

Four Perspectives on Child Care Quality

Deborah Ceglowski^{1,2} and Chiara Bacigalupa¹

National and state child care policies are shaped in part by studies of child care quality. The majority of these studies focus on variables that influence child outcomes. Katz suggests that this is but one of four perspectives on child care quality, and that parents, children, and child care staff have perspectives on child care quality that have not been adequately addressed. This article reviews the variables, measures, and studies associated with each of these four perspectives. The authors argue that given the preponderance of studies conducted from the professional/researcher perspective, more effort should be directed to studying child care quality from parents' children's, and child care staff members' viewpoints.

KEY WORDS: child care; day care; child care quality; child care research; young children; socioeconomic status.

INTRODUCTION

As more and more mothers have entered the paid labor force, children increasingly spend part of their time in nonparental 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. Nearly 75% of children under 5 years and between 5 and 12 years of age are in child care (Capizzano and Adams, 2000).

At the same time, welfare reform and a strong economy have increased the number of low-income mothers who are working. Children from low-income families in which the parents are entering the work force will attend formal and informal early care and education programs (Howes, 1992). Formal early care and education is defined as licensed family child care and an array of nonprofit and for-profit licensed child care programs. Informal arrangements include care arrangements consisting of (a) relative care and care provided by friends and neighbors, and (b) illegal, nonlicensed care out of compliance with legally licensed or legally unlicensed care regulations.

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 effects on children's development and education, and the outcomes for family income and self-sufficiency are growing. The rapidly changing policy environment and increasing involvement of government in child care (Edwards, 2002) mean that policymakers at state and local levels of government are increasingly involved in program changes.

WHY STUDY CHILD CARE QUALITY?

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 outcomes. For example, the Cost, Quality, and Outcomes Study (Peisner-Feinberg et al., 2000) found high quality child care had positive effects on children's language ability and sociability through kindergarten, and on math ability, thinking/attention skills, and problem behaviors through second grade. Several other major studies have shown similar gains in cognitive and social

¹University of Minnesota, Minneapolis.

²Correspondence should be directed to Deborah Ceglowski, Department of Curriculum and Instruction, Center for Early Education and Development, University of Minnesota, 360 Peik Hall, 159 Pillsbury Drive SE, Minneapolis, MN 55455. E-mail: deber@umn.edu

skills (Burchinal, Roberts, Nabors, and Bryant, 1996; NICHD Early Childhood Research Network, 2001; Phillips, McCartney, and Scarr, 1987; Whitebook, Howes, and Phillips, 1990).

Another compelling reason to study the quality of care is to understand the impact of welfare reform upon the child care system. The quality of care that is available to low-income families is highly uneven (Phillips, 1995). A sizable minority of care falls into a range of quality that some conclude may compromise development, and there is a very limited supply of arrangements at the high end of the quality spectrum (major studies summarized by Phillips, 1995). When selecting child care, many working-poor and low-income families must choose from a seriously constrained set of options. These families face obstacles that derive primarily from the structure of low-wage jobs, the low incomes these jobs provide, and the availability of various child care arrangements (Hofferth, 1995; Hofferth, Brayfield, Deich, and Holcomb, 1991). They rely on free care by relatives and friends or very inexpensive care (National Center for Education Statistics, 1995). Their nonstandard and often rotating work hours restrict them to arrangements with flexible and weekend or evening hours of operation (Meyers, 1993). These factors typically lead to greater reliance on multiple providers and expose young children to shifting child care arrangements (Phillips, 1995).

Another reason to study the quality of care is to expand the current understanding of child care quality to include all child care settings, both formal and informal. To date, child care quality has focused on family child care homes or child care centers. Only recently have studies involved the observation and assessment of children in the vast, informal child care market consisting of care by relatives, friends, or neighbors. While we do have evidence that high quality center-based programs such as the Perry Preschool Project (Schweinhart, Barnes, Weikart, Barnett, and Epstein, 1993) provide substantial benefits to children considered to be at risk, we do not know whether the informal settings often used by low-income children provide similar benefits.

FOUR PERSPECTIVES ON CHILD CARE QUALITY

Katz (1993) suggests there are four perspectives on the quality of child care: (a) the perspective of researchers and professionals in the field, (b) the perspective of parents using child care, (c) the perspective of child care staff, and (d) the perspective of the children in child care. Although Katz argues that all four perspectives

must inform child care policy, the researcher/professional perspective is considered far more often than are the other three.

