CHAPTER NINE:

CHILD AND YOUTH ENVIRONMENTS MEASURES

Chapter Nine: Child and Youth Environments Measures

Q uality learning environments are both age-appropriate *and* appropriate for the specific individuals who inhabit them. This means that activities and interactions are adjusted to fit individual temperaments, strengths and needs. In childcare, early childhood programs, and other learning environments for children and youth, high quality environments provide:

- developmentally appropriate practices;
- high levels of positive adult-child interaction;
- activities which emphasize social skills including cooperation, sharing, helping, leadership, and decision-making;
- freedom to rest, explore, play, and create.

In this chapter, measures of quality environments are presented in two sections:

Section 1: Quality Characteristics

- Table 9-1: Young Children's Learning and Care Environments
- Table 9-2: School-aged Children's and Youth's Environments
- Table 9-3: Providers' Skills and Continuity
- Table 9-4: Affordability and Accessibility

Section 2: Parents' and Children's Skills and Knowledge

- Table 9-5: Parents' Knowledge and Attitudes
- Table 9-6: Self-care Knowledge and Skills.

NOTE

Additional related measures are reviewed in earlier chapters. In particular, see:

- *Chapter 6 Child Outcomes, Table 6-9, Environmental Health and Safety*

- *Chapter 8 Educational Outcomes, Table 8-4 Supportive Educational Experiences.*

Also remember

Surveys, interviews, and rating scales are emphasized in this chapter because they are the most widely published measures. These measures are NOT the only way to assess outcomes. Remember focus groups, program records, case plans and progress notes, goal attainment scaling, portfolios, systematic observations, and other measures! For a discussion of these approaches, see Chapter 3.

Section 1: Quality Characteristics

Measures of Young Children's Care and Learning Environments

The quality of childhood care and education is affected by both the physical environment and the social-learning environment. A high quality *physical environment* is healthful and safe for children's developmentally appropriate exploratory behaviors, provides basic care and hygiene, and offers a range of materials and activities with which children interact.

A high quality social-learning environment provides positive, nurturing adult-child interactions, educationally stimulating activities in all major areas of development, a low age-appropriate child-adult ratio, knowledgeable caregivers who facilitate good communication, and involvement of parents and other family members in children's care and decision-making.

Group size and the numbers of children per adult directly affect the physical and social-environments. In child care settings, group size and child-adult ratios are regulated by state law. *In mixed age groups, the child/staff ratio must fit the age of the youngest child*.

Oregon's childhood care and education centers must provide the following *child/staff ratios*:

- Ages 6 weeks to 30 months: no more than 4 children per caregiver with a group limit of 8 children
- Ages 30 months through 4 years: no more than 10 children per caregiver with a group limit of 20 children
- Ages 5 years and older: no more that 15 children per caregiver with a group limit of 30 children

Different *child/staff ratios and group size limits* apply to Oregon's family childhood care homes:

- No more than 6 children under 6 years (with no more than 2 children under 2 years)
- If providing care to school age children, there can be no more than 10 children at any one time (including no more than 6 children under age 6)
- Different regulations apply to group early childhood care homes (more than one caregiver)

Standards for accreditation of early childhood education and care address these key components of childhood care and education, including child-staff ratios, physical environments, and socio-learning environments.

Specific, program outcomes related to young children's care environments include positive or improved:

- **Age-appropriate learning environments (2.4.5)**
- **Participation in quality child care and early childhood programs (2.4.6)**
- **Child care options for infants and toddlers (5.2.1)**
- **Child care quality; programs meet national or other standards (5.2.7) or other quality indicators (5.2.8), including adequate or improved:**

    - **Facilities and materials**
    - **Health, safety, and basic care routines**
    - **Provider child interactions**
    - **Activities and program structure**
    - **Family interactions**
    - **Staff and staff development**

Measures of these outcomes are reviewed in Table 9-1 (young children's environments), Table 9-2 (school age children and youth environments), and Table 9-3 (provider skills and continuity).

