

**What is Family-Friendly Child Care  
and Why Does It Matter?  
What Parents and Providers Say –  
and the Implications for Quality Care**

Final Report

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## *Introduction*

Attracting and retaining effective employees is at the heart of what many employers know is the key to their business success. For employees who are parents, having high-quality care for their young children is at the heart of what they know is the key to their own success on the job. Having child care that addresses the needs of working families enables parents to go to work with less distraction and anxiety so they are better able to focus on their job responsibilities.

IBM has long understood this connection between its business success and the successful care of the children of its employees. In the past few decades, IBM has funded and supported research and programs that seek to improve the quality of child care. Funded by IBM since 1996 and implemented by WFD Consulting, the Family-Friendly Child Care Project is a multi-phased project that seeks to increase awareness and understanding of the child care needs of working parents. The goals of the project are to equip working parents with ways to identify centers that seek to address their needs, as well as to equip child care centers with ways to provide care that would best meet the needs of the families they serve. The study's questionnaire serves as an education tool for parents and staff, an evaluation of the center's care and services, and an opportunity to initiate dialogue and change. A further aim of the project is to promote the value of family-friendly child care centers with the hope of influencing the professional development of the next generation of child care providers.

The *notion* of "family friendly" is not new to the child care and education fields. It has been a component of these histories for more than a century, although the *term* "family friendly" has only been used since the late 1980's. Earlier terms incorporated the family focus, including "parent involvement" and "family support." The term "family friendly" as applied to child care most likely evolved from the use of the phrase as applied to companies – "family-friendly companies." Family-friendly companies recognize the family roles their employees have outside of work. They train their managers to be sensitive to family needs and offer benefits to assist them such as flexible work arrangements, family leave time so parents can care for new children in the family, and allowing employees to use their own sick time to care for ill children.

In child care, a family-friendly program is family-centric and gives parents what they most need – high-quality care that operates on the premise that families are the center of children's lives. Family friendly centers recognize that parents' primary concern is for their children; they offer programs and services that enhance the well-

being of families, thereby relieving parental stress and time strain. “Family friendly” means adopting policies that put family needs ahead of the convenience of the child care program. The family-centric mentality of centers should be balanced with common sense limitations (for example, financial, staffing, or time limitations), but it should be continually re-examined as to where to set such boundaries.

Family-friendly child care not only benefits parents but benefits centers and employers at large. Centers that adopt family-friendly practices will be more attractive to working parents. Because family-friendly child care centers assist employees in managing the needs of their families and their work responsibilities, benefits accrue to employers as well. Family-friendly child care not only aids productivity, but it reduces absenteeism and employee turnover. While the current economic climate has resulted in down-sizing and cost containment, the eventual economic recovery will coincide with an expected labor shortage in the coming decades as the Baby Boom population in the United States retires. In order to attract, utilize, and retain the best talent, employers have a vested interest in promoting family-friendly child care centers.

Phase I of this multi-phase, family-friendly research project involved: a literature review, the development of the first family-friendly survey, on-site visits to ten child care centers, and interviews and surveys of staff and parents at the ten sites. While the number of centers participating was small, there were many interesting conclusions.

- There is no standard formula for family-friendly programs that meets the needs of all families. Family friendly, by definition, means offering individualized options to each family based on their particular needs. The one consistent factor in families’ child care needs is the strong emphasis that families place on the quality of care for their children.
- Centers need an efficient, ongoing process to find out what parents want from the center to help them address work/life issues.
- Centers need to be cognizant of their operating costs. As centers expand their services, there must be concurrent expansion of revenues to support any new services offered.
- The incorporation of a family-friendly approach requires a strong administrative structure. It is the administrator who establishes and fosters a family-friendly program through modeling, training, and resource allocation at the center.
- Teaching and administrative staff need family-friendly training because it is not typically addressed in teacher preparation, pre-service training, or in-service training programs.

Another important result of Phase I was the development of four categories of “family friendliness” that could be used to capture the elements of a family-friendly center: quality of the child care provided, flexibility of the child care program, relationships, and the provision of services other than child care. While there was not consensus among the program administrators, staff, and parents on what should be included in a family-friendly center, the identification of the four categories as well as the conclusion that there is no such thing as “one size fits all” helped to advance the discussion.

Building upon these findings, WFD Consulting designed and conducted Phase II of the study with funding from IBM. In this phase, the lessons learned from Phase I were used to redesign the original survey instrument into an improved “Family-Friendly Child Care Center Audit Tool.” The primary goal of Phase II was to field the revised audit tool to a large number of centers to examine the perceptions of parents and staff with regard to the key elements of family friendliness, and to investigate whether differences exist between parents and staff. Another goal was to understand the business impact of high-quality, family-friendly child care; that is, to understand whether staff at high-quality, family-friendly centers are more satisfied, and whether parents feel better able to manage their work and personal responsibilities. A final goal was to use the data collected to further refine the survey tool. A concise survey tool will enable child care centers to self-assess the family friendliness of their programs and services, and help parents initiate dialogue at their current child care center or use the instrument as a guideline when seeking high-quality care. The revised tool is available on the American Business Collaborative (ABC) web site along with instructions for its use: [www.abcdependentcare.com](http://www.abcdependentcare.com).<sup>1</sup>

The availability and utilization of an instrument that allows child care programs to assess their level of family friendliness is a significant step in advancing the philosophy and practice of child care centers. With child care centers focusing on quality and proactively assisting parents in managing their family needs, it is hoped that parents will be better able to enjoy productive and successful employment and feel secure that their

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<sup>1</sup> The American Business Collaboration (ABC) is a groundbreaking collaboration of leading U.S. companies partnering to ensure that their employees have access to quality dependent care programs and services to help them manage their work and personal responsibilities. The basic principle guiding the ABC is the belief that companies can accomplish more by working together than by working alone.

children are happy and well cared for, which in turn will lead to more healthy and happy family lives.

Additionally, the dissemination of the study's findings and the availability of the instrument allow parents to become better consumers of child care services. The 1995 seminal Cost, Quality, and Child Outcomes in Child Care Centers<sup>2</sup> (CQCO) study found that parents are not effective in demanding higher quality child care. They note parents' difficulty observing the care children actually receive and speculate that parents may not have a basis for comparison. That is, parents might not know the elements of high-quality, family-friendly care because they have never seen it delivered. The present study will help to fill that void by giving parents ways to identify high-quality, family-friendly care, allowing them to search more effectively for a superior child care arrangement or to seek to improve the care they currently have.

### *Family Friendliness and the Child Care Market*

The percentage of children cared for by centers has steadily increased since the mid-1970's. As of 1999, three-fifths (59.3%) of children under the age of 6 are cared for in centers for at least part of their day. About one-third (35%) of centers are for-profit organizations, a proportion that has remained fairly constant over the past three decades.<sup>3</sup>

The economic recession that started in 2000 and the events of September 2001 have resulted in challenges for the child care industry as parents have been laid off from their jobs and family economic stability has become uncertain. Also, Census data show that more men and women are choosing to stay at home to rear children than in the recent past and the proportion of women returning to work within a year of having a child has dropped from a previous record high.<sup>4</sup> These circumstances have had a detrimental effect on the child care center industry and have made it much more difficult to predict future trends in child care. In 2002, the six largest for-profit child care center

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<sup>2</sup> Cost, Quality, and Child Outcomes Study Team (1995). Cost, quality, and child outcomes in child care centers, Executive Summary. Denver, CO: University of Colorado, Economics Department.