The researcher/professional 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 children's growth and learning. Process quality entails adult responsiveness to and behavior with children. The researcher/professional perspective has been used in every major study of child care quality and dominates current views of child care quality. The major aim of these studies is to identify and measure the key program variables associated with child outcomes.

Of the remaining three perspectives, the parent perspective has been studied modestly, and the staff and child perspectives have been studied minimally. Studies of parent perspectives focus on parent's perceptions of quality, including program flexibility and staff responsiveness to family needs. Staff perceptions of quality might include administrative, collegial, parental, and sponsor relationships. Child perceptions of quality would investigate quality from a child's perspective and might include information about children's comfort, level of acceptance, and engagement in activities. Figure 1 presents Katz's model.

Katz's view 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 and 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 con-

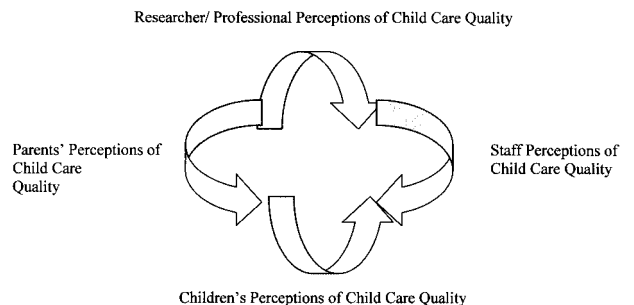


Fig. 1. Katz's model of four perspectives of child care quality.

struct, whose meaning can change depending on specific circumstances.

In the next two sections, we review the major variables, measures, and studies associated with these four views of child care quality. The first section focuses on the researcher/professional perspective and is substantially longer than the second section because the vast majority of child care research has been done from this perspective. The second section groups the remaining three perspectives together. The article concludes with a discussion of the current state of child care research and recommendations for future studies.

CHILD CARE QUALITY FROM RESEARCHERS' AND PROFESSIONALS' PERSPECTIVES

Child care quality has been studied extensively since the 1970s. To date, the vast majority of this research has used a top-down perspective aiming to determine the variables that influence child outcomes. Early research focused on the effects of child care on children, especially on infant–maternal attachment (Cornelius and Denney, 1975). Beginning in the late-1970s, 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, and Smith, 1981; McCartney, Scarr, Phillips, Grajek, and 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.

Discussions of child care quality usually involve an analysis of adult/child ratio, group size, and the age mix of children in the room. Low adult/child ratios (Field, 1980; NICHD Early Child Care Research Network, 1996; Kontos, Howes, Shinn, and Galinsky, 1995) and small group size (Clarke-Stewart, Gruber, and Fitzgerald, 1994) are associated with higher quality settings. The age mix of children has not been addressed extensively.

The physical environment is another widely recognized indicator of quality from the researcher/professional perspective. Researchers and state licensing boards agree that health and safety criteria must be met first. Additional factors such as the amount of space per child, the presence of age-appropriate toys and materials, accessibility of materials to children, and even aes-

thetic considerations such as the amount of “soft” materials in the environment also play a role in the quality of the physical environment (Howes, 1983; Kontos and Keyes, 1999; NICHD Early Child Care Research Network, 1996).

A third set of factors that researchers and professionals have included in their quality definition center on characteristics of child care staff. The most important factors in this area are (1) the amount and content of staff training/education (Arnett, 1989; Howes, Smith, and Galinsky 1995; Love, Ryer, and Faddis, 1992; Peisner-Feinberg et al., 2000; Whitebook et al., 1990), and (2) stability of staff (Howes and Hamilton, 1993). Provider education is linked with higher quality care in all settings—home, center, and relative care. Staff with formal training in early childhood education are more likely to recognize children's interests, ask and answer questions, speak at the child's eye-level, be sensitive to children's needs, and generally be warm and attentive to children (Bredenkamp and Copple, 1997; Holloway and Reichhart-Erickson, 1988). Finally, Ghazvini and Read-dick (1994) found that frequency of parent–caregiver communication was positively correlated with quality.

Studies of child care have tended to collect data in the following ways: direct observation of child care quality, indirect measures of child care quality, assessment measures of individual children, caregiver or parent ratings of individual children, and records of child care and parent information. The main instruments used to assess child care quality are presented in Table 1.

CHILD CARE QUALITY FROM PARENTS', CHILDREN'S, AND STAFF MEMBERS' PERSPECTIVES

Researchers have only 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, and Holcomb, 1991) said that the most important factors in how they chose child care were health and safety criteria and personal characteristics of the caregiver, such as warmth and sensitivity. A third factor valued by parents is a high level of parent–caregiver communication (Cryer and Burchinal, 1997; Kontos et al., 1995).