Table 9-1. Measures of Young Children's Care Environments

Type	Measure	Description
Records	**Number of accredited childhood care settings, by age of child served (infant, toddler, preschool, other)**	County and state statistics are kept by Oregon Services for Children and Families on the number of certified early childhood care settings. Although it is very difficult to accurately determine the number of *private* settings that offer placements for infants and toddlers, records of the number of infants and toddlers cared for in specific accredited childhood care homes and centers are maintained.
Records	**Number of citations for health and safety violations**	Oregon Services for Children and Families maintains records on the number of citations of certain types issued during a specified time period and county. For example, the number of citations issued for unsafe storage of cleaning supplies during the first six months of 1997 could be obtained and compared with a similar statistic from the last six months of 1997.
Observation/ Interview	**Early Childhood Environment Rating Scale, ECERS** Harms & Clifford, 1980	The ECERS can be used to evaluate programs caring for infants, toddlers, and preschool-age children, including parent cooperatives, playgroups, and kindergarten programs. Thirty-seven items in seven subscales assess seven areas: (1) Personal Care Routines of Children, (2) Furnishings and Display for Children, (3) Language-Reasoning Experiences, (4) Fine and Gross Motor Activities, (5) Creative Activities, (6) Social Development, and (7) Adult Needs (staff and parents). Each item assesses a specific aspect of care, and specific descriptions define each of the scores of 1, 3, 5, and 7. When an environment exhibits part of the lower description and part of the higher one, mid-point scores (2, 4, 6) are given.

*Included in appendix

Table 9-1: Measures of Young Children's Care Environments (continued)

Type	Measure	Description
	Early Childhood Environment Rating Scale, ECERS (continued)	For example from the Personal Care subscale, the item which addresses *Greeting/Departing* lists the following scoring definitions: 1 *Inadequate* - No plans made. Greeting children is often neglected; departure not prepared for 3 *Minimal* – Informally understood that someone will greet and acknowledge departure 5 *Good* - Plans made to insure warm greeting and organized departure. Staff member(s) assigned responsibility for greeting and departure of children. (Ex. Conversation on arrival; art work and clothes ready for departure). 7 *Excellent* - Everything in *Good* plus parents greeted as well as children. Staff use greeting and departure as information sharing time to relate warmly to parents. ECERS subscale scores are recorded on a profile sheet that provides a graphic display of which areas are relatively weak and which are relatively strong. Later evaluations may be recorded on the same chart to show improvements in specific areas. Independent subscale scores may be used to assess particular dimensions of care. Although the ECERS is easy to use, the best results will be obtained when it is administered by a professional who is experienced with young children and developmentally appropriate practices in early childhood settings, or by someone trained to administer the ECERS. Interrater reliability by item was .93 and Chronbach's alpha for the overall scale ranged from .86 to .93. The manual for the ECERS is available in major educational bookstores. The manual and extra score sheets (in packages of 30) may be obtained from Teachers College Press, P.O. Box 2032, Colchester, VT 05449; toll free telephone number is 800-445-6638. The costs are approximately $25.00 for the ECERS manual and $60.00 for a training videotape. *A newly revised version of the ECERS will be available in spring, 1998.*
Observation/ Interview	**Family Day Care Rating Scale, FDCRS** Harms & Clifford, 1989	The FDCRS has 32 items covering six areas: (1) Space and Furnishings for Care and Learning, (2) Basic Care, (3) Language and Reasoning, (4) Learning Activities, (5) Social Development, and (6) Adult Needs. The FDCRS is appropriate to the needs of children from infancy through kindergarten. Each item is rated on a scale ranging from (1 *inadequate* to 7 *excellent*). Generally, high quality, personalized care receives ratings of *excellent* and *good*. Care that meets custodial needs but provides limited support of basic developmental needs is rated as *minimal*. *Inadequate* care doesn't meet all custodial care needs.

Table 9-1: Measures of Young Children's Care Environments (continued)

