

THE BASIC COMPONENTS OF QUALITY CHILD CARE:
A HANDBOOK FOR PARENTS ON CHOOSING A QUALITY CHILD CARE

CENTER

by

JOANNA KIM BOGUSKY

B.S., Kangweon National University, 1980

A MASTER'S REPORT

submitted in partial fulfillment of the

requirements for the degree

MASTER OF SCIENCE

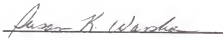
Department of Human Development and Family Studies

KANSAS STATE UNIVERSITY

Manhattan, Kansas

1989

Approved by:



Major Professor

LD
26008
R4
HDFS
188
B64
c.c

A11208 317371

TABLE OF CONTENTS

	Page
Introduction.....	1
Review of Literature.....	4
Staffing.....	4
Health and Safety.....	10
Physical Setting; Space and Equipment.....	13
Parent Involvement.....	18
References.....	22
Appendix	
Parents' Guide to Choosing Quality Child Care	27

Introduction

The opportunities and requirements for women to work outside the home are increasing, resulting in a growing number of parents who must find substitute care for their children during the work day. An increasing number of parents are choosing child care centers for their children because of their dependability and educational and social benefits.

The purpose of this handbook is to give parents a quick look at the characteristics of a quality child care center and to provide parents with information on how to look for the most appropriate program suitable to a child's age. Overall, this handbook will provide parents with an understanding of the concept of quality child care and present information on how to distinguish a good from a poor child care center.

Center-based care is the most rapidly growing form of child care for children of all ages (Hofferth & Phillips, 1987). Indeed, the number of child care centers more than doubled from the mid-1970s to the mid-1980s. Moreover, the number of profit-oriented programs is increasing, making up half of the child care center delivery system (Kahn & Kamerman, 1987).

For-profit child care centers, especially the large commercial child care chains, have raised some concerns.

Because proprietary child care centers are profit-oriented, the large commercial chains do not locate their services in low-income neighborhoods where they are needed. In order to cut costs the centers may not have highly-trained or well-paid staff members and may maintain less than optimal staff-child ratios. The large child care chains are often alleged to pay caregivers only as much as fast food chain employees. This tendency to cut costs can lead to a decline in quality, although good quality programs are as likely to be found among the for-profit centers as among non-profit centers and vice versa (Kahn & Kamerman, 1987).

According to the preliminary findings of a study done by Newton and Kagan (1985), there are no differences between non-profit and for-profit centers in average group size, but staff-child ratios are higher in non-profit centers since they have more volunteers. The report showed non-profit programs have more special equipment, rank higher on the quality of caregivers' behavior in relation to children (and caregiver-child interactions), have more racially and ethnically diverse child groups, and serve more low-income children.

Parents need to observe and judge each child care center individually rather than basing the decision solely on the type of funding for the program. Many centers advertise qualified teachers and diverse programs to attract potential patrons. Parents are often faced with seemingly impressive ads and the centers' attractive physical

settings. However, careful consideration of essential factors and an in depth observation are critical in differentiating a high quality child care center from a mediocre or poor quality child care center.

Review of Literature

Several factors need to be examined to understand the nature of a quality child care center. The following section reviews the available literature related to: staffing; health and safety; physical setting; and parent involvement.

Staffing

Ratio and Group Size: One of the most important indicators of quality child care is the ratio between the number of teachers and the number of children. A high ratio of caregivers to children is considered to be one of the best observable signs of a quality child care center. The younger the children, the greater the ratio should be for optimal personal care. According to Rubenstein and Howes (1979), when there were 3 or fewer toddlers per adult in a center, children engaged in more talking and playing with adults and spent less time crying and being restricted by adults. Dittman (1986) recommended that no more than 6 or 8 babies be in a group with two teachers to ensure adequate personal attention and care.

Especially in the case of infant/toddler care, a high ratio of caregivers to children is essential, because one of the most important tasks of this developmental period is the

establishment of secure attachment relationships. In addition to parents, most infants and toddlers establish secure attachment relationships with child care personnel (Ainslie & Anderson, 1984). Secure attachment relationships with caregivers may be developed and nurtured by warm, sensitive and responsive caregivers in a child care center. However, this important caregiving and attachment task would be too difficult to be achieved successfully if there were too many children to a caregiver.

The number of children with whom each caregiver can engage in a stimulating and sensitive interaction is limited (Howes, 1986). With too many children to care for, the caregiver's interaction with each child can easily become reduced to routine care such as diaper changing and feeding (Howes, 1986). Since the caregiver is likely to determine the content of the child's daily experiences at the center, the caregiver to child ratio and small group size are extremely important in determining the quality of child care.

The results of a national day care study for 3-to-5 year-old children indicated that group size was one of the most important determinants of the quality of the children's experience and that smaller groups were consistently associated with better care, more socially active children, and greater gains on the Preschool Inventory and Peabody Picture Vocabulary Test (Roupp, Travers, Glantz, & Coelen, 1979). This study defined a small group as no larger than

14 children and showed that as the group size increased, children engaged in less cooperation, less reflection and innovation, more non-involvement, and more aimless wandering. Consequently, the teachers engaged in more passive observing, more behavior management and less social interaction. If the group size is too large, the quality of the program can not be enhanced by adding more staff. This means that two teachers for 10 children is better than four teachers for 20 children in a group.

