

The Impact of Child Care Center-Head Start Agency Partnership Characteristics on Parents' Satisfaction with Child Care and Early Education

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The purpose of this paper is to examine whether the public-private partnership influences the quality of programming at client level by applying the partnership example in early childhood development as seen in the child care center's partnership with Head Start agency. Specific aim is to examine what characteristics of the Head Start partnership influence parent satisfaction with child care and early education. Key theories in an effort to understand the public-private partnerships in social services delivery have two main viewpoints: 1) economic perspectives to see the partnership as contracting and economic efficiency-based relationships, and 2) organizational and institutional perspective to explain the dynamic collaborative processes of the partnership. The data was drawn from Partnership Impact Research Project, 2001-2004, quantitative data gathered from child care directors, teachers, and parents in Ohio, U.S.A. This data was cleaned as cross-sectional basis and finalized 745 parents of 50 partnering child care centers. The research question was examined through the use of hierarchical linear modeling. This study revealed that partnership maturity is a significant predictor of higher parent satisfaction. The findings of this study support that higher parent satisfaction is more likely to depend on how the partnership has been characterized (process-driven partnership), rather than whether the centers have a partnership itself (financial resource dependent partnership). This study contributes new empirical knowledge throughout more direct evaluation of partnership factors at the organizational level as well as quality of programs at the client level. These empirical findings imply that the partnership between the child care centers and Head Start agencies need to further develop organizational strategies to support client-focused partnerships that effectively promote quality programs.

Keywords: Public-Private Partnership, Child Care and Early Education, Parent Satisfaction, Hierarchical Linear Modeling

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I . Introduction

1. Significance of partnership in early childhood development

Public-private partnerships play an extremely important role in the delivery of social services in the U.S. The public sector benefits because these relationships - which utilize lower wage-earning staff who are also experienced in direct practice - translate into reduced costs for public service delivery and increased service quality. Similarly, nonprofit organizations realize advantages from these partnerships: government agencies inherently create increased financial stability, which thereby increases a nonprofit's organizational capacity to achieve its mission. From the nonprofit perspective, though, these relationships also present significant challenges. For example, as the nonprofit ultimately assumes increased responsibility for social service provision, government funding may dictate the scope and function of the organization and the nature of the services it offers (Schimid, 2004; Hasenfeld & Powell, 2004). Ultimately, the challenges created by these partnerships may directly impact an organization's capacity to provide quality services and thereby to fulfill its core mission (Lipsky & Smith, 1990).

In 1996, national welfare reform and the Personal Responsibility and Work Opportunity Reconciliation Act replaced the Aid to Families with Dependent Children program with Temporary Assistance for Needy Families (TANF). This transition significantly impacted child care providers, as it required low-income parents to work and thereby created an increased need for child care during working hours. In response, the federal government created the Child Care and Development Fund (CCDF) to support low-income working families. In particular, this new federal child care funding required states to develop and implement quality improvement plans by providing more professional trainings for child care providers, financial and educational support for teachers, and

comprehensive family services (Paulsell et al., 2002). Federal Head Start funds are sent directly to over 1,600 local public and private nonprofit agencies* (Gish, 2005). In 1998, the Bush administration transferred federal responsibility for Head Start program from the Administration for Children and Families of the Department of Health and Human Services (HHS) to the Department of Education. This move allowed the states to administer the Head Start program in order to evaluate how Head Start works with other preschool programs to promote comprehensive and high quality preschool programs (Gish, 2005). Furthermore, it encouraged partnerships with child care providers to deliver the integrated early education, child care, and full-time services required by the welfare reform. Since this amendment, Head Start has developed partnerships with child care providers to work toward meeting the Head Start Program Performance Standards (HSPPS) enacted in January 1998. These performance standards include, “requirements for the quality of childhood development and health services, family and community partnerships, and program design and management and …a set of expectations for the quality of services provided in [a] child care setting” (Paulsell et al., 2002, p.7). Thus, increased public-private partnership has been regarded as an essential strategy in early childhood development to meet the evolving needs of organizations and clients. The Head Start and child care partnership thus exemplifies a government-nonprofit partnership which “target[s] both the need to improve quality and supply for low-income families and the need to focus on access and quality” (Paulsell et al., 2002, p.7).

* For the remainder of this paper, grantees that receive Head Start funding directly from the federal government will be referred to as “Head Start agencies.”

