A Packet of Scales
for
Measuring Quality of Child Care
From a Parent’s Point of View

With Summary of Method and Findings

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By
Portland State University
The Oregon Child Care Research Partnership
and 1,115 parents of children in child care

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Part One: Summary of Method and Findings

**Introduction.** These scales measure quality of child care from a parent’s point of view. The measurement scales were developed in a four-year project under a grant from the Child Care Bureau to Portland State University and the Oregon Child Care Research Partnership. A full description of the methodology and findings appeared in a final report and a web site\(^1\). Now we wish to make all the scales available as a packet accompanied by a condensed summary of method and findings. Although but a beginning exploration of untouched terrain, the scales provide useful and reliable measurement tools for parent assessment of the quality of their child-care arrangements. The development of such measures is a more involved process than could be accomplished in one project, but we made a good start. We shared our scales, methods, and findings as we went along, and we anticipate that other investigators will be making significant improvements in methodology and research in this area. By June 1999, our scales or selected items were being used in 15 other major studies by 12 different research groups at universities, firms, or state agencies, in 11 states. The most extensive use is being made by Felton Earls and Mary Carlson of the Harvard School of Public Health in a large longitudinal ecological study of cohorts of children, families, and child care in Chicago neighborhoods\(^2\). In the meantime, we wish to make the scales available in one convenient packet, and we hope our summary of method and findings will encourage further interest in engaging parents in exploring how they are managing child care, work, and family.

**The need for parent measures of quality of child care.** Oregon’s recognition of the need for parent measures of child-care quality arose from the deliberations of a data group. With the Oregon Progress Board we had created benchmark measures of the affordability of child care and its accessibility through referral agencies. Through a biennial household survey we also were able to measure the use parents made of different types of paid care. Missing, however, was any measure of quality of care based on questions suitable for asking all consumers or parents in the population regardless of the type of child care they were using. As a matter of public policy it was important to have parents speaking for themselves about their child care. But a general consensus reached by researchers, professionals, and state administrators confirmed there was nothing available in use or in the literature that would meet the need.\(^3\) General questions about parents’ overall satisfaction with their care would be too superficial. We needed parents reporting specific detailed perceptions of their

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\(^2\) Project on Human Development in Chicago Neighborhoods. Felton Earls et al., Harvard School of Public Health.

\(^3\) Demand for the scales confirmed that they fill a gap.
experience, and we needed to compile their varied responses in reliable measurement scales so their collective assessment would carry the weight it deserved.

**The questions parents were asked.** To measure quality of care we created 55 specific statements such as *My caregiver is happy to see my child. My child feels safe and secure in care.* *There are too many children being cared for at the same time.* *My caregiver is open to new information and learning.* Parents responded *Never, Rarely, Sometimes, Often,* or *Always*. Also they could say *Don’t know* or *Does not apply to me*. Individualized for their child, the questions sought to obtain anonymous reports of the parents’ observation, perception, experience, and assessment of events, rather than focus on their state of mind as would happen if we had asked how satisfied they were. The idea was to focus respondent’s attention on what happened. Expressed in ordinary language, the short, simple statements required a minimum of abstraction.

**The scales.** Although the response categories for each question form a scale, it takes a group of items to test their reliability and validity. The 55 specific questionnaire items didn’t use the word “quality,” but an implication was there as a latent concept. The responses added up to a measure of quality when responses to a group of statements reliably expressed the same idea such as *the caregiver’s warmth and interest in my child*. Another group of statements reliably expressed the idea that *my child feels safe and secure*. Other scales measured the *skill of the caregiver*, the *richness of the activities and environment for the child*, whether the *relationship with the caregiver was supportive and communicative of shared information*, and whether there were a number of *risks to the child’s health, safety, and well-being*. The resulting scales measured characteristics of child-care quality from a parent’s point of view. When the set of scales emerged from factor analyses and reliability tests, it was clear that parents had discriminated rather well the same facets of quality of care that parents, professionals, and researchers have agreed are critical.

**The role of parents and professionals in the process.** The specific items were created to represent the major dimensions of quality of care that appeared in the research literature or emerged from brainstorming with professionals or were suggested in focus groups with parents. The instrument was pre-tested with parents, piloted with parents in six focus groups, and critiqued by parents and others who cared deeply about the issues and the process. Partners in the process included the Research Partnership, a statewide Data Group, and a Policy Council on Child Care Quality composed of parents and members of the business community.

The questionnaire evoked thoughtful study and discussion. Many parents said filling out the questionnaire gave them a clearer perspective on quality of child care. One said, “I

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4 Originally we used a four-point scale without the category *rarely*, but in the 1997 replication in Kansas City we expanded to the five-point scale which stretched the variance. See Appendix.
knew those things were important to me; I just didn’t know it was quality of care”. The much-hyped words “quality of care” sound abstract, external, and somewhat alien to parents. Completing the questionnaire linked the concept to their experience, gave articulation to their perceptions, or reinforced what they privately observed and hesitantly believed. Some parents said it would help them “next time.” The questionnaire appeared to confirm, strengthen, and stretch the ability of parents to express their views about what quality of care was. And the experience led to action as parents went to the legislature as parents representing the interests of parents—a parent’s voice at the policy table.

**The samples.** It is important to know what kinds of samples were used in constructing the scales. By the end of July 1996, the survey had produced a composite sample of 862 parent questionnaires from more than a dozen sources inclusive of a wide range of incomes, types of jobs, and types of child care. We sought diverse special samples that would offer a wide range of responses on key measurement issues. Many special samples were analyzed separately as well as forming part of the composite sample from which the scales were developed.

This was a sample of current arrangements that had lasted a median of 10 months and a mean of 16.5 months, with a standard deviation of 17.2 months. The middle 50% of arrangements had lasted from 5 to 24 months—the middle 80% from 2 to 36 months. Among types of child care, 89% of the parents were using paid care—38% in family day care, 35% in centers, and 8% with a grandparent. Also in the sample was care in the child’s home by non-relatives. The sample called for one child and one arrangement per family—that of the youngest child, and 69% of the sample were under the age of 5, 50% between 2 and 5 and a median age of 3. The children were in the care arrangement a median of 30 hours per week, the middle half in care between 19 and 40 hours. The median amount families spent on care monthly for all children was $300; the middle half spent between $150 and $500. As a percentage of household income, the median spent was 9%; the middle half spent between 16% and 5%, with 29% spent by those at the 90th percentile of this affordability benchmark.

Designed as a survey of employed parents, the largest sub-sample was 264 US Bank employees who had children under age 13. Two other corporate samples were Boeing Aircraft employees using referral and counseling services and Mentor Graphics parents using an on-site child development center outstanding in quality. We sampled members of the Association of Flight Attendants AFL-CIO living in Oregon and flying for one of three airlines. To test questions measuring work-family flexibility, we included parents who worked 9-to-5 and also those who worked non-traditional schedules such as evening shifts, weekends, or the demanding schedules of flight attendants. Fifty-five percent of parents had a spouse who worked full time. Thirty-four percent had no spouse or partner and 85% of them were employed—two-thirds of them full time.

We obtained sample from all levels of household income—31% had less than $20,000 and 20% had $75,000 or more. Among low-income parents our samples including
those receiving public child-care assistance and those who did not. The median household income in the sample was $37,500, with 50% of the sample having $12,500 to $60,000.

In child-care subsidies, 47% of parents claimed a federal or state income child-care tax credit, 29% received or qualified for the Earned Income Credit, 26% received public child-care assistance from a state agency; 23% had an employer plan allowing them to purchase child care with before-tax dollars, and 14% reported miscellaneous subsidies (reduced price, discount, bargain rate, sliding-scale fee, scholarship, or general subsidy of the program by an agency, employer, church, or child-care provider.)

In addition to parents who found child care informally on their own, we sampled parents who turned to resource and referral agencies for help in finding child care. We also made a special effort to obtain samples of parents of children with a disability. Eight percent of the sample had a child with an emotional or behavioral problem requiring special attention and whose special child-care needs might present greater difficulty to their parents and caregivers. And we wanted as wide a range in levels of quality as could be obtained from sampling arrangements parents were currently using. We obtained sample from users of facilities of known high quality as an aid in testing the validity of parent-reported quality. At the other extreme were parents who had lodged complaints about care they were using.

The sample came largely from Oregon—746 (87%)—but 58 were from Washington, 44 from California, and 14 from 8 other states. The composite sample of 862 was dispersed across 253 zip code areas. The sample was inclusive of a wide range of incomes, types of jobs, and types of paid care.

For description of Kansas City sample, see Part Three.

**Applicability of the scales and the ability to generalize findings.** Among the criteria for evaluating a measurement tool is its applicability to different populations. This affects whether or how widely one can generalize from the findings based on the scales. To investigate this question we examined whether scores on our 15-item quality-of-care scale were associated with a number of variables: age of child, parents’ ability to answer the questions, duration of the arrangement, type of child care, household income, and levels of quality:

- **Age of child.** One of the limitations of the questionnaire and resulting scales is that age-specific items were sacrificed to meet the purpose of creating an instrument that could be used regarding children all ages. We could have achieved greater detail with separate scales for care of infants, toddlers, pre-schoolers, and school-age children. But that was not possible when sampling parents without knowing what age their youngest child would be. Obviously there are attributes of quality that are applicable to any age, or we would not have been able to create reliable scales. Nevertheless, we paid a price in loss of specificity, and this should be pointed out.

There was a statistically significant age-related difference in the quality of care reported by parents, although the correlation was weak. Quality of care had no
relationship to sex of child but was somewhat related to age of child \((r = .24)\), due to a drop in quality reported for school-age children. The level of reported quality did not differ significantly from infants to toddlers or pre-school children through age five. Then the median scores began to slip as more low scores occurred for school-age children. However, wide and largely overlapping variation was reported in quality of care at every age. The quality-of-care scale may have sacrificed some age specificity, appeared to have enough general applicability across the age span studied to be useful, despite a weak but significant school-age difference.

- **What parents observe and report versus what they “don’t know”**. To the statement *My caregiver is happy to see my child* 1.6% of parents couldn’t answer; they said *Don’t know* or *Doesn’t apply to me*. Missing values for *The caregiver helps children to make their own decisions* was 16%. Overall, missing values for the 55 quality items totaled 6%. Missing values were highest on issues of caregiver skill (12.5%).

  Some of the items with higher frequency *don’t know* responses were casualties of item selection. They just didn’t work well enough. So, one of the limitations of the scales is some restriction to observations that parents can make. However, we did not exacerbate the problem by eliminating all of the items for which there were missing values, or by using statistical analyses that dropped cases with missing values. To avoid sampling bias we replaced the missing values with the mean value for that item. Mean substitution creates a conservative bias, but preserves the sample. This was especially important because the number of *don’t know* responses were most prevalent among parents reporting low quality of care. This was important to learn. Parents who were less observant, less conversant with the caregiver, or less able to say what goes on in their child’s care were somewhat more likely to report poorer care. There are differences in parental ability to observe and assess what goes on in care, but we succeeded in minimizing the impact of those differences on the applicability of the scales.

- **Duration of arrangement**. It would be a problem for the applicability of a measure of quality of care if the scale scores strongly depended on how long a child had been in care. But reported quality had no significant relationship to how long the child had been in this arrangement as measured by a logarithmic transformation of the number of months. The spread of quality scores was wide at all stages from new arrangements to those of long duration. This sample was a cross-section of arrangement duration, from new to long term. The median duration was 10 months and the middle 50 percent ranged from 5 to 24 months.

- **Type of child care**. We went to considerable pains to make sure that the quality-of-care scales were applicable to any type of child care, especially to center care and family day care, which are the two major forms of market care outside the child’s home. We
conducted three factor analyses of the quality items, one including all types of care, one just for center users, and one for parents using family day care. The factor structures were quite similar, assuring us of the general applicability of the scales.

This applicability of the scales gave us more confidence in reporting an important negative finding: the types of care did not differ significantly in reported quality. Quality of care as measured by the 15-item scale had no relationship to the type of child care the children were in—that is, centers, family day care, paid relative care, or in-home care by unrelated persons. Similar averages and variation in quality were found within every type of care. This kind of finding has been reported before\(^5\), but it was important to have it confirmed by parent assessments. These scales are especially useful for sampling parents as child-care consumers, when it is essential to have measurement scales that can be used for any type of care they may be using.

- **Household income.** Reported quality of care also had no overall, first-order relationship to household income. Zero correlation. The quality of care parents reported showed comparable average levels and similar variation at every level of household income—under $5,000, $5,000-9,999, $10,000-14,999, $15,000-19,999, $20,000-29,999, $30,000-44,999, $45,000-64,999, $65,000-99,999, and $100,000 and above. For measurement purposes, the point is that the quality-of-care scales proved equally applicable to all income levels. There was a range of quality reported at all incomes, just as there was a range of quality in all types of child care.

This finding is surprising and perplexing. People are prone to suppose simplistically that household income can make all the difference. This negative finding deserves more discussion that we can give it here, but three points merit consideration. 1) Perhaps income differences would make more of a difference if the expensive exceptionally high-quality care were readily accessible in all neighborhoods. But parents live in today’s world. Another matter is worth considering. 2) Perhaps low-income parents make better child-care arrangements than commonly supposed. They appear to think so—despite their difficult circumstances. As viewed by parents, perhaps some of the attributes of high-quality care, such as the caregiver’s warmth and interest in the child, can be found by parents of all incomes. 3) Perhaps the life styles associated with high and low income differ significantly in how families garner the flexibility they need to manage the demands of work, child care, and family life. Household income was significantly associated with family flexibility \((r=.46)\), because the flexibility that goes with shared responsibilities in the household tends to mean two earners and higher income. And household income was inversely associated with caregiver flexibility \((r=-.30)\), because lower-income, single parents find caregiver flexibility to compensate for lower family flexibility. While high income parents may be able to buy flexibility or have the financial

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flexibility to take advantage of employee benefits such as a day off without pay, low income families may barter services or share resources, finding flexibility in many informal ways. All these relationships are more complex than we were able to explore to our satisfaction, but it is clear that at all incomes, some parents fare better than others in the quality of their child care either for reasons other than income or perhaps for the indirect ways that income involves different patterns of flexibility which in turn are associated with differences in quality of child care. As we shall see below, about a fifth of the variance of parent-reported quality of care was explained by the parent’s overall pattern of flexibility from one source or another.

