories of each stake holder group are compared to those of the other stake holder groups. The first map

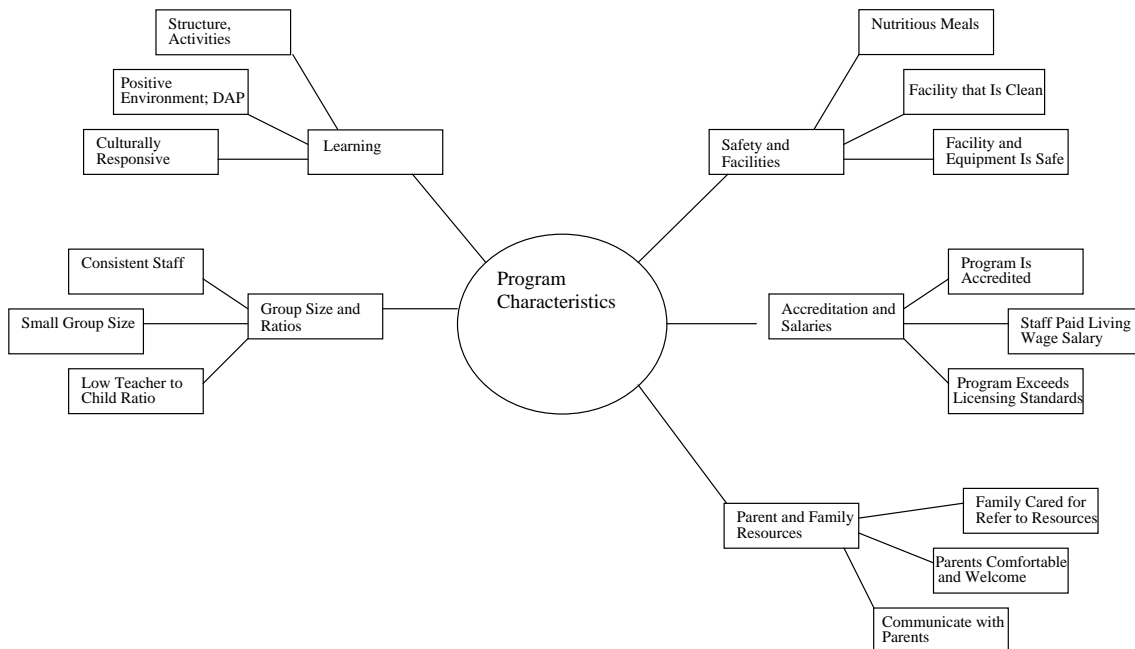


Fig. 3. Main themes and sub-themes of characteristics of quality child care programs.

Table I. Four Main Themes to Identify Quality Child Care Providers

	Total Number of Responses	Professionalism and Training (% of total responses)	Caring and Stable Provider (% of total responses)	Communicate with Families (% of total responses)	Enjoys Children (% of total responses)
Parents	41	10 (24%)	10 (24%)	17 (41%)	4 (9%)
Family child care and center-based child care staff	88	31 (35%)	21 (23%)	28 (31%)	8 (1.9%)
Program administrators and teacher educators	50	27 (54%)	15 (30%)	16 (32%)	2 (4%)
Child Care Resource and Referral Staff	32	17 (53%)	7 (21%)	3 (9%)	5 (15%)
Child care licensers	23	9 (39%)	10 (43%)	2 (8%)	2 (8%)

(Figure 2) identifies the characteristics of quality child care providers.

Stake holder groups identified characteristics of quality providers that include caring, warmth, and communication skills. Interviewees identified 11 characteristics of quality child care providers. Four major themes emerge from these characteristics: (1) providers enjoy children, (2) providers are caring, stable and respond to the individual needs of the children in their care (3) providers communicate well with families, and (4) providers act in a professional manner and seek out training opportunities. Table I lists the four major themes, and the number of responses per interviewee group. The shaded cells indicate the most frequent response from each stake holder group.

