



Providing High Quality Care in Low-Income Areas in Maryland:

Definitions, Resources, and Challenges from Parents and Child Care Providers' Perspectives

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Introduction to the Maryland Research Capacity Brief Series

The purpose of this Research Brief Series is to summarize key findings and implications from the Maryland Research Capacity study. This multi-method study included focus groups and the analysis of Maryland's child care subsidy administrative data on topics including: parents' priorities and preferences in making child care decisions, defining high quality care and school readiness, continuity in subsidized care arrangements, and the association between enrollment in subsidized care arrangements and assessments of children's school readiness upon kindergarten entry. The Maryland Research Capacity Brief Series is designed to answer questions of interest to state child care administrators, county agency staff and other early childhood stakeholders. The entire series of baseline briefs is available online at: www.mdmnresearchpartnership.com.

INTRODUCTION

Early life experiences are critical to a child's development. Research has shown that, for a variety of reasons, children born into low-income families are at a disadvantage when compared to their higher-income peers.¹ Fortunately, research has also shown a positive association between high quality child care and the academic and social-emotional outcomes of children in low-income families.²

Though an abundance of national research has identified empirically-based indicators of high quality care,³ less has been published about community-based child care providers' and parents' definitions of quality. Understanding how child care providers define high quality care is important information as it can be used to market and design professional development opportunities to providers. Understanding parents' perspectives can facilitate effective marketing of state-based initiatives, such as Quality Rating and Improvement Systems, designed to educate parents and facilitate their ability to select high quality child care for their children.

PURPOSE OF THIS BRIEF

The purpose of this brief is to describe the perspectives and experiences of parents and child care providers in accessing and providing high quality care. This research brief uses data from focus

¹ Halle, T., Forry, N., Hair, E., et al. (2009). Disparities in Early Learning and Development: Lessons from the Early Childhood Longitudinal Study – Birth Cohort (ECLS-B). Washington, DC: Child Trends; National Research Council and Institute of Medicine. (2002). From neurons to neighborhoods: The science of early childhood development. Committee on Integrating the Science of Early Childhood Development. Jack P. Shonkoff and Deborah A. Phillips, eds. Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education. Washington, D.C.: National Academy Press; NICHD Early Child Care Research Network. (June 1996). Early life experiences of low income children. Paper presented at Head Start's Third National Research Conference, Washington, DC.

² Burchinal, M., Roberts, J. E., Riggins, R., et al. (2000). Relating quality of center-based child care to early cognitive and language development longitudinally. *Child Development*, 71, 338-357; Lee, V., & Burkham, D. (2002). Inequality at the starting gate: Social background differences in achievement as children begin school. Washington, DC: Economic Policy Institute; McCartney, K., Dearing, E., Taylor, B. A., & Bub, K. L. (2007). Quality child care supports the achievement of low-income children: Direct and indirect pathways through caregiving and the home environment. *Journal of Applied Developmental Psychology*, 28(5-6), 411-426.

³ Barbarin, O. A., McCandies, T., Early, D., Clifford, R. M., Bryant, D., Burchinal, M., et al. (2006). Quality of prekindergarten: What families are looking for in public sponsored programs. *Early Education and Development*, 17(4), 619-642; Kreader, J.L., Ferguson, D., Lawrence, S., & National Center for Children in Poverty. (August 2005). *Infant and toddler child care quality* (Research to Policy Connections #2). Retrieved from Research Connections website: <http://www.researchconnections.org/childcare/resources/6872/pdf>; M. Zaslow, I. Martinez-Beck, K. Tout, & T. Halle. (Eds.) (2011). *Quality Measurement in Early Childhood Settings*. Baltimore, MD: Brookes Publishing.



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groups with low-income parents and child care center directors and family child care providers serving children who have a child care subsidy to describe care from multiple perspectives. Focus groups with center directors and family child care providers were used to obtain information on how community-based providers define high quality care and to identify challenges and supports to providing high quality care. Focus groups with parents also addressed definitions of high quality care and challenges and supports in accessing high quality care arrangements.