Emlen (1999) suggests that a fourth variable, 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

Table 1. Measures Used in Major Studies of Child Care Quality

Instrument	Description	Examples of Studies Using this Measure
The Early Childhood Environmental Rating Scale—Revised (Harms, Clifford, and Cryer, 1998)	7-point rating scale used to measure the appropriateness of classroom environment and practices. Additional versions rate family child care, infant/toddler, and school-age settings.	Cost, Quality, and Child Outcomes; National Child Care Staffing Study; Florida Child Care Quality Improvement Study; Quality in Family Child Care and Relative Care
Assessment Profile for Early Childhood Programs (Abbott-Shinn and Sibley, 1992)	Checklist of global quality indicators. Different versions available for infant/toddler, preschool, school-age, and family child care.	NICHD Study of Early Child Care
Assessment of School-Age Child Care Quality (Wellesley College School-Age Child Care Project, 1991)	Rating scale used to measure 14 aspects of classroom environment and caregiver practices.	National Study of Before- and After-School Programs
Caregiver Interaction Scale (Arnett, 1989)	26-item scale measuring process quality. Subscales measure provider sensitivity and harshness toward a group of children.	National Child Care Staffing Study; Cost, Quality, and Outcomes Study; Florida Child Care Quality Improvement Study; Quality in Family Child Care and Relative Care
Observational Record of the Caregiving Environment (NICHD Early Child Care Research Network, 1996)	Measures process quality: caregiver attachment, sensitivity, and responsiveness to individual children.	NICHD Study of Early Child Care
UCLA Early Childhood Observation Form (Stipek, Daniels, Galuzzo, and Milburn, 1992)	Measures whether teaching style in a particular classroom is didactic or child-centered.	Cost, Quality, and Child Outcomes; Florida Child Care Quality Improvement Study; Quality in Family Child Care and Relative Care
Parent and Teacher Questionnaires, Interviews, and Surveys	Used to measure parent and teacher perceptions of quality and child outcomes. Usually developed by the authors of the study.	NICHD Study of Early Child Care; National Child Care Staffing Study; Cost, Quality, and Outcomes Study; Florida Child Care Quality Improvement Study; Quality in Family Child Care and Relative Care; National Study of Before- and After-School Programs

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.

When teachers have been asked about quality of care, they chose the same factors that parents chose, including caregiver traits such as warmth and sensitivity (Galinsky, Howes, Kontos, and Shinn, 1994). Despite the fact that children are the people most affected by variations in quality of child care, almost no one has studied their perspective. The little research that has been done indicates they would like their child care program to be similar to home, that the staff be “nice,”

and that there be appealing children with whom to play (Langsted, 1994).

Surveys and interview protocols have been developed to assess parents’, children’s, and staffs’ perspectives about quality of care. These measures are usually developed by authors to assess areas of interest in each particular study. For example, the Oregon Child Care Research Partnership developed a questionnaire to measure how parents define and assess quality (Emlen, 1999). Cryer and Burchinal (1997) adapted versions of the Early Childhood Environmental Rating Scale for parent use. Deborah Vandell (personal communication) wrote and used scripts of common child care occurrences to elicit responses from preschool children. The Cost, Quality, and Outcomes overview refers to interviews conducted with children, but the technical report (Helburn, 1995) does not contain findings from these interviews nor is the interview protocol easily accessible.

DISCUSSION

The prevailing definition of child care quality—that which researchers and early childhood professionals have defined as good for the child—has dominated child care research. Although this is an important perspective to investigate when studying child care quality, it is only one of several perspectives to consider. For example, studies comparing parental ratings of program quality to that of educators indicate that parents give programs higher ratings than do educators (Helburn, 1995). Explanations for this difference center on the lack of information parents have about the indicators of quality, or the different perspectives that parents have of quality. Another explanation is that the description and evaluation of quality care has been dominated by experts from government, certain professions, and academic research—to the exclusion of others (Pence and Moss, 1994). Some conclude that we need to understand what parental visions are for their children, both at home and in child care, because parents' perspectives may broaden the prevailing parameters of program quality (Cryer and Burchinal, 1997; Zinzeleta and Little, 1997).

The near exclusionary focus on this one perspective has limited our understanding of child care quality. We do not know how various stakeholder groups might define this concept differently, nor do we know how these various perspectives interact with each other. For instance, if parents are provided with a “high quality child outcome” program and make other choices, one might assume that the parents have made “bad” choices. However, from a parent's perspective, such a program may not meet the family's criteria for care. This may be due to differences in cultural values and expectations, work schedule, or family finances.