2. What the Study Focuses On: Head Start Agency: Child Care Center Partnership

Head Start and child care partnership aims to deliver extended-hour or day services for low-income families and children by combining funding from Head Start and child care subsidies based on formal written contract (Lim et al., 2007). The partnership in early childhood development is defined as “a formal agreement, usually a contract, between a Head Start agency and a child care center, entered into with the aim of jointly delivering services to eligible families” (Lim et al., 2007, p.209). Each Head Start agency recruits child care center partners through open invitation and orientation, mailings, advertising in local newspapers, flyers, personal contact by phone, or direct meetings with licensed child care providers in the community. After this recruitment process, Head Start agencies and child care centers formally agree on the combination of service delivery necessary to meet the performance standards including expectations of each partner organization, resource allocation, and activities to be delivered (Paulsell et al., 2002).

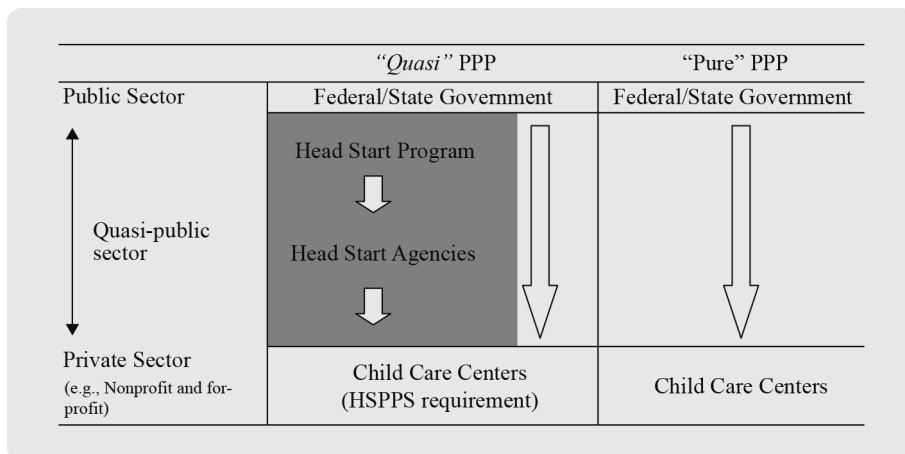
In terms of the nature of the general topic of “public-private partnerships” (PPP) that this research focuses on, the partnership between Head Start agencies and child care centers is limited as an pure “public-private partnership” because the Head Start agencies are private sector operations which receive public funding from the federal and state governments. Thus the particular examples examined in this study are better understood as “quasi-public-private partnerships.” While the main partnership is between two private actors, the contracting actor is acting as a delegate of the federal government and is strongly resourced and guided the public sector. For example, Head Start agencies are required to report directly to the federal government and to other funders (Schilder et al, 2003). In addition, partnering child care centers have responsibilities in accordance with HSPPS that nonpartnering child care centers

do not have to meet. In sum, federal and state Head Start funding support and the requirements of HSPPS create a meaningful public-private partnership status for the child care centers that partner with Head Start agencies in this study (See Figure1).

In accordance with the two key criteria of the partnership, the Head Start and child care partnerships require specific activities for successful partnerships. Head Start and child care centers should describe their expectations in formal agreements, such as a joint Memorandum of Understanding, regarding “communication, confidentiality, adherence to the Program Performance Standards and state/local regulations as well as benefits to the partners” (U.S. Department of Health and Human Services Administration for Children and Families, 2010, p. 1). However, these partnership agreements have differences in the level of relationship formality and details of services and processes delivered by their partnerships. In spite of various levels and ranges of partnership activities and formation, Paulsell et al. (2002) suggest key common characteristics of Head Start and child care center partnerships in terms of staffing, technical assistance and support, teacher training, and financing the partnerships.

With regard to staffing, Head Start provides child care centers with provider liaisons to support them as primary contact persons. Throughout the partnerships, these liaisons offer financial and nonfinancial support to child care center partners, such as regular visiting to provide technical assistances in implementing the HSPPS, equipment, toys, and educational supplies. In addition, the liaisons support teachers for their professional development and coordinate Child Development Associates (CDA) and other educational trainings. Head Start also provides family advocates or disabilities specialists with child care centers if necessary.

Figure 1. Unique nature of quasi public-private partnerships between Head Start agencies and child care centers



Note: The arrow represents funding-flow.

In terms of technical assistance and support, Head Start provider liaisons regularly assess how well child care partner centers work toward meeting the HSPPS requirement by evaluating the program quality, providing feedback about the quality of care observed, planning curriculum and lesson, and/or bringing outside experts (e.g., nutrition, health, or disabilities specialists). In addition, to assist staff educational development plans, the provider liaisons encourage the center teachers to access CDA classes and other educational information or to enroll in colleges or available community-based courses after understanding educational needs from the center teachers.