Trends in Stake Holder Responses

Parents most frequently mentioned communicating well with families (41%) as a hallmark of quality child care providers. Parents also indicated that a caring, stable provider who provides individual attention (24%) is important. Professionalism and training were viewed as equally as important (24%) as a caring environment. Family and center-based child care staff most frequently mentioned (35%) professionalism and training as characteristics of quality providers. They also indicated that communicating with parents (31%) and a caring, stable provider (23%) were important factors.

Program administrators and teacher educators most frequently mentioned training and profession-

alism (54%) as the most important characteristic of quality child care providers. They also frequently discussed caring and stable providers (30%) and communicating with parents (32%). Resource and referral staffs' responses were similar to program administrators in most frequently discussing professionalism and training (53%). They also indicated that a caring and stable provider (21%) and a provider who liked children (15%) were important factors. Licensers most frequently mentioned that a caring, stable provider (43%) is the hallmark of quality child care. Licensers also mentioned that training and professionalism are important (39%).

Comparing Stake Holder Group Responses

Family child care and center-based child care staff, program administrators and teachers, and child care resource and referral staff most frequently discussed professionalism and training as a characteristic of quality child care providers. Parent groups; however, most frequently discussed communicating with families as a characteristic of quality providers and child care licensers most frequently mentioned caring and stability as hallmarks of good providers. Though parents and child care licensers also discussed training and professionalism, their response rate differed from the other three groups. Parents discussed caring and stable providers at the same frequency as they did training and professionalism and child care licensers mentioned training and professionalism nearly as often as a caring and stable provider.

Table II. Five Main Themes to Identify Quality Child Care Programs

	Total Number of Responses	Learning, Structure, and Culturally Responsive(% of total responses)	Group Size and Ratios (% of total responses)	Safety and Good Nutrition (% of total responses)	Parent Friendly with Community Resources (% of total responses)	Accreditation and Salaries (% of total responses)
Parents	84	38 (45%)	9 (11%)	15 (18%)	20 (24%)	2 (2%)
Family child care and center-based child care staff	118	42 (36%)	16 (14%)	21 (18%)	32 (27%)	7 (6%)
Program administrators and teacher educators	92	15 (16%)	26 (28%)	19 (21%)	18 (20%)	14 (15%)
Child care resource and referral staff	43	16 (37%)	7 (16%)	13 (30%)	4 (9%)	3 (7%)
Child care licensers	31	16 (52%)	3 (10%)	0 (0%)	7 (23%)	5 (16%)

CHARACTERISTICS OF QUALITY CHILD CARE PROGRAMS

Figure 3 depicts characteristics of quality child care programs.

Participants discussed five major identifiers of quality child care programs: (1) structured programs that offer learning activities to children and provide culturally responsive care; (2) group sizes that are at or below licensing requirements, low staff turnover, and staff ratios that are at or above licensing requirements; (3) adequate facilities and equipment that are safe and a nutrition program that offers wholesome meals; (4) programs that are parent-friendly and help parents locate needed community resources and support; (5) programs that seek accreditation and offer staff higher wages and more benefits.

Table II lists the five major themes, and the number of responses per interviewee group.

Trends in Stake Holder Group Responses

Parents most frequently mentioned a learning and structured environment that provides culturally responsive care (45%) as a hallmark of quality child care programs. Parents also indicated that programs that welcome and support parents (24%) are important. Parents discussed safety and adequate facilities in 18% of the responses. Like parents, family and center-based child care staff most frequently mentioned a learning and structured environment that provides culturally responsive care as characteristics of quality programs (36%). They also indicated that communicating and supporting par-

ents (27%) and a safe, well equipped facility (18%) were important factors.

Program administrators and teacher educators most frequently mentioned group size and teacher/child ratios as the most important characteristics of quality child care programs (28%). They also frequently discussed safety and facilities (21%) and communicating with and supporting parents (20%). Resource and referral staffs' responses were similar to parents and providers in most frequently discussing a learning and structured environment that provides culturally responsive care as characteristics of quality programs (37%). They also indicated that safety and facilities (30%) and group size and teacher/child ratios (16%) were important factors.