- **Levels of quality.** One of the most obvious questions that arise about a scale measuring quality of care is whether it is applicable to different samples of parents and their child care with respect to the level of quality of that care. A limitation of our study is that we sampled current arrangements. In the universe of all child-care arrangements that have ever been made, many parents likely would have voted with their feet and they would not have been sampled by a questionnaire about a current arrangement. Had we sampled past arrangements that parents had terminated for one reason or another, the distribution of scores would have shown more discontent. Nevertheless, within our sample of current arrangements, the scales included items that succeeded in discriminating levels of quality. Some items that were found to do a better job of discriminating differences in quality at either the lower, middle, or upper ranges of quality, but many items were discriminating at most levels. Another analysis examined how well policy variables discriminated between pairs of quartiles of the 15-item quality scale, e.g., Q1 vs. Q4, Q1 vs. Q3, etc. An accessibility variable ability to find a caregiver who shares my values and two flexibility variables caregiver flexibility and work flexibility were most consistently predictive in discriminating levels of quality. These three, along with young age of child accounted for 59 percent of the variance in the levels of quality. Still, it must be recognized that the skewed distribution of responses to most of the quality of care items is evidence the pool of items needed an increased level of difficulty in order to discriminate finer shades of perceived quality in samples of current arrangements.

**The reliability and validity of the scales.** The reliability and validity of the measurement were tested in a variety of ways starting with a consideration of the face validity of the statements parents responded to.

- The **face validity** of the survey items was vetted in the process of building and pre-testing the questionnaire, as parents in focus groups completed the questionnaire and discussed their reactions to items they had trouble with and those they liked. This process confirmed that parents clearly understood the statements. Confirmation of the meaning of statements came from scale construction. A reliable scale is further validation that a group of statements measure the same idea. We reported a Cronbach’s alpha coefficient
for each scale as a measure of the internal consistency among the items in the scale. Factor analysis further helped to distinguish and clarify the meaning of statements and the concepts measured by the several scales. But the validity of parent reports cannot be taken for granted nor presumed to be trustworthy. Honest answers require safety, trust, and motivation. Validity depends on whether respondents understand and identify with the purpose of the data collection, trust the questioner, feel safe about their anonymity in answering, and feel comfortable about possible use of the data. We think parents felt good about the study and responded well.

Another method we used to test the face validity of the 15-item quality scale, which contained no explicit mention of “quality”, was to examine its correlation with the parent’s overall “global” quality rating when we asked, “All things considered, how would you grade the quality of the care your child is in? Perfect, Excellent, Good, Fair, Poor, or Awful? The correlation was .69, which is high enough to suggest validity but appropriately moderate considering it was a comparison between a general rating and a scale composed of specific content.

A similar test for the 15-item quality scale was its correlation to a measure of parent satisfaction created by combining the following four statements:

- The care I have is just what my child needs.
- I feel good about this arrangement for my child.
- This has been a good experience for my child.
- If I had it to do over, I would choose this care again.

This scale is more of a satisfaction measure, of which quality is just one element. Eighty-four percent said if they had it to do over, they would choose this care again, but only 68% said the care I have is just what my child needs. In other words, 32% could not say it was just what their child needed, and they didn't say it was. It was another demonstration that parents are capable of making negative judgments about their child care. Notice that they made a realistic distinction between a child’s needs and the decision or choice they may have made under force of circumstance. Well, the 15-item scale was correlated .65 with the 4-item satisfaction scale.

Parents were predominantly positive about their child care. Yet despite predominantly favorable judgments, parents also demonstrated some ability to report negatively about current care arrangements. There was evidence of human capacity to make realistic appraisals of current arrangements at least to some degree. Any tendency parents may have toward minimizing problem care is not universal or complete.

- **Prediction of care of known quality.** Two sub-samples afforded an opportunity to run a classic test of the validity of parent judgments and the quality-of-care scales based on
The findings supported the validity of the measures. Quality-of-care scale scores were significantly higher for parents using an on-site child development center of known outstanding quality—Mentor Graphics Corporation—and lower for all other center-care users in the study. A similar discriminating pattern was found for users of a family day care home known to be outstanding. It was compared to all users of family day care from samples collected through urban resource and referral agencies. The differences were not large, but they were statistically significant, and the magnitude of difference was not trivial. It is not clear just how large the differences validly should have been. Nevertheless, the parents in this comparative analysis observed and correctly discriminated the level of quality of the program their child was experiencing. In making detailed assessments of their care, those in an outstanding program did indeed identify specific characteristics of its quality, while parents using the other centers realistically did assess their care lower on the major dimensions of quality.

**Validation by replication.** There is nothing more comforting than having similar results, or at least explainable differences, show up again and again from independent samples. The main sample of 862 parents was composed of more than a dozen special samples with explainable differences that fit into an overall pattern. In addition, in 1997, we conducted a complete replication in Kansas City with a sample of 240 parents who had contacted a child-care resource and referral agency in 78 zip-code areas of Kansas City. It was a young sample; 75% of the children were under age 3. It was a more homogeneous sample also in that all the parents came to us through one source of sampling. See Part Three for description of sample. The survey was administered by the Metropolitan Council on Child Care, which is part of the Mid-America Regional Council. They collected the data and provided us with a clean file of entered data that we could use for analysis. For this replication we shortened the questionnaire somewhat but added a few items to strengthen some scales. The items formed scales replicating the earlier ones, and the reliability of the scales even improved beyond those developed in the original survey. Equally important, on this independent sample, the study replicated the findings on the relationship between quality of child care and key policy variables such as the flexibility parents have from family, work, or caregiver.

**Correlates of parent-reported quality.** Perhaps the best validation of the quality-of-care measures came from the plausibility and consistency of the findings—mean differences, regressions, correlation matrices, consistent patterns, explainable differences, and repeated parallel findings replicated with different samples. Mostly this involved the prediction of quality from a set of policy variables: affordability, accessibility, flexibility, and other variables measuring child-care needs. Together they accounted for half the

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6 “Validity tests”, 2/3/97, under Research notes and findings, http://www.teleport.com/~emlenart/ Also see Final Report
variance of quality of care measured by the 15-item scale. Our intent in this research was not to second-guess parent perceptions of quality of care, but to take parent reports for what they say and study the relationship between reported quality of care and reported circumstances that may help to explain differences in the quality reported.

The picture that emerged from the findings identified accessibility and flexibility as central issues accounting for differences in reported quality of care. The accessibility and flexibility variables reflected a blend of objective life circumstances, personal values, and sense of choice. Parents were more likely to report higher quality of care when they could say, “I found a caregiver who shares my values” and “My caregiver understands my job and what goes on for me at work. Or when they could report a sense having options and “good choices for child care where I live”, rather than say, “in my neighborhood, child care is hard to find”, or, in choosing child care, “I’ve felt I had to take whatever I could get.”

Also significantly related to success in having child care of higher reported quality was the role played by the flexibility parents have in their lives, either in their work or from shared responsibilities within the household or from being able to rely on an accommodating caregiver. We found flexibility to be complex in its patterns but the parent’s “flexibility solution” had a positive linear relationship to the probability of their reporting higher quality of care. The issue of flexibility appears to shape parents’ choice of the type of child care they use and the quality of care they are able to choose from what’s available to them in the world they live in. The findings throw new light on parent behavior and on the validity of parent perceptions of quality of care. The findings also point to social conditions and policies that may be necessary if parents are to be more successful in finding quality of care.

The pattern and consistency of substantive findings across samples further supported the validity of the measures. Nevertheless, these findings are based on correlation of data from one snapshot in time in samples of current arrangements. These and other scientific limitations are summarized below, but not before completing the story about the findings on the flexibility correlates of quality of care.

**Flexibility, quality, and choice of care.** We created three different measures of flexibility because work, family, and caregiver flexibility didn’t do well together in one scale. Some parents have all three, some seem to have very little from any source, while others develop one source, for lack of another. Single parents tend to report low family flexibility, but high caregiver flexibility. It’s no accident. They compensate for what they are missing. Parents also appear to make what will be for them an optimum trade-off between work flexibility and shared responsibility at home. Parents bring different patterns of flexibility into play in different ways as they try to manage work, family responsibilities, transportation, finances, and child-care arrangements.
From a Parent’s Point of View: Measuring the Quality of Child Care

It will bring understanding of the dynamics of how parents do or do not find higher quality of care to summarize the evidence, remembering that no one type of care was significantly higher or lower in quality. A unique pattern of work-family-caregiver flexibility was found associated with each type of child care chosen. Center users had lower caregiver flexibility, family day care users had high caregiver flexibility, parents using a relative’s home had low family flexibility but very high caregiver flexibility, and parents using a non-relative in the child’s home reported low work flexibility and high caregiver flexibility. Parents compensated for a lack of flexibility in one area of life by finding it in another. Parents did not randomly pick out child care. They chose care that provided them with a “flexibility solution.”

The findings were especially well illustrated by special samples:

1) Low-income parents, including those receiving child-care assistance, reported lower family flexibility, because most were single parents, but they made up for it by finding caregivers of high flexibility. Ever inventive, they even discovered the more flexible centers.

2) The most extreme workforce difference was a sample of flight attendants who had very low work flexibility but found extraordinarily flexible caregivers. Otherwise they would not have been employed in that occupation.

3) One of the most instructive samples was of parents of children with serious emotional or behavioral problems. Because they reported low flexibility from both work and family, they would have compensated by finding extra-flexible caregivers. Not so easy for these children. These parents were 20 times more likely than a comparison group to have had a caregiver who quit or let their child go because of behavioral problems. Lacking the needed flexibility, these parents reported significantly lower quality of care on all of the quality scales.

This corroborates the findings on the relationship between flexibility and quality of care. We found that reported quality of care is positively related to a general pattern of flexibility—not necessarily to caregiver flexibility but to finding it one way or another. Parents clearly were able to discriminate between the flexibility afforded by a caregiver and the quality of care provided. Parents did not confound the two issues, even though both are important to them. For example, Mentor Graphics parents using an exceptionally high-quality on-site child development center reported low caregiver flexibility. That was the price of the high-quality program. Those parents were able to take advantage of the opportunity

because they had both high work flexibility and high family flexibility. The same pattern was found for a family day care home known to be providing exceptionally high-quality care on a part-time basis.

The findings were confirmed in three kinds of analysis. In a regression analysis, the three flexibility variables accounted for 18 percent of the variance of the 15-item scale measuring quality of care. In other analyses the patterns of flexibility revealed how strong a role flexibility was playing. In the main sample and also in the Kansas City sample, we compared mean differences. The highest quality of care reported was associated with high flexibility from all three sources; lower quality came with low flexibility from some sources; and the lowest quality came with low flexibility from all sources. Finally, we did an analysis using frequencies and contingency tables to give a more realistic picture of the diversity of flexibility solutions parents have. To do this we divided each of the four sets of scale scores for family flexibility, work flexibility, caregiver flexibility, and quality of care (the 15-item scale) into thirds of approximately equal size: high, middle, and low. Three levels each of three kinds of flexibility created 27 combinations or patterns of flexibility—from high-high-high to low-low-low and every combination in between. We examined the frequency and percent of high, middle, or low scores on the 15-item quality-of-care scale associated with each of the 27 flexibility patterns. The results are shown in the following full-page table, with the flexibility patterns sorted in order of their quality-of-care scores. In the right-hand column of this table, in ascending order ranging from 11% to 69%, is the percentage of parents within each flexibility pattern whose quality-of-care scores fell in the low third. It’s a picture of how the diverse flexibility patterns were associated with the likelihood of low quality of care. Despite such a diversity of patterns, it is clear by inspection that the more consistently parents had a high flexibility pattern the less likely they reported low quality of care.

It mattered less where parents found flexibility than that they did find it somewhere. So we coded the net flexibility of each flexibility pattern a possible –1, 0, or +1 for low, middle, or high. Summing those, each flexibility pattern received a net score that could range from +3 to –3. See the column called Sum Flex. Dividing the sample at the median percent of low quality, net flexibility scores summed to +379 on the patterns of parents with least low scores on the 15-item quality-of-care scale, while the net flexibility scores summed to –255 on patterns of those parents with the most low quality scores. At the bottom of that table one can see that for the net flexibility scores of –3, –2, –1, 0, +1, +2, +3 the respective percent reporting low quality of care was 69, 55, 43, 34, 24, 18, 11. Again, using the figures on net

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8 Closely similar findings resulted from rank ordering the percent of high quality associated with these patterns, with percentages ranging from 64% to 0% high quality for Lo Lo Lo flexibility.