In terms of financing the partnerships, the partnerships require to use multiple funding sources to meet child care needs and the HSPPS requirements. For example, Head Start and child care centers use mixed funding between state child care subsidy (from child care centers) and Head Start funding (from Head Start), other state funding by transferring from TANF or CCDF, and/or Head Start enhancement funds to supplement the child care subsidy. However, these specific partnership characteristics vary depending on how the partners agree on

their activities. The partnership agreement indicate what resources and services are delivered by Head Start and what specific standards need to be met by the partner centers, but there are still differences in levels of details and formal agreement by the partners. These differences may bring different partnership characteristics in terms of different organizational benefits or challenges, and further affect child care program quality. Thus, this paper aims to examine what certain characteristics of partnerships between Head Start agencies and child care centers influence parent satisfaction with child care and early education.

II . Literature Review for Theoretical Development

Key theories in an effort to understand the public-private partnerships in social services delivery have two main viewpoints: 1) economic perspectives to see the partnership as contracting and economic efficiency-based relationships (e.g., resource dependent and exchange theory, agency theory, and competition theory), and 2) organizational and institutional perspective to explain the dynamic collaborative processes of the partnership (e.g., societal sector theoretical approach, stewardship theory, and cooperation model).

The resource dependence and exchange theory asserted that the weaknesses of each sector correspond with other sectors' strengths. The empirical findings regarding differences of perceived motivation for the government-nonprofit organization relationship supported these assumptions because the findings reflected that the two sectors recognized their own strengths and weaknesses in their partnership. This economic perspective theory provides a rationale for why Head Start and a child care center may initiate a contracting-based partnership. Head Start, representing one entity of the quasi-public sector, needs to provide full-time child care for working low-income families and embodies the government's effort to integrate fragmented services, reduce duplication of

services through privatizing public services, and devolve the government's responsibility to the nonprofit sector. Child care centers, representing one entity of the private sector, need financial support to provide high quality child care based on their organizational missions. The existing needs of both sectors have been traded through the partnership by exchanging what they already have or do not have. However, these economic-based theories limited to explain further how the partnership has been evolved and developed for successful partnership and what characteristics of the relationship between two sectors are more likely to achieve their goals*. In other words, such theories have more focused on the contracting-based/hierarchical relationships between the two sectors based on funding flow, rather than the trust-based relationship (as equal partners) developed through continuous communication, sharing goals, and understanding between two sectors. To supplement these limitations of the economic-based conceptual approaches, this study additionally reviewed organizational theories below.

Organizational/institutional theories emphasize the collaborative partnership; that is, one of shared goals, equal status of partners, and long-term relationships. For example, stewardship theory and the cooperation model assert a successful contracting partnership is achieved through continuous interactions over time to build trust and consensus around shared goals, thereby decreasing barriers to the creation of a collaborative partnership between the two sectors. The empirical findings of Alexander and Nank (2009), Brown and Troutt (2004), and Shaw (2004) and Van Slyke (2006) also showed that positive experiences in previous relationships between the sectors – as characterized by frequent communication -- led to increased flexibility (e.g., less government control) and a trust-based partnership. These organizational theories support this rationale, in that both

* The author previously examined the economic-based conceptual model by testing whether the partnership status (partnering with Head Start agency vs. nonpartnering Head Start agency) influence better organizational investments and positive parent satisfaction with the program. However, it was not empirically supported and excluded from this paper.

Head Start and the child care centers favor partners who can help achieve similar goals. Ultimately, a more collaborative and trust-based partnership, including improved communication, resource- and information-sharing, mutual understanding and respect of the other organization's mission, and commitment to all levels of program development, is effective in achieving both shared and congruent goals.

The existing Head Start and child care center partnership literature (Schilder et al, 2003) also specifically conceptualizes that partnership increases organizational capacity and benefits, including sufficient funding and resources from Head Start agency to support educational equipments and to serve social services even for parents, as well as providers' or teachers' opportunities for professional development and rewards. This organizational investments allows low-income families and children to access higher quality child care and more comprehensive services. Beyond these financial-based resource support, the partnership also requires that both sectors clarify roles, responsibilities, funding, services, and activities jointly delivered in a formal contract agreement to meet HSPPS requirements (e.g., child education, health care referrals, employment training, and counseling for parents as required by Head Start). Thus, more detailed partnership agreements and more collaborative activities facilitate access to higher quality care; in return, children are more likely to improve their social, physical and cognitive development and successfully to enter school. Likewise, high quality child care and early education programs will result in delivering better child development outcome. The parents of the children receiving the high quality program may be the best judges to recognize changes in the child outcome. If the parents perceive a better child development outcome as influenced by the center program, they are more likely to be pleased with the quality of the child care and education program.