Child care licensers discussed a learning and structured environment that provides culturally responsive care (52%) as characteristics of quality programs. They also indicated that communicating and supporting parents (23%) and accreditation and salaries (16%) were important characteristics of quality programs.

Similarities and Differences among Stake Holder Group Responses

Parents, family and center-based child care providers, child care resource and referral staff, and child care center licensers all discussed learning activities, program structure, and culturally responsive care most frequently when describing quality child care programs. Program administrators and teacher educators differed in discussing group size and ratio most frequently.

Groups also differed in the frequency of their responses to the other categories. For instance, parent, family and center-based child care providers, and child care center licenser’s second most frequent response was that quality programs are parent friendly and provide community resources. However child care resource and referral staffs’ second most frequent response was that safety and good nutrition are elements of quality programs.

MINNESOTA FOCUS GROUPS: CHILD OUTCOMES RELATED TO QUALITY PROGRAMS

Parents and child care providers discussed that happy children and school readiness are likely outcomes of quality child care programs. Parents mentioned happy children six times and child care providers nine times. Parents discussed school readiness three times and program administrators discussed readiness once.

COMPARING MINNESOTA INFORMATION TO NATIONAL STUDIES

After the interview transcripts were coded and analyzed, the author compared the Minnesota elements of quality child care to Love et al. (1996) review of research variables related to quality child care (see Table III).

In Love et al. (1996) review, the traditional definition of child care quality, that which is good for the child, is employed. Referring again to the Katz (1993) model, this indicates that the approach taken in these studies would be that of the adult perspective. Other perspectives, those of parents, children, and family and center-based child care staff, would not be considered. The shaded areas depict similarities between Minnesota focus group responses and the findings from this review.

There are many quality indicators that are similar between the Minnesota study and the Love et al. (1996) review. These include provider characteristics such as individual attention, caring, stability, experience, and training. Similarities in program characteristics include safety, facilities and equipment, group size, teacher-to-child ratios, positive environment, program structure, age appropriate learning activities, and teacher salary. Both the Minnesota study and Love et al. (1996) review found that school readiness was a child characteristic associated with quality programs.

Table III. A Comparison of Minnesota Themes of Child Care Quality to Love et al. (1996) Review

Quality Indicator	Themes from Minnesota Focus Groups	Variables identified in research studies of child care quality (Love, Schochet, & Meckstroth, 1996)	
Provider Characteristics	Love for children, likes kids		
	Individual attention	Positive caregiver behaviors	
	Caring	Security of caregiver-child relationship Quality of caregiver-child interactions Appropriate caregiving	
	Stability	Staff turnover and changes in teaching staff	
		Communicates with parents Parents comfortable with provider Professionalism	
	Experience	Experience	
	Training	Level of formal education Experience Specialized training in early childhood education	
	Program Characteristics	Safe	Safety
		Clean	
		Facilities and equipment	Classroom organization and space
Nutrition			
Group size		Group size	
Teacher ratios		Child-staff ratio	
Positive environment		Caregiver guidance	
Structure		Schedule	
Learning, activities, DAP		Use of age appropriate materials Developmentally appropriate activities and a variety of activities Appropriate caregiving	
		Culturally responsive care Parents comfortable Parents welcome Communication with parents Community resources, family care Accreditation	
Child Characteristics	Salary	Salary	
	Happy		
	Ready for school	Children who attend higher quality programs perform better on math and reading tests	

What the chart also depicts are the aspects or viewpoints of child care quality that have been less studied or considered. In the area of provider characteristics these include providers who like or love children, communicate well and are comfortable with parents, and act in a professional manner. Program characteristics found in the Minnesota study and not in the Love et al., (1996) review includes a clean environment, culturally responsive care, making parents feel comfortable and welcome and providing community resources, and accredited programs. In the area of child characteristics, the Minnesota study found that parents wanted their children to be happy, a factor that is not included in the Love et al. (1996) review. These less studied aspects reflect different viewpoints of child care quality, namely those of parents, child care staff, and children (see Katz (1993) model presented in Figure 1).