Moreover, if the group size is too large, caregivers themselves report that a major cause of stress in their job is too many children and that in these cases their caregiving becomes routine (Howes, 1986). A high ratio of staff to children and a small group size will likely cause an increase in the number of interactions the staff will have with each child and reduce the potential distress in the group while ensuring personal and individual care.

Caregiver Background and Training: Parents need to be concerned with what kind of training and experience the staff and the caregivers have had. Because the daily experiences of children are considerably determined and carried out by the caregivers, the qualifications of each caregiver is another important indicator in determining a quality program. Caregivers not only provide physical protection and supervision but also take care of the children's emotional, social and intellectual development.

Teachers, like parents, have a vital and well

documented impact on a child's behavior and development (Fein & Clarke-Stewart, 1973). Caregivers at the child care center, as well as parents at home, need to help children to develop self-esteem, self-confidence, independence and assurance by treating children with respect, praising them and offering comfort when needed. A child's competence is confirmed when his performance is noted by adults (Fein & Clarke-Stewart, 1973). According to a national day care study (Roupp, et. al., 1979) teachers are the most important factor in any experience for young children. Generally speaking, persons trained in child care will ensure the best outcome for the children in the center.

Caregivers trained in early childhood education will be more likely to be aware of children's developmental needs and fulfill them with sensitivity and knowledge. Teachers who spend a high proportion of time communicating with children and emphasizing language skills are likely to have children in the class who score higher on IQ tests, who achieve more and are more involved in school (Flanders, 1964).

Consistency of the Staff: The sense of security that children experience in a child care center is obtained largely by the stability of the caregivers. The growth of trust, confidence and closeness between children and caregivers requires continuity of caregiving. Especially in the care of infants and toddlers, the continuity and stability of the caregiver are critical because the children

often form attachment relationships with their caregivers (Ainslie & Anderson, 1984). Continuity permits a baby to relax into certainties in a sustained relationship he or she can count on (Honig, 1975).

The attachment relationship with a caregiver plays a role in ensuring a smooth transition between home and the child care center, thus providing the child with a secure base during the parent's working hours (Ainslie & Anderson, 1984). Children in a child care center which has a high staff turnover may feel insecure and find it too confusing to form a trusting relationship with different and transitory caregivers. Rubenstein and Howes (1979) reported that infants and toddlers differentiate between stable and non-stable caregivers and that interaction took place twice as often between stable caregivers and infants when compared with less stable volunteers. The very early differentiation between people and things, or between familiar people and strangers, becomes difficult when the child has to cope with so many people that are uniformly unfamiliar (Fein & Clarke-Stewart, 1973). If the infant care facility is chaotic, in terms of turnover, then changing faces and styles of handling may lead to a low-level depressive mood, negative irritability or nervous always-on-the-go impulsivity (Honig, 1985). Moreover, in a study of first-graders' school adjustment, the stability of prior child care arrangements predicted academic progress (Endsley & Bradbard, 1981). Parents need to consider the number of

caregivers their children may have to encounter each day or in a given period of time, because this can also contribute to a lack of stability. The child care center may have stability in terms of personnel turnover, but instability in terms of steady full time caregivers who deal with the same children on a daily basis. In sum, parents may want to consider the aspect of stability of caregivers as an additional important factor in choosing a child care center because the consistent presence of a caregiver can render stability and security for the children in the center.

Characteristics of a Good Caregiver: Those working with young children should be physically, emotionally and mentally healthy and enjoy being with young children. Besides these basic qualities, a good caregiver should be sensitive, patient, warm and responsive with children and appreciate the joy and satisfaction of working with children. Especially in infant care, an infant's feeling of being valued is vital to developing self-acceptance (Jorn, Persky, & Huntington, 1984).

A good caregiver also understands children's feelings and knows how to comfort them by holding or hugging them when they show signs of distress (Honig, 1986). Furthermore, a good caregiver accepts and appreciates children of families from different cultures and backgrounds and thus provides multicultural and nonsexist experiences and materials through play and activities for children (Ramsey, 1982).

A good caregiver is one who shows a positive interest in learning and understands the importance of variety and flexibility in teaching methods (Honig, 1980). She/he takes initiative and is resourceful and flexible in adapting the program to meet individual and group needs and preferences (Fu, 1984). More importantly, a good caregiver encourages and promotes the maximum involvement of the children in the activities as well as verbal interactions to improve the children's language skills (Honig, 1985).

When disciplining children, a good caregiver is firm but gentle and does not show punitive action or outbursts of anger (Gordon, 1975). A good caregiver knows how to balance active and quiet activities, play and rest, group and individual activities and indoor and outdoor play throughout the day (Hendrick, 1986). Above all, a good caregiver is seen being enthusiastically engaged in asking and answering questions as well as singing and playing games with children.

Health and Safety

When placing a child in a child care center, parents want the center to be a healthy and safe environment. As all parents know, children will touch and play with anything that looks interesting and invokes their curiosity. Therefore parents want the caregivers to take every precaution to make the child care environment as safe and

healthy as possible. One of the most important concerns of a child care center should be the physical protection of the children. Efforts to maintain high safety standards are central to all aspects of the child care program (Cook, 1985). Furthermore child care licensing requirements in each of the fifty states mandate that child care centers must provide for the health and safety of the children they serve (Endsley & Bradbard, 1981).