Type	Measure	Description
	Family Day Care Rating Scale, FDCRS (continued)	For example, scoring descriptions from the subscale Language and Reasoning for the item *Helping Children Understand Language* included: 1 *Inadequate* – Fewer than 6 children's books and no picture games available in home 3 *Minimal* - At least 10 children's books available, some picture games and records present; materials used by caregiver with children at least 3 times a week (Ex. caregiver names pictures in books, reads story, plays a record and sings along) 5 *Good* - At least 20 children's books and several picture games accessible to children daily for independent use; materials for all age groups; at least one planned activity daily (Ex. Reading, story telling, talking about picture books, nursery rhymes) 7 *Excellent* – Caregiver checks out materials from library once a month, or adds to materials in other ways; works on improving understanding of language all day (Ex. gives clear directions, uses words exactly, points out items of interest indoors and outdoors, such as reading food labels and road signs) Generally, high quality, personalized care receives ratings of *excellent* and *good*. Care that meets custodial needs but provides limited support of basic developmental needs is rated as *minimal*. *Inadequate* care doesn't meet all custodial care needs. Subscale scores are recorded on a profile sheet that provides graphic display of which areas are relatively weak and which are relatively strong. Later evaluations may be recorded to show improvements in specific areas. Individual subscale scores may be used to assess particular dimensions of care. Inter-rater reliability for the FDCRS has been reported to be at or above .90. Internal consistency alpha coefficients for the subscales ranged from .70 to .93. FDCRS scores have been highly correlated with home visitors' ratings of family day care settings. Although the FDCRS is easy to use, the best results will be obtained when it is administered by a professional who is experienced with developmentally appropriate practices in early childhood settings, and/or who is trained to administer the FDCRS. The manual for the FDCRS is available in major educational bookstores. The manual and extra score sheets (in packages of 30) may be obtained from Teachers College Press, P.O. Box 2032, Colchester, VT 05449. The toll free telephone is number is 800-445-6638. The costs are approximately $25.00 for the manual and $60.00 for a training videotape.

Table 9-1: Measures of Young Children's Care Environments (continued)

Type	Measure	Description
Observation/ Interview	**Infant/Toddler Environment Rating Scale, ITERS** Harms, Cryer, & Clifford, 1990	The ITERS was developed specifically to evaluate programs caring for infants and toddlers up to 30 months of age. Thirty-five items are organized within seven subscales: (1) Furnishings and Display for Children, (2) Personal Care Routines, (3) Listening and Talking, (4) Learning Activities, (5) Interaction, (6) Program Structure, and (7) Adult Needs. Each item is rated on a scale ranging from 1 (*inadequate)* to 7 *(excellent).* Scores are associated with specific descriptions. For example, scoring descriptions from the ITERS subscale on Furnishings and Display for Children are shown below for the item *Furnishings for Relaxation and Comfort*: 1 *Inadequate* - No "softness" provided for children at play (Ex. No upholstered furniture, no rug areas, no cushions provided for play) 3 *Minimal* – Some rug or other soft material provided during play; some easy-to-clean, soft toys accessible most of the day 5 *Good* – Special cozy area always available (Ex. rug, cushions, soft covered mattress, upholstered furniture); cozy area protected from active play; many easy-to-clean, soft toys accessible most of day 7 *Excellent* – Special cozy area plus "softness" available in several other areas (ex. several soft rug areas, bean bag chair used to support playing infant); non-mobile infants placed in cozy area when appropriate; cozy area used for reading, singing, and other quiet play. Generally, high quality, personalized care receives ratings of *excellent* and *good*. Care that meets custodial needs but provides limited support of basic developmental needs is rated as *minimal*. *Inadequate* care doesn't meet all custodial care needs. Subscale scores are recorded on a profile sheet to provide a graphic display of which areas are relatively weak and which are relatively strong. Later evaluations may be recorded on the same sheet to show improvements. Individual subscale scores may be used to assess particular dimensions of care. Inter-rater reliability for the ITERS is high (.84). Internal consistency is good (.83) for the overall scale. Criterion validity is good as assessed by comparison with expert evaluations and by comparison with a number of other widely used instruments used for evaluating infant/toddler environments.

Table 9-1: Measures of Young Children's Care Environments (continued)

Type	Measure	Description
	Infant/Toddler Environment Rating Scale, ITERS (continued)	Although the ITERS is easy to use, the best results will be obtained when it is administered by a professional who is experienced with developmentally appropriate practices in early childhood settings, and/or who is trained to administer the ITERS. The manual for the ITERS is available in major educational bookstores. The manual and extra score sheets (in packages of 30) may also be obtained from Teachers College Press, P.O. Box 2032, Colchester, VT 05449 toll free telephone is number is 800-445-6638. The costs are approximately $25.00 for the manual and $60.00 for a training video.
Parent Survey	**Quality of Child Care –Long and short versions*** Emlen, 1997	The full Quality of Child Care Parent Survey contains 60-items and assesses parent's perceptions of several aspects of quality in the care received by their child(ren). Nine subscales assess specific aspects of care quality such as: richness of environment; skilled caregiver; child's sense of safety; and caregivers' interest in child. The shortened version *"Quality of Child Care" is the BEST single measure of parent's perceptions* drawn from this larger survey. The 15-item questionnaire assesses parent's perceptions of the quality of the childhood care received by their child(ren). Most items relate to interactions between the child and the provider. There are also questions about provider interactions with the parent. For example, the parent indicates how frequently, • "The caregiver is warm and affectionate toward my child" and, • "My caregiver is supportive of me as a parent." Norms are available. These scales were developed by Dr. Art Emlen of Portland State University. They are used widely to assess quality of child care and are endorsed by the Oregon Child Care Research Partnership.
Parent Observation Checklist	**Child-Care Quality Checklist*** Linn-Benton Community College, Family Resources, 1992	This is a list of characteristics of developmentally appropriate high quality childhood care settings. Characteristics are listed in several areas: • Health and Safety; • Physical Space; • Materials, Equipment, & Activities; • Teachers, Adult Staff, & Caregivers; • Children; and • Parents. For example, the observer makes a check if, "Both boys and girls are allowed the full range of activities" and if, "Staff encourage parents to visit the day-care setting at any time the child is there."