In sum, the characteristics of the partnership between the Head Start and child care center (duration of partnership, sharing goal and formal agreement level,

collaborative partnership activity level, and partnership maturation) may influence and improve the organizational capacity of the child care center. These organizational characteristics may also influence the level and range of services and program quality, which are recognized by parents of the children in the partnering centers. Previous studies (Schilder et al, 2003) has been supported that the child care center partnership with Head Start agency influenced better organizational capacity development and higher number of comprehensive child and family services. Thus, to focus the original purpose of the study, it examines the direct relationship between the partnership characteristics and parents' satisfaction with child care and early education in multi-level modeling. The research question and hypotheses are addressed below.

Research question: *Do certain characteristics of partnerships between Head Start agencies and child care centers affect parent satisfaction with child care and early education?*

- H1. Child care centers with longer partnership durations will have higher parent satisfaction with child care and education when covariates are controlled.
- H2. Child care centers with higher shared goal and formal agreement levels will have higher parent satisfaction with child care and education when covariates are controlled.
- H3. Child care centers with higher collaborative partnership activities will have higher parent satisfaction with child care and education when covariates are controlled.
- H4. Child care centers with higher partnership maturity will have higher parent satisfaction with child care and education when covariates are controlled.

III. Methods

1. Original Data

The data for this study was drawn from Partnership Impact Research Project (PIRP), 2001-2004 (issued in 2006 by Inter-University Consortium for Political and Social Research 04298-v1) conducted by Diane Schilder's research team at the Education Development Center, Inc. This project, funded by the U.S Administration for Children and Families, was a three-year longitudinal study collected from a stratified sample of randomly selected, licensed child care centers in Ohio in order to compare partnering and non-partnering child care centers. In particular, to meet Head Start program eligibility in Ohio, family total income before taxes should be at or below the official federal poverty line. Child care subsidy program regulations in Ohio only allow families who are at or below 185 percent of the official federal poverty level to qualify, if they are currently working or in job training, unlike other states which have no parental employment mandate (Lim et al., 2007). After stratifying partnership and non-partnership centers on the comprehensive list from the Ohio Department of Job and Family Services, the centers were stratified again according to their geographical locations (urban, suburban, and rural areas). The three year study examined quantitative data gathered from child care directors, teachers, and parents and focused on the partnership process, quality of services, parental access to services, duration of partnership, benefits and challenges of partnership, and child care quality.

2. Data merging strategy and final sample

After reviewing the original dataset above, this study modified the PIRP data and sample for testing previously developed research question. Before data

analysis, three separate datasets (child care center organization, child care center partnership survey, and parent survey) were identified by matching the organization IDs of each dataset. This identification data process helped to determine the parents involved with each organization and in which survey round. Since the data was collected during three survey rounds but the child care centers and parents did not necessarily participate in every round, the design limited longitudinal analysis to see if the impact of partnership activities on quality of services had changed over time. For example, some child care centers only responded to the partnership survey once, and other centers responded to the survey two or three times during rounds 1 and 2, 2 and 3, or 1 and 3, but not 2. The final sample size of child care centers who had participated in every survey round was small. Thus, this study considered the data on a cross-sectional basis by using all possible organization and parent samples when they completed the survey at least once and were able to be matched with each other based on organization IDs and survey round (e.g., parents of child care center 1 who only participated on survey round 1 are matched to child care center 1 information collected at survey round 1). To support this rationale of cross-sectional data analysis, this study considers the earliest data of each child care center when each organization's data are identified with its parent data. For example, the study used collaborative partnership activity scores at survey round 1 rather than round 2, when the organization participated in the survey three times, had three collaborative activity scores, but parents of the organization participated only in survey round 1. In this process, there was no case identified that parents participated in surveys before the child care center either entered into the partnership or evaluated their partnerships. Thus, it may be more appropriate to consider the data as a cross-sectional study, with the assumption of no change of their evaluation over time. However, there is a small risk of losing parent samples from the total original parents (12.8%) because most parents did not participate

in the survey three times and others participated in the survey three times but could not be matched to their organization variables because their centers discontinued participation in the survey. After identifying between organization information and parent data, by using the partnership status as a criterion variable (1=partnering center, 0=