<sup>3</sup> Neugebauer, R. (November/December, 2002). Who Cares for the Children? *Child Care Information Exchange*, 12-16.

<sup>4</sup> Field, J. (2003). Children's Living Arrangements and Characteristics: March, 2002. *Current Population Reports*, P20-547. U.S. Census Bureau, Washington, D.C.

organizations grew by less than one-half of one percent while other large for-profit child care organizations had even more disappointing years.<sup>5</sup>

Given these trends and the uncertainty of the future, the child care center market has been proactive in developing services that they believe will attract parents to use their child care services and keep them as customers. A May 2003 *Wall Street Journal* article summarized the new services that centers are offering to parents at prices approximately 10% above their competition's tuition for day care only.<sup>6</sup> These new services include amenities such as dry cleaning, meals-to-go, hair cuts, fax and photocopy services, prescriptions filled, free breakfasts, web cameras, and access to professionals such as financial planners, therapists, and doctors. Some of these new services come with an additional price tag, but it is hoped the easier access eases the organizational and planning burden on families. Organizations that provide these new services hope the services will translate into increased customer satisfaction leading to greater enrollment and retention of families from year-to-year.<sup>7</sup>

As these services become part of the business plan of centers, the services become susceptible to the economic realities of the operation of the center. No center can focus on simply the needs of the families without attention to the economics of operating a center. This not only makes intuitive business sense but is also central to the definition of a family-friendly center. Family-friendly centers must be financially sound and able to provide consistent care to the families they serve. There is a delicate balance between the economic feasibility of offering services and meeting the needs of the center's families.

### *Features of a Family-Friendly Child Care Center*

Family friendliness has been a broadly-defined concept in the literature and dialogue on child care. Clearly an extension of high-quality care, family-friendly (or family-centered) care features a focus on the needs of the family as a unit, a culture of

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<sup>5</sup> Neugebauer, R. (January/February, 2003). For Profit Organizations Maintaining Status Quo. *Child Care Information Exchange*, 17-19.

<sup>6</sup> Chaker, A. M. (May, 2003). Preschools Run Errands as Way to Cater to Kids' Busy Parents. *Wall Street Journal*. <http://online.wsj.com/article/0,,SB1052253071927600,00.html>.

<sup>7</sup> While convenience services assist parents in managing their work and family lives, these services may – *but do not necessarily* – enhance the value of the center in parents' eyes. The current study was designed to identify center attributes and services that parents value most highly as being “family friendly.”

strong support for parents (particularly working parents), and an emphasis on parent involvement and participation in the center in ways that are feasible for the parents enrolled.

Shifting the discussion from the elements that constitute a high-quality center to the elements that constitute a high-quality, family-friendly center changes the focus from what the center as an organization does to provide care for the children to how well the center identifies and meets the needs of families. It's a shift from "what we do" to "what you need" – with the care of the children remaining the focal point.

There are many in the early childhood field who have long recognized the need for family involvement in the successful provision of child care. In 1996, the National Child Care Information Center and the Child Care Bureau brought together approximately 150 child care experts to agree on the basic features of a family-centered child care center.<sup>8</sup> The features agreed upon at the conference include:

- Supporting the connections between children and families;
- Respecting and including all cultures, including speaking the languages of families in the center;
- Building upon the strengths of the families;
- Developing true partnerships with families;
- Meeting the basic requirements of families; and
- Supporting and training caregivers.

In 1998, Rusher and Ware discussed the evolution of "family-centered" care in their article, "Family Centered Child Care: Where Have We Been and Where are We Going?"<sup>9</sup> In this article, they posit a conceptual framework for child care that is focused on the family as an active participant in the care of the children. Within this framework, they define family-centered child care as having the following elements:

- A family-like feel to the actual organization of the child care environment;
- Frequent and quality communication between families and providers;
- Mutually supportive parent-provider relationships;

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<sup>8</sup> National Child Care Information Center (1999). Promoting Family-Centered Child Care. <http://www.nccic.org/pubs/famcent/fam-toc.html>.

<sup>9</sup> Rusher, A. S. & Ware, A. M. (1998). Family Centered Child Care: Where Have We Been and Where Are We Going? *Early Child Development and Care*, 145, 67-79.

- Consistently strong support for the parent-child relationship; and
- A proactive, supportive environment for working parents.

With the knowledge gained from the literature, experts in the field, and Phase I of the study, WFD redesigned the Family-Friendly Child Care Audit Tool. The new tool included five areas of family friendliness, reformulated and expanded from the original four areas to the following:

- Focusing on the child who is being cared for: *A Child-Centered Place*;
- Welcoming, including, and partnering with families: *Building Quality Relationships with Families*;
- Recognizing that families are unique and that one size does not fit all: *Respect and Culture*;
- Comprehending the needs of working parents and offering programs and resources: *Anticipating Family Needs*; and
- Communicating with the needs of working parents in mind: *Family-Friendly Communication*.

In addition to these central elements of family friendliness, the audit tool included questions on the value of particular communication methods and services. Finally, the audit tool contained several overall measures of quality, a series of job satisfaction questions for staff, and a series of work/life management questions for parents.

### *A Word About the Quality of Care in Child Care Centers*

In designing the study to identify the components of family friendliness, it was essential to include measures of basic elements of quality. High-quality care is a precursor of family-friendly care; quality must be present before family-friendly elements can make a difference. The CQCO study identified a paucity of high-quality care, finding that “only 1 in 7 centers provides a level of child care quality that promotes healthy development and learning.”<sup>10</sup> Interestingly, worksite child care centers were among the highest quality centers – testament that employers understand the importance of quality care and allocate the resources to ensure its implementation. While the CQCO study

identified staff-to-child ratios, staff education, and administrators' experience as primary indicators of quality, this study included staff-to-child ratio, quality of the educational/developmental program, and level of training or experience of centers' staff as indicators of quality. Additionally, cost and hours of care were measured.

### *Methodology of the Study*

The study design called for the participation of non-profit and for-profit child care centers in three metropolitan areas: Dallas, Los Angeles, and New York City.<sup>11</sup> Child care centers had to meet these requirements in order to be included in the study:

- Be licensed by the state in which it is located;
- Provide at least 30 hours of care per week for infants, toddlers, and preschoolers;
- Operate year-round or at least 11 months out of the year for infants, toddlers, and preschoolers; and
- Have a combined capacity of 50 or more infants, toddlers, and preschoolers.

Based upon a randomized order, centers were contacted to determine interest in participating in the study and to gain permission. Once centers agreed to participate and were deemed eligible for the study, centers were sent surveys,<sup>12</sup> return envelopes, and introductory letters. Directors of each center oversaw the distribution and collection of the surveys and mailed the surveys back to WFD for data entry and analysis.

In all, 5,603 surveys were sent to 63 child care centers. Centers returned 2,530 surveys yielding a response rate of 45%. The response rate was 53% for administrators and teachers and 41% for parents.