METHODOLOGY

This brief contains a summary of findings from a total of 12 focus groups conducted with center directors, family child care providers, and low-income parents of young children (aged 2-5 years) recruited from zip codes in Baltimore City or Prince George’s County with a high poverty density. Table 1 provides a synopsis of the number of focus groups by respondent type and location. Focus groups averaged between 9 and 11 participants per group, depending on respondent type. A total of 33 center directors, 30 family child care providers, and 41 parents of children participated.

TABLE 1. Number of focus groups by respondent type and location

	Baltimore City	Prince George’s County	Total
Center Directors	2	2	4
Family Child Care Providers	2	2	4
Low-Income Parents	2	2	4

Center directors and family child care providers participating in the focus groups ranged in age from 26 to 68 years, with an average age of 43 for center directors and 47 for family child care providers. Eighty-five percent of center directors and 100% of family child care providers participating in the focus groups were African American. Almost half of the center directors in the sample had a college or graduate degree (42%), an additional 42% had an Associate’s degree, and 10% had a high school degree.⁴ The greatest proportion of family child care providers had a high school degree (53%), 20% had an Associate’s degree or some college experience, and 20% had a Bachelor’s or graduate degree.⁵ Two (out of 33) center directors and three (out of 30) family child care providers participating in the focus groups were accredited. Center directors had been in their current position an average of seven years, while family child care providers had been providing care in their homes an average of nine years. Center directors reported an average enrollment of 45 children in their centers (range: 8 to 125 children) and family child care providers served an average of six children in their home (range: 1-14 children).

The majority of parents participating in the focus groups were female (88% were either the child’s mother or legal guardian) and 89% were African American. Parents ranged in age from 19-63 years, with a modal age of 30. Parents also varied in educational background: 25% had a high school degree/GED, 33% had a vocational degree or some college, and 20% had a Bachelor’s degree. Parents had between one and five children, with the modal number of children being two. The majority of parents were currently employed (58%), mostly in service occupations. Among those who were not employed, approximately one-quarter were in school.

For more information about the recruitment strategy and methodology of this study, see page 10.

DEFINING HIGH QUALITY CARE

Parents, center directors, and family child care providers spontaneously described a variety of elements of a high quality child care setting when asked the questions, “How would you define ‘high quality child care?’” (providers and directors) and “How do you know if a child care arrangement is high quality?” (parents). Providers’, directors’, and parents’ responses to these items are categorized into six themes: characteristics of the program or provider; features of the physical environment; provider-child interactions; holistic, developmentally appropriate practice;

⁴ Two center directors did not complete the self-administered questionnaire.

⁵ One home-based provider had not completed high school and one did not complete the self-administered questionnaire.

structured learning activities; and provider-family relationships. Details from focus group discussions with directors, providers, and parents related to each of these themes are provided below.

Characteristics of the Program or Provider

HIGH QUALITY STAFF. Parents in all four focus groups discussed the qualities they look for in a provider. Cited characteristics of an ideal provider included: education/certification and qualifications to serve children with disabilities/special needs; a clean criminal record and no drug use; enthusiasm, patience, a nurturing personality, and a professional demeanor; effective disciplining practices and an ability to teach children respect; and enjoyment of their job.

“...You have to be excited about it, you have to want to be there, you have to be there to get the lesson through with excitement, so it’s important for the providers to like what they do and be excited about it, and be hands on, and the activities have to be something with movement, they have to get up and move around and learn stuff with movement. I think that’s important with activities.”

–PRINCE GEORGE’S COUNTY NON-SUBSIDIZED PARENT

Among child care professionals, the importance of well-trained and professional staff was discussed by center directors. “Good staff” was described by center directors as being respectful, dependable, trustworthy, trained and educated. Directors discussed multiple methods used to reduce turn-over of staff and promote a high quality work environment including: having a dress code and protocol for greeting parents and children in the morning; requiring ongoing training, offering teachers on-site training, training reimbursement, and incentives for attending training (e.g., extra break periods/days off); holding regular staff meetings in which teachers’ issues could be addressed; and modeling high quality care for staff.