Parents need to consider the following basic elements concerning a quality health and safety program: Quality child care centers should have health records and preadmission files for each child (Bredenkamp, 1986). Before a child is enrolled in a child care center, the child should be examined by a doctor to detect any health problems and to see that immunizations are current. Upon enrollment, parents should be asked to fill out a form that includes emergency phone numbers such as work phone and emergency point of contact personnel. Parental authorization and any other health data on the child should be kept in the child's file and referred to by the caregiver in case of an emergency.

In a quality child care center, caregivers know how to perform first-aid and also know how to respond to an emergency situation (Endsley & Bradbard, 1981). The facility should also be equipped with first-aid supplies. No matter how many precautions parents and caregivers take to prevent accidents and to make the environment safe for

children, accidental mishaps do happen at home and elsewhere (Fu, 1984).

A good child care center has all the electrical outlets capped when not in use and has a fire and severe storm safety plan (Bredenkamp, 1986). Caregivers in a child care center should be concerned with potential dangers associated with electrical outlets and fires. Also, flammable material should not be used inside the child care center. The child care center should conduct regular fire and severe storm drills and should have a posted evacuation plan.

A good child care center helps children to develop health conscious habits (Bredenkamp, 1986). Caregivers encourage children with hand washing and teeth brushing routines and assist children with toilet training. A creditable child care center is equipped with child-sized sinks and toilets, or platforms to raise the floor level appropriate for the children's use.

Staff in a quality child care center are well aware of the children's nutritional needs and provides adequate nourishment each day (Hendrick, 1986). Generally a quality child care center serves breakfast or a snack in the morning, a hot, well-balanced meal at noon, and another snack in the afternoon for children attending the program for 5 or more hours (Endsley & Bradbard, 1981). Wholesome and nutritious snacks such as fruits, vegetables or cheese and crackers along with milk or juice should be served. The children attending the program for 10 or more hours should

be served another meal and each child should receive at least 8 ounces of milk every day. As part of the selection process, parents need to examine whether a center will meet their children's nutritional needs.

A good child care center incorporates health, safety and nutrition into learning activities to reinforce good habits with practical learning experiences (Bredenkamp, 1986). Teeth brushing may be discussed as a part of health education followed by the children brushing their teeth properly as an activity after lunch. Also the center may invite health and safety experts such as nurses, doctors, dentists and firefighters to talk with children about their professions. The children can also participate in a cooking session to learn and talk about nutritious and wholesome food (Hendrick, 1986). In due course, children should be encouraged to learn some of the vocabulary used in science and nutrition such as a cup, half a cup, vitamin A, vitamin C, etc.

Physical Setting: Space and Equipment

A quality child care center has sufficient space to offer freedom and diversity of activities to children and caregivers (Fein, 1973). High quality space in terms of space availability can offer a considerable amount of freedom and flexibility for each child or group activity. It also allows a variety of learning experiences by offering

many more creative opportunities than poor quality space. In one study, the higher the quality, the more likely were teachers to be sensitive and friendly to the children, to encourage them in self-chosen activities, and to teach consideration for the rights and feelings of others (Prescott, 1981). Caregivers in high quality space are likely to have more opportunities to get to know each child as an individual and therefore are likely to be more aware of each individual's needs and preferences, encouraging children to be autonomous and to take initiative. Whereas in a low quality setting, caregivers tend to engage in more supervising, correcting and guiding of children to participate in standard activities. Howes and Olenick (1986) found that teachers in high quality child care centers were rated as more invested and involved in interacting with the children than were teachers in low quality centers. Moreover, in quality space, caregivers can plan creative, responsive and appropriate programs, which lead to more interested and involved child behavior (Fein & Clarke-Stewart, 1973).

In a quality child care center, outdoor play activities are considered to be an important experience for children because they continue to experience learning while playing in outdoor activities (Cratty, 1982). Forty-four percent of the states require a minimum of 75 square feet per child for outdoor play areas (Champan & Lazar, 1971); however 100 square feet per child is generally recommended. In a

quality child care center the outdoor play area is safely fenced, free of hazards and has a shaded area to accommodate both sunny and rainy days. It is well equipped with safely and strongly built playground equipment such as balance beams, slides, climbing equipment and swings. A sand box, balls and riding toys such as wagons and trikes are also part of a quality outdoor area. The majority of the outdoor area is covered with soft soil or grass. The area under and around the playground equipment should be sandy to prevent possible injuries from falls. A hard-surfaced area is recommended for the riding toys.

Children need room to move around and participate in indoor activities freely without bumping into each other or the furniture. The most common stipulation for indoor space, found in 66% of the states, is 35 square feet per child (Prescott, 1981). Moreover, quality indoor space has several different designated interest areas for specific activities. This way, the indoor area is organized to achieve optimal learning experiences by creating a different environment for specific activities. It is important for parents to observe carefully whether these interest areas have proper equipment and materials and whether children always have easy access to them. Consider the following areas:

Large motor area: A quality child care center provides space and equipment such as indoor slides, bean bags, kiddie cars and large trains and trucks to promote the children's

use of their large muscles. Children are energetic and also want to use motor skills.