9 This very strong correlation between net flexibility and the percentage of low quality results from equalizing the sample sizes of each net flexibility score by percentaging. Based on the frequencies, however, the contingency table shows a correlation (gamma) of -.43, which is 18 percent of the variance explained. This is the same magnitude as resulted from the multiple regression on quality on the three kinds of flexibility.
Flexibility Score, by Source of Flexibility

<table>
<thead>
<tr>
<th>Family</th>
<th>Work</th>
<th>Caregiver</th>
<th>Flex Score</th>
<th>N</th>
<th>Sum Flex</th>
<th>Low</th>
<th>Middle</th>
<th>High</th>
<th>% Low Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hi</td>
<td>Hi</td>
<td>Hi</td>
<td>+3</td>
<td>27</td>
<td>+81</td>
<td>3</td>
<td>14</td>
<td>10</td>
<td>11%</td>
</tr>
<tr>
<td>Lo</td>
<td>Hi</td>
<td>Hi</td>
<td>+1</td>
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∑ = -11 405  -255

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</table>

574 288 862
flexibility, we found a positive linear relationship between flexibility and quality. Thus, we
examined the contributions of flexibility to reported quality using three statistical procedures:
an overall multiple regression, patterns of mean differences, and frequency distributions of
high, middle, and low quality by patterns of flexibility, plus net flexibility. The methods
produced similar and confirming results.

It is important to notice that quality of care occurred independently of flexibility with
substantial frequency. More quality of care is not explained than is. The distribution of net
flexibility is close to normal; it is not skewed much; and three quality groups are nearly equal
in size. Within the wide variability, however, the diverse patterns of flexibility, as well as net
flexibility, have a complex probabilistic relationship to reported quality of care. The
relationship is linear—low quality found with an absence of flexibility and high quality
found with an abundance of flexibility. And the relationship is positive, not negative. It is not
a trade-off of quality for flexibility. This finding challenges common opinion about parents
and the way they make child-care decisions. Things like flexibility, convenience, proximity,
and the practical needs of parents are often thought of as opposing alternatives to quality.
Parents are thought to make a trade-off, sacrificing quality for the flexibility they need. Our
evidence is not consistent with such a view. Parents may indeed make a trade-off in many
choices. Choice of where to find flexibility may indeed be one of those issues in which
parents seek an optimal trade-off. Flexibility and quality, however, not a trade-off
relationship, at least from our evidence. There is enough variability in our data to allow for
its happening in individual cases, but the systematic data run counter to such a view. It is not
flexibility versus quality. Having enough flexibility appears to be a significant contributing
condition for being able to choose better quality of care.

**Research limitations.** Along with the enthusiasm of discovery, it is wise to keep in mind
those limitations that must be imposed on conclusions drawn from data of this kind at this
stage of inquiry.

- The data are parent perceptions and “self-report”. Despite substantial validation
  through internal consistency of scales, factor analysis, and some corroboration by

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10 For example, Janis Sabin Elliot, *Employed Mothers’ Satisfaction with Child Care Choices: Perceptions of
Accessibility, Affordability, Quality, and Workplace Flexibility*. Ph.D. Dissertation, Corvallis: Oregon State
University, 1996. These findings do suggest that parents are involved in trade-off processes among competing
needs involved the choice of child-care arrangements.

11 Scientific research on the validity of self report has documented myriad frailties in human ability to report
accurate observations, memories, or assessments of events “The Science of Self-Report: Implications for
Research and Practice,” National Institutes of Health Symposium, November 7-8, 1996. For research presenting
“evidence that parent reports do have externally verifiable components and that apparent subjective components
do not eclipse the objective components,” see John E. Bates, “Parents as Scientific Observers of Their
Children’s Development,” Chapter in Friedman, Sarah & Haywood, H. Carl. *Developmental Follow-up: Concepts,
other data sources, the data are limited by an unknown amount of response bias and lack extensive corroboration by linkage to independent sources of data. We did not try to measure or correct for response bias, except for analysis for the don’t know responses. We especially did not try to use professional observational ratings as a standard of truth against which to test parent assessments. There is a widely held opinion that parents are an untrustworthy source of data, especially when assessing the quality of their child care. Studies have found large discrepancies between the ratings of quality made by parents and professionally-trained observers, and parents are thought to grossly exaggerate the quality of their care. This characterization is widely accepted notwithstanding methodological shortcomings ignoring that parents and professionals have distinct perspectives from which to evaluate care arrangements, that the professional observers used evaluative labels as the rating scales, and that inadequate parent measures were used for comparison. Nevertheless, the measurement biases and valid differences between professional observational and parental data remain largely unknown. The valid differences may not turn out to be so far apart as supposed. It also is clear that parents, individually and collectively, are observing a different set of facts, to some extent. So any correlation will be short of perfect. Rather than test the assessments of one against the standards of the other, different strategies are called for in validating measurements that differ in scope and content.

• Questions about subjective bias versus objective validity of parent reports especially come into play in suggesting alternative interpretations and hypotheses for explaining relationships in the data. It is logical to suppose, for example, that the positive correlation between parent-reported flexibility and parent-reported quality of care is due to a failure to discriminate between them. Or due to a comforting tendency to distort perceptions of quality to conform to a need for flexibility. For example, as pointed out by a former state child-care administrator, when a state agency tries to close down a center for not meeting quality standards, why do some parents defend it and continue to use it? Why are they so invested in the choice they have made?


13 I am indebted to Karen Tvedt for this observation. Such examples call for study of what parents are thinking when they appear to ignore issues of quality.
Perhaps parents see both quality and flexibility in the same favorable hues, because both are the result of a choice they made.

Such psychological interpretations are easily made and often seem plausible, but they substitute for what is really an empirical question. In this study, to the extent feasible, we did examine evidence that answered such doubts, corroborating perceptions of the flexibility of different types of child care and corroborating perceptions of quality of care by parents in two samples. We also found evidence in the data that parents were discriminating between quality and flexibility, associating high quality with low caregiver flexibility when that was the case. Do parents make a trade-off of quality for flexibility? For such an interpretation to be warranted the resulting correlation would have to be negative, with lower quality associated with higher flexibility. It’s an empirical question, and our correlation was positive. Response bias cannot be denied, but neither can the evidence that parents can report with enough objectivity to tell us important things about their lives. The matter cannot be regarded as settled. Anecdotal evidence of apparent examples of parent trade-off of quality for other needs still calls for explanation, and other studies of parent experience may well paint a different picture.

The measurement scales could be improved by the addition of more items that are more discriminating of high versus low differences or that strengthen weak conceptual areas that did not have enough items to produce a scale. Some items measuring high-risk safety issues are likely to have a low frequency of occurrence; they needed company in a larger scale in order to be discriminating. The measurement of flexibility worked moderately well, but it could have been strengthened by a richer pool of items, which might have strengthened its relationships to quality of care.

The findings are correlational, not experimental, and they are not based on longitudinal data. The data have limited value in making causal inferences. The data are about a current child-care arrangement of one child in the family, a moment—a snap shot—in the lives of the parents and the children. Lacking is the explanatory power of a longitudinal study in the full context of those lives. Although the exploratory study reported here is suggestive of hypotheses and possible implications, it should be regarded as a beginning effort to explore the social context of quality of care from a parent’s point of view. A more powerful analysis of these issues will come from the work of Felton Earls and Maya Carlson at the Harvard School of

14 There are of course other studies that have explored parent voices with great depth of understanding, such as that of Kathy Modigliani, *Parents Speak About Child Care: Stressed-Out Mothers, Invisible Fathers, and Short-Changed Children*. Families and Work Institute. Boston: Wheelock College, 1996.
Public Health. Their study of child development, child care, and families in Chicago neighborhoods is longitudinal, following a series of age cohorts. Furthermore, the quality and sources of data on the children, the families, the neighborhoods, and the child care—including parent data and professional observational ratings—are rich enough to support measurement, validation, and inferences well beyond what our study could do.

- A large research question for our study was how to define what we meant by “quality of care” and how broadly or narrowly to focus. Should the concept be restricted to what children experience in a child-care setting? Or should child care be seen as part of a larger context of the child’s family life. Two bodies of prior research throw some light on the issue. One body of research is that based on early care and education, or ECE. The ECE research is based on best practice of early childhood professionals and on reliable, detailed ratings by trained observers. The core definition of “quality of care” established by ECE researchers is what they call “process quality,” as opposed to “structural quality” such as adult-child ratios, group size, and training, which are really predictors of, or inputs to, quality. Process quality refers to what a child actually experiences in an ECE setting through exposure to its adult-child and group interactions, program, space, activities, materials, and care routines. The other body of research is the longitudinal study of child development under the auspices of NICHD. While ECE research concentrated on quality within the child-care setting, the NICHD studies undertook a broad examination of influences in a child’s life and their outcomes for early brain development and beyond. Both the ECE and NICHD research found favorable child outcomes attributable to quality of care, but the NICHD research also reported overriding effects of parent variables and family life. The findings show that child outcomes depend heavily on parents, on the choices they make, and on the context of care in a child’s life. The total child-care experience and quality of a child’s life depend heavily on what the parents bring to it, to their daily management of care arrangements, and to communication with the child and the caregiver. Parent variables also contribute to which work-family choices are made, which child-care arrangements are selected, and which arrangements will continue. Even if one defined quality of care primarily in terms of what happens in a child-care setting, parent variables still dominate in determining whether quality will result for

15 Project on Human Development in Chicago Neighborhoods. Felton Earls et al., Harvard School of Public Health.


17 Debby Cryer, Ibid.

18 NICHD Early Child Care Research Network, 1996 and continuing years.
the child in the marketplace. The body of ECE research helps to define a core concept of quality of care and crucial supporting features within a child-care setting. The NICHD studies stretch us to consider additional inputs to quality of care and to favorable child outcomes beyond the process and structural aspects of the setting.

In our project, our *quality-of-care* measures focused primarily on parent perceptions of what was happening within the care setting or in their own relationships to it. That is close to parents’ common sense understanding of what the words “quality of care” mean. Some of the scales dealt with core “process quality” such as warmth of the caregiver and whether the child felt safe and secure, while other items tapped “structural quality” such as whether there were too many children in care at one time. And, for the sake of clarity, we distinguished all other variables not logically definable as quality as “policy variables” or possible predictors of quality. As it turned out, some predictors such as accessibility and flexibility were so intimately involved in a parent’s choice of care and in differences in reported quality that one could think of these correlates of quality as an integral part of the context of quality of care. More work is needed in defining and exploring this broader context with enough scope to include the contributions of work, family, and neighborhood.

- In an earlier section on the applicability of the quality-of-care measures we found a reasonably good ability to generalize across types of child care, duration of arrangement, household income, ability to answer the questions, levels of quality, and even age of child though with some limitations. These were variables on which we had data. We did not, however, have data on race and ethnicity. We created items, such as *My child is treated with respect*, intended to measure caregiver’s cultural sensitivity as an aspect of quality of care. But we have no independent evidence of how culturally universal such measures really are.

- Although the findings were replicated in a variety of sub-samples and in the Kansas City study, different findings could well result from other samples widely different in ethnic composition or occupation of the parents.

- A final limitation has to do with purpose. These quality-of-care scales were designed for description and analysis. They do not result in evaluative labels that can classify child care as excellent, good, fair, or poor. Such abstractions may be useful for some purposes, but they tend to divert attention away from the underlying issues that parents can relate to their experience. There is constant risk that evaluative labels will assume more reality than they deserve, providing false comfort or invidious characterization that masks descriptive specificity and complexity. It is true that the Oregon Progress Board uses survey items as benchmarks of parent-reported quality of care by reporting the percent of parents who respond *Always* to statements such as *My*
child feels safe and secure in care. The findings, however, focus attention on specific ideas or aspects of quality, rather than on an abstract, global evaluative label.

**Conclusion.**

What do we think we know? What are some implications for policy and practice? Some child-care policy seems to be predicated on a firm belief that parents lack the knowledge and ability to pursue their own interests effectively. An economist, talking mostly about center care in the United States, holds that most providers don’t know how to produce quality of care and that parents couldn’t afford it if they did¹⁹. Furthermore, parents don’t know enough about quality of care to be a force in the market place. The uninformed consumer can’t effectively create demand for quality. Parents can’t possibly know enough since they lack the opportunity and expertise to observe and assess the care in process. Therefore, achievement of quality of care cannot rely on parents. It must rely on incentives to providers plus regulatory standards and visits regarding health and safety, group size, adult-child ratios, education and training of caregivers, and background check of staff.

The case for regulatory standards and visiting has merit even without giving up on parents as potentially informed consumers. Indeed, effective regulation is hardly possible without parents as partners in the process. Yet the field of early care and education has left parents behind, leaving a gulf in information and understanding. Does a project involving parents in measuring quality of care help to bridge that gap? We hope so.

Our project has given us huge respect for the capacities of parents, in their way, to observe and assess some of the same dimensions of quality of care deemed critical by early childhood professionals and researchers. Parents are not privy to the full inside story in child-care settings, but they have a similar general understanding of many components of quality. They can assess the caregiver’s warmth and interest in their child. They can detect some of the richness of the environment and aspects of the skill of the caregiver. They can tell whether their child feels safe and secure in care. They can judge whether communication with the caregiver is respectful and supportive. They can report the presence or absence of a variety of risks to health, safety, and well-being. Parents can discriminate between these dimensions of quality, and do so reliably. Some parents are better at it than others, and they learn. Parents care about quality of care and are thoughtful about it.

Our packet of scales, together with some of the findings, offers a beginning effort to explore quality of child care from a parent’s point of view. They document the fruitfulness of seeking parent data on quality of child care. Beginning effort though it may be, the measurement success suggests there is much to be learned about parents and from parents. These findings could not have emerged without reliable parent measures. Parents can tell us, reliably and with some validity, about the child care they have and what it is like.