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<sup>10</sup> Cost, Quality, and Child Outcomes Study Team (1995). Cost, quality, and child outcomes in child care centers, Executive Summary. Denver, CO: University of Colorado, Economics Department, p. 10.

<sup>11</sup> The guidelines for inclusion in the study were adapted from the Cost, Quality, and Child Outcomes Study Team (1995). Cost, quality, and child outcomes in child care centers, Public Report. Denver, CO: University of Colorado, Economics Department.

<sup>12</sup> Both English and Spanish versions of the audit tool were made available.

## *Description of the Sample*

Surveys were returned from 2,530 individuals at 63 centers. Table 1 describes the sample.

**Table 1. Characteristics of the Sample**

		<b>Frequency</b>	<b>As percentage of sample</b>
<b>Centers (n=63)</b>	Dallas	23	37%
	Los Angeles	19	30%
	New York City	21	33%
<b>Profit Status (n=63)</b>	For-Profit	27	43%
	Non-Profit	36	57%
<b>Role (n=2,530)</b>	Administrative Staff	119	5%
	Teaching Staff	523	21%
	Parent	1,795	71%
	Missing	93	4%
<b>Ages of Children (n=2,218)</b>	< 12 months	248	11%
	12 months to 23 months	382	17%
	2 – 3 years	935	42%
	4 – 5 years	653	29%

For analysis purposes, administrators and teachers were grouped together as “staff.”

### *Creating Scales to Describe the Family-Friendly Center*

Questions in the five primary sections of the survey were analyzed to identify the principal items in each one. The goals were to 1) create scales that could be used in multivariate models and 2) reduce the number of items in each section to arrive at a shorter, more focused survey for centers to administer in the future. Correlation matrices were examined to understand how the items in each section correlated with one another. Highly correlated items were included in scales and their reliability assessed by estimating the Cronbach’s alpha coefficient, a measure of internal consistency. Internal consistency was assessed separately for the sample overall, parents only, and staff only. Each scale is described below.

### A Child-Centered Place

With fourteen original items, the Child-Centered Place section was grouped into two distinct scales with five items in one and four in another. The first scale included items that described the strength of relationships between staff and children (the staff/child relationship scale):

- Staff respond quickly and sensitively to children's requests and non-verbal cues (for example, by offering affection, helping with toileting, and answering and expanding on children's questions).
- Staff demonstrate that they know and appreciate each child in their room (for example, their interests, friendships, temperament, food preferences, and napping habits).
- The staff supervise children well at all times, indoors and out.
- The staff encourage children's friendships with each other and nurture a sense of community among children.
- The center has a relaxed and cheerful atmosphere. Children seem to be comfortable, engaged, and having fun.

The staff/child relationship scale had an alpha of .82 for all respondents, .83 for parents, and .79 for staff.

The second scale that emerged in the Child-Centered Place section emphasized the quality and degree of interactions between staff and parents related to the well-being of the child (the staff/parent interaction scale):

- The center asks parents for information about their child to know the child's interests and to help plan daily activities.
- Staff and parents work together to help solve problems such as finding a child's lost belongings, long naps interfering with evening bedtime, or children biting.
- Center staff and parents work together to set goals for children's social, emotional, and intellectual development.
- Staff take the time to help parents understand how the center's curriculum and activities contribute to their child's learning and development.

The staff/parent interaction scale had an alpha of .81 for all respondents, .81 for parents, and .76 for staff. Finally, these items were excluded because their correlations with other items were low:

- The center takes children out on field trips, such as to a farm, or brings enrichment activities such as music and dance into the center.
- The staff, the space, and the schedule are flexible enough to include spontaneous activities that come from children's interests.
- Siblings who are enrolled in the center visit each other during the day.
- When children are having difficulty saying goodbye to their parents, staff help children by acknowledging their feelings, helping them get involved in an activity, or by holding them (or being close) as they say good-bye.
- There is a comfortable place for a sick child to rest or to wait to be picked up.

### Building Quality Relationships with Families

Eight items were originally included in the Building Quality Relationships with Families section which captured how welcome and included parents felt at the center, both in parents' interactions with staff and in parents' interactions with one another. The focus here was on the sense of partnership and mutual support at the center. This scale was ultimately reduced to these five items (the quality of staff/family relationships):

- Parents and staff are well acquainted and take a personal interest in one another.
- When staff are handling a child's adjustment to the center, the staff encourage parents to express their own feelings of sadness or worry.
- Parents are comfortable and friendly with one another. They interact easily and feel a common connection because of the center.
- Parents feel invited to suggest ways they can be involved in the life of the center and feel their opinions are welcome.
- The center values and appreciates parents' efforts to donate time, skills, and cultural experiences to their child's room and to the center.

The quality of staff/family relationships scale had an alpha of .83 for all respondents, .84 for parents, and .78 for staff. These items were excluded because their correlations with other items were low:

- Parents are welcome to visit, play, or observe in their child's room whenever they would like.
- Families (including grandparents, siblings not currently enrolled in the center, and other family members) are welcome to visit the center.
- The center offers adult and/or family spaces that are comfortable.

### Respect and Culture

Seven items comprised the original set of questions in the Respect and Culture section which addressed family diversity and the unique circumstances of families. This set was reduced to the following four items which emphasize a focus on the individual family (the respect for diverse families and cultures scale):

- The staff respect and value the unique characteristics and circumstances of all families at the center.
- The staff treat parents with equal respect regardless of the amount of time they spend at the center.
- Staff are empathetic and understanding toward parents' schedules and the demands on parents' time.
- The center respects the confidentiality of parents and children.

The respect for diverse families and cultures scale had an alpha of .84 for all respondents, .84 for parents, and .82 for staff. These items were excluded because of low correlations with other items:

- Whenever possible, the staff adapt practices to achieve better consistency between child rearing at home and care at the center.
- The center uses multi-cultural curricula, activities, and materials that help children to feel positive about themselves and to get along with others.
- The center recruits families and staff to achieve a diverse community.

### Anticipating Family Needs

The fourteen-item Anticipating Family Needs section captured a variety of issues related to serving working families. Its focus was on understanding the importance of centers seeking information about and being receptive to parents' needs, providing programs that address the broad needs of working families, and providing information and resources about community programs relevant to working families. The original fourteen items were reduced to these seven (the responsiveness to family needs scale):

- Staff ask parents questions about their jobs and family circumstances so they can better understand the needs of the family.

- The center actively seeks parent perspectives (such as concerns, opinions, needs) to ensure that policies, services, and resources offered by the center are responsive to parent/family needs.
- When a parent inquires about something the center currently doesn't offer, the center responds positively, in essence asking themselves, "Why not?"
- Staff assist parents by sharing information on resources available through the center and in the community.
- The center offers educational meetings, workshops, and programs for parents in response to their needs.
- Staff work with each family to create a personalized transition plan to help each new child adjust to the center, including having the parent stay with the child during all or part of the first days.
- The center helps parents anticipate the need for back-up child care plans before they are needed (e.g., child's illness, center closing).