Block area: Children need to develop small-muscle skills by working with blocks and other manipulative toys and games. Additionally, the manipulative toys and games teach children about balance, weight, measurement, and number concepts that are important later for learning math skills (Gump, 1975). A quality child care center promotes children's small-muscle skills by providing opportunities and materials such as various sizes of wooden blocks and puzzles, sorting and stacking toys, colored and counting blocks or peg boards.

Music area: Music provides children with fun and also serves to promote language as well as motor development. Music can help children express their emotions, broaden their imaginations and stimulate their creativity. Music also contributes a great deal to the satisfaction of a dance experience (Hendrick, 1986). A quality child care center has a record player and records, an autoharp or some other musical instrument.

Dramatic play area (Housekeeping, doll dress-up area):
In this area the children can act out innumerable play themes. The children can use their imagination and act out different roles. By acting out another person's role, children learn to understand the role of others in social interaction and relationships that exist in the world. Moreover children can use these opportunities to learn how

to interact with other children since dramatic play activities involve a high level of peer interaction (Fein & Clarke-Stewart, 1973). A quality child care center should be equipped with materials which will support a number of different play themes (e.g., restaurant, domestic scene, grocery store, flower shop, beauty shop, office and hospital). Some of the basic materials are dolls, a doll bed, a stove-sink-refrigerator unit, cooking utensils and dishes, dress-up clothes, full length mirror, cash register, telephone, and doctor kit.

Library-language arts area: Learning and mastering language is one of the most important tasks of the preschooler. It is important for caregivers to encourage children to use language verbally. According to a study by Robinson and Robinson (1971), enriched group child care experiences for young children can enhance intellectual development during the second year of life when language abilities begin to emerge. To promote language development of children, a quality child care center should be equipped with materials such as children's books, picture cards, puppets, films, language games and story tapes with books.

Art area: Children can learn a variety of skills in the art area (Cherry, 1972). Not only do children learn to control their fingers in the process of drawing, cutting, pasting and coloring but they also learn to appreciate different colors, shapes and sizes. Furthermore children can be familiarized with some scientific concepts such as

soft, hard, smooth, rough, etc, while they learn to express their own self through creativity and imagination. A quality child care center provides the following materials for art activities; easels, water colors, paint brushes, crayons, scissors, paste and glue, construction paper, collage materials, chalk, play dough, finger paint materials, markers, etc.

Science area: This area provides many valuable opportunities for children to learn about their world in more detail (Hendrick, 1986). Science for preschool children may involve observation and discussion of any material that can be discovered in the children's environment and elicits children's curiosity. Children can learn about animals, plants, birds, fish and rocks. Moreover children can be acquainted with basic concepts such as hard, soft, hot and cold. Opportunities for cause and effect learning occur as children carry out simple experiments (Hendrick, 1986). Caregivers in a quality child care center can promote children's scientific interest by discussing and answering children's questions readily and by providing and/or demonstrating some of the following materials; magnifying glasses, magnets, thermometer, shells, seeds, rocks, plants, fish, measuring cups and spoons.

Parent Involvement

Parental commitment to their children and the center is

important. Parents are highly encouraged to participate in policy making and be involved in the education of their children along with the teachers. This is an excellent way to establish a good working relationship between parents and staff (Brazelton, 1984). When parents are aware of the program and their children's needs, they are more likely to help their children at home. By being involved in the child's program, parents may feel more confident as parents and develop a positive attitude toward the program. Moreover, center activities involving parents can provide opportunities to enhance social contact with other parents and to read or learn about their children and to discover social agencies in the community that can assist them with health and family problems (Honig, 1975). In addition, participating in the program will provide opportunities for parents to communicate with the staff and get to know the people to whom they have entrusted their children's care during their working hours. Communication between parents and the center is essential to serve the best interests of families and children (Cohen, Parker, Host, & Richards, 1972).

Although the importance of involvement between parents and caregivers has been emphasized historically, theoretically, and practically, many parents and caregivers fail to see the value of communication, which is perhaps their only form of involvement in child care (Pollman & Weinstein, 1983). If communication between parents and

child caregivers is nonexistent or poor, parents may not have the opportunity to learn about the day-to-day experiences of their children. The parents' sense of closeness, sharing and pleasure in their children's developmental achievements may decrease relative to their ability to monitor their children (Fein, 1980).

The findings of a study by Pollman and Weinstein (1983) seem to demonstrate the strong association between a mother's communication behavior and attitudes toward communication with the caregiver and the child's intellectual and social competence. A favorable attitude toward communication with caregivers was found to be related to the mother's frequency of communication and the child's intellectual and social competence. Formal conferences and meetings are important opportunities for communication between parents and caregivers because important information about the child and his experiences of past and present can be shared so that the parents and the center staff can work together with common goals to promote optimal growth of the child (Huntington, Provence, & Parker, 1971).