ADEQUATE STAFFING. Parents in all four groups stated that having an adequate child-teacher ratio, which allows for individualized attention to children and proactive control of behavior issues, is one component of a high quality child care arrangement. One parent also expressed desire for the child care setting to have a nurse on staff.

Features of the Physical Environment

SAFETY/CLEANLINESS. Safety and cleanliness were emphasized as key elements of high quality care by parents, directors, and providers. Participants in three-quarters of the family child care provider groups, half of the center director groups, and all of the parent focus groups emphasized the importance of safety and cleanliness as an essential aspect of having a high quality environment. In addition to general safety and cleanliness of the setting, providers and directors specifically discussed teaching children about safety information (e.g., name, address) and personal hygiene. Parents expressed the need to have and consistently implement security measures within a child care setting. Suggested security measures included: an electronic system to ensure that children were going home with their parent, security guards at every door to ensure that only authorized personnel enter the facility, surveillance cameras and webcams available to parents for monitoring classroom activities, and a system in which passes are required for parents to access children in the child care facility.

LEARNING/PLAY MATERIALS. Learning and play materials were also highlighted as important features of high quality care by family child care providers, center directors and parents. Family child care providers identified play materials (i.e., age-appropriate materials such as blocks and arts and crafts) as an essential element of high quality care. Directors also expressed the need for high quality equipment, but did not focus as much of their discussion on this feature as family child care providers. Parents emphasized the importance of age-appropriate toys for both learning and playing (i.e. books, blocks, and educational videos). Parents also mentioned the importance of using technology to facilitate learning, but expressed that it is important not to overuse computers or television with the children.

LAYOUT OF THE CARE SETTING. Parents in all four focus groups discussed components of an ideal child care arrangements’ physical space. In three of the four groups, parents discussed the importance of having a spacious and colorful arrangement. Other desirable physical characteristics of a child care setting included: being organized,

smoke-free, dog-free, having a playground on-site, having a soft floor in the playroom, and having a designated area for sick children so that the spread of germs can be minimized.

“I had an experience with a daycare that was close to my job and I kinda had to take my daughter there, and it was very dark and gloomy, and there was a small area that she was confined to for most of the day, and that was very unpleasant. It showed that she also was not receptive of it when I came to pick her up, she was like in the corner, like, let’s go, I have to get out of here.”

—PRINCE GEORGE’S COUNTY NON-SUBSIDIZED PARENT

“...If you go into this room, you know how it makes you feel, you want a calm room, you want your bright room, you know, things like that, so that’s important. For me, it’s important to have a space that has lots of activities for children, but not cluttered, because you can have a whole lot of stuff, but then it can be like, cluttered stuff, not organized. Organization is important along with labeling, because when you label stuff, it helps the kids visualize and learn, so having labels is very important, as well.”

—PRINCE GEORGE’S COUNTY NON-SUBSIDIZED PARENT

Provider/Child Interactions

Provider-child interactions were identified as a key indicator of a high quality child care arrangement by both family child care providers and parents, with family child care providers placing more emphasis on this feature than parents.

Family child care providers stressed individualized attention to children as one indicator of a high quality care arrangement. Individualized attention was described as time that providers could work with children on their academic skills and help children develop skills. Family child care providers also reported taking an informal, parent-like role in the lives of the children in their care.

*“P1: I had one that used to come sit on the [my] porch. We’re closed and he’s sittin’ on the porch
P2: That to me is just confirmation of the job that you’re doin’ it’s a good thing because they’re all, I mean they just always wanna keep comin’ back and attract themselves to you.”*

—BALTIMORE CITY FAMILY CHILD CARE PROVIDERS

In discussing provider-child interactions, parents highlighted adequate classroom management and expressed a concern that children are being misdiagnosed with behavioral issues when child care arrangements are inadequately managed. Parents also emphasized the importance of individualized attention to children to make sure all of the children’s needs are met.