*Included in appendix

Measures of School Age Children and Youth Environments

As children age and enter school, parents and communities often provide less attention to care environments. Children and youth, however, continue to need active adult support and opportunities for safe supervised age-appropriate activities. When children and youth are unsupervised, they are at higher risk of school failure, drug use, and other problem behaviors.

High quality programs for school age children and youth offer:

- warm, respectful, well-trained and well-supervised staff;
- appropriate group size and staff-to-child/youth ratios;
- regular communication between staff, parents, and school;
- safe, adequate indoor and outdoor spaces;
- interesting and age-appropriate materials, supplies and equipment;
- flexible scheduling;
- a range of fun, educational, and enriching program activities (including rest, homework, play, socialization, and other activities) that meet individual needs and allow for choices.

Children and youth can be effectively supported by sports, recreation, arts and music, service-learning, drop-in centers, clubs or organizations, and other activities. Youth benefit from volunteer or other work opportunities and career exploration programs. In addition to the characteristics listed above, effective programs for children and youth:

- involve families, peer groups, churches, community organizations, schools, businesses, and other institutions;
- involve participants, especially older children and youth, in age-appropriate leadership and decision-making roles;
- are staffed by committed and well-trained youth workers;
- are physically and economically accessible for *all* youth.

Relevant program outcomes include positive or improved:

- **Options for school-based child care (5.3.3)**
- **Care quality: age-appropriate care or activities for school age children and youth (5.3.1; 5.3.6)**
- **School age care quality indicators (5.2.8), including:**

  - **Facilities and materials**
  - **Health and safety**
  - **Provider-child interactions**
  - **Activities and program structure**
  - **Family interactions**
  - **Staff and staff development**

Table 9-2: Measures of School Age Children and Youth Environments

Type	Measure	Description
Observation	**Quality of School Age Child Care: A Checklist of Indicators – Adapted*** Oregon State University, Family Policy Program, 1997	This 38-item checklist was adapted from School Age Child Care Staff Training Program of Cornell University. Five areas of quality are assessed: • Facilities and furnishings; • Guidance and supervision; • Programming and activities; • Parent, school, and community relationships; and • Staffing and staff characteristics. Each area is assessed on a 1 (inadequate) to 7 (excellent) scale. For example, "Rules and expectations are developed in conjunction with children" and, "Special techniques are used to involve new, rejected, or withdrawn children." This can be used as a self-assessment tool as well as one used by an outside evaluator. Because no detailed descriptors are provided, this checklist will be best completed by persons experienced with school-age children and care.
Parent Survey	**Quality of Child Care –Long and short versions*** Emlen, 1997	The full Quality of Child Care Parent Survey contains 60-items and assesses parent's perceptions of several aspects of quality in the care received by their child(ren).The shortened (15 item) version "*Quality of Child Care"* is the BEST single measure of parent's perceptions* drawn from the larger survey. These scales were developed by Dr. Art Emlen of Portland State University. They are used widely to assess quality of child care and are endorsed by the Oregon Child Care Research Partnership. For a full description see Table 9-1 or the appendix.
Observation/ Interview	**School-Age Care Environment Rating Scale, SACERS** Harms, Jacobs, & White, 1996	The SACERS assesses care settings for children from 5 to 12 years of age based on criteria for developmental appropriateness for school-age children. Quality indicators were drawn from a review of previously published instruments, research studies, and other literature on best practices for meeting the developmental needs of school-age children. The 43-item SACERS includes 6 subscales: (1) Space and Furnishings, (2) Health and Safety, (3) Activities, (4) Interactions, (5) Program Structure, and (6) Staff Development. For programs that include children with special needs, a set of 6 supplementary items is also available. Several of the items/scales could also be adapted to assess youth environments. Each item is rated on a scale ranging from 1 (*inadequate*) to 7 *(excellent)*. Four points on the scale have specific definitions associated with each item. For example, descriptors for one item (*Staff-child interactions)* in the subscale Interactions are: *1 - Inadequate -* Staff members are not responsive to or not involved with children (Ex. ignore or reject children); Interactions are unpleasant (Ex. voices sound strained and irritable)