However, parent involvement does not have to be a time consuming event if parents can not afford to participate in conferences, meetings, volunteering for center activities or serving as an advisory board member. There are several ways that a parent can keep in touch with the center and its caregivers. One way is the informal chat that parents exchange with the caregiver when the child is dropped off

and picked up (Endsley & Bradbard, 1981). Besides the informal daily chats between parents and caregivers, the caregivers should use notes, telephone calls or newsletters as a means of communication. Directors and teachers in a quality child care center help parents feel welcome and encourage communication since communication has been conceptualized as a form of involvement and neither the center nor the home can work effectively without the understanding, support, and assistance of the other (Leeper, Skipper, & Witherspoon, 1979).

Summary

The task of choosing a quality child care center can be accomplished through thoughtful consideration of essential quality issues and careful observation of different centers. Licensing requirements dictate minimum standards for caregiver to child ratio, health, safety and space, but a license is no guarantee of a quality program. One must look beyond these fundamental regulatory measures in order to evaluate the quality of a child care center. The attached appendix provides parents with a quick reference on quality child care center characteristics.

References

- Ainslie, R. & Anderson, C. (1984). Day care children's relationships to their mothers and caregivers. In R.C. Ainslie (Ed.), Quality variations in daycare (pp. 98-132). New York: Praeger.
- Brazelton, T. B. (1984). Cementing family relationships. In L. L. Dittmann (Ed.), The infants we care for. (pp.9-20). Washington D.C: NAEYC.
- Bredenkamp S. (1986). Developmentally appropriate practice. Washington DC: NAEYC.
- Champan, J. & Lazar, J. (1971). A review of the present status and future needs in day care research. Washington, DC: U.S. Department of Health, Education and Welfare, Office of Child Development.
- Cherry, C. (1972). Creative art for the developing child. Belmont, C.A: Fearon.
- Cohen, D. J., Parker, R. K., Host, M. S. & Richards, C. (1972). Day care 4: Serving school age children. U.S. Dept. of Health, Education, and Welfare. Office of Child Development, DHEW Pub. (OCD) 73-34.
- Cook, J. T. (1985). Child day care. Oakland, CA: Edmunds Enterprises.

- Cratty, B. (1982). Motor development in early childhood: Critical issues for researchers in the 1980s. In B. Spodek (Ed.), Handbook of research in early childhood education. New York: Free Press.
- Dittman, L. L. (1986). Finding the best care for your infant or toddler. Young Children, 6(3), 43-46.
- Endsley, R. C. & Bradbard M. R. (1981). Quality day care: A handbook for parents and caregivers. Englewood Cliff, NJ: Prentice-Hall.
- Fein, G. G. & Clarke-Stewart, A. (1973). Day care in context. New York: John Wiley & Sons.
- Fein, G. G. (1980). The informed parents. In S. Kilmer (Ed.), Advances in early education and day care: A research annual. (Vol.1, pp. 155-185). Greenwich, CT: Aijai Press.
- Flanders, N. A. (1964). Some relationships among teacher influence, pupil attitudes, and achievement. In B. J. Biddle & W. J. Ellena (Eds.), Contemporary research on teacher effectiveness. (pp. 196-231). New York: Holt, Rinehart & Winston.
- Fu, V. R. (1984). Infant/toddler care in centers. In L. L. Dittmann (Ed.), The infants we care for. (pp.49-68), Washington DC: NAEYC.
- Gordon, T. (1975). Teacher effectiveness training. New York: McKay.

- Gump, P. V. (1975). Ecological psychology and children. In Hetherington E. M. (Ed.), Review of child development research: Vol.5. (pp. 75-126). University of Chicago.
- Hendrick, J. (1986). Total learning: Curriculum for young children. Columbus, OH: Merrill.
- Hofferth, S. L. & Phillips, P. A. (1987). Child care in the United States, 1970 to 1985. Journal of Marriage and Family, 49(3), 559-571
- Honig, A. S. (1975). Involvement in early childhood education. Washington, D.C.: NAEYC.
- Honig, A. S. (1980). The young child and you: Learning together. Young Children, 35(4), 2-10.
- Honig, A. S. (1985, April). Issues in the provision of quality infant/toddler care. Paper presented at the Resources for Child Care Management Conference. Newark, NJ.
- Howes, C. (1986, April). Quality indicators for infant-toddler child care. Paper presented at the annual meeting of the American Educational Research Association, San Francisco, CA.
- Howes, C. & Olenick, M. (1986). Family and child care influences on toddler compliance. Child Development, 57, 202-216.

- Huntington, D. S., & Parker, R. (1971). Day care: Serving infants. U.S. Department of Health, Education and Welfare Office of Child Development, DHEW Publication, No (DCD) 73-14.
- Jorn, M., Persky, B. & Huntington, D. S. (1984). Staff selection. In L. L. Dittmann (Ed) The infants we care for, (pp.69-76). Washington, DC: NAEYC.
- Kahn, A. J. & Kamerman, S. B. (1987). Child care: Facing the hard choices. Dover, MA: Auburn House.
- Leeper, S. H., Skipper, D. S. & Witherspoon, R. (1979). Good schools for young children. New York: MacMillan.
- Newton, J. W. & Kagan, S. L. (1985). Survey on profit and quality child care: Progress report. In A. J. Kahn & S. B. Kamerman, Child Care: Facing the hard choices. Dover, MA: Auburn House.
- Pollman, M.J. & Weinstein, S.H. (1983, March). The relationship between the social and intellectual competence of young children and their mothers' communicative behavior with caregivers. Paper presented at a meeting of the Southern Association of Children Under Six Research Theatre, Charleston, SC.
- Prescott, E. (1981). Relations between physical setting and adult/child behavior in day care. In S. Kilmer (Ed.) Advances in early education and day care: Vol.2. (pp.129-158). Greenwich, CT: Aijai