Holistic, Developmentally Appropriate Practices

Holistic, developmentally appropriate practices were described as one of the most important indicators of high quality care by center directors and family child care providers. Both directors and providers emphasized the concept of serving the whole child, or providing holistic care (discussed in three-quarters of the center director groups and half of the family child care provider groups). High quality holistic care was defined by directors and family child care providers as providing for the child’s emotional, physical, and spiritual needs, as indicated by the following: balancing the day with education, play, and socialization, providing nutritious foods and adequate rest time, and serving the parent/family in addition to the child.

“[High quality care is] care that serves the whole child — trust, security, loving the child, self-confidence, independence, good brain development, communication, gross motor skills, fine motor skills. Let them be, you know, self-confident, gain independence for themselves.”

—BALTIMORE CITY CENTER DIRECTOR

Parents took a different perspective in discussing holistic, developmentally appropriate practices. They primarily emphasized the use of age-appropriate learning activities and materials. Though they also acknowledged the need for both learning and rest for children, they expressed disappointment at the length of time providers allowed children to sleep.

“My child is in school for 8 hours a day I don’t want them to sleep for 3. Okay an hour, 2 hours, okay, but 3? That’s too much.”

—PRINCE GEORGE’S COUNTY NON-SUBSIDIZED PARENT

Structured Learning Activities

Structured learning activities were identified as a key feature of high quality child care arrangements by parents, family child care providers, and center directors. Though there was some difference in the focus of discussion related to structured learning activities across respondent type, a desire for age-appropriate activities was shared.

Parents in three-quarters of the focus groups described high quality care as being a structured child care setting where children could be engaged and learn academic, social, and practical life skills. Parents specifically expressed a desire for having multiple age-appropriate activities and an academic curriculum. Parents recounted experiences in which they were disappointed in providers “watching over” rather than teaching children. A few parents also expressed concern that their children were being placed in classrooms with younger children, thus depriving them of access to age-appropriate learning opportunities. Specific activities of interest mentioned by parents included: book reading and writing opportunities, exposure to computers, exposure to foreign languages, physical/hands-on activities in classrooms, sports, and academically-oriented (e.g., math, reading, and writing) learning stations.

“...Curriculum, like my son is in a home daycare and he was there watching TV, I don’t bring my child to you to watch TV for 8 hours. He needs to do something, to learn something; this is the most important time for him to be learning.”

—BALTIMORE CITY COUNTY SUBSIDIZED PARENT

“...My little boy, he’s 3, he’s a late 3, so he is always gonna have a late birthday entering Kindergarten or school period and um, a lot of child care facilities, if they have a slot in the 2s, they want to put him in the 2s and not the 3s, so the education he will be getting is a 2-year-old education, not a 3-year-old education, and I’ve been running into that a lot.”

—BALTIMORE CITY COUNTY NON-SUBSIDIZED PARENT

Child care professionals in six of the eight focus groups (three center director groups and three family child care provider groups) indicated that providing children with learning opportunities that would prepare them for school, both in and outside of the care arrangement, was a key indicator of high quality care. However, the specific teaching strategies discussed varied by respondent type. Though both center directors and family child care providers emphasized the use of curricula in a high quality care setting, directors specifically identified curricula recommended by the Maryland State Department of Education (MSDE), whereas family child care providers tended to discuss developing their own curricula, using Montessori curricula, or using activities books purchased from chain stores, such as Walmart. Family child care providers highlighted teaching activities that could be done in a home, such as teaching language by labeling objects in the home and using videos with word cards, as features of a high quality care arrangement. Finally, both directors and family child care providers discussed the facilitation of home learning by providing parents with activities they can do with their child as an indicator of high quality care.

Developing Relationships and Supporting Families

Family-provider relationships were discussed as a key feature of high quality care in three-quarters of the center director focus groups, half of the family child care provider focus groups, and all of the parent focus groups. Both directors and family child care providers shared examples of times they provided families with concrete resources, such as food, clean clothing, and school supplies. Directors discussed specific practices, such as allowing parents to observe the child’s care, being responsive to the parents’ needs, and keeping parents informed about their children’s activities as elements of high quality care. The majority of family child care providers endorsed supporting families through flexibility with pricing, including providing options for payment plans and forgiving late fees.⁶

⁶ Providers who adhered more strictly to their payment policies tended to be more experienced and stated they need to maintain professional boundaries in order to have a steady income for their business.