While Emlen's analysis of parents' perceptions of child care quality (based on family flexibility) 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' perception 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 parents', children's, and staff members' perspectives.

Certainly disregarding children's perspectives on child care is not unique. Children are rarely asked, for example, about their lives in school and school culture (Graue and Walsh, 1998). 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.

Similarly, child care staff member's perspectives of child care quality have not been studied systematically.

With the majority of children being cared for in out-of-home programs, it is critical that we broaden our understanding of quality child care programs. This broader understanding could augment how we currently allocate funding for and deliver child care services and how local services are designed to meet specific community needs. For instance, if parents who have recently immigrated from Somalia define quality child care in terms of providers who speak Somali and observe Muslim eating customs, then programs could be developed to fit the families' definitions of quality while also conforming to traditional definitions of quality. In the same manner, staff definitions and children's definitions of quality could influence current child care service delivery.

REFERENCES

- Abbott-Shinn, M., and Sibley, A. (1992). *Assessment Profile for Early Childhood Programs*. Quality Assist, Inc., 368 Moreland Ave. NE Suite 210, Atlanta, GA.
- Anderson, C., Nagle, R., Roberts, W., and Smith, J. (1981). Attachment to substitute caregivers as a function of center quality and caregiver involvement. *Child Dev.* **52**: 53–61.
- Arnett, J. (1989). Caregivers in day-care centers: Does training matter? *J. Appl. Dev. Psychol.* **10**: 541–552.
- Bredenkamp, S., and Copple, C. (eds.) (1997). *Developmentally Appropriate Practices in Early Childhood Programs, Revised Edition*, National Association for the Education of Young Children, Washington, DC.
- Burchinal, M. R., Roberts, J. E., Nabors, L. A., and Bryant, D. M. (1996). Quality of center child care and infant cognitive and language development. *Child Dev.* **67**: 606–615.
- Capizzano, J., and Adams, G. (2000). The number of child care arrangements used by children under five: Variations across states, Urban Institute, Washington, DC.
- Clarke-Stewart, K. A., Gruber, C. P., and Fitzgerald, L. M. (1994). *Children at Home and in Day Care*, Lawrence Erlbaum Associates, Hillsdale, NJ.
- Cohen, A. J. (1996). A brief history of federal financing for child care in the United States. *Future Child.* **6**: 26–40.
- Cornelius, S., and Denney, N. (1975). Dependency in daycare and home care children. *Dev. Psychol.* **11**: 575–582.
- Cryer, D., and Burchinal, M. (1997). Parents as child care consumers. *Early Child Res. Q.* **12**: 35–58.
- Edwards, V. B. (ed.) (2002). Quality Counts 2002. *Education Week*, 21(17).
- Emlen, A. (1999). *From a Parent's Point of View: Measuring the Quality of Child Care*, Portland State University, Portland OR.
- Field, T. (1980). Preschool play: Effects of teacher: Child ratios and organization of classroom space. *Child Study J.* **10**: 191–205.
- Galinsky, E., Howes, C., Kontos, S., and Shinn, M. (1994). *The study of children in family child care and relative care: Highlights of findings*, Families and Work Institute, New York.
- Ghazvini, A., and Readdick, C. (1994). Parent-caregiver communication and quality of care in diverse child care settings. *Early Child Res. Q.* **9**: 207–222.
- Graue, M. E., and Walsh, D. J. (1998). *Studying Children in Context: Theories, Methods, and Ethics*, Sage, Thousand Oaks, CA.
- Harms, T., Clifford, R., and Cryer, D. (1998). *Early Childhood Envi-*