The responsiveness to family needs scale had an alpha of .84 for all respondents, .86 for parents, and .77 for staff. These items were excluded because of low correlations with other items:

- Staff accommodate families' schedules, understanding that children may sometimes arrive late or leave during the day.
- The center accommodates requests from families whose needs change, such as economic circumstances that affect ability to pay, or job hours that require more (or less) care.
- In response to the different work needs of families (for example, rotating shift work or odd hour jobs), the center offers a variety of schedules such as part-day and part-week care or varying days of the week.
- For a fee, the center provides a late service to accommodate parents who must work beyond the center's core operating hours.
- The initial paperwork required to enroll children covers administrative information and also asks questions about the children's family and home life, and about parents' work life.
- The initial paperwork required to enroll a child contains questions appropriate for different family types.

### Family-Friendly Communication

Multiple *channels* of communication as well as a high *degree* of communication have long been considered a central tenet of family-friendly care. Not surprisingly, the original set of questions for Family-Friendly Communication was extensive and included

seventeen items. Only four items were eliminated due to low correlations and the remaining thirteen items cover a range of types of communication (the communication scale):

- Staff greet parents and children in the morning and say good-bye in the evening.
- Parents and staff share information about meaningful daily events related to the child.
- Changes to staff schedules are explained to parents, and any new staff are introduced to parents.
- For infants and pre-verbal toddlers, there is daily written communication to parents about the child's daily activities.
- For older children, there is daily written communication about the group's activities.
- The center provides both scheduled and on-demand parent conferences at times convenient to parents.
- Center policies and procedures are explained in clear terms that are understandable to parents.
- The center informs parents about the minimum quality standards for health and safety required by the state, and how the center meets/exceeds those standards.
- The center uses more than one way to communicate with parents (e.g., newsletters, notes sent home with children, bulletin boards, etc.).
- Parents have more than one way to communicate with the center (e.g., notes, phone calls, e-mail, etc.).
- For new parents, the center provides an orientation to the program with a full tour, meetings with teachers, and responses to all parent questions.
- The center provides a helpful parent handbook.
- Health and attendance policies are explained at enrollment, including when a child with symptoms of a mildly contagious illness may attend.

The communication scale had an alpha of .81 for all respondents, .83 for parents, and .69 for staff. These four items were excluded because of low correlations to other items:

- The telephone is answered by a staff member who is professional and helpful.
- Parents know how to contact a child's teacher, especially when it is an emergency.
- The center communicates in the home languages of most families at the center, both in conversation and in written materials.
- The center has established a clear and reasonable procedure for parents and staff to resolve disagreements.

With the five scales identified, we turn next to creating an overall quality measure and an overall family-friendliness measure.

#### Measuring overall quality and overall family friendliness

With the goal of identifying fundamental aspects of high-quality care so that family friendliness can be understood on its own, several items were included on the survey to allow for the construction of a quality measure. Respondents were asked to rate their center on these factors of quality care, using a scale from “poor” to “excellent:”

- Hours care is offered;
- Cost of care;
- Number of children per teacher (ratio);
- Quality of educational/developmental program; and
- Level of training or experience of center staff.

Hours and cost of care were eliminated from the scale leaving ratio, program, and experience to comprise the quality scale (alpha=.80 overall, .82 for parents, and .77 for staff).

An overall measure of family friendliness was needed to serve as an outcome measure. These items were included on the survey and respondents were asked to rate their center using a scale from “poor” to “excellent:”

- Support from center staff for family needs;
- Quality of communication from the center; and
- Opportunities for parental involvement at the center.

All factors were correlated and a scale was created using the three items. The family-friendliness scale had an alpha for the overall sample of .82, .83 for parents, and .80 for staff.

### Understanding the relative effects of different features of family friendliness

In order to understand the relative importance of the six features of family friendliness as measured in the five sections of the survey, regression models were estimated using the overall family-friendliness scale as the outcome measure. These models included several “control” variables including city (Dallas, Los Angeles, New York City), profit status (for-profit versus non-profit), and quality (as measured by the scale described earlier). Additionally, ratings of hours and cost of care were included as they are known to be important factors for parents in selecting care that meets their needs. Because it became apparent early in the analysis that center staff and parents had somewhat different perspectives on how best to meet the needs of children and working families, we conducted separate analyses for the two groups.

### The parent model

In the regression model for parents, the “control” variables of city, profit status, and quality were retained in the model along with ratings of hours of care and cost of care. Age of child was tested but not retained because it was not statistically significant (that is, the family-friendly score did not differ depending on the age of the child – controlling for all other factors in the model). However, all six of the family-friendly scales proved to be significant in the final model, some interacting with other predictors. By and large, higher outcome scores (on the overall family-friendliness scale) were associated with higher scores on each of these scales:

- Staff/Child Relationship Scale (from “A Child-Centered Place”);
- Staff/Parent Interaction Scale (from “A Child-Centered Place”);
- Quality of Staff/Family Relationships Scale (from “Building Quality Relationships with Families”);
- Respect for Diverse Families and Cultures Scale (from “Respect and Culture”);
- Responsiveness to Family Needs Scale (from “Anticipating Family Needs”); and
- Communication Scale (from “Family-Friendly Communication”).

These specific findings emerged from the regression analysis of parents' data:

- ⇒ *Quality is highly significant in predicting family friendliness. In analyzing parent responses, however, there is a much stronger relationship between ratings of quality and ratings of family friendliness in Dallas centers and in New York City centers compared to centers in Los Angeles.*
- ⇒ *Cost of care is a factor in ratings of family friendliness – but only in lower quality centers. In lower quality centers, parents who rate the cost of care higher tend also to rank the center higher on family friendliness. In higher quality centers, parents' ratings of cost of care do not influence their ratings of center family friendliness.*
- ⇒ *Parents who rate centers high on the hours that care is offered tend to rate family friendliness high.*
- ⇒ *All six of the family-friendly scales were significant in the parent model, some interacting with other predictors.*
  - *Higher ratings on these four scales predict higher ratings of family friendliness:*
    - *Staff/Child Relationships;*
    - *Staff/Parent Interactions;*
    - *Respect for Diverse Families and Cultures; and*
    - *Responsiveness to Family Needs.*
  - *The staff/family relationships scale operates differently depending on the city examined, and appears to be a predictor of family friendliness only in non-profit centers:*
    - *The association between ratings of staff/family relationships and ratings of center family friendliness is strongest in Los Angeles followed by Dallas and then New York City.*
    - *The effect of staff/family relationships appears to hold true only in non-profit centers; while higher scores on the staff/family relationships scale translate to higher family friendliness in non-profit centers, this association is much weaker and possibly non-existent in for-profit centers.*

- Finally, there is a positive association between ratings of communication and ratings of family friendliness. This relationship is stronger in for-profit centers, however, than in non-profit centers.

The R-Square statistic for the model was .6147, meaning that 61% of the variance in the family-friendly measure was explained by the predictors in the model (see Appendix B for the parameter estimates of the parent model).<sup>13</sup> To understand the magnitude of the contribution of different elements of the model, the final model was tested in four stages and the increment to R-Square examined. The findings are presented in Table 2.