Parents discussed the importance of communication with providers about children’s development and their activities in care, opportunities for family engagement, and providers supporting the family through flexible payment structures/schedules.

SUPPORTING PARENTS THROUGH CONVENIENT AND FLEXIBLE HOURS. Parents in all of the focus groups stated that high quality providers have flexible, or extended, hours of operation. Parents in two focus groups stated that their ideal child care arrangement would be open 24 hours per day. Parents who discussed this aspect of an ideal arrangement explained that they had difficulty managing their work schedule with their current providers’ hours of operation.

“24 hours, so you don’t have to depend on family and friends, if it was more flexible, some people could do the night shift. Accommodating sleeping arrangements, that would be ideal.”

—PRINCE GEORGE’S COUNTY SUBSIDIZED PARENT

CHALLENGES TO OFFERING HIGH QUALITY CARE

Challenges to offering high quality care were described by family child care providers and center directors. Though there was some difference in the focus of discussion related to common challenges across providers and directors, challenges identified by both are categorized into three themes: inadequate resources, issues related to relationships with parents/families, and children’s emotional needs.

INADEQUATE RESOURCES. In all eight center director and family child care provider focus groups, the most common challenge reported in offering high quality care was related to having inadequate resources. Directors and family child care providers remarked on the expense of high quality learning materials, including curricula, computers, software, art materials, and educational games. Directors and family child care providers expressed a desire to expand the horizons of low-income children in their care through field trips, but reported being restricted by the cost of transportation. Directors also stressed that adequately compensating highly trained teachers and staff is difficult given their centers’ income and other expenses. Several participants in both the center director and family child care provider groups reported using personal funds or resources to purchase curricula, other learning materials, and personal items for children (e.g., school supplies, diapers).

“When you think of compensation for a teacher who has gone on to get an AA degree or a BS degree. Honestly, I would say if you want to go work somewhere else and make good money with your degree, that’s what I’d tell them. I cannot afford it. 99.9% of my kids are on vouchers and that doesn’t pay my market rate. I cannot afford to pay them.”

—BALTIMORE CITY CENTER DIRECTOR

Multiple reasons were provided for a lack of adequate financial resources in center and family child care settings. Directors and family child care providers reported that they are not able to charge adequate fees for their services as many parents are either not able to afford or not willing to pay for adequately-resourced high quality care. Family child care providers, in particular, perceive that some parents view them as babysitters and thus are not willing to pay for high quality care. Both family providers and directors also discussed their concern that many parents choose care based on price and expressed their fear of losing parents to less expensive competitors. Finally, family child care providers and center directors reported cash flow issues resulting from inefficiencies in the child care subsidy program.

ISSUES RELATED TO RELATIONSHIPS WITH PARENTS/FAMILIES. Although both center directors and family child care providers recognized that relationships with parents and families are central to providing high quality care, they also indicated that interactions with parents and families can be challenging. Four main issues related to family-provider relationships were raised in three-quarters of the center director and three-quarters of the family child care provider focus groups: the need to be delicate in communication, a lack of interest by some parents, and perceptions that parents don’t trust child care providers, and/or take advantage of the care arrangement.

CHILDREN'S EMOTIONAL NEEDS. Both center directors and family child care providers described some children's emotional needs as a challenge to providing high quality care. Center directors and family child care providers expressed concerns regarding some children's physical and emotional wellbeing at home. Providers explained that some children come to care unclean, hungry, and without adequate clothing; and young children from troubled homes are experiencing emotions of anger or sadness. Directors and providers spoke of their desire to offer these children love and consistency, while recognizing that there was only so much that they could do in helping to stabilize children's lives.

Challenges Unique to Family Child Care Providers

Though family child care providers and center directors highlighted many of the same challenges with offering high quality care, there were some additional challenges discussed solely by family child care providers, namely the inaccessibility of trainings and challenges related to caring for children of various ages.