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Parents also can tell us about their circumstances—about those conditions of life that may favor or forestall their being able to report care of better quality. The findings appear to reveal some of the dynamics of parent choice of child care—perhaps even a possible theory that might explain how parents make the best choice they can, under the circumstances, from what is realistically available to them. Parents do not pick child care at random. They make choices that make sense in the context of their lives. Their choice of child care is part of devising an optimal flexibility solution—some unique combination of work, family, and caregiver flexibility. Financial flexibility may also be implicated, as well as neighborhood resources and support. Although parents differ in their skill and resourcefulness in how they find or negotiate flexibility with an employer, family member, or caregiver, parents do not create flexibility out of ingenuity itself. Flexibility is a resource, an objective part of their situation that shapes what they can do. The demands of different jobs or the presence or absence of a spouse or other adult in the household are objective conditions that provide flexibility or take it away.

The flexibility findings challenge the disparaging view that parents don’t know what they are doing when they choose child care. The findings shift our attention to the sources of flexibility as a key to opening the doors of quality. The policy implications are: Stop worrying so much about the ability of parents to choose child care and get busy improving the circumstances that shape the choices parents will be able to make. The flexibility that employed parents need is in short supply. Employers, caregivers, family members, and all institutions of society are in competition for the flexibility that parents possess. Work shifts and schedules, center hours, and division of labor in family responsibilities are all competing for the flexibility parents need in trying to manage.

The flexibility parents need is of many kinds, including quality jobs and family-friendly tax policies allowing greater financial flexibility. Sufficient income for financial flexibility is often necessary for employed parents to be able to take advantage of benefits that employers offer such as parental leave or use of pre-tax dollars for child care. Parental leave may be the key to flexibility and best quality of care for an infant. Work flexibility may contribute to job stability20 and continuity of child-care arrangements. Work flexibility from favorable shifts, part-time positions, and other work-family policies and practices of employers are linked to quality of child care. Division of labor within the household is associated with higher absenteeism for the spouse carrying most responsibility for the child-care arrangements,21

20 Christine Ross and Dianne Paulsell of Mathematica have written two research reviews that made particularly good use of our research on flexibility and its relation to quality of care, and suggest ways to study how work flexibility may be important for the job stability of low-income families. See Sustaining Employment Among Low-Income Parents: The Problems of Inflexible Jobs, Child Care, and Family Support, A Research Review; and Sustaining Employment Among Low-Income Parents: The Role of Quality of Child Care, A Research Review; Washington DC: Mathematica Policy Research, Inc., 1998.

Split shifts may be a flexibility solution for some parents, although rotating or night shifts may be too extreme.\textsuperscript{22} Family or household flexibility is one of the strongest predictors of the use of paid child care.\textsuperscript{23} Informal supportive assistance may come from the neighborhood where families live,\textsuperscript{24} and organized community services such as child-care resource and referral may facilitate choice of care and influence its quality.\textsuperscript{25} The scheduling of hours a child-care center is open may determine whether a parent can take advantage of that resource.\textsuperscript{26}

In sum, recognition of a working parent’s basic need for flexibility has implications for policy and practice in helping parents achieve the quality of child care they want their children to have. Some of the most crucial contributions to quality of care may come from the sources of flexibility at a parent’s disposal as they create a child-care solution for their family. Inclusive of, but going beyond, the core concept of quality of care, quality of child care becomes a larger “quality of life” issue that also hinges on such matters as quality of jobs, quality of neighborhoods, and quality of life within the family.

A final note. Many voices speak for children and in behalf of parents, yet the vital interests of parents are underrepresented in child-care policy. A research project about quality of child care from a parent’s point of view was one way of helping parents to gain a voice of their own. They still have a long way to go in making their voices heard.


\textsuperscript{26} David Allen, “Trends in Demand for Center-Based Child Care and Early Education,” Child Care Information Exchange, 9/98, pp. 8-11.
Part Two: The Scales

Scales Measuring Dimensions of Quality

Summary. Using scale-development procedures, we produced eight scales representing conceptually and empirically distinct facets of quality of care. Factor analyses confirmed the ability of parents to discriminate levels of quality when making specific observations and judgments about their current child care. Parents reliably distinguished conceptually important dimensions of quality of care. When these observations and judgments were combined in additive scales, they resulted in the measurement of quality of care from a parent’s point of view. The measurement proved highly to moderately reliable, as measured by Cronbach's alpha coefficient as a measure of internal consistency. The scales are as follows, based on the 1996 sample, N=862:

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</tbody>
</table>

Based on the responses of 862 parents regarding child care for their youngest child, here are the eight scales measuring dimensions of quality of care. The item numbers are those from the item’s order of appearance on the questionnaire. The questionnaire may be found in the Appendix.
S1_WARM  Warmth and interest in my child.  10 items  Alpha=.93

51. The caregiver makes an effort to get to know my child.
54. The caregiver is warm and affectionate toward my child.
49. The caregiver takes an interest in my child.
55. My child is treated with respect.
50. The caregiver accepts my child for who she (he) is.
52. My caregiver recognizes my child's special abilities.
46. My caregiver is happy to see my child.
44. The caregiver seems happy and content.
32. My child gets a lot of individual attention.
53. The caregiver tries to figure out how my child is feeling.

• S2_RICH  Rich activities and environment.  5 items  Alpha=.87

28. There are lots of creative activities going on.
27. It's an interesting place for my child.
30. The caregiver provides activities that are just right for my child.
29. There are plenty of toys, books, pictures, and music for my child.
38. In care, my child has many natural learning experiences.
From a Parent’s Point of View: Measuring the Quality of Child Care

S3_SKILL  Skilled caregiver.  8 items  Alpha=.88
33. The caregiver helps children to make their own decisions.
42. The caregiver is skilled with children in a group.
41. In my child's care, there is a balance between quiet and noisy activities.
35. My caregiver shows good training and education.
36. My caregiver is open to new information and learning.
37. My caregiver shows she (he) knows a lot about children and their needs.
43. The caregiver handles discipline matters easily without being harsh.
34. The caregiver changes activities in response to my child's needs.

S4_TALK  Talk and share information.  3 items  Alpha=.72
24. My caregiver and I share information.
23. We've talked about how to deal with problems that might arise.
19. I feel comfortable telling my caregiver what's going on at home.

• S5_SUPPT  Caregiver accepting and supportive.  4 items  Alpha=.70
21. My caregiver is supportive of me as a parent.
20. My caregiver accepts the way I raise my child.
26. I'm free to drop in whenever I wish.
50. The caregiver accepts my child for who she (he) is.
S6_RISK  High risk care.  11 items  Alpha=.73

17. There are too many children being cared for at the same time.
18. The caregiver needs more help with the children.
45. The children seem out of control.
12. I worry about bad things happening to my child in care.
14. The conditions are unsanitary.
47. The caregiver seems impatient with my child.
11. My child is safe with this caregiver. (sign changed)
16. Dangerous things are kept out of reach. (sign changed)
40. The children watch a great deal of TV or videos in care.
25. I feel welcomed by the caregiver. (sign changed)
13. It's a healthy place for my child. (sign changed)

S7_FEELS  Child feels safe and secure.  8 items  Alpha=.82

59. My child feels safe and secure in care.
58. My child has been happy in the arrangement.
65. My child is irritable since being in this arrangement. (sign changed)
61. I think my child feels isolated and alone in care. (sign changed)
62. When I'm at work, I find myself wondering if my child is okay. (sign changed)
64. In the current situation, my child is just as happy as he (she) used to be.
60. My child feels accepted by the caregiver.
48. My child likes the caregiver.
• **S8_ALONG  Child getting along well socially.**  2 items  Alpha=.80

56. *My child gets along well with the other children in care.*

57. *My child likes the other children.*

Other individual quality-of-care items not appearing in scales:

15. *I can be sure my child gets good, nutritious food.*

63. *My child enjoys the things she (he) is learning.*

31. *I feel my child is getting too old for the activities.*

39. *The caregiver reads aloud during the day.*
Short, Composite Scales Measuring Quality of Care

Everybody wants a short scale. Short scales have a purpose. They are more practical. But they should be used with discomfort, because they create the impression that quality of care is a simple unitary thing, rather than a many-faceted concept. Nevertheless, the several scales measuring dimensions of quality all have some common variance, and a single short but reliable scale can be created that reflects those various facets of quality of care. In the course of the project we created several versions of a short scale, each of which was reported on our internet home page as the project progressed. It may be useful to present them here along with a brief discussion of the strengths and limitations of each.

3-items developed as quality-of-care benchmarks for the Oregon Progress Board.27 These three items were incorporated in the biennial household survey called the Oregon Population Survey from which many statewide benchmarks were derived. The child-care data group was allowed only three quality-of-care items in this telephone survey. Selection of the items was based on early pretest returns from the first 190 parents to respond. A number of selection criteria were applied:
1. A reasonably high factor loading of .50 or above on the first principal component.
2. Low number of “don’t know” responses.
3. Enough variance to be useful.
4. As much diversity of content as possible, consistent with avoidance of a very low Cronbach’s alpha coefficient of internal consistency.
5. Vetting by the data group and parents for face validity of the selections.

The three benchmark items:

*My child feels safe and secure in care.*

*My child gets a lot of individual attention.*

*My caregiver is open to new information and learning.*

The alpha was .65

A 4-item scale, adding *My child has been happy in the arrangement.*, brought the alpha to .79.

27 See memos dated 3/18/96 (Revised 3/21/96); and 4/10/96, http://www.teleport.com/~emlenart/
A 9-item scale brought the alpha to .95 by adding 5 items:

   The caregiver is warm and affectionate toward my child.
   My caregiver shows she (he) knows a lot about children and their needs.
   The caregiver takes an interest in my child.
   My child is treated with respect.
   My child feels accepted by the caregiver.

A 13-item scale, reported 4/10/96, was used by other researchers also in a hurry to have a quality-of-care scale. To the above 9 items it added 4 more, the diversity of which brought the alpha down slightly to .92:

   My caregiver is supportive of me as a parent.
   I feel welcomed by the caregiver.
   The caregiver handles discipline matters easily without being harsh.
   The caregiver seems happy and content.

A 25-item scale was reported 11/26/96 using the full pre-test sample of 862 parents reporting on their youngest child. It had an alpha coefficient of .93. The criteria for selecting these 25 from the 55 questionnaire items dealing with quality of child care:

1. We started with the top-loading items from each of the sub-scales measuring dimensions of quality of care—warmth, richness of environment, skill of the caregiver, communication, supportiveness, risk factors, and how the child feels.

2. We gave preference to items that had proved discriminating between different levels of quality on explicit global measures of quality.

3. We calculated alpha coefficients of internal consistency for each short set of best picks from each of the sub-scales, in order to be sure our new 25-item scale would be composed on reasonably reliable sub-scales on the basic quality factors.

4. We ran a principal-components analysis to identify which items loaded well and would be positively inter-correlated.

This 25-item scale had the virtue of incorporating representative items from the seven sub-scales reflecting diverse facets of quality of care, yet with a high level of overall reliability as measured by the alpha coefficient of internal consistency.
### 25-Item Quality-of-Care Scale, With Sub-scales, n=862

<table>
<thead>
<tr>
<th>Sub-Scale</th>
<th>Item</th>
<th>Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Warmth of the caregiver toward my child</strong></td>
<td><em>The caregiver is warm and affectionate toward my child.</em></td>
<td>.88</td>
</tr>
<tr>
<td></td>
<td><em>The caregiver takes an interest in my child.</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>My child is treated with respect.</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>My caregiver is happy to see my child.</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>The caregiver seems happy and content.</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>My child gets a lot of individual attention.</em></td>
<td></td>
</tr>
<tr>
<td><strong>A rich learning environment</strong></td>
<td><em>There are lots of creative activities going on.</em></td>
<td>.83</td>
</tr>
<tr>
<td></td>
<td><em>It’s an interesting place for my child.</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>There are plenty of toys, books, pictures, and music for my child.</em></td>
<td></td>
</tr>
<tr>
<td><strong>A skilled caregiver</strong></td>
<td><em>My caregiver is open to new information and learning.</em></td>
<td>.78</td>
</tr>
<tr>
<td></td>
<td><em>My caregiver shows she (he) knows a lot about children and their needs.</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>The caregiver handles discipline matters easily without being harsh.</em></td>
<td></td>
</tr>
<tr>
<td><strong>Parent and caregiver share information</strong></td>
<td><em>My caregiver and I share information.</em></td>
<td>.73</td>
</tr>
<tr>
<td></td>
<td><em>We’ve talked about how to deal with problems that might arise.</em></td>
<td></td>
</tr>
<tr>
<td><strong>A supportive caregiver</strong></td>
<td><em>My caregiver is supportive of me as a parent.</em></td>
<td>.75</td>
</tr>
<tr>
<td></td>
<td><em>My caregiver accepts the way I raise my child.</em></td>
<td></td>
</tr>
<tr>
<td><strong>Absence of risk factors</strong></td>
<td><em>My child is safe with this caregiver.</em></td>
<td>.65</td>
</tr>
<tr>
<td></td>
<td><em>The children watch a great deal of TV or videos in care. (sign changed)</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>I feel welcomed by the caregiver.</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>It’s a healthy place for my child.</em></td>
<td></td>
</tr>
<tr>
<td><strong>My child feels safe and secure</strong></td>
<td><em>My child feels safe and secure in care.</em></td>
<td>.84</td>
</tr>
<tr>
<td></td>
<td><em>My child has been happy in the arrangement.</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>My child is irritable since being in this arrangement. (sign changed)</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>My child feels accepted by the caregiver.</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>My child likes the caregiver.</em></td>
<td></td>
</tr>
<tr>
<td><strong>Total scale</strong></td>
<td></td>
<td>.93</td>
</tr>
</tbody>
</table>
A 15-item scale. Our preferred short scale measuring quality of care reported by parents. This scale is an edit of the 25-item scale. A collection of parents and professionals separately were asked to rank the 25 items in order of their importance to retain in a short scale. Parents and professionals agreed on a solid core of items they thought were most important. The 15-item quality-of-care scale was our best effort to include the different dimensions of quality in a single scale of reasonable length. The scale included items from each of the major sub-scales and that parents and professional experts agreed were important. The scale is reliable as measured by Cronbach’s alpha coefficient of internal consistency, alpha=.91, N=862. This proved a useful scale, and a number of analyses were done with it, such as those in Chapter 5 assessing how generally applicable the scales are across ages, sex, household incomes, type and duration of arrangement. The 15-item scale was useful also for investigating critical correlates of quality of care, testing its applicability and validity. These are discussed in Chapters 5 and 6.