**Table 2. Increment to R-Square for Parent Models Predicting Family Friendliness**

Predictor(s) Added	Model R <sup>2</sup>	Increment to R <sup>2</sup>
City, Profit Status	.0063	--
Quality	.4746	.4683
Hours of Care, Cost of Care	.4872	.0126
Six Family-Friendly Scales	.6147	.1275

Not surprisingly, the quality measure was a very powerful predictor, explaining 47% of the variance in the overall family-friendliness measure. When the six scales were added to the model, an additional 13% of variance was explained – a smaller but important contribution to the model. This is consistent with the point of view that family-friendly elements are enhancements to a baseline level of quality and could not be effective without a strong quality component.

#### The staff model

In the regression model for administrators and teachers, the “control” variables of city, profit status, and quality were retained in the model, along with ratings of hours of care (but not cost of care). Unlike the parent model where all six family-friendly scales proved significant, only three family-friendly scales proved to be significant predictors of

<sup>13</sup> The final regression models for parents and staff were re-examined to verify that they met the assumptions of regression. Findings were unaffected when robust standard errors were estimated. See White, H. (1980). A Heteroskedasticity-Consistent Covariance Matrix Estimator and a Direct Test for Heteroskedasticity. *Econometrica*, 48, 817-838.

family friendliness for staff. Higher family-friendly scores were associated with higher scores on each of these scales:

- Quality of Staff/Family Relationships Scale (from “Building Quality Relationships with Families”);
- Responsiveness to Family Needs Scale (from “Anticipating Family Needs”); and
- Respect for Diverse Families and Cultures Scale (from “Respect and Culture”).

Several interaction terms proved significant in the final model, as described below.

These findings emerged from the regression analysis of staff:

- ⇒ *Quality is highly significant in predicting family friendliness. That is, staff who rate their center higher on quality tend also to rate their center higher on family friendliness.*
- ⇒ *The relationship between ratings of hours that care is offered and ratings of center family friendliness is strongest in Dallas followed by New York City and then Los Angeles.*
- ⇒ *Three of the six predictor scales were significant in the staff model.*
  - *Higher ratings on these two scales predict higher ratings of family friendliness:*
    - *Staff/Family Relationships; and*
    - *Responsiveness to Family Needs.*
  - *Also, there is a positive association between ratings of Respect for Diverse Families and Cultures and ratings of family friendliness. This relationship is marginally stronger in for-profit centers, however, compared to non-profit centers.*
- ⇒ *Among staff, these remaining three scales do not predict ratings of family friendliness:*
  - *Staff/Child Relationships;*
  - *Staff/Parent Interactions; and*
  - *Communication.*

The R-Square statistic for the staff regression model was .6006, meaning that 60% of the variance in the family-friendly outcome measure was explained by the predictors in

the model (see Appendix C for the parameter estimates of the staff model). As with the parent model, the staff model was tested in four stages to understand the magnitude of the different elements of the model. The results are presented in Table 3. As with the

**Table 3. Increment to R-Square for Staff Models Predicting Family Friendliness**

<b>Predictor(s) Added</b>	<b>Model R<sup>2</sup></b>	<b>Increment to R<sup>2</sup></b>
City, Profit Status	.0158	--
Quality	.5365	.5207
Hours of care	.5515	.0015
Three Family-Friendly Scales	.6006	.0491

parent model, quality was an extremely powerful predictor, accounting for 52% of the variance in the overall family-friendliness measure. The three scales representing quality of staff/family relationships, responsiveness to family needs, and respect for diverse families and culture made a small contribution to the model by explaining an additional 5% of the variance.

#### Summary of regression models

Clearly, quality of care is the strongest predictor of family friendliness for both staff and parents alike. In these models, the components of quality included ratings of the number of children per teacher, the quality of the educational/developmental program, and the level of staff training/experience.

Once the need for quality is met, parents value several different components as contributing to the family friendliness of the center. These include: the emphasis on the quality of staff/child relationships and staff/parent interactions; the sense of partnership and mutual support at the center as evidenced in strong relationships between parents and staff (particularly in non-profit centers); the respect demonstrated by staff towards parents which reflects staff's appreciation of the unique nature of each family; the ability of staff to respond to the needs of parents by offering information, programs, and services to assist them; and a high degree of communication as well as a variety of communication channels (particularly in for-profit centers). Additionally, parents associate hours that care is offered with family friendliness. Cost is a factor in family friendliness, as well, but only in lower quality centers.

Administrators and teachers have a more limited definition of family friendliness than parents. For them, family friendliness means developing quality relationships with parents and responding to their needs by offering information, programs, and services to assist them. They also associate respect for the uniqueness and diversity of families with family friendliness. Three additional aspects of family friendliness found to be important to parents but not staff are the emphasis on the quality of staff/child relationships and staff/parent interactions, as well as a high degree of communication. Like parents, teachers and administrators associate hours that care is offered with family friendliness.

#### High-quality, family-friendly care: outcomes for staff and parents

To investigate the business impact for centers and for employers at large of high-quality, family-friendly care, a scale was constructed to serve as an outcome measure. The quality/family-friendliness scale, which has an overall alpha of .87, included these elements:

- Number of children per teacher (ratio);
- Quality of educational/developmental program;
- Level of training or experience of center staff;
- Support from center staff for family needs;
- Quality of communication from the center; and
- Opportunities for parental involvement at the center.

The next step was to investigate the relationship between the quality/family-friendliness of care and job satisfaction among center administrators and teachers. A job satisfaction scale for staff was constructed using the following elements (alpha=.91):

- Satisfaction with job;
- Willingness to work at center again;
- Would recommend center as a good place to work; and
- Would recommend center as a good place for children.

A correlation between job satisfaction for staff and the level of quality/family-friendliness of the center proved to be quite high ( $r=.617$ ,  $p<.001$ ). This indicates that teachers and

administrators at high-quality, family-friendly centers are more satisfied with their jobs and more willing to recommend the center to others. Interestingly, the relationship is stronger for teachers ( $r=.648$ ,  $p<.001$ ) than administrators ( $r=.479$ ,  $p<.001$ ).

To investigate the relationship between the quality/family-friendliness of care and work/life stress among parents, a scale was constructed using the following elements:

- Stress of family responsibilities affects work quality;
- Stress of family responsibilities affects focus and attention at work; and
- Feel positive about managing work/life responsibilities (reverse-scored).

The parent work/life stress scale had an alpha of .74. The correlation between work/life stress and the level of quality/family-friendliness of the center is small but statistically significant ( $r= -.139$ ,  $p<.001$ ). That is, high-quality, family-friendly care is associated with lower work/life stress.

Parents were asked how often, over the last three months, they experienced particular work conflicts because of personal/family responsibilities. Table 4 displays the responses for parents overall and then displays results for parents whose ratings of their child care center fell into the bottom quartile on the quality/family-friendliness scale (low-performing centers) and then parents whose center ratings were in the top quartile (high-performing centers). On three of the five items, work breakdowns were less likely to occur among parents using a high-quality/high family-friendly center than among those using a low quality/less family-friendly center. The areas where differences were found include the inability to work overtime or extra hours, leaving work early or arriving late, and missing important meetings. For example, while 42% of parents in low-performing centers reported that they left work early or arrived late four or more times in the last three months because of personal/family responsibilities, only 33% of parents in high-performing centers reported this frequency of leaving early or arriving late.