- Ramsey, P. G. (1982). Multicultural education in early childhood. Young Children, 37(2), 13-24.
- Robinson, H. B. & Robinson, N. M. (1971). Longitudinal development of very young children in a comprehensive day care program: The first two years. Child Development, 42(6), 1673-1683.
- Roupp, R., Travers, J., Glants, F. & Coelen, C. (1979). Children at the center: Summary findings and implications from the final report of the national day care study. Cambridge, MA: Abt Associates.
- Rubenstein, J. & Howes, C. (1979). Caregiving and infant behavior in day care and in homes. Developmental Psychology, 15, 1-24.

Appendix

Parents' Guide to Choosing Quality Child Care

Introduction

Parents can choose a quality child care center by carefully considering several essential factors and critically examining the daily routine of a center. Parents should be aware that child care programs may be based on a particular philosophy of development or learning. The philosophy influences many aspects of the program including content of the curriculum (e.g., preacademic skills, social skills), materials used by the children in the classroom, and the child's interaction with both the teachers and the other children. Parents need to consider the philosophy of each program to determine whether the program offers educational or social components that will be compatible with their own convictions concerning the nature of the child and the child's developmental needs. For example, the programs emphasizing preacademic skills organize their activities to promote academic achievement and are generally teacher-directed. On the other hand, programs emphasizing social skills organize their activities to promote children's intrinsic motivation, social interaction and self-help skills and they are generally child-oriented. Therefore, parents need to be aware of the different program approaches as well as the quality issues. This handbook provides parents a quick reference and an understanding of the important issues surrounding a quality child care

center. It focuses specifically on staffing, health and safety, physical setting, and parent involvement. A spot checklist is provided at the end of this guide to give parents specific information related to the issues discussed herein.

Staffing

Ratio and Group Size

Infants: No more than 6 infants in a group. Recommend the adult to child ratio be a minimum of 1:3.

Toddlers: Maximum size is 12 toddlers in a group and the recommended adult to child ratio is a minimum of 1:6.

Preschoolers: No more than 18 children in a group and the adult to child ratio should be a minimum of 1:9.

These kinds of ratios allow for a high level of intimate and personal interaction so that each child receives adequate attention and care.

Caregiver Background and Training

Teachers should have college-level degrees in Early Childhood Education or Child Development and supervisory experience with the particular age group with which they are working.

Teachers are the most important factor in any experience for young children. Caregivers trained in early childhood education will more likely be aware of the specific developmental needs of the children and fulfill them with sensitivity and knowledge.

Consistency of the Staff

Consistency of the caregivers is critical for children of all ages because their sense of security is achieved largely by the stability of the caregivers. The growth of trust, confidence and closeness between children and caregivers requires continuity of caregiving. Especially in the care of infants and toddlers, the continuity and stability of the caregiver is critical because children often form attachment relationships with caregivers. Therefore, infants and toddlers are especially vulnerable to a high turnover of staff personnel. In addition to ensuring stability and security, the consistent presence of familiar caregivers also eases the transition from home to the center.

Characteristics of a Good Caregiver

Infants: Caregivers engage in frequent one-on-one interactions of language, play, games and eye contact throughout the day as well as being responsive to the

infants' basic needs for food and comfort. Infants are held and carried frequently to provide them with a wide variety of experiences. Caregivers frequently engage in games such as peek-a-boo and 5 little piggies with infants who are interested and responsive to the play. All interactions are characterized by gentle, supportive and respectful care.

Toddlers: Good caregivers engage in many one-on-one, face-to-face conversations with toddlers. They let toddlers initiate language and other tasks by being supportive of acquiring new skills and help the children learn new words and tasks. Adults simplify their language for toddlers who are just beginning to talk. They praise the toddlers for their accomplishments and help them feel competent and in control of themselves. They also model the type of interactions with others that they want children to develop and guide their aggressive behavior by redirecting their attention to a more appropriate behavior.

Preschoolers: Good caregivers design interactions and activities to develop children's self-esteem and positive feelings toward learning. They provide children with the materials to engage in "hands-on" activities relevant to their own life experiences. Good caregivers accept that there is often more than one right answer and recognize that children learn from self-directed problem solving and experimentation.

They facilitate the development of self-control in children by using positive guidance techniques such as

modeling and encouraging expected behavior, redirecting children to a more acceptable activity, and setting clear limits. Good caregivers also provide children with many opportunities to develop social skills.

Since caregivers determine the daily experiences of children, their own exemplary characteristics are an important aspect of a quality program. Good caregivers are aware of the age-appropriate developmental needs of the children and ensure their physical, emotional and intellectual needs are met. Most of all, children are more likely to develop trust in the caregivers who are responsive and caring.