Type	Measure	Description
	School-Age Care Environment Rating Scale, SACERS (continued)	*3 - Minimal* – Staff respond inconsistently (Ex. sometimes warm, sometimes distant with children); staff favor or dislike particular children *5 - Good* - Staff usually respond to children in a supportive manner (Ex. staff and children seem relaxed, voices cheerful, frequent smiling); staff respect children (Ex. listen attentively) *7 - Excellent* - Staff support autonomous behavior in children (Ex. staff allow children to take the lead in selecting and initiating activities); mutual respect exists among staff and children Numbers in between those with specific descriptions are selected when an environment exhibits part of the lower description and part of the higher one. Generally, high quality, personalized care receives ratings of *excellent* and *good*. Care that meets custodial needs but provides limited support of basic developmental needs is rated as *minimal*. *Inadequate* care doesn't meet all custodial care needs. Subscale scores are recorded on a profile sheet that provides a graphic display of which areas are relatively weak and which are relatively strong. Later evaluations may be recorded on the same chart to show improvements in specific areas. Individual subscale scores may be used to assess particular dimensions of care. Reliability and validity are good. Cronbach's alpha's for the subscales ranged from .67 to .94, with an alpha of .95 for the entire scale. Inter-rater agreement ranged from .79 to .91, with an overall rating of .83. Content validity was established by nine recognized experts from both the U.S. and Canada. Although the SACERS is easy to use, the best results will be obtained when it is administered by a professional who is experienced with school age children and developmentally appropriate practices in school age settings and/or by someone who is trained to administer the SACERS. The manual and score sheets (in packages of 30) for the SACERS may be obtained from Teachers College Press, P.O. Box 2032, Colchester, VT 05449; toll free telephone number is 800-445-6638. The cost is approximately $25.00.

Measures of Child Care Providers' Skills and Continuity

Quality child care for all age children and youth is clearly dependent on the adults who provide care. Childhood care providers create a positive, age-appropriate social-learning environment when they:

- offer several activities or interest centers to allow choices;
- facilitate smooth transitions from one activity to the next;
- provide physical spaces and time for rest and quiet;
- anticipate and redirect problem behaviors through active listening and consistent expectations and rules;
- use positive behavior management approaches;
- involve children in rule-setting, activities planning and implementation, and other decision-making, and
- offer opportunities, resources, and staff support for homework and leadership especially for older children and youth.

In addition to these skills, the training and continuity of care providers is important. In all settings, significant indicators of higher quality of care include:

- substantial staff education and training;
- higher average teacher wage rates; and
- low staff turnover and high administrative stability.

Low wages and poor benefits combined with demanding work lead to frequent turnover of providers, including family home providers. This turnover reduces availability of care and hinders the development of stable child-provider relationships.

By improving the skills and longevity of care providers, programs can improve the quality of childcare, early childhood education, school age care, and youth programming. Relevant program outcomes include positive or improved:

- **Child care provider skills and continuity (5.2.6)**

Resources for measuring providers' skills and continuity are reviewed next in Table 9-3.

NOTE

Assessments of provider skills and interactions with children are also included in a number of the measures described previously in Table 9-1 and Table 9-2.