**Table 4. Percent of Parents Reporting Work Breakdowns Due to Family Responsibilities in Last Three Months**

	Total	Parents with Children in Low-Performing Centers <sup>+</sup>	Parents with Children in High-Performing Centers <sup>+</sup>
<b>Refused to work overtime or extra hours: 4 or more times **</b>	16%	20%	14%
<b>Left work early or came in late: 4 or more times **</b>	37%	42%	33%
<b>Missed a full work day: 4 or more times</b>	11%	13%	11%
<b>Missed a deadline: 1 or more times</b>	16%	15%	14%
<b>Missed an important meeting: 1 or more times *</b>	19%	22%	16%

\* =  $p < .05$

\*\* =  $p < .01$

+ A low-performing center is defined as a center scoring in the bottom quartile on the quality/family-friendliness scale. A high-performing center is one that scores in the top quartile.

### *Awareness and Value of Communication Methods*

Parents and staff were asked about various center communication methods, specifically: 1) whether the center currently uses specific methods of communication (a measure of awareness) and 2) whether they find (or would find) the method of communication valuable. Interestingly, we identified several discrepancies between the responses of staff and parents in terms of methods of communication offered, with staff being more likely than parents to say the center used certain methods of communication. The largest discrepancies in awareness were found for the following methods of communication where there was more than a 20 point difference (for at least half the centers) in the percent of staff saying a communication method was used compared to the percent of parents saying it was used:

- Notes or phone calls to parents from children;
- Parent communication board for communication among parents about resources;
- Center directories with family names and phone numbers; and
- Individual parent conferences.

Turning to the value of various methods of communication, nine-tenths or more of parents and staff value many of the methods of communication about which they were asked. The methods valued by the most staff and parents include:

- Written notices posted in places like cubbies or on doors to children's rooms (98%);
- Conversations at drop-off and pick-up time (98%);
- Individualized written notes (98%); and
- Individual parent conferences (97%).

The methods of communication least likely to be considered valuable, although three-fourths or more of staff and parents consider them to be valuable, include:

- Center directories with family names and phone numbers (77%);
- Notes or phone calls to parents from children (78%); and
- Group meetings for parents (79%).

### *Awareness and Value of Other Center Services*

Staff and parents were asked about various types of services that might be offered at their child care center, specifically 1) whether the center currently offers the service and 2) if not, whether they thought the center should offer it.

Interestingly, when the results were examined to see if *administrators* and *teachers* were aligned in their awareness of services offered at their center, several discrepancies were identified – with administrators more likely than teachers to indicate that a service was offered. The largest discrepancies in awareness were found for the following services:<sup>\*</sup>

- Flexible payment plans;
- Backup child care for enrolled children on unscheduled days;
- Backup child care for children who do not typically attend the center;
- Care for mildly ill children;

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<sup>\*</sup> More than a 20-point difference between the two groups found in at least half of the centers.

- Extended morning and evening hours;
- Fax and photocopy machines for use by parents;
- Enrichment classes (for a fee) such as dance, martial arts, music, or gymnastics;
- Information on community activities for children and families;
- Information on support services for families;
- Technology links (e.g., e-mail, website, or video access); and
- Occasional social activities for center staff and parents (children included).

Differences in awareness were found, as well, between *parents* and *staff* (administrators and teachers combined) on services offered at the center. The largest discrepancies in awareness were found for the following services: \*

- Information on support services for families;
- Care for school-age children during school vacation and early release;
- Summer day camp for school-age children;
- Backup child care for enrolled children on unscheduled days;
- Fax and photocopy machines;
- Computers with software for children; and
- Occasional social activities for center staff and parents (children included).

When parents indicated that a service was not offered at their center, their top choices for those to offer included:

- Information on community activities for children and families (94%);
- Information on support services for families (89%);
- Computers with software for children (85%);
- Enrichment classes (for a fee) such as dance, martial arts, music or gymnastics (79%);
- Flexible payment plans (79%);
- Food program with hot meals served at the center (76%);
- Backup child care for enrolled children on unscheduled days (76%); and
- Occasional social activities for center staff and parents (children included) (75%).

Parents were least likely to think the following services should be offered:

- Backup child care for children who do not typically attend the center (29%);
- Internet access for parents' use (29%);
- Home visits (center staff would talk to parents before planning a home visit) (26%);
- Telephones for children's use (26%);
- Fax and photocopy machines (22%);
- Take-home meals (22%); and
- Dry cleaning drop off/pick-up (20%).

These findings help to dispel the notion that family friendliness means convenience services for parents. The study found instead that parents prefer programs that enhance the care experience for their child as well as services that address their more substantive needs as a family.

### *Summary and Discussion*

The present study was designed to 1) identify the key elements of family-friendly care and determine whether perceptions differ between staff and parents, 2) understand the business implications of high-quality, family-friendly care for child care centers and for employers at large, and 3) develop a streamlined survey instrument for centers to use to assess the family friendliness of their programs and services, and for parents to use to evaluate the quality of child care programs.

Sixty-three child care centers in three metropolitan areas participated in the study. Survey responses were received from 1,795 parents and 642 staff members. Scales were created to capture six dimensions of family-friendly care:

- Staff/Child Relationship Scale measuring the degree and quality of staff responsiveness toward children;
- Staff/Parent Interaction Scale measuring the quality of interactions between staff members and parents regarding the well-being of the child;
- Quality of Staff/Family Relationships Scale measuring the degree of partnership and mutual support at the center between families and staff including the participation of parents in the life of the center;

- Respect for Diverse Families and Cultures Scale measuring the respect and sensitivity demonstrated by staff toward families;
- Responsiveness to Family Needs Scale measuring the degree to which the center seeks information about family needs, is receptive to feedback, develops programs to respond to family needs, and offers information about resources in the community; and
- Communication Scale measuring the frequency and variety of types of communication between parents and staff.

In regression models testing these scales against an overall family-friendliness score, all six scales were statistically significant for parents. For staff, only three scales predicted family friendliness: Quality of Staff/Family Relationships, Responsiveness to Family Needs, and Respect for Diverse Families and Cultures. It appears that parents view family friendliness more broadly than staff, valuing a strong focus on the child, high quality interactions between parents and staff, and a high degree of communication – in addition to the three scales also valued by staff: partnership/participation, responsiveness to family needs, and respect for the individuality of families.

The staff perspective on family friendliness was more narrowly defined and somewhat more traditional in nature – for example, including parents in activities, promoting a welcoming environment for parents, offering some set of programs or services to respond to their needs, and respecting that each family is unique. Parents value these, as well. Staff can better serve parents, however, by redefining family friendliness to include a broader set of behaviors and services as captured in the more comprehensive model of family friendliness. Also, note that both parent and staff models of family friendliness included a significant emphasis on fundamental elements of child care quality: the ratio of teachers to children, the quality of the developmental program, and the training/experience of staff. Without these program elements, family friendliness matters little.

Additionally, the results offer some insights into how centers might improve their support of families depending on whether they are *for-profit* or *non-profit*. Compared to parents in for-profit centers, parents in non-profit centers report a stronger association between family friendliness and staff/family relationships (feeling welcome to participate and feeling included); this is an area where for-profit centers might look to improve.