Health and Safety

Infants: Health and safety precautions are taken to limit the spread of infectious diseases. Toys that are mouthed are replaced when a child has finished with them so they can be cleaned with a sanitizing solution. Children are always held with their bodies at an angle when being fed from a bottle. Adults wash their hands before and after feeding each infant.

Only healthy foods are served and eating is considered a sociable and happy time. Finger foods are encouraged for children who can sit up. Diaper changing areas are easily and routinely sanitized after each change. Infants are always under adult supervision.

Toddlers: There is a relatively predictable sequence in each day to help children feel secure. Time schedules should be flexible and smooth and dictated more by the children's needs than by the adults'.

Toddlers are provided snacks more frequently and in smaller portions than older children. Liquids are provided frequently. Children's food preferences are respected.

Children learn to use the toilet through consistent, positive encouragement by adults. Children are provided a toddler-appropriate potty seat and step-stool, if needed, in a well-lighted, inviting and relatively private space. Children are taken to the toilet frequently and regularly in response to their own biological habits. Toddlers are never scolded or shamed about toileting or wet diapers/pants.

Adults wash their hands before and after each diaper change, before and after assisting children with toileting, and before and after handling food. Diaper changing areas are easily and routinely sanitized after each change. Children are always under adult supervision.

Preschoolers: Basic precautions for health and safety should be exercised for the preschoolers. Children are encouraged to develop health conscious habits such as teeth brushing and hand washing. Preschoolers learn about health, safety and nutrition through learning activities and experiences.

One of the most important concerns of a child care center should be the physical protection of the children.

Efforts to maintain high safety standards are central to all child care programs. Besides the recommendations listed for each age group, experts recommend the following basic health and safety measures: (1) The child care center should have records and preadmission files for each child; (2) Caregivers should know how to perform first-aid and also know how to respond to an emergency situation; (3) All the electrical outlets should be capped when not in use; and (4) The staff should be well aware of the children's nutritional needs and provides adequate nourishment each day.

Physical Setting: Space and Equipment

Infants: Space is arranged for children to enjoy moments of quiet play by themselves, to roll over, and to crawl toward interesting objects. Mirrors are placed where infants can observe themselves such as on the wall close to the floor or next to the diapering area. The room is cheerful and decorated at the children's eye level with pictures of people's faces, friendly animals, and other familiar objects. Books are heavy cardboard with rounded edges and they have bright pictures of familiar objects. A variety of music is provided for enjoyment in listening, body movement, and singing.

Toys are safe, washable, and too large for infants to swallow. Toys are responsive to the child's actions: bells, busy boards, balls, vinyl-covered pillows to climb

on, large beads that snap together, nesting bowls, small blocks, shape sorts, music boxes, and squeeze toys that squeak. Mobiles are designed to be seen from the child's viewpoint. Toys are scaled to a size that enables infants to grasp, chew and manipulate them. Some examples are clutch balls, rattles, spoons, teethingers, and rubber dolls. Low climbing structures and steps are provided which are well padded and safe for exploration.

Toddlers: The room is cheerful and decorated at the children's eye level with pictures of people's faces, friendly animals, and other familiar objects. The environment contains private spaces with room for no more than 2 children. Toys are available on open shelves so children can make their own selections. Sturdy picture books are provided. Pictures depict a variety of ages and ethnic groups in a positive way. Climbing structures and steps are low, well-padded, and safe for exploration.

Children have many opportunities for active play both indoors and outdoors. The area includes ramps and steps that are the correct size for children to practice newly acquired skills. Toddlers' outdoor play space is separate from that of older children. Outdoor play equipment for toddlers includes small climbing equipment that they can go around, in, and out of, and solitary play equipment requiring supervision such as swings and low slides.

Preschoolers: Teachers prepare an environment for

children to learn through active exploration and interaction with adults, other children and materials. Children select many of their own activities from among a variety of learning areas the teacher prepares, including dramatic play, blocks, science, math, games and puzzles, books, audiotapes, art, and music. Children have daily opportunities to use large muscles, including running, jumping, and balancing. Children have daily opportunities to develop small muscle skills through play activities such as pegboards, puzzles, painting, cutting, and other similar activities. Children are exposed daily to art and music and are allowed to experiment and enjoy various forms of music. A variety of art media is available for creative expression, such as an easel, finger paints and clay.

High quality space and equipment can allow caregivers the freedom and flexibility to provide diverse, responsive and creative activities as well as a variety of learning experiences for the children.

Parent Involvement

Parent involvement in the child care center is important for children of all ages. Formal conferences and meetings are excellent opportunities for communication, however both parents and caregivers should take full advantage of informal conversations, notes, newsletters and

telephone calls. By doing so, the staff and parents can build a mutual understanding and provide greater consistency for the children.

Child Care Center Spot Checklist

Parents visiting a child care center should look carefully inside and outside. They need to take time to visit as many centers as possible and observe how each caregiver interacts with the children in the different centers. The parents should initially try to visit the center without their child so they can direct all their attention to observing the various activities and having discussions with the staff. Based on a favorable first visit, the parents may then decide to visit again with their child to see how he or she reacts to this new environment.

The questions included in this spot checklist will remind parents of the important issues discussed concerning quality child care and help parents to focus on specific items related to the issue. Parents may need to ask the director or caregiver questions if some items on the checklist can not be observed at the time of the visit.