INACCESSIBILITY OF TRAININGS. Family child care providers in all four focus groups stated that many trainings offered by the county resource and referral agencies were often inaccessible to them as trainings are held on weeknights, require prompt arrival, and begin before all of the children in their care are picked up.

SIMULTANEOUSLY CARING FOR CHILDREN OF VARIOUS AGES. A few family child care providers cited that caring for children of multiple ages simultaneously limited their ability to provide as many learning opportunities as they would like.

CHALLENGES PARENTS FACE IN OBTAINING HIGH QUALITY CARE

Parents reported facing multiple challenges in obtaining a high quality care arrangement for their children. Two primary challenges were discussed by parents during focus groups: a lack of trust in providers and the high cost of care. Additional challenges mentioned by some parents included: limited hours of operation among high quality programs, an inability to find programs that focus on academics, wait lists, and program requirements for accepting children (e.g., requirement to be potty trained).

LACK OF TRUST IN PROVIDERS. According to parents in all four focus groups, one of the biggest challenges in obtaining a high quality arrangement is their lack of trust in providers. Multiple parents expressed concern about the possibility that a provider might be abusive or disrespectful towards their child. Parents reported multiple strategies for building their trust of a provider. These include researching the provider online, asking their child questions about the provider, dropping into the care arrangement unexpectedly, meeting with the provider, and being involved in the program. Some parents stated they specifically had trouble finding competent or knowledgeable providers who established relationships with both the child and the parent.

COST. In three of the four parent focus groups, cost was another major barrier to obtaining high quality care. Both subsidized and non-subsidized parents indicated that cost made it hard to access the highest quality care they could find. Parents whose care was subsidized reported having trouble affording subsidy co-pays.

“Even with the vouchers, I was still paying \$240 every two weeks even with the vouchers...and she was giving me a deal cause I had all three [of my children there] ... but that's even with her helping me.”

—PRINCE GEORGE'S COUNTY SUBSIDIZED PARENT

SUPPORTS FOR OFFERING HIGH QUALITY CARE

Center directors and family child care providers were asked what supports they receive to provide high quality care. Programs offered through the Maryland State Department of Education (MSDE), community resources, and personal resources were discussed by both directors and providers. Additional information about supports is provided in another brief in this series entitled *Defining School Readiness in Maryland: A Multidimensional Perspective*.⁷

⁷ Brief available at <http://www.mdmnresearchpartnership.com/>.

Maryland State Department of Education (MSDE) Programs

Both center directors and family child care providers discussed several MSDE Programs that support the provision of high quality care:

- **MSDE CREDENTIALING PROGRAM.**⁸ Based on a survey distributed to center directors and family child care providers at the conclusion of each focus group, 45% of center directors and 33% of family child care providers who participated in the focus groups were credentialed by MSDE. Center directors reported that, on average, 37% of their lead teachers were credentialed by MSDE. A number of family child care providers were unaware of MSDE's credentialing program. Participants in both center director and family child care groups discussed positive aspects of trainings required to receive a credential. However, some stated they were hard to attend due to their work and home responsibilities. Additionally, though some center directors and family child care providers valued the program highly, others felt that the requirements were overly burdensome and that the benefits were not enough to warrant participation. Both directors and family child care providers felt that parents were not concerned with provider credentials.
- **MSDE ACCREDITATION PROGRAM.**⁹ Two out of thirty-three center directors and three out of thirty family child care providers participating in the focus groups were accredited. Among those accredited, center directors were accredited through the MSDE accreditation program and family child care providers were accredited through National Association of Family Child Care (NAFCC). Three benefits of accreditation were identified by center directors: improved marketing to parents, additional opportunities for grant funding, and the possibility of hosting a MSDE pre-K program in the future. The majority of family child care providers were either not aware of accreditation or did not understand the difference between credentialing and accreditation. Both directors and family child care providers reported that parents did not regularly ask about accreditation status.
- **MSDE'S TIERED REIMBURSEMENT PROGRAM.**¹⁰ In both center director and family child care provider groups, there was an overall lack of awareness regarding MSDE's tiered reimbursement program, which offers higher subsidy reimbursement rates to providers who take steps to offer higher quality care.