Conversely, there is a stronger association between communication and family friendliness in for-profit centers, an area where non-profit centers might look to improve.

In terms of business impact, the study found that higher ratings of center quality and family friendliness were associated with higher job satisfaction among staff; this relationship was somewhat stronger among teachers than administrators. Greater job satisfaction typically translates into reduced turnover, yet another indication of high-quality centers.<sup>14</sup> High-quality/high family-friendly centers not only serve families better, but they tend to have more satisfied employees.

The correlation between high-quality, family-friendly child care and reduced parental work/life stress was small but statistically significant. Parents who use high-quality, family-friendly centers were somewhat more likely than others to report reduced stress and better concentration at work. In terms of absenteeism and the ability to work extra hours, parents who used high-quality, high family-friendly centers differed from those using lower quality, less family-friendly child care centers in these ways: fewer instances of inability to work overtime/extra hours, fewer instances of leaving work early or arriving late, and fewer instances of missing an important meeting.

Communication is one of the hallmarks of a family-friendly center. In this study, parents highly valued a wide range of communication methods. The methods receiving the highest ratings were those most likely to be in place at centers: written notices posted in places like cubbies or on doors to children's rooms, conversations at drop-off and pick-up times, individualized written notes, and individual parent conferences.

The study found a discrepancy between staff and parents in their awareness of the various types of communication available at the center, an ironic but perhaps not surprising finding. While we all agree that it is difficult to keep current with the many ways we communicate with one another, this finding points to the need for in-service training that educates staff about the importance of using the many channels available to communicate with parents and to let parents know about the ways they can communicate with staff.

In terms of services offered at child care centers, once again discrepancies were found in awareness. In addition to a discrepancy in awareness between staff and parents, we identified discrepancies between administrators and teachers. Because services may be fluid and because staff turnover inevitably exists, once again in-service

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<sup>14</sup> The CQCO study found that in non-profit centers, longer staff tenure was associated with higher quality.

training seems a good solution to remind staff about the many ways the center serves parents.

When asked about the value of services not currently offered, the following emerged as top choices: information on community activities for children and families; information on support services for families; computers with software for children; enrichment classes (for a fee) such as dance, martial arts, music or gymnastics; flexible payment plans; a food program with hot meals served at the center; backup child care for enrolled children on unscheduled days; and occasional social activities for center staff and parents (children included). These services fell to the bottom of the list (some of them considered cutting edge): fax and photocopy machines, take-home meals, and dry cleaning drop off/pick-up.

While the value of high-quality, family-friendly care seems clear, its execution should depend on the unique culture and circumstances of each center. The factors that emerged in the analysis can serve as guidelines for how centers might define family friendliness, but local parent feedback and center resources need to be taken into account. It is hoped that the Family-Friendly Audit Tool, available on the ABC website, will be used by centers to stimulate discussion and lead to improvements in meeting the needs of today's working families. The tool can be used as a survey instrument, in-service training device, or guideline for discussions with parents. Efforts to improve family friendliness can only be successful if two elements are in place. The first is the existence of high-quality care as defined by ratio, quality of program, and experience level of staff. The second element is a commitment from program administrators to set the tone, allocate appropriate resources, commit in-service training time, and modify the performance review system to ensure that family friendliness becomes integrated into the culture of the center and the behaviors of the staff.

### *Next Steps*

Originally intended as a project to inform parents and child care center staff, the results of the Family-Friendly Child Care Center Study prove to be broader in their reach, with implications for multiple audiences. Beyond parents and child care center staff, the results will be useful to early childhood researchers and educators, professional organizations, and employers. It is hoped that these many audiences will use the findings to improve their delivery of services, contribute further to the field, and/or make more informed decisions when seeking to identify high-quality, family-

friendly child care. The points below illustrate some of the ways the findings might be useful.

Child Care Center Staff. The implications for this group are vast. Confirming what prior research has indicated and conventional wisdom supports, centers must focus first on the basic elements of quality care – including ratio, quality of the developmental program, and the training/experience level of staff – in order to meet the needs of families who use their center. To better serve their clients, the study argues for centers to enhance the quality of care by adding the family-friendliness component, a way of partnering with families that recognizes the priorities of families ahead of the convenience of the center. A high-quality, family-friendly approach is highly correlated with staff satisfaction and may ultimately help retain valued teachers and administrators. This approach is also correlated with some reduction in parental stress and fewer work conflicts, which may contribute to attracting and retaining families at the center. To the extent that parents seek family-friendly child care and “vote with their feet,” centers that embrace this approach will better serve their clients and better compete for market share. Centers that add new services that help families will need to be sure that they do not reduce the quality of service to the children and their families by expecting the same staff to provide all the new services. Additional services should be budgeted to include additional staff.

The study found that center staff have a narrower view of family friendliness than parents. To better meet the needs of their families, staff should expand their conceptualization of family friendliness beyond the conventional one of parent participation and provision of services. While these components are important to parents, parents care also about the level of engagement of staff with children and parents, and the quality and degree of communication. An important contribution of this project is that it identifies specific behaviors and practices that center staff can adopt to enhance the family friendliness of the center. Administrative leadership will be vital and in-service training necessary to improve and eventually institutionalize a broader definition of family friendliness at a center. For centers that wish to prioritize action steps for improving family friendliness in their location, the audit tool can be administered and analyzed, and results used to guide a training plan.

The study found knowledge gaps between constituencies at centers; these gaps were in people’s awareness of communication channels available as well as in services offered at the center. It will be important for administrators to provide in-service training

to ensure that teachers are aware of the communication methods and services offered at the center, and that these are transmitted effectively to parents. Knowledge gaps among staff may be particularly problematic because this reflects poorly on the center, potentially diminishing parents' confidence in center operations.

Finally, the audit tool should be used as a mechanism to gather data and/or facilitate discussion about the strengths and challenges present at a particular center in terms of how well it is serving working families. Perhaps its most valuable use is in identifying specific gaps that may exist between administrators and teachers as well as staff and parents in awareness of services and presence of behaviors that parents and staff associate with family friendliness. When asked what parents value, centers might be surprised to learn that it is not necessarily specialty services that they want, but an emphasis on how parents and teachers can be mutually supportive in meeting the needs of the child. Focus groups with parents may help to illuminate findings in a particular center.

Parents. Parents can use the findings of the study – and the audit tool items in particular – to expand their thinking about what is possible to expect from a high-quality, family-friendly center. When selecting a center, parents can include the attributes described in the study among their evaluation criteria. For parents already using a center, the study empowers them to raise issues of family friendliness with center staff, offering a tool to help initiate the process and facilitate dialogue. While it is important to keep in mind that resource constraints may preclude a center from offering certain services, many of the elements of a family-friendly center are low cost or no cost, relating primarily to the degree to which center staff are engaged with parents in addressing the needs of the child and the family.

Early Childhood Educators and Researchers. The study provides early childhood educators with specific attributes to understand and explain the concept of family friendliness as an enhancement to traditional notions of quality child care. With the definitions provided in this study as well as the compelling nature of the findings, educators can integrate the concept of family-friendly care into the curriculum to improve the training of future providers.