DISCUSSION

The prevailing definition of child care quality, that which is good for the child, has predominated child care research. Although this is an important construct to investigate when studying child care quality, it is one of several constructs to consider. The near exclusionary focus on this one construct has limited our understanding of child care quality and how various stake holder groups might define this differently. For instance, if parents are provided with “high quality child outcome” program and make other choices, one might assume that the parents have made “bad” choices. However, from a parents’ perspective, the “high quality child outcome” program may be deemed to be of “lower” quality. This may be due to differences in cultural values and expectations, work schedule, or family finances. For instance, with Minnesota’s growing East African immigrant population, some Somali residents chose not to enroll their children in child care programs because the programs did not provide culturally, dietary, or linguistically congruent care for their young children. In more rural settings where some parents are employed at casinos or second or third shifts at factories, there are simply not many available child care options. As one single mother employed late evenings and at casinos said, she had changed child care nearly 50 times to accommodate her schedule and preschool and school-aged children’s needs.

Minnesota parents and those elsewhere do not “choose” child care from a menu of “high quality

child outcome” programs but rather define quality within the context of the family and its particular circumstances and the options available to them. Emlen (1999) suggests that flexibility is the major factor in parental selection and definition of quality child care. Families that have limited flexibility in work choose child care arrangements that are very flexible. For example, a single parent who does not have nearby relatives and who works evening hours seeks a child care arrangement that can accommodate her working schedule. Often such parents choose from a limited number of family child care arrangements that offer evening care or informal care (a neighbor or friend). Families that have job flexibility and/or relative support can choose child care arrangements that are less flexible. In a two-parent household where one parent works during the day and one during the evening, the children could attend a child care center or a half-day early childhood program followed by parental care.

While Emlen’s analysis (1999) seems to be in opposition to the “child care outcomes” definitions of child care quality, it might be viewed instead as another perspective on child care quality, namely families’ perceptions of child care quality. This would not eliminate or lessen the importance of the top down “child outcomes” definition of child care quality but expand it to include other perspectives.

As evident in the Minnesota focus groups, parents have perspectives on child care quality that include communicating with and providing resources to families. They were the only group that primarily identified this perspective. Yet our current observational measures of child care quality do not highlight this perspective. Clearly the measures currently use focus primarily on child outcomes, not families’ perspectives. Adding family perspectives of child care quality would require different modes of research, observational and survey tools.

Undoubtedly Katz’s (1993) inclusion of children’s perspectives of child care quality poses critical questions and challenges to researchers. To date, American researchers have paid scant attention to children’s perceptions of child care quality. Deborah Vandell (personal communication) wrote and utilized scripts of common child care occurrences to elicit responses from preschool children. In the few instances when children attended the Minnesota focus groups (due to lack of child care) and were asked about what they liked about their

child care situation, they often talked about the friends to play with at the program. Yet few children attended the focus group and the study did not by and large include their perspectives.

Certainly disregarding children's perspectives on child care is not unique; children are rarely asked about their lives including school and school culture (Graue & Walsh, 1999). However, children's perspectives on child care quality would broaden the current understanding of best practices and may influence and improve the current system of formal and informal care.

Likewise family and center-based child care providers have perspectives on child care quality that are important to consider. In the Minnesota study they view communicating with parents as a hallmark of a quality provider and providing resources to families as a characteristic of a quality program. In the area of professionalism and training, where there is growing evidence that providers with early childhood teacher preparation provide higher quality care, we need to understand family and center-based child care providers' experiences with training and the connection between training, compensation, and staff stability.

CONCLUSION

Child care quality is a construct of growing importance in the United States. The majority of children in this country are spending part of their day in child care arrangements. The quality of care they receive and the correlation of that quality to child outcomes is of vital concern. To date, research efforts have focused on measuring the quality of child care arrangements, primarily in licensed family and center-based programs and studying the relationship between these observational measures and child outcomes. This research is important and must continue.

Additionally it is time to reexamine the construct of child care quality and consider other perspectives as well, namely those of parents, children, and child care providers. Their viewpoints are valid and as yet unstudied. By expanding the current definition of child care quality to include these viewpoints we might better understand the child care landscape and influence the choices available to families, program types, and staff support and professional development opportunities.

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