15-Item Scale follows

Statistics for Scale

<table>
<thead>
<tr>
<th>Mean</th>
<th>Variance</th>
<th>Standard Deviation</th>
<th>N, 15 items</th>
<th>Alpha</th>
<th>Standardized item alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>53.5568</td>
<td>39.4478</td>
<td>6.2807</td>
<td>862 *</td>
<td>.91</td>
<td>.91</td>
</tr>
</tbody>
</table>

* with mean substitution for missing responses.

28 Characteristics of the 15-item scale were originally reported in the home-page memo of 10/27/97.
## Final, Preferred, 15-Item Parent Scale Measuring Quality of Child Care, N=862

<table>
<thead>
<tr>
<th>Original #</th>
<th>Item</th>
<th>Mean</th>
<th>Std Dev</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 59</td>
<td>My child feels safe and secure in care.</td>
<td>3.74</td>
<td>.52</td>
</tr>
<tr>
<td>2. 54</td>
<td>The caregiver is warm and affectionate toward my child.</td>
<td>3.62</td>
<td>.65</td>
</tr>
<tr>
<td>3. 13</td>
<td>It’s a healthy place for my child.</td>
<td>3.70</td>
<td>.56</td>
</tr>
<tr>
<td>4. 55</td>
<td>My child is treated with respect.</td>
<td>3.72</td>
<td>.55</td>
</tr>
<tr>
<td>5. 11</td>
<td>My child is safe with this caregiver.</td>
<td>3.85</td>
<td>.41</td>
</tr>
<tr>
<td>6. 32</td>
<td>My child gets a lot of individual attention.</td>
<td>3.11</td>
<td>.78</td>
</tr>
<tr>
<td>7. 24</td>
<td>My caregiver and I share information.</td>
<td>3.42</td>
<td>.73</td>
</tr>
<tr>
<td>8. 36</td>
<td>My caregiver is open to new information and learning.</td>
<td>3.47</td>
<td>.70</td>
</tr>
<tr>
<td>9. 37</td>
<td>My caregiver shows she (he) knows a lot about children and their needs.</td>
<td>3.53</td>
<td>.67</td>
</tr>
<tr>
<td>10. 43</td>
<td>The caregiver handles discipline matters easily without being harsh.</td>
<td>3.52</td>
<td>.67</td>
</tr>
<tr>
<td>11. 48</td>
<td>My child likes the caregiver.</td>
<td>3.72</td>
<td>.56</td>
</tr>
<tr>
<td>12. 21</td>
<td>My caregiver is supportive of me as a parent.</td>
<td>3.72</td>
<td>.56</td>
</tr>
<tr>
<td>13. 28</td>
<td>There are a lot of creative activities going on.</td>
<td>3.25</td>
<td>.82</td>
</tr>
<tr>
<td>14. 27</td>
<td>It’s an interesting place for my child.</td>
<td>3.48</td>
<td>.69</td>
</tr>
<tr>
<td>15. 46</td>
<td>My caregiver is happy to see my child.</td>
<td>3.71</td>
<td>.57</td>
</tr>
</tbody>
</table>
Global Measures of Quality of Care

Following the 55 specific quality items on the questionnaire, under the heading *All things considered*, were four statements, to which parents could respond *Yes*  *Mixed Feelings*  *No*. From these coded responses a “global” quality scale was created:

**S9_ALL  All things considered.  4 global items  Alpha=.89**

66. *The care I have is just what my child needs.*

67. *I feel good about this arrangement for my child.*

68. *This has been a good experience for my child.*

69. *If I had it to do over, I would choose this care again.*

**• Then, an overall global rating scale using the word “quality:”**

70. *All things considered, how would you grade the quality of the care your child is in?* 

<table>
<thead>
<tr>
<th>Circle one:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A+</td>
<td>Perfect</td>
</tr>
<tr>
<td>A</td>
<td>Excellent</td>
</tr>
<tr>
<td>B</td>
<td>Good</td>
</tr>
<tr>
<td>C</td>
<td>Fair</td>
</tr>
<tr>
<td>D</td>
<td>Poor</td>
</tr>
<tr>
<td>E</td>
<td>Bad</td>
</tr>
<tr>
<td>F</td>
<td>Awful</td>
</tr>
</tbody>
</table>

**• Finally, an open-ended question was coded as an individual item:**

136. *Is this care arrangement the best one you’ve ever had?*

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>It’s the only one</th>
</tr>
</thead>
</table>

*If yes, could you please tell us why. What’s special about it?*

*If no, could you please tell us why not. What’s different about it?*

These global measures were useful for correlating to scale scores as a way of validating the face validity of measures of quality that had made no use of the word “quality.”
Scales Measuring Flexibility, Accessibility, and Affordability

In addition to quality of care, 12 other scales were developed. These additional scales measured the parent’s perception of circumstances that can help or hinder finding better quality child care. The scales measured underlying conditions affecting the choices parents make. Parents liked the survey’s recognition of what they were up against.

Flexibility. Employed parents have a fundamental need for flexibility in order to manage their lives. That needed flexibility has to come from somewhere, and there aren’t a lot of places it can come from. The big three sources for the time and help they need are work, family, and caregiver. That is, from the work schedules, job requirements, and policies of the work place; from the way that responsibilities can be shared within the family or household; and from the ability to rely on caregivers to accommodate schedules and emergencies. Probably, latent in each of these three kinds of flexibility, there is a dimension of individual initiative. Some parents are more inventive than others. However, those differences are probably reflected in how much flexibility parents are able to garner from one or more of the three main objective sources of flexibility, and the scales were intended to measure objective sources of flexibility. So, from 17 flexibility items on the questionnaire, three principal flexibility scales emerged:

**Work Flexibility**

6 items * Alpha=.76

* My schedule makes it easy to be on time.
* I work a regular day shift.
* My work schedule keeps changing. ( - )
* My shift and work schedule cause extra stress for me and my child. ( - )
* Where I work it’s difficult to deal with child care problems during working hours. ( - )
* In my work schedule I have enough flexibility to handle family needs.

**Caregiver Flexibility**

3 items Alpha=.61

* My caregiver understands my job and what goes on for me at work.
* My caregiver is willing to work with me about my work schedule.
* I rely on my caregiver to be flexible about hours.

* Scale score is sum of responses coded 1=Never, 2=Sometimes, 3=Often, 4=Always.
• **Family Flexibility**  
3 items  
Alpha=.66

*I have someone I can share home and care responsibilities with.*

*In your family, who takes responsibility for child-care arrangements?*

1. I do completely.  
2. Mostly I do.  
3. Equally shared with spouse or other.  
4. Mostly spouse or other does.  
5. Spouse or other does completely.

*Do you have a spouse or partner who is employed?*

1. No spouse or partner.  
2. Spouse or partner employed full time.  
3. Spouse or partner employed part time.  
4. Spouse not employed.

An important finding was the fact that an internally consistent scale could not be produced by combining all of the flexibility items into one scale. Although some parents find flexibility from all three sources, and some do not have much flexibility from any source, others compensate for low family flexibility by finding high caregiver flexibility, and still others balance family and work in different ways. The point is that we found no overall measurement scale for flexibility, except by calculating a net flexibility score from adding +1, 0, or –1 for high, medium, or low on each type of flexibility. However, by using the three different flexibility scales, we found patterns of flexibility that were important in understanding which parents reported higher versus lower quality of child care.

**Accessibility.** Access to child care could be considered another source of flexibility for parents, but the accessibility of child care is more a community concept. It refers to the ability of parents to find in the child-care market the kind of caregiver they seek. And it refers to the availability of options and good choices in proximity to where they live or can get to with transportation. Three accessibility scales were created as follows:

• **Have found a caregiver who shares my values.**  
2 items  
Alpha=.78

*I found a caregiver who shares my values.*

*I like the way my caregiver views the world.*

The statements in this measure of accessibility sound like the language of perceived quality of care, and indeed the scale was strongly correlated to quality scales. Yet it was important to keep the issue of preference separated from quality. Finding a caregiver who
shares your values is a matter of preference and access to choices in the marketplace. It may or may not be associated with quality of care.

- **Had good options for child care.** 4 items  
  Alpha=.69

_There are good choices for child care where I live._

_When I make this arrangement, I had more than one option._

_I’ve had difficulty finding the child care I want._ (sign changed)

_In choosing child care, I’ve felt I had to take whatever I could get._ (sign changed)

This scale deals with the parent’s perception of the availability and accessibility of options in the community.

- **Transportation a problem.** 2 items  
  Alpha=.49

_For my child care arrangement, transportation is a big problem._

_My child care is too far from home._

In the Kansas City questionnaire, we added two items in order to improve this scale.

  **Affordability.**

- **Difficulty paying for child care.** 3 items  
  Alpha=.70

_I have difficulty paying for child care._

_I worry about making ends meet._

_The cost of child care prevents me from getting the kind I want._

- **Have some choice about how much to work.** 2 items  
  Alpha=.74

_I have some choice about whether to work or how much._

_I can (or could) afford to work part time._

- **Would pay more.** 2 items  
  Alpha=.46

_I would pay more to get the kind of child care I would like._

_I would be willing to pay more than I do for the care I have._
Other Scales:

Continuity of Care, Special Needs, Caregiver’s Cultural Sensitivity

Continuity of care.

3 items

Alpha=.67

My child has been in a familiar place with people he (she) knows.

My child has had stability in her (his) child-care relationships.

There has been too much turnover in my child’s caregivers. (sign changed)

Continuity of care surely contributes to the quality of a child-care arrangement if the elements of quality are already there. However, continuity of care is not necessarily associated with quality, and we did not want to assume that it was. So we treated this variable as logically distinct. In addition, we included a separate variable for the number of months the child had been in this care arrangement. In the Kansas City replication we included the duration variable with the above items, and as a 4-item scale it worked well, producing an alpha of .79.

Child’s special needs.

5 items

Alpha=.78

My child needs more attention than most children.

My child’s special needs require a lot of extra effort.

My caregiver feels that my child’s needs are quite demanding.

I’ve had caregivers who quit or let my child go because of behavioral problems.

This scale measures the extent to which the child needs more attention and caregiving effort than most children. In examining variables that may be related to quality of care, it was important not to assume that all children are equally easy to care for. A “level of difficulty” was measured by the parent’s report of their child’s special needs for caregiving. These special needs may be related to a disability, which we inquired about in the following way:

My child has physical disability that requires special attention.

My child has a health care need that requires extra attention

My child has an emotional or behavioral problem that requires special attention.

My child has a learning disability that requires specialized approaches.
Parent perception of caregiver’s cultural sensitivity. 8 items Alpha=.88

This scale was designed to pick up on the caregiver’s sensitivity to cultural differences. It was a cross-cutting scale containing items from four of the scales measuring aspects of quality of care. The task was to try to create a scale that could measure respect for individual differences yet could be universally applicable to any child-care situation or cultural difference. We did not wish to minimize the issues involved. We simply offered it for consideration or trial by others:

*My child is treated with respect.*

*The caregiver makes an effort to get to know my child.*

*The caregiver accepts my child for who she (he) is.*

*The caregiver takes an interest in my child.*

*My child feels accepted by the caregiver.*

*I feel welcomed by the caregiver.*

*My caregiver accepts the way I raise my child.*

*My caregiver is supportive of me as a parent.*
Improved Scales From the Kansas City Replication

Scale reliabilities from this replication were generally as high or higher than those from the original sample, which was more heterogeneous in age and sample sources. The Kansas City sample was younger—75% under the age of three, and nearly three times as many were in family day care or other family homes as in centers. The scale measuring caregiver skill dropped some items dealing with skills needed for handling discipline and small groups. A reliable scale with an alpha coefficient of .84 addressing the parent’s relationship with the caregiver combined issues of communication of information and a supportive attitude that originally had appeared as separate scales. The scale measuring risks to health, safety, and well-being improved its performance with an alpha of .85. In addition, the three scales measuring flexibility from work, caregiver, and family sources turned out well, with improvements in caregiver flexibility and family flexibility. Also, improved scales resulted for the accessibility and affordability of child care. We also improved the response categories in the Kansas City questionnaire, making it a five-point scale, which stretched the variance obtained and may have added to improvement of scale reliability. The categories were: Never, Rarely, Sometimes, Often, or Always.

Caregiver’s warmth and interest in your child (6 items, Mean=26.8, SD=3.4, Alpha=.92)

My caregiver is happy to see my child.

The caregiver is warm and affectionate toward my child.

My child is treated with respect.

The caregiver takes an interest in my child.

My child gets a lot of individual attention.

The caregiver seems happy and content.
Rich environment and activities for your child (5 items, Mean=20.6, SD=3.7, Alpha=.91)

There are lots of creative activities going on.
It’s an interesting place for my child.
There are plenty of toys, books, pictures, and music for my child.
In care, my child has many natural learning experiences.
The caregiver provides activities that are just right for my child.

Caregiver’s skill (3 items, Mean=12.5, SD=2.1, Alpha=.80)

The caregiver changes activities in response to my child’s needs.
My caregiver knows a lot about children and their needs.
My caregiver is open to new information and learning.