Early childhood researchers can build on this study to gain a better understanding of the outcomes to families, centers, and employers when family friendliness becomes part of the quality paradigm. Important avenues of follow up would

include investigating whether the expansion of quality child care to include family friendliness would be a factor in parents choosing to remain in the workforce.

Professional Organizations. Organizations such as the National Association of Child Care Resource and Referral Agencies (NACCRAA) and the National Association for the Education of Young Children (NAEYC) should continue to support a definition of quality child care that includes those elements identified by parents as contributing to family friendliness. The study's evidence that high-quality, family-friendly centers tend to have more satisfied staff as well as parents who are better able to manage their work and family responsibilities, makes the case for an inclusive definition of quality.

Employers. For employers at large, the study confirms previous findings that the use of quality child care is associated with reduced stress for working parents, in this case expanding the definition of quality to include family friendliness. Additionally, the study confirms that high-quality, family-friendly child care is associated with fewer work conflicts such as inability to work overtime, leaving work early or arriving late, and missing important meetings.

Many employers already provide dependent care programs that help parents locate high-quality child care and/or they invest in improving the infrastructure of child care in their communities; this study helps to expand the understanding of what is important to parents in a child care center. For employers with a commitment to diversity and recognition that the "whole person" comes to work each day, the notion of a family-friendly child care center is consistent in that it recognizes the need of parents to be in a mutually supportive relationship with caregivers to serve the needs of the child in the most comprehensive way possible.

## *Appendix A: Methodology of the Family-Friendly Child Care Audit Study*

The Family-Friendly Child Care Audit Tool was developed and used to collect data from parents and staff at for-profit and non-profit child care centers in each of three metropolitan areas: Dallas, Los Angeles, and New York City. The child care centers in the Dallas area were randomly selected from the Dallas Metropolitan Statistical Area, which includes the following counties: Dallas, Denton, Collin, Ellis, Kaufman, Hunt, Henderson, and Rockwall. The child care centers in the Los Angeles geography were randomly chosen from the Los Angeles-Long Beach Primary Metropolitan Statistical Area, which is the county of Los Angeles. In the New York City metropolitan area, child care centers in four Primary Metropolitan Statistical Areas were chosen: Dutchess, Nassau-Suffolk, New York, and Newburgh, which include the following counties: Dutchess, Nassau, Suffolk, Bronx, Kings, New York, Queens, Richmond, Putnam, Rockland, Westchester, and Orange. Child care centers in the county of Pike, PA were excluded although this county is part of the Newburgh Primary Metropolitan Statistical area. Child care centers had to meet these requirements in order to be included:

- Be licensed by the state in which it is located;
- Provide care for infants, toddlers, and preschoolers;<sup>15</sup>
- Provide at least 30 hours of care per week for infants, toddlers, and preschoolers;
- Operate year-round or at least 11 months out of the year for infants, toddlers, and preschoolers; and
- Have a combined capacity of 50 or more infants, toddlers, and preschoolers.

Lists of child care centers were obtained for each of the three geographies and each list was randomized.<sup>16</sup> Based upon the randomized order, centers were contacted to learn its non-profit or for-profit status and the name of the director of the center, and to

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<sup>15</sup> One of the centers in New York is not licensed for infants, but provides care for infants if a parent or guardian is present. The infants have severe disabilities that require the parents or guardians to be present to achieve a 1:1 ratio. The center was included in the study because the toddler and preschool rooms are licensed and it does provide services to families with infants as described.

<sup>16</sup> The list for Dallas was obtained from the Child Care Group. The list for Los Angeles was obtained from the California Community Care Licensing Division at its website: <http://cclcd.ca.gov/docs/search/search.asp>. The list for New York City was obtained from two sources: the Department of Health and Mental Hygiene for the five boroughs and the New York State Office of Children and Family Services for the rest of the area.

get permission to send an introductory letter about the study. Introductory letters were sent out to those centers who gave permission.

Follow-up telephone calls were then placed to directors who received letters to ascertain interest in participating in the study. Once permission was obtained from directors, they were sent a short questionnaire to ensure the child care center met the requirements of the study. Once centers were deemed eligible for the study, centers were sent materials for all staff and for parents of infants, toddlers, and preschoolers, including surveys,<sup>17</sup> return envelopes, and introductory letters. Directors of each center oversaw the distribution and collection of the surveys. Parents and staff were asked to return the surveys to a central location in their centers. Directors mailed the surveys back to WFD for data entry and analysis.

Data were collected from June 2002 through July 2003. There were 5,603 surveys sent out to 63 child care centers. Centers returned 2,530 surveys yielding a response rate of 45%. The response rate for administrators and teachers was 53% and for parents it was 41%.

While the final number of child care centers that participated in the study was 63, approximately 100 centers originally agreed to participate. Due to low response rates from parents or staff, difficulties in the timing of the study, or problems completing some components of the process, many could not be included in the final group of centers. Each of the 63 centers that participated received a \$100 stipend, an individualized report with their center's results, and a summary of the study's findings. In addition, any center that had a response rate of 50% or more received a bonus of \$100. Also, three centers, one in each geographic area, were randomly chosen to receive an award of \$1,000.

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<sup>17</sup> Both English and Spanish versions of the audit tool were made available.

*Appendix B: Final Regression Model Predicting Family Friendliness:  
Parents' Model*

<b>Predictors</b>	<b>Parameter Estimates</b>
Los Angeles Location	0.19350
Dallas Location	0.18367
Profit Status	-0.45189
Quality Scale	.60511***
Interaction of Quality and Los Angeles	-0.20671***
Interaction of Quality and Dallas	-0.06328
Rating of Hours of Care	0.08057***
Rating of Cost of Care	0.13871*
Interaction of Cost and Quality	-0.03051*
Staff/Child Relationship Scale	0.10066*
Staff/Parent Interaction Scale	0.11958***
Quality of Staff/Family Relationships Scale	0.18396***
Respect for Diverse Families and Cultures Scale	0.06768*
Responsiveness to Family Needs Scale	0.05485*
Communication Scale	0.11287*
Interaction of Quality of Staff/Family Relationships Scale and Los Angeles	0.15324**
Interaction of Quality of Staff/Family Relationships Scale and Dallas	0.03483
Interaction of Quality of Staff/Family Relationships Scale and Profit Status	-0.15598***
Interaction of Communication Scale and Profit Status	0.26192***

\*        p < .05  
 \*\*      p < .01  
 \*\*\*     p < .001

*Appendix C: Final Regression Model Predicting Family Friendliness:  
Staff Model*

<b>Predictors</b>	<b>Parameter Estimates</b>
Los Angeles Location	-0.29866
Dallas Location	-0.57624
Profit Status	1.23789**
Quality Scale	0.56934***
Rating of Hours of Care	0.04421
Interaction of Hours and Los Angeles	0.05226
Interaction of Hours and Dallas	0.13563*
Quality of Staff/Family Relationships Scale	0.26486***
Responsiveness to Family Needs Scale	0.12598**
Respect for Diverse Families and Cultures Scale	0.08668
Interaction of Respect for Diverse Families and Cultures and Profit Status	-0.23679*

\*        p < .05  
 \*\*       p < .01  
 \*\*\*     p < .001