Table 9-3: Measures of Childhood Providers' Skills and Continuity

Type	Measure	Description
Records	**Levels of provider training and education**	Higher levels of education and training in *child development and care* are consistently associated with higher quality of care. The average educational levels and years of training possessed by childhood care providers and other staff in specific settings may be obtained from voluntary disclosures and anonymous polling of providers or administrative staff.
Records	**Wages paid to childhood care providers and staff**	Low wages and poor benefits contribute to high rates of turnover among child care providers in all settings. The average levels of wages and benefits in specific types of care settings can be obtained from voluntary disclosures and anonymous polling of providers or administrative staff.
Records	**Duration of employment for providers**	The average duration of employment in each childhood care setting provides a measure of the level of turnover among the staff working there.
Parent Survey	**Childhood Care History**	The average length of time children spend with each provider they have had may be calculated from a simple parent self-report. For example, parents can report the number of previous providers of non-custodial childhood care each child has had, including the current provider (if applicable). Then the parent is asked for the number of months spent in each provider's care. See Chapter 4 for guidelines on developing such a written survey or interview. Also see the Continuity of Care subscale of the Quality of Child Care Parent Survey reviewed in Table 9-1 and in appendix.
Professional Evaluation	**Early Childhood Teacher Competency Scale, ECTCS*** Sugawara & Cramer, 1980	The ECTCS is a 65-item questionnaire developed to describe *student* preschool teachers' performance in four areas: • Understanding and evaluating children's behavior; • Following and interpreting guidance guidelines; • Relationships with children, staff, and parents; and • Evaluation. The student's level of competency is rated on a 6-point scale from, "The student has not worked on this" to, "The student does this easily." While focused on pre-service teachers, the ECTCS can be adapted to rate practicing preschool teachers' skills.
Parent Survey	**Quality of Child Care*** Emlen, 1997	This 15-item self-report questionnaire asks about parent's perceptions of the quality of the childhood care experienced by their child. Most of the questions assess the skills of the care provider. See Table 9-1 and appendix for fuller description.

*Included in appendix

Measures of Availability and Affordability

In many communities, the demand for school age and youth care and activities is not met. Either there are not enough opportunities available or the costs are not affordable for many families.

Sliding fee scales allow for some flexibility by charging families according to their existing financial resources. Families who have greater financial resources pay more, and those with fewer resources pay less, than the actual cost of the program. Subsidized care by employers, "scholarships" or other sources also increase affordability. Relevant program outcomes include adequate or improved:

- **Match between needs and resources for school age and youth care activities (5.3.5)**
- **Sliding fee scale or other "affordability" strategies (5.2.2)**

Table 9-4: Measures of Availability and Affordability of School Age and Youth Care and Activities

Type	Measure	Description
Records	**Numbers of children enrolled**	The average number of children enrolled in both school-based and off-site childhood care programs, as well as other child and youth activities during specified periods of time may be found in specific program records.
Records	**Numbers of Children and Youth on Waiting Lists**	Many child and youth programs keep waiting lists and have to turn away potential participants. Waiting list records can indicate the level of demand versus availability.
Records	**Numbers of Children and Youth Receiving Scholarships or other financial assistance**	Many child and youth programs offer scholarship subsidies, sliding fee scales, or participate in employer sponsored or other financial assistance programs. Records may also be maintained on the number of families who inquire but do not enroll due to financial considerations. All programs can benefit from maintenance of such records.

Section 2: Parent and Child Knowledge and Skill

Measures of Parent Knowledge and Attitudes About Childhood Care

Most parents *overestimate* the quality of their children's care. Parents' lack of knowledge of what constitutes high quality child care lessens the demand for it. Parents' knowledge should include:

- what quality child care and education is;
- how to find quality child care and education; and
- how to work with providers to develop and maintain high quality.

Child care resource and referral (CCRR) systems often provide parents with information about quality care. CCRR's also help parents match their needs with available childcare openings. Although these systems account for a significant proportion of child care placements, most placements are facilitated by the recommendations of friends and other individuals.

Relevant program outcomes include positive or improved:

- **Parent knowledge of child care quality characteristics (5.2.4)**
- **Parent satisfaction with care for young children (5.2.5)**
- **Parent knowledge of, use of, and satisfaction with care options for school age children and youth (5.3.8)**
- **Parent knowledge of, use of, and satisfaction with resource and referral systems (5.2.3)**

NOTE

Measures of parent knowledge and satisfaction with aspects of childhood care are reviewed in the following table. In addition, earlier in this Chapter, Tables 9-1, 9-2, and 9-3 review other measures of parents' perceptions.

Table 9-5: Parent Knowledge and Satisfaction with Childhood Care

Type	Measure	Description
Records	**Numbers of individual families' use of childhood care resource and referral programs**	Childhood care resource and referral programs must record the number of individual families using the referral system to find appropriate placement(s) for their child(ren) during specified periods of time. These programs also keep track of families who use this resource more than once.