Your relationship with the caregiver (6 items, Mean=26.9, SD=3.4, Alpha=.84)

My caregiver and I share information.
We’ve talked about how to deal with problems that might arise.
My caregiver is supportive of me as a parent.
My caregiver accepts the way I want to raise my child.
I’m free to drop in whenever I wish.
I feel welcomed by the caregiver.

How your child feels (6 items, Mean=26.7, SD=3.3, Alpha=.85)

My child feels safe and secure.
My child has been happy in this arrangement.
My child has been irritable since being in this arrangement. (-)
My child feels accepted by the caregiver.
My child likes the caregiver.
My child feels isolated and alone in care. (-)
Risks to health, safety, and well-being  (10 items, Mean=16.6, SD=5.5, Alpha=.85)

My child is safe with this caregiver. (-)

There are too many children being cared for at the same time.

The caregiver needs more help with the children.

The caregiver gets impatient with my child.

The children seem out of control.

The conditions are unsanitary.

The children watch too much TV.

It’s a health place for my child. (-)

I worry about bad things happening to my child in care.

Dangerous things are kept out of reach. (-)

Continuity of care  (4 items, Mean=8.0, SD=1.6, Alpha=.79)

My child has been in a familiar place with people he (she) knows.

My child has had stability in her (his) child-care relationships.

There has been too much turnover in my child’s caregivers.

How many months has your child been in this current arrangement?
**About your child’s special needs** (9 items, Mean=.29, SD=.81, Alpha=.75)

*My child needs more attention than most children.*

*My child’s special needs require a lot of extra effort.*

*My caregiver feels that my child’s special needs are quite demanding.*

*I’ve had caregivers who quit or let my child go because of behavioral problems.*

*My child can be quite difficult to handle.*

*My child has a physical or developmental disability that requires special attention.*

*My child has a health care need that requires extra attention.*

*My child has an emotional or behavioral problem that requires special attention.*

*My child has a learning disability that requires specialized approaches.*
The flexibility you have in your situation from work, family, and caregiver:

A. Work flexibility (5 items, Mean=17.9, SD=3.6, Alpha=.74)

Our work schedule keeps changing. (-)
My shift and work schedule cause extra stress for me and my child. (-)
Where I work it’s difficult to deal with child-care problems during working hours. (-)
My life is hectic. (-)
I find it difficult to balance work and family. (-)

B. Caregiver flexibility (4 items, Mean=14.4, SD=3.7, Alpha=.81)

My caregiver understands my job and what goes on for me at work.
My caregiver is willing to work with me about my schedule.
I rely on my caregiver to be flexible about my hours.
I can count on my caregiver when I can’t be there.

C. Family flexibility (4 items, Mean=11.4, SD=3.4, Alpha=.78)

I have someone I can share home and care responsibilities with.
I’m on my own in raising my child. (-)

Do you have a spouse or partner who is employed? (No spouse, spouse employed full time, spouse employed part time, spouse not employed)

In your family, who takes responsibility for child-care arrangements?

(I do completely, Mostly I do, Equally shared with spouse or other,
Mostly spouse or other do, Spouse or other does completely)
Child care accessibility, options, and choice.

A. Found a caregiver who shares my values (3 items, Mean=7.9, SD=1.4, Alpha=.80)

I found a caregiver who shares my values.

I like the way my caregiver views the world.

My caregiver and I see eye to eye on most things.

B. Have child-care options in the neighborhood (5 items, Mean=16.0, SD=2.8, Alpha=.77)

I’ve had difficulty finding the child care I want. (-)

There are good choices for child care where I live.

In my neighborhood, child care is hard to find. (-)

When I made this arrangement, I had more than one option.

In choosing child care, I’ve felt I had to take whatever I could get. (-)

C. Transportation a problem (ACC3) (4 items, Mean=5.2, SD=1.6, Alpha=.61)

My child care is too far from home.

Transportation is a big problem for me.

Getting to work is a long commute.

Getting my child places is difficult for me.

Affordability.

A. Difficulty paying for child care (3 items, Mean=5.3, SD=1.9, Alpha=.78)

I have difficulty paying for child care.

I worry about making ends meet.

The cost of child care prevents me from getting the kind I want.

B. Have choice about how much to work (2 items, Mean=3.3, SD=1.5, Alpha=.84)

I have some choice about whether to work or how much.

I can (or could) afford to work part time.
**Part Three: Two sets of data showing responses to specific items**

Compared to global ratings, individual specific items usually achieved a wider spread of responses. Individual items also gave a more immediate descriptive picture of quality, though they lack the reliability of scales. The data in the next table are from different samples. The table summarizes responses to three items from our Quality-of-Care Survey that were also included in 1) the 1996 Oregon Population Survey, 2) a 1998 Oregon survey of parents receiving child-care assistance, 3) the 1996 Quality-of-Care Survey, 4) the 1997 Kansas City “R&R” sample (child-care resource and referral service)—the replication, and 5) a pilot survey of parents who responded in the past tense about care they complained about. The table of figures illustrates the general applicability of quality measures in discriminating levels of quality across diverse samples.

<table>
<thead>
<tr>
<th>Sample</th>
<th>My child feels safe and secure in care (%)</th>
<th>My caregiver is open to new information and learning (%)</th>
<th>My child gets a lot of individual attention (%)</th>
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</thead>
<tbody>
<tr>
<td>By household income:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Under $25,000 N=300,306,310</td>
<td>89</td>
<td>74</td>
<td>61</td>
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<tr>
<td>$25,000 – 44,999 N=312,321,321</td>
<td>83</td>
<td>67</td>
<td>56</td>
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<tr>
<td>$45,000 or above N=431,432,432</td>
<td>94</td>
<td>77</td>
<td>62</td>
</tr>
<tr>
<td>1998 AFS Consumer Survey—N=2360 parents receiving child-care assistance for 3115 child arrangements</td>
<td>85</td>
<td>68</td>
<td>54</td>
</tr>
<tr>
<td>1996 Quality-of-Care Survey N=862</td>
<td>75</td>
<td>55</td>
<td>34</td>
</tr>
<tr>
<td>Sub-samples:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapeutic family day care N=46</td>
<td>85</td>
<td>70</td>
<td>44</td>
</tr>
<tr>
<td>Bank employees, statewide N=264</td>
<td>72</td>
<td>46</td>
<td>28</td>
</tr>
<tr>
<td>Employment Related Day Care N=106</td>
<td>84</td>
<td>60</td>
<td>42</td>
</tr>
<tr>
<td>Parents using R&amp;R services N=74</td>
<td>64</td>
<td>54</td>
<td>34</td>
</tr>
<tr>
<td>R&amp;R for manufacturing employees N=51</td>
<td>63</td>
<td>41</td>
<td>35</td>
</tr>
<tr>
<td>1997 Kansas City R&amp;R Survey N=240</td>
<td>63</td>
<td>48</td>
<td>36</td>
</tr>
<tr>
<td>1998 Pilot study of R&amp;R complaints N=12</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
From a Parent’s Point of View: Measuring the Quality of Child Care

Description of 1997 Kansas City R&R Sample: 240 parents from 78 zip codes; 97% mothers

Number of children
- 61% 1 child, 30% 2 children, 9% 3+ children

Age of child
- 52% < age 2, 75% < age 3

Type of child-care arrangement
- 54% family day care, 27% center, 19% other

Is responding parent employed?
- 6% no, 78% yes full time, 16 yes part time

Employment of spouse
- 18% no spouse, 77% spouse employed full t., 3% spouse employed p. t., 3% sp. not emp.

I’m on my own in raising my child
- 16% always, 7% often

I have someone I can share home and care responsibilities with.
- 22% rarely or never

I rely on my caregiver to be flexible about my hours.
- 15% never, 19% rarely, 23% sometimes, 23% often, 19% always

In my work schedule I have enough flexibility to handle family needs.
- 63% rarely or never, 17% sometimes, 11% often, 9% always

My life is hectic.
- 19% rarely or never, 46% sometimes, 35% often or always

I work a regular day shift
- 61% always

Household income
- 31% under $35,000, 39% $35,000 - 64,999, 30% $65,000 or above

I worry about making ends meet.
- 26% no, 37% somewhat, 37% yes

I have difficulty paying for child care
- 56% say no, 28% somewhat, 16% yes

Monthly cost of care
- Percentiles: 25th: $275, 50th: $400, 75th: $500, 90th: $840

Child-care subsidy
- 6% public assistance, 18% EITC, 63% federal tax credit, 31% pre-tax plan

How far from home is your child-care arrangement?
- 59% 2 miles or less

How far is your child care from where you work?
- 59% 8 miles or less

In my neighborhood, child care is hard to find.
- 23% no, 35% somewhat, 42% yes

There are good choices for child care where I live.
- 28% no, 48% somewhat, 24% yes

In choosing child care, I’ve felt I had to take whatever I could get.
- 50% no, 33% somewhat, 17% yes

I found a caregiver who shares my values.
- 7% no, 29% somewhat, 64% yes

If I had it to do over, I would choose this care again.
- 75% yes

The care I have is just what my child needs.
- 59% yes

My caregiver is happy to see my child.
- 71% always

My child feels safe and secure.
- 63% always

My caregiver gets a lot of individual attention.
- 36% always, 40% often, 19% sometimes, 5% rarely or never

My caregiver is open to new information and learning.
- 48% always, 35% often, 18% sometimes or less

It’s an interesting place for my child.
- 41% always

The caregiver provides activities that are just right for my child.
- 37% always

My child likes the caregiver.
- 63% always

My caregiver is supportive of me as a parent.
- 63% always

There are too many children being cared for at the same time.
- 45% never, 27% rarely, 18% sometimes, 6% often, 4% always

My child has an emotional or behavioral problem that requires special attention.
- 3% yes
Part Four: Acknowledgments

This research project was made possible by a grant from the Child Care Bureau, Administration of Children, Youth, and Families, Administration for Children and Families, U.S. Department of Health and Human Services. I am particularly grateful to a helpful project officer at the Child Care Bureau, and friend of many years, Pia Divine. More than that, she understood the need for, and championed funding for, state-level research partnerships composed of state administrators, practitioners, parents, and researchers working in collaboration on issues related to child-care policy, as did her equally supportive boss Joan Lombardi, then Chief of the Child Care Bureau.

In addition to support from the Child Care Bureau, a host of parties contributed financial support to meet the federal match: Portland State University, Oregon Child Care Resource and Referral Network, Oregon Department of Employment, and Linn-Benton Community College. We also received match support from AT&T, Families and Work Institute, and the EQUIP project. I no longer remember what that acronym stands for, except that the “Q” is for quality. I want to thank Ellen Galinsky for her early interest in and support of our project, including her leadership role with the National Child Care Data Group. A discussion group she led on the question of “what works” for parents and children helped in developing our measurement of quality of child care. Others who were helpful early on were Jason Sacks, Kathy Modigliani and Liz Prescott.

The Oregon Child Care Research Partnership is a diverse group of individuals from universities and agencies around the state who had met monthly as a data group since 1989. They were colleagues in many a project including this one. Among them I wish particularly to honor Bobbie Weber, head of the Department of Family Resources at Linn-Benton Community College. She was the principal instigator of the data group and now is a principal investigator of Wave Two of the Oregon Child Care Research Partnership. I have been fortunate to have her counsel, debate, intense interest, and support throughout the project. Others to whom I am grateful are Alvin Damm, Larry Shadbolt, and Jim Neeley of Adult and Family Services; Janis Elliot, then the Child Care Administrator with the Employment Department; Tom Lynch of Employment; Dan Vizzini, City of Portland; Jeff Tryens, Executive Director of the Oregon Progress Board, Tim Houchen, Policy Analyst with the Progress Board; and Claudia Grimm Hedenskög, our Program Coordinator with the Oregon Child Care Resource and Referral Network.

One of the most important things that Bobbie and Claudia did was to nurture the Policy Council on Child Care Quality, along with co-chairs Luis Ornelas, Madlen Silkwood, and Trish Phetteplace. This was a community group from around the state whose membership consisted predominantly of parents. They helped in shaping the study
questionnaire and in considering the findings. Their role as critical partners is described in the report.

And I especially wish to thank 1,115 parents who took the time to give thoughtful answers to our surveys. They were discerning in assessing their child-care arrangements, and this report is a tribute to them.

Many persons, including many dear old friends, were generous of their time in making arrangements to administer or distribute the survey: Claudia and Bobbie arranged and conducted focus groups for testing the questionnaire, and they helped draw samples of parents receiving services from the Child Care R&R Network. Doreen Grove, a US Bancorp Vice President and veteran of work-family surveys we did together, arranged a statewide sample of US Bank employees. Leslie Faught, President of Working Solutions, Inc. and Toni McCullough of Boeing Aircraft solicited a sample of Boeing parents receiving counseling and referral services from Working Solutions. Larry Shadbolt and Alvin Damm of Adult and Family Services distributed the questionnaire to parents receiving child-care assistance in the JOBS and Employment Related Day Care Program (ERDC), and Larry incorporated many of our measures in an AFS consumer survey. We worked jointly on the study. Wendy Woods of the Child Care Division of the Employment Department helped to obtain sample of parents of children with emotional problems. I also want to thank Jo Dennis, Director of Therapeutic Day Care for Children’s Institute International in Los Angeles, for obtaining a sample of parents using agency-supported therapeutic family day care homes.

Two sample sources were important for the study because they were examples of what I knew to be exceptionally high quality of care, and the parent samples gave us a chance to test the validity of parent perceptions of the care provided. My special thanks to Margaret Browning, founding director of the Mentor Graphics Corporation’s unusually fine on-site Child Development Center, and to Chris Chenoweth, an absolutely outstanding family home caregiver in Lake Oswego, for inviting the parents in their programs to participate in the study. I do them justice in Chapter 6.