1. Staffing.

- a. 12 or fewer children in the 2-3 year old age group_____
- Staff:child ratio at least 1:6 for this group_____
- b. 18 or fewer children in the 4-6 year old age group_____
- Staff:child ratio at least 1:9 for this group_____
- c. Longevity of teachers_____

2. Caregivers.

- a. Trained in the field of child care_____
- b. In-service training conducted_____
- c. Appear warm, affectionate and caring_____
- d. Praise and hug children_____
- e. Pleasantly speak at children's eye level_____
- f. Comfort children in distress_____
- g. Engage in activities with the children_____
- h. Encourage children to participate in activities_____
- i. Offer children alternative choices_____
- j. Show no sexual biases_____
- k. Gentle but firm when disciplining_____
- l. Eat with the children during the meal time_____
- m. Encourage appropriate eating habits_____
- n. Encourage conversation_____
- o. Children appear happy around the caregivers_____

3. Health and Safety.

- a. Day care license displayed_____
- b. Children health records are required_____
- c. Admission information required_____
- d. First-aid supplies available_____
- e. Staff trained in first-aid_____
- f. Medicine kept out of reach_____
- g. Electrical outlets covered_____
- h. Fire safety plan posted_____
- i. Fire drills conducted regularly_____
- j. Children use individual or disposable towels_____

- k. Children have individual tooth paste and brush_____
- l. Children wash hands and face regularly_____
- m. Warm, well balanced meals and snacks served_____
- n. General environment seems safe_____

4. Curriculum.

- a. Balanced schedule throughout the day_____
- b. Active and quiet time_____
- c. Play and rest time_____
- d. Group and individual activities_____
- e. Indoor and outdoor activities_____
- f. Children use the outdoor play area every day_____

5. Facilities.

- a. Well built outdoor play equipment_____
- b. Adequate outside area per child_____
- c. Outside area shaded_____
- d. Outside area grassy and hard-surfaced_____
- e. Adequate inside area per child_____
- f. Space for each child's belongings_____
- g. Child-sized toilet fixtures and sinks_____
- h. Platforms for adult size fixtures_____
- i. Indoor space organized into different learning
activity areas
 - (1) Motor area_____
 - (2) Block area_____
 - (3) Music area_____
 - (4) Dramatic play area_____
 - (5) Science area_____

- (6) Art area_____
 - (7) Library and language area_____
 - j. Activity areas appropriately equipped_____
6. Physical Setting.
- a. Clean_____
 - b. Bright_____
 - c. Children's work displayed_____
 - d. Motor Area.
 - (1) Large muscle toys, e.g., riding toys,
indoor climber/slide_____
 - (2) Puzzles_____
 - (3) Sorting and stacking toys_____
 - (4) Peg board_____
 - (5) Legos_____
 - e. Block Area. Various sizes of wooden blocks_____
 - f. Music Area.
 - (1) Guitar or other instrument_____
 - (2) Record player and records_____
 - g. Dramatic Play Area (Only some of these may be
available to the children at any given time).
 - (1) Dolls_____
 - (2) Doll beds_____
 - (3) Stove-sink-refrigerator unit_____
 - (4) Cooking utensils and dishes_____
 - (5) Dress-up clothes_____
 - (6) Cash register_____
 - (7) Telephone_____

- (8) Doctor kit_____
- (9) Full length mirror_____

h. Art Area.

- (1) Easels_____
- (2) Water colors, paints and paint brushes_____
- (3) Scissors_____
- (4) Paste and glue_____
- (5) Crayons and chalk_____
- (6) Construction paper_____
- (7) Play dough_____
- (8) Collage materials_____

i. Science Area (Only some of these may be available to the children at any given time).

- (1) Plants_____
- (2) Magnets_____
- (3) Magnifying glasses_____
- (4) Aquarium_____
- (5) Rocks_____

7. Parent Participation.

- a. Parents as advisory board members_____
- b. Parent volunteering encouraged_____
- c. Parents can visit the center at any time_____
- d. Center published newsletter or bulletin_____
- e. Regular parent-teacher meetings_____
- f. Lunch and snack menus provided to parents_____

NOTE: This parent handbook is based on a review of child care literature and Developmentally Appropriate Practices by Susan Bredekamp, 1986, published by the National Association for the Education of Young Children.

The Basic Components of Quality Child Care:
A Handbook for Parents on Choosing a Quality Child Care
Center

by

Joanna Kim Bogusky

B.S., Kangweon National University, 1980

AN ABSTRACT OF A MASTER'S REPORT

submitted in partial fulfillment of the

requirements for the degree

MASTER OF SCIENCE

Department of Human Development and Family Studies

KANSAS STATE UNIVERSITY

Manhattan, Kansas

1989

Abstract

Choosing a quality child care center is not an easy task for parents. However, if parents carefully consider several essential factors relevant to quality child care and visit and observe different child care center programs, choosing a quality child care center can be accomplished. This project is designed to introduce parents, by means of a handbook, to the characteristics of quality child care and to provide parents with information on how to look for the most appropriate program suitable to their child's age. The content of the handbook, which was based on a review of child care literature, includes a consideration of the following factors: staffing; health and safety; physical setting; and parent involvement.