Community Supports

A number of community supports of high quality care were discussed as helpful resources in center director and family child care provider focus groups. These supports include:

- **COUNTY RESOURCE AND REFERRAL AGENCIES.**¹¹ These agencies help families find child care in their area as well as run training programs for child care providers.
- **CHILD FIND.**¹² These offices provide developmental screening and assessment for young children who have previously been diagnosed with a special need or disability or who have a suspected special need or disability. Child Find is a federally-funded program.
- **PACT SERVICES FOR CHILDREN WITH SPECIAL NEEDS.**¹³ PACT is an organization that provides assessments, early intervention services, family support services, parent education, counseling, and specialized child care for families with children with special needs. It is affiliated with the Kennedy Krieger Institute.
- **THE MARYLAND STATE FAMILY CHILD CARE ASSOCIATION.**¹⁴ This state-wide professional association for family child care providers in Maryland provides training and conducts advocacy efforts.

⁸ http://www.msde.maryland.gov/MSDE/divisions/child_care/credentials/mdcred.htm

⁹ http://www.marylandpublicschools.org/MSDE/divisions/child_care/credentials/Accred

¹⁰ http://www.msde.maryland.gov/MSDE/divisions/child_care/credentials/tiered

¹¹ For more information about Resource and Referral Agencies in Maryland, see: <http://www.mdchildcare.org/mdcfc/childcare/choose.html>

¹² For more information about Child Find, see: <http://www.childfindidea.org/>

¹³ For more information about PACT, see: <http://www.pact.kennedykrieger.org/about.jsp>

¹⁴ For more information about the MSFCCA, see: <http://www.msfcc.org/>

- **THE FOSTER GRANDPARENT PROGRAM.**¹⁵ The Foster Grandparent program links adults over the age of 55 with children of all ages as a mentor, tutor, or educator.
- **PROJECT LITERACY AND BALTIMORE READS.**¹⁶ This literacy-focused program for low-income children and families in Baltimore promotes reading through building home libraries and teaching youth and adults reading skills.
- **BALTIMORE CITY HOUSING SUMMER FOOD SERVICE PROGRAM.**¹⁷ Through the Baltimore City Housing Office of Community Services, this program provides free breakfast and lunch for summer programs. It is an extension of the National School Lunch Program.

Personal and Community Resources

In addition to the supports for high quality care provided by MSDE and other agencies, center directors and family child care providers discussed using their own creativity and ingenuity to obtain community resources that support the provision of high quality care. For example, free museums and free days at the zoo were mentioned by center directors. One center director formed a partnership with a local university's psychology department, through which graduate students provide free counseling to children and families. Family child care providers spoke of supplementing curricula with activities they created and center directors relied on friends who work for the public school system to give them curriculum materials. Both family child care providers and center directors mentioned using the local library for books and materials and local facilities for retirees to find volunteers. Finally, some family child care providers rely heavily on their "worker" (licensing specialist) to provide them with guidance and advice used to improve the level of quality they offer children.

CONCLUSION

Data gathered from focus groups of center directors, family child care providers, and parents shed light on key indicators of high quality child care settings from multiple perspectives. There was a high degree of overlap in spontaneously-identified indicators of high quality care among child care professionals and parents. Each shared common expectations that a high quality child care arrangement be safe and secure, welcoming, adequately staffed with well-trained providers, and full of diverse learning opportunities. However, a few distinctions were also evident. For example, while center directors and family child care providers discussed play and learning materials for the children as a high quality component, parents emphasized the setting's physical space (i.e., spacious and colorful, being organized). Also, credentialing and accreditation were raised as indicators of quality among center directors, but not among family child care providers or parents.

Both types of providers identified many common indicators of high quality care including providing holistic care, learning opportunities, a safe and clean environment, and building relationships with children and their families. Yet, center directors and family child care providers also included some distinct aspects of quality in their definitions. For example, center directors emphasized the quality of staff, whereas family child care providers emphasized sustaining relationships with parents and children outside of traditional care hours as indicators of high quality care. These differences highlight the unique features of regulated center- and home-based child care settings.