Another sample was important for its non-traditional work schedules. Alyce Desrosiers, a senior flight attendant for Delta Air Lines and San Francisco child therapist with long interest in work-family issues, collaborated with me in conducting and writing up a study of flight attendants. We secured the participation of flight attendants who belonged to the Association of Flight Attendants—AFL-CIO and lived in Oregon, thanks to AFA International President Patricia Friend, as well as Mary Converse and Sherrie Mirsky from AFA headquarters, who warmly supported us in combining the quality questionnaire with a study of work, family, and absenteeism issues. Michael Katz, MD donated both time and financial support for the study.
For conducting an important replication in Kansas City, I am grateful to Kyle Matchell, Sarah Hendrix, and Carol Scott of the Metropolitan Council on Child Care at the Mid-America Regional Council, and the resource and referral agencies and parents of the area. They did a splendid job, both in the data collection and in producing a clean data file.

My two co-investigators at Portland State University’s Regional Research Institute for Human Services, Katie Schultze and Paul Koren, are seasoned researchers from many projects we have done together over the years, Paul since the 70’s and Katie since the 60’s. They brought a background of common understanding to this study in addition to their extraordinary skills. Katie helped in dozens of ways and was a great critic. Paul and I talked through all of the statistical analyses together, but he programmed them, managed the data files, and was a superb methodological colleague and critic. Both Paul and Katie were working parents who used paid child care, and their experience was constantly valuable to me. I am deeply appreciative of the help I have received from these long-time friends. They bear no blame for the writing of this report, but without them it would have been worse.

I am indebted also to Nancy Koroloff, Director of the Regional Research Institute for Human Services at Portland State. She graciously and generously gave space, resources, and hospitality to this Professor Emeritus and former director of the Institute. This was an Institute project, and I always enjoyed her strong support. Thanks also to Barbara Friesen and Eileen Brennan who helped me include some good questionnaire items for parents of children with disabilities. Barbara is director of our Research and Training Center on Family Support and Children’s Mental Health, and Eileen, a professor of social work, has been doing research on work-family issues these parents face, as well as barriers to access to services.

In addition, for two years I was fortunate to have Karen Tvedt as a graduate research assistant while she took leave from her position as Child Care Administrator in the state of Washington to become a Ph.D. candidate at Portland State University. I profited immensely from the intellectual stimulation of having searching discussions with her about child-care policy, history, and values. My congratulations to Karen who now has a research policy position with the Child Care Bureau.

I am also grateful to Rod Edwards for creating and helping me to update the home page for the Oregon Child Care Research Partnership. My html skills remained primitive, and I simply could not have done it without him. The address is:
http://www.teleport.com/~emlenart

The Oregon Child Care Research Partnership is one of several research partnerships. We are a Consortium and meet at least twice a year in Washington, DC to discuss our
research. I am indebted to these colleagues for their keen interest in our project and their helpful commentary. Some of them used our scales or selected items in their research. I particularly wish to thank our own Bobbie Weber of Oregon; Ann Collins, Larry Aber, and Lee Kreader of the National Center on Children in Poverty at Columbia University; Michele Piel—then with the state of Illinois; economist Ann Witte of Wellesley College and Maggie Queralt of Florida International University; Susan Muenchow of the Florida Children’s Forum; Shelly Waters-Boots of the California Child Care Resource and Referral Network; Bruce Fuller of UC Berkeley; and Tony Earls and Maya Carlson of the Harvard School of Public Health. I felt particularly honored by Tony and Maya for making extensive use of our scales in their longitudinal study of child development in Chicago neighborhoods.

I am indebted to Marty Zaslow of Child Trends, Inc. for giving me an opportunity to present and discuss project findings at the April 30-May 1, 1998 conference on NIH campus in Bethesda that she and others of the SEED 2000 consortium of federal agencies organized. Most of my background paper for that conference is incorporated in this report. I also very much appreciated exchanges with Chris Ross of Mathematica Policy Research, Inc. who was at that conference. She took our concepts and findings on flexibility and beautifully articulated a model for examining the impact of flexibility on job stability for low-income families. My thanks also to Gwen Morgan who early on saw the importance of flexibility and its relationship to quality.

In similar vein, I feel a special gratitude to Sue Shellenbarger who writes the weekly column “Work & Family” in The Wall Street Journal. When a really good journalist understands your research and writes lucidly about it, that’s special. More important, though, through her weekly column and book by that title (Ballentine Books, 1999), she has captured the voice of employed parents on issues of work and family and their struggles as child-care consumers.

Writing acknowledgments is a feat of memory, both short term and long. If I have left out the obvious, I do apologize. Finally, warmest thanks to my wife Bitsy who makes it all possible.

Arthur Emlen November, 1999 emlenart@teleport.com
Portland State University,
Regional Research Institute for Human Services
PO Box 751, Portland, OR 97207
503-725-4178 fax 503-725-4180
Part Five: Scale Users

This is a list of research studies making use of measurement scales or selected items from the project as of June 1999.
### Use in other studies of the child-care quality and related variables
developed by Emlen et al. in the Oregon Child Care Research Partnership (11 June 1999)

<table>
<thead>
<tr>
<th>Study</th>
<th>Location and Sample</th>
<th>Research Group</th>
<th>Scales Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Oregon Population Survey, biennial</td>
<td>Oregon statewide, representative sample of all parents of children under age 13</td>
<td>Oregon Progress Board; Arthur Emlen, Portland State U</td>
<td>3-item scale of quality</td>
</tr>
<tr>
<td>2. Head Start FACES 5-state evaluation—Parent interview</td>
<td>5 states Child care other than in Head Start settings.</td>
<td>Head Start Quality Research Centers</td>
<td>3-item quality scale at all times. One state using 13-point scale.</td>
</tr>
<tr>
<td>3. Alaska Family Survey</td>
<td>Alaska Distributed 506 statewide for youngest child in care at all registered (legally exempt) family providers; 1494 for youngest children @ licensed centers and homes statewide; 312 @ 4 Anchorage Centers</td>
<td>David Newell, Alaska Dept. of Community and Regional Affairs; University of Alaska</td>
<td>Complete questionnaire</td>
</tr>
<tr>
<td>4. Ready to Succeed Partnership</td>
<td>Colorado, selected counties</td>
<td>Liz Groginsky, Donna Garrett, Center for Human Investment Policy, U Colorado at Denver</td>
<td>Quality and flexibility scales</td>
</tr>
<tr>
<td>5. Longitudinal ecological study of cohorts of children, families, child care, and neighborhood’s collective efficacy</td>
<td>80 Chicago neighborhoods, 3200 children age 6 and under; 300-500 across ages 2-8, include after-school care; 200-300 centers (ECERS and Emlen scale); Wave 3 will be 200-300 center and family-based sites</td>
<td>Tony Earls, Maya Carlson Harvard School of Public Health</td>
<td>Quality and flexibility scales</td>
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<tr>
<td></td>
<td>Study Title</td>
<td>State</td>
<td>Details</td>
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<td>7.</td>
<td>Growing Up in Poverty Project</td>
<td>California</td>
<td>Bruce Fuller, UC Berkeley</td>
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<td>Quality items</td>
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<td>8.</td>
<td>Wait List Study</td>
<td>Boston</td>
<td>Ann Witte, Maggie Queralt, Wellesley</td>
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<td></td>
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<td>Quality scale</td>
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<td>9.</td>
<td>Evaluation of Minnesota Family Investment Program</td>
<td>Minnesota</td>
<td>MDRC</td>
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<td>Evaluation of Time Limits and Earnings Disregards</td>
<td>Connecticut</td>
<td>MDRC</td>
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<td>Florida</td>
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<td>Iowa Family Investment Program</td>
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<td>5 quality items</td>
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<td>Flexibility</td>
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<td>15.</td>
<td>Early Childhood Longitudinal Study</td>
<td>Still in the planning stage</td>
<td>Carol Andreassen, Westat Inc.</td>
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<td></td>
<td>Quality (planning to use)</td>
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</tbody>
</table>
Part Six: The Questionnaire

Questionnaire for Kansas City Replication, n=240 parents

This questionnaire is also available on a web site of the Oregon Child Care Research Partnership. Click on Current Research/Research notes and findings/ Revised Questionnaire Nov 97

http://www.teleport.com/~emlenart

This 1997 version of the questionnaire was shortened and streamlined somewhat, and improved with several new items to strengthen selected scales. See Final Report (1999) for 1996 questionnaire, n=862, and for a past-tense version designed for parents lodging a complaint to an agency about their care.
November, 1997
Dear Parent:

This survey looks at quality of child care from a parent's point of view. The results will tell us what parents are up against in trying to find care in their community. What we learn from you will help our agencies to improve services to you and others in your area.

The survey is being mailed to parents who contacted the Child Care Resource and Referral Agency in your area.

Your name is not on the questionnaire. Your reply will remain anonymous and confidential. We will compile the comments and statistical results, and no information that might identify you will appear in any report. Your survey will not be shared with anyone.

The survey should take about 15 minutes of your time. Please mail it back to us in the enclosed post paid envelope. We need your reply!

Thanks for your help in this effort! If you have questions about the survey or would like information on the results, please call me at xxx-xxx-xxxx or write, fax, or email me.

Sincerely,
Quality of Care

From a Parent's Point of View:

A Questionnaire About Child Care

from

The . . .

(A present-tense version for current arrangements)

Please return completed questionnaire in pre-paid envelope to:

If you have any questions about the survey,
please contact . . . at above address or call (xxx) xxx-xxxx

This research is supported by:

- The . . .;

- The Child Care Bureau, Administration for Children and Families,
  U. S. Department of Health and Human Services; and

- Portland State University.

The questionnaire was developed by Arthur C. Emlen, Ph.D., Professor Emeritus, Portland State University (fax: 503-725-4180; email: emlenart@teleport.com), and the Oregon Child Care Research Partnership.

See http://www.teleport.com/~emlenart/
From a Parent's Point of View: A Questionnaire About Child Care

a. How many children do you have living at home? ______

b. Please circle their ages (If you have more than one child the same age, circle again on the next lines.)

   Baby 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21+
   Baby 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21+
   Baby 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21+

c. All together, what is the total number of children and adults in your household? ______

d. After you consulted the "resource and referral" agency, did you end up using care you were referred to?
   ___Yes, I used a referral given me ___No, I made a different arrangement ___No, I didn't change the care

e. How old is the child for whom you were given a child-care referral? ______
   (If you called about more than one child, please answer about the youngest.)

f. Is this child a boy or a girl? ___boy ___girl
   (If there is more than one child in this arrangement, please answer about the youngest.)

g. What kind of child-care arrangement did you make?
   ___ 1. grandparent
   ___ 2. older brother or sister of your child
   ___ 3. other family member or relative who lives with you or comes in
   ___ 4. an unrelated person who lives with you or comes in
   ___ 5. the home of a relative
   ___ 6. the home of a non-relative or neighbor (family day care)
   ___ 7. a child-care center, pre-school, or Head Start center
   ___ 8. school age child care or group activity program
   ___ 9. other child-care arrangement______________________________
   ___10. no care arrangement other than myself, spouse, or partner

h. Is it "paid care"? That is, do you or anyone else pay for any of the cost of this care: all of some of it?
   (This would include your co-pay or payment vouchers by an agency or company.)

On the last page of this questionnaire, we have left plenty of room for your comments.
If you have any worries, concerns, or complaints about the arrangement you are answering these questions about, we want to hear about them.
The word "caregiver" in this study applies to the provider, teacher, nanny, sitter, or other person who was most directly involved in your child's care.