Table 9-5: Parent Knowledge and Satisfaction with Childhood Care (continued)

Type	Measure	Description
Records	**Satisfaction Questionnaire***	Programs can assess parent satisfaction using satisfaction surveys. Child Care Resource and Referral (CCRR) services, which have limited contact with parents, can ask parents at the end of a contact to assess the helpfulness of the information provided and whether or not the contact helped them clarify their needs and options. A limited numbers of families may be re-contacted by telephone or mail to assess the usefulness of the information in finding or assessing care. Similarly, providers registered with CCRR services may be asked to report on the number of families who access them through the service. Guidelines for composing appropriate satisfaction questionnaires may be found in Chapter 4. A sample satisfaction survey is included in the appendix. Also see the "Quality of Care –A Parent's Perspective Survey" reviewed below.
Parent Survey	**Quality of Child Care*** Emlen, 1997	The short version of this survey is a 15-item self-report. The survey asks about parent's perceptions of the quality of the childhood care received by their child. Most items focus on the interactions between the caregiver/provider and the child. There are also questions about the caregiver's interactions with the parent. For example, the parent indicates how frequently, "The caregiver is warm and affectionate toward my child" and, "My caregiver is supportive of me as a parent." Norms are available. See Table 9-1 or appendix for fuller description of the short and long versions.
Parent Survey	**Knowledge of Child Care Quality**	No existing measures of parent knowledge of quality care characteristics have been identified. Programs may wish to develop such a measure, perhaps building on the "Child Care Checklist" reviewed in Table 9-1. Guidelines for developing surveys or tests are presented in Chapter 4. Sample knowledge tests are found in the appendix, under the title "Knowledge of…"

* Included in appendix

Measures of Self-Care Guidelines

Self-care means that children are caring for themselves *without the direct physical presence and supervision of a responsible adult*. Almost all school aged children spend some time in self-care. This is true even for children who generally are in childcare or with their parents. As children age, the frequency and length of time in self-care expands.

While self-care is common, it is important to recognize its limits. Oregon law (ORS 163.545) defines child neglect as a Class A misdemeanor in which a child under 10 years of age is "unattended in or at any place for such a period of time as may likely endanger the health or

welfare of the child." Planned, appropriate self-care is *not* child neglect. Unplanned, inappropriate self-care *may* be.

Outcomes for children in self-care are more positive when self-care is planned and the transition to self-care is gradual. Children and parents who rely on self-care *at any time*, should

- plan ahead for activities, food, and other basic care needs,
- address safety issues in the home,
- arrange emergency contacts and other procedures for unexpected events, and
- have realistic expectations for self-care.

Educational programs on self-care can help ensure that parents and children have adequate or improved:

- **Knowledge and use of self-care guidelines among parents and children (5.3.7)**

Table 9-6: Measures of Parent and Child Knowledge of Self-Care Guidelines

Type	Measure	Description
Children's Knowledge Activity Sheets	**Self-care Knowledge** Oregon State University Home Economics Extension Program, 1997	Home Alone and Prepared" is an education program for children and parents. The program includes several activity sheets to assess children's knowledge of common health and safety issues that may arise during self-care. Each sheet addresses one topic using pictures, quizzes, or other activities to guide the child. Sheets can be completed as an instructional aid in an education program and/or as an assessment of children's knowledge. Topics include the following: The *fire hazards* in the home activity sheets include pictures of common fire hazards and a home inventory. The *kitchen safety and nutrition* activity sheets address unsafe practices and safe food preparation options using pictures and a quiz format. The *first aid and when is help needed* activity sheets assess children's knowledge of care for simple burns, cuts, and nosebleeds, as well as a six item quiz on when to call help. All materials are available from the Oregon State University Extension Service through the county offices or by contacting Alice Morrow, OSU Extension Service, OSU, Corvallis, OR 97331. (541) 737-1014.
Parent Survey	**Self-Care Program Parent Evaluation*** Oregon State University Home Economics Extension Program, 1997	This 20 item evaluation uses a retrospective pretest-post-test format to assess the impact of the "Home Alone and Prepared" self-care education program *(see above entry)*. Sixteen items assess the parent's perceptions of their children's skills at self-care, including the children's abilities to: (1) answer the telephone or door without indicating they are alone, (2) know when and how to call 911, (3) demonstrate "stop, drop, and roll" fire safety, and (4) prepare safe, nutritious snacks. Four items assess parents' and children's confidence in self-care.

*Included in appendix