Implications for Policy and Practice

Based on the themes identified in these focus groups and suggestions from family child care providers and center directors, the following recommendations to improve state- and county-level policies and practices are offered:

- Offer child care providers subsidized learning materials and/or curricula that align with the state curricula and offer training specific to the materials provided.

¹⁵ For more information about the Foster Grandparent program, see: <http://www.seniorcorps.gov/about/programs/fg.asp>

¹⁶ For more information about Baltimore Reads, see: www.baltimorereads.org

¹⁷ For more information about the Summer Food Service Program, see: <http://www.baltimorehousing.org/food/>

- Improve accessibility to training, particularly for family child care providers, by providing weekend and online courses.
- Improve early identification and intervention services for children with behavioral problems.
- Explore the use of social networking tools to foster information sharing among child care professionals in the state and to keep child care professionals informed of important information and programs being offered by MSDE.
- Update the MSDE website to include a central portal for sharing information about credentialing, accreditation, subsidies, new grant and funding opportunities, and guidance on professional development.
- Explore the development of an accreditation mentoring program for center directors and family child care providers interested in pursuing accreditation.

ABOUT THE DATA SOURCE AND METHOD USED FOR THIS BRIEF

The data for this study came from a series of focus groups conducted by Child Trends researchers in the fall of 2009 and the fall of 2010 in Prince George's County and Baltimore City, Maryland. Focus groups are discussions with a small group of people selected because they share characteristics and backgrounds that are thought to be critical to understanding the issue at hand. Child Trends completed four focus groups with child care center directors (two in each location), four groups with family child care providers (two in each location), two focus groups with parents using a child care subsidy (one in each location) and two groups with parents who were not using a child care subsidy (one in each location). The study protocol underwent review by an Institutional Review Board and is available upon request. In addition to participating in the focus group discussion, at the conclusion of the focus group, participants were asked to complete a self-administered questionnaire, which gathered information on the demographics of participants in addition to select questions of interest specific to each respondent group. Data from the focus group discussions and aggregated findings from the self-administered questionnaires formed the basis of this brief.

Center directors and family child care providers were recruited from high poverty zip codes through provider lists obtained from the Maryland Family Network, Maryland's Child Care Resource and Referral Agency. Participants were eligible if they served children between the ages of 2 and 5 years and served at least one child participating in Maryland's child care subsidy program in the past year. Thirty-three center directors (18 in the city of Baltimore and 15 in Prince George's county) and thirty family child care providers (18 in the city of Baltimore and 12 in Prince George's county) participated in the focus groups. Center director focus groups had 10 participants, on average, and family child care providers had 9 participants, on average. Among other topics, center directors and family child care providers were asked open-ended questions about the definitions of, challenges to providing, and resources used for providing high quality care.

Parent focus group participants were recruited from child care programs, public school pre-kindergarten programs, Head Start, community/recreation centers, health centers, and online advertisements through Craig's List. Fifty-one percent of the parents had used a child care subsidy in the past year. The majority of parents were employed at the time of the focus group (58%), mostly in the service industry. Among those who were not employed, approximately one-quarter were in school. Each parent focus group had an average of 11 participants.

Other research briefs from this study are available at <http://www.mdmnresearchpartnership.com/>. For more information about definitions of school readiness and child care decision making, please see *Defining School Readiness in Maryland: A Multi-Dimensional Perspective* and *Getting into the Black Box: How Do Low-Income Parents Make Choices about Early Care and Education in Maryland?*. Funding for the Maryland Research Capacity Grant is provided through grant #90YE0107/01 from the Office of Planning, Research and Evaluation in the Administration for Children and Families, U.S. Department of Health and Human Services. The contents of this brief are solely the responsibility of the authors and do not necessarily represent the official views of the Office of Planning, Research and Evaluation, the Administration for Children and Families, or the U.S. Department of Health and Human Services. The authors would like to acknowledge the members of the Maryland Research Capacity Advisory Group, Rolf Grafwallner (Principal Investigator for this study), Marty Zaslow, John Spears, Edyth Wheeler, and Nina Chien for their substantive expertise and/or careful review of this brief.