Circle "?" for Don't know or "NA" for Does not apply to me

<table>
<thead>
<tr>
<th>Caregiver's warmth and interest in your child</th>
<th>Circle one:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My caregiver is happy to see my child.</td>
<td>Never Rarely Sometimes Often Always ? NA</td>
</tr>
<tr>
<td>2. The caregiver is warm and affectionate toward my child.</td>
<td>Never Rarely Sometimes Often Always ? NA</td>
</tr>
<tr>
<td>3. My child is treated with respect.</td>
<td>Never Rarely Sometimes Often Always ? NA</td>
</tr>
<tr>
<td>4. The caregiver takes an interest in my child.</td>
<td>Never Rarely Sometimes Often Always ? NA</td>
</tr>
<tr>
<td>5. My child gets a lot of individual attention.</td>
<td>Never Rarely Sometimes Often Always ? NA</td>
</tr>
<tr>
<td>6. The caregiver seems happy and content.</td>
<td>Never Rarely Sometimes Often Always ? NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rich environment and activities for your child</th>
<th>Circle one:</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. There are lots of creative activities going on.</td>
<td>Never Rarely Sometimes Often Always ? NA</td>
</tr>
<tr>
<td>8. It's an interesting place for my child.</td>
<td>Never Rarely Sometimes Often Always ? NA</td>
</tr>
<tr>
<td>9. There are plenty of toys, books, pictures, and music for my child.</td>
<td>Never Rarely Sometimes Often Always ? NA</td>
</tr>
<tr>
<td>10. In care, my child has many natural learning experiences.</td>
<td>Never Rarely Sometimes Often Always ? NA</td>
</tr>
<tr>
<td>11. The caregiver provides activities that are just right for my child.</td>
<td>Never Rarely Sometimes Often Always ? NA</td>
</tr>
<tr>
<td>Caregiver's skill</td>
<td>Circle one:</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>12. The caregiver changes activities in response to my child's needs.</td>
<td>Never Rarely Sometimes Often Always ? NA</td>
</tr>
<tr>
<td>13. My caregiver knows a lot about children and their needs.</td>
<td>Never Rarely Sometimes Often Always ? NA</td>
</tr>
<tr>
<td>14. My caregiver is open to new information and learning.</td>
<td>Never Rarely Sometimes Often Always ? NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your relationship with the caregiver</th>
<th>Circle one:</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. My caregiver and I share information.</td>
<td>Never Rarely Sometimes Often Always ? NA</td>
</tr>
<tr>
<td>16. We've talked about how to deal with problems that might arise.</td>
<td>Never Rarely Sometimes Often Always ? NA</td>
</tr>
<tr>
<td>17. My caregiver is supportive of me as a parent.</td>
<td>Never Rarely Sometimes Often Always ? NA</td>
</tr>
<tr>
<td>18. My caregiver accepts the way I want to raise my child.</td>
<td>Never Rarely Sometimes Often Always ? NA</td>
</tr>
<tr>
<td>19. I'm free to drop in whenever I wish.</td>
<td>Never Rarely Sometimes Often Always ? NA</td>
</tr>
<tr>
<td>20. I feel welcomed by the caregiver.</td>
<td>Never Rarely Sometimes Often Always ? NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How your child feels</th>
<th>Circle one:</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. My child has been happy in this arrangement.</td>
<td>Never Rarely Sometimes Often Always ? NA</td>
</tr>
<tr>
<td>23. My child has been irritable since being in this arrangement.</td>
<td>Never Rarely Sometimes Often Always ? NA</td>
</tr>
<tr>
<td>24. My child feels accepted by the caregiver.</td>
<td>Never Rarely Sometimes Often Always ? NA</td>
</tr>
<tr>
<td>25. My child likes the caregiver.</td>
<td>Never Rarely Sometimes Often Always ? NA</td>
</tr>
</tbody>
</table>
### Risks to health, safety, and well-being

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
<th>?</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>27. My child is safe with this caregiver.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. There are too many children being cared for at the same time.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. The caregiver needs more help with the children.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. The caregiver gets impatient with my child.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. The children seem out of control.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. The conditions are unsanitary.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. The children watch too much TV.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34. It's a health place for my child.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35. I worry about bad things happening to my child in care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36. Dangerous things are kept out of reach.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### All things considered

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Mixed Feelings</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>37. The care I have is just what my child needs.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38. If I had it to do over, I would choose this care again.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39. All things considered, how would you grade the quality of the care your child is in?</td>
<td>A+ Perfect</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A</td>
<td>Excellent</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>Fair</td>
<td></td>
</tr>
<tr>
<td></td>
<td>D</td>
<td>Poor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>E</td>
<td>Bad</td>
<td></td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>Awful</td>
<td></td>
</tr>
</tbody>
</table>
Now for some questions about things that quality of care may depend on.

### Continuity of Care

<table>
<thead>
<tr>
<th>Item</th>
<th>Circle one:</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1. My child has been in a familiar place with people he (she) knows.</td>
<td>Usually          Sometimes Rarely</td>
</tr>
<tr>
<td>C2. My child has had stability in her (his) child-care relationships.</td>
<td>Usually          Sometimes Rarely</td>
</tr>
<tr>
<td>C3. There has been too much turnover in my child's caregivers.</td>
<td>Usually          Sometimes Rarely</td>
</tr>
<tr>
<td>C4. How many months has your child been in this current arrangement?</td>
<td>________ months</td>
</tr>
</tbody>
</table>

### About your child's special needs

<table>
<thead>
<tr>
<th>Item</th>
<th>Circle one:</th>
</tr>
</thead>
<tbody>
<tr>
<td>N1. My child needs more attention than most children.</td>
<td>No                           Yes</td>
</tr>
<tr>
<td>N2. My child's special needs require a lot of extra effort.</td>
<td>No                           Yes</td>
</tr>
<tr>
<td>N3. My caregiver feels that my child's special needs are quite demanding.</td>
<td>No                           Yes</td>
</tr>
<tr>
<td>N4. I've had caregivers who quit or let my child go because of behavioral problems.</td>
<td>No                           Yes</td>
</tr>
<tr>
<td>N5. My child can be quite difficult to handle.</td>
<td>No                           Yes</td>
</tr>
<tr>
<td>N6. My child has a physical or developmental disability that requires special attention.</td>
<td>No                           Yes</td>
</tr>
<tr>
<td>N7. My child has a health care need that requires extra attention.</td>
<td>No                           Yes</td>
</tr>
<tr>
<td>N8. My child has an emotional or behavioral problem that requires special attention.</td>
<td>No                           Yes</td>
</tr>
<tr>
<td>N9. My child has a learning disability that requires specialized approaches.</td>
<td>No                           Yes</td>
</tr>
<tr>
<td>Question</td>
<td>Response Options</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>F1. I work a regular day shift.</td>
<td>Never, Rarely, Sometimes, Often, Always, ?, NA</td>
</tr>
<tr>
<td>F2. My schedule makes it easy to be on time.</td>
<td>Never, Rarely, Sometimes, Often, Always, ?, NA</td>
</tr>
<tr>
<td>F3. Our work schedule keeps changing.</td>
<td>Never, Rarely, Sometimes, Often, Always, ?, NA</td>
</tr>
<tr>
<td>F4. My shift and work schedule cause extra stress for me and my child.</td>
<td>Never, Rarely, Sometimes, Often, Always, ?, NA</td>
</tr>
<tr>
<td>F5. Where I work it's difficult to deal with child-care problems during working hours.</td>
<td>Never, Rarely, Sometimes, Often, Always, ?, NA</td>
</tr>
<tr>
<td>F6. My life is hectic.</td>
<td>Never, Rarely, Sometimes, Often, Always, ?, NA</td>
</tr>
<tr>
<td>F7. I find it difficult to balance work and family.</td>
<td>Never, Rarely, Sometimes, Often, Always, ?, NA</td>
</tr>
<tr>
<td>F8. In my work schedule I have enough flexibility to handle family needs.</td>
<td>Never, Rarely, Sometimes, Often, Always, ?, NA</td>
</tr>
<tr>
<td>F9. I have good backup care arrangements in case of emergency.</td>
<td>Never, Rarely, Sometimes, Often, Always, ?, NA</td>
</tr>
<tr>
<td>F10. My caregiver understands my job and what goes on for me at work.</td>
<td>Never, Rarely, Sometimes, Often, Always, ?, NA</td>
</tr>
<tr>
<td>F11. My caregiver is willing to work with me about my schedule.</td>
<td>Never, Rarely, Sometimes, Often, Always, ?, NA</td>
</tr>
<tr>
<td>F12. I rely on my caregiver to be flexible about my hours.</td>
<td>Never, Rarely, Sometimes, Often, Always, ?, NA</td>
</tr>
<tr>
<td>F13. I can count on my caregiver when I can't be there.</td>
<td>Never, Rarely, Sometimes, Often, Always, ?, NA</td>
</tr>
<tr>
<td>F14. I have someone I can share home and care responsibilities with.</td>
<td>Never, Rarely, Sometimes, Often, Always, ?, NA</td>
</tr>
<tr>
<td>F15. I'm on my own in raising my child.</td>
<td>Never, Rarely, Sometimes, Often, Always, ?, NA</td>
</tr>
<tr>
<td>F16. Are you employed?</td>
<td>No, Yes, full time, Yes, part time</td>
</tr>
<tr>
<td>F17. Do you have a spouse or partner who is employed?</td>
<td>1. No spouse or partner.</td>
</tr>
<tr>
<td></td>
<td>2. Spouse or partner who is employed full time.</td>
</tr>
<tr>
<td></td>
<td>3. Spouse of partner who is employed part time.</td>
</tr>
<tr>
<td></td>
<td>4. Spouse or partner is not employed.</td>
</tr>
<tr>
<td>Question</td>
<td>Options</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>F18. Are you enrolled in school, training, or an educational program?</td>
<td>No, Yes, full time, Yes, part time</td>
</tr>
<tr>
<td>F19. Is your spouse or partner in school, training, or an educational program?</td>
<td>No, Yes, full time, Yes, part time</td>
</tr>
<tr>
<td>F20. In your family, who takes responsibility for child-care arrangements?</td>
<td>1. I do completely. 2. Mostly I do. 3. Equally shared with spouse or other. 4. Mostly spouse or other does. 5. Spouse or other does completely.</td>
</tr>
<tr>
<td>F21, 22. What is your age and sex?</td>
<td>_____ age _____ sex (M or F)</td>
</tr>
</tbody>
</table>

The choices you've had Circle one:

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>O1. I've had difficulty finding the child care I want.</td>
<td>No, Somewhat, Yes</td>
</tr>
<tr>
<td>O2. There are good choices for child care where I live.</td>
<td>No, Somewhat, Yes</td>
</tr>
<tr>
<td>O3. In my neighborhood, child care is hard to find.</td>
<td>No, Somewhat, Yes</td>
</tr>
<tr>
<td>O4. When I made this arrangement, I had more than one option.</td>
<td>No, Somewhat, Yes</td>
</tr>
<tr>
<td>O5. In choosing child care, I've felt I had to take whatever I could get.</td>
<td>No, Somewhat, Yes</td>
</tr>
<tr>
<td>O6. I found a caregiver who shares my values.</td>
<td>No, Somewhat, Yes</td>
</tr>
<tr>
<td>O7. I like the way my caregiver views the world.</td>
<td>No, Somewhat, Yes</td>
</tr>
<tr>
<td>O8. My caregiver and I see eye to eye on most things.</td>
<td>No, Somewhat, Yes</td>
</tr>
<tr>
<td>O9. What is the ZIP code where you live?</td>
<td>___ ___ ___ ___</td>
</tr>
<tr>
<td>O10. How far from home is your child-care arrangement?</td>
<td>1. It's in my home.</td>
</tr>
<tr>
<td></td>
<td>2. Next door or across the street</td>
</tr>
<tr>
<td></td>
<td>3. 1 or 2 blocks</td>
</tr>
<tr>
<td></td>
<td>4. Quarter of a mile</td>
</tr>
<tr>
<td></td>
<td>5. Half a mile</td>
</tr>
<tr>
<td></td>
<td>6. 1 mile</td>
</tr>
<tr>
<td></td>
<td>7. 2 miles</td>
</tr>
<tr>
<td></td>
<td>8. 4 miles</td>
</tr>
<tr>
<td></td>
<td>9. 8 miles</td>
</tr>
<tr>
<td></td>
<td>10. 16 miles</td>
</tr>
<tr>
<td></td>
<td>11. Over 16 miles</td>
</tr>
</tbody>
</table>

| O11. How far is your child care from where you work? (Use the same scale, with 1 for "It's at my work site.") | _____ |

<p>| O12. My child care is too far from home. | No | Somewhat | Yes |
| O13. Transportation is a big problem for me. | No | Somewhat | Yes |
| O14. Getting to work is a long commute. | No | Somewhat | Yes |
| O15. Getting my child places is difficult for me. | No | Somewhat | Yes |</p>
<table>
<thead>
<tr>
<th>Affordability Circle one:</th>
<th>No</th>
<th>Somewhat</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1. I have difficulty paying for child care.</td>
<td>No</td>
<td>Somewhat</td>
<td>Yes</td>
</tr>
<tr>
<td>A2. I would be willing to pay more than I do for the care I have.</td>
<td>No</td>
<td>Somewhat</td>
<td>Yes</td>
</tr>
<tr>
<td>A3. I worry about making ends meet.</td>
<td>No</td>
<td>Somewhat</td>
<td>Yes</td>
</tr>
<tr>
<td>A4. The cost of child care has prevented me from getting the kind I want.</td>
<td>No</td>
<td>Somewhat</td>
<td>Yes</td>
</tr>
<tr>
<td>A5. I have some choice about whether to work or how much.</td>
<td>No</td>
<td>Somewhat</td>
<td>Yes</td>
</tr>
<tr>
<td>A6. I can (or could) afford to work part time.</td>
<td>No</td>
<td>Somewhat</td>
<td>Yes</td>
</tr>
<tr>
<td>A7. About how much is your total yearly household income before taxes?</td>
<td>10. $45,000-54,999 13. $75,000-84,999</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Under $5,000 4. $15,000-19,999 7. $30,000-34,999</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. $5,000-9,999 5. $20,000-24,999 8. $35,000-39,999</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. $10,000-14,999 6. $25,000-29,999 9. $40,000-44,999</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A8. How much does your family spend monthly on child care (all kids)?</td>
<td>$_______________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9. Does a government agency pay any of your child-care expenses?</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>A10. Do you claim a federal income tax credit for any child-care expenses?</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>A11. Do you receive or qualify for the Earned Income Credit?</td>
<td>No</td>
<td>Yes</td>
<td>?</td>
</tr>
<tr>
<td>A12. Do you use a plan through an employer that allows you to purchase child care with before-tax dollars?</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>A13. Does your employer pay for any of your child-care expenses?</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>A14. Does spouse or partner's employer pay for any child-care expenses?</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>A15. Are your child-care expenses reduced because of a discount, bargain rate, sliding scale, scholarship, or general program subsidy by a church, child-care provider, employer, or agency?</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>
Finally, your comments:

1) Can you please describe anything about your care that has been or is a source of worry or concern to you.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

2) Is this child-care arrangement the best one you've ever had?
   ___Yes   ___No   ___It's the only one
If yes, could you tell us why. What's special about it?
If no, could you please tell us why not. What's been difficult about it?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

3) When parents are uneasy about a child-care arrangement, sometimes they don't quite know what to do about it. Has this ever happened to you? And do you have any suggestions for other parents about what to do?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Thank you very much for giving us your views!
Please return your completed survey in the pre-paid envelope we enclosed.
If you have any questions about the survey, please contact us: . . .