- ronmental Rating Scale, Revised Edition*, Teachers College Press, New York.
- Helburn, S. (ed.) (1995). *Cost, Quality, and Child Outcomes in Child Care Centers: Technical Report*, Department of Economics, Center for Research in Economic and Social Policy, University of Colorado, Denver.
- Hofferth, S. (1995). Caring for children at the poverty line. *Child Youth Serv. Rev.* **17**: 61–90.
- Hofferth, S., Brayfield, A., Deich, S., and Holcomb, P. (1991). *National Child Care Survey, 1990*, The Urban Institute Press, Washington, DC.
- Holloway, S. D., and Reichhart-Erickson, M. (1988). The relationship of day care quality to children's free-play behavior and social problem-solving skills. *Early Child Res. Q.* **3**: 39–53.
- Howes, C. (1983). Caregiver behavior in center and family day care. *J. Appl. Dev. Psychol.* **4**: 99–107.
- Howes, C. (1992). *Preschool Experiences*, National Center for Educational Statistics, Los Angeles.
- Howes, C., and Hamilton, C. (1993). The changing experience of child care: Changes in teachers and in teacher-child relationships and children's social competence with peers. *Early Child Res. Q.* **8**: 15–32.
- Howes, C., Smith, E., and Galinsky, E. (1995). *Florida Child Care Quality Improvement Study: Interim Report*, Families & Work Institute, New York.
- Katz, L. (1993). Multiple perspectives on the quality of early childhood programs. ERIC # ED355 041.
- Kontos, S., Howes, C., Shinn, M., and Galinsky, E. (1995). *Quality in Family Child Care and Relative Care*, Teachers College Press, New York.
- Kontos, S., and Keyes, L. (1999). An ecobehavioral analysis of early childhood classrooms. *Early Child Res. Q.* **14**: 35–50.
- Langsted, O. (1994). Looking at quality from the child's perspective. In: Moss, P. and Pence, A. (eds.), *Valuing Quality in Early Childhood Services: New Approaches to Defining Quality*, Teachers College Press, New York, pp. 28–42.
- Love, J., Ryer, P., and Faddis, B. (1992). *Caring Environments: Program Quality in California's Publicly Funded Child Development Programs: Report on the Legislatively Mandated 1990–91 Staff/Child Ratio Study*, RMC Research Corporation, Portsmouth, NH.
- McCartney, K., Scarr, S., Phillips, D., Grajek, D., and Schwarz, C. (1982). Environmental differences among day care centers and their effects on children's level of intellectual, language, and social development. In: Zigler, E., and Gordon, E. (eds.), *Daycare: Scientific and Social Policy Issues*, Auburn House, Boston, pp. 126–151.
- Meyers, M. K. (1993). Child care in JOBS employment and training program: What difference does quality make? *J. Marriage Fam.* **55**: 767–783.
- National Center for Education Statistics (October 1995). *Approaching Kindergarten: A Look at Preschoolers in the United States*, U.S. Department of Education, Office of Educational Research and Improvement, Washington, DC.
- NICHD Early Child Care Research Network (1996). Characteristics of infant child care: factors contributing to positive caregiving. *Early Child Res. Q.* **11**: 269–306.
- NICHD Early Childhood Research Network (2001). Before Head Start: Income and ethnicity, family characteristics, child care experiences, and child development. *Early Educ. Dev.* **12**: 545–576.
- Peisner-Feinberg, E. S., Burchinal, M. R., Clifford, R. M., Culkin, M. L., Howes, C., Kagan, S.L., Yazejian, N., Byler, P., Rustici, J., and Zelazo, J. (2000). *The Children of the Cost, Quality, and Outcomes Study Go to School: Technical Report*, University of North Carolina at Chapel Hill, Frank Porter Graham Development Center, Chapel Hill.
- Pence, A., and Moss, P. (1994). Towards an inclusionary approach in defining quality. In: Moss, P., and Pence, A. (eds.), *Valuing Quality in Early Childhood Services: New Approaches to Defining Quality*, Teachers College Press, New York, pp. 172–179.
- Phillips, D. A. (ed) (1995). *Child Care for Low-Income Families*, National Academy Press, Washington, DC.
- Phillips, D., McCartney, K., and Scarr, S. (1987). Child-care quality and children's social development. *Dev. Psychol.* **23**: 537–543.
- Schweinhart, L. J., Barnes, H. V., and Weikart, D. P., with Barnett, W.S., and Epstein, A. (1993). *Significant Benefits: The High/Scope Perry Preschool Study Through Age 27*, High/Scope Press, Ypsilanti, MI.
- Stipek, D., Daniels, D., Galluzzo, D., and Milburn, S. (1992). Characterizing early childhood education programs for poor and middle-class children. *Early Child Res. Q.* **7**: 1–19.
- Wellesley College School-Age Child Care Project (1991). *AS: Assessing School-Age Child Care Quality*, Wellesley, MA, Author.
- Whitebook, M., Howes, C., and Phillips, D. (1990). *Who Cares: Child Care Teachers and the Quality of Care in America: Final Report of the National Child Care Staffing Study*, Child Care Employee Project, Oakland, CA.
- Zinzeleta, E., and Little, N. (1997). How do parents really choose early childhood programs? *Young Child.* **52**: 8–11.

Copyright of Early Childhood Education Journal is the property of Kluwer Academic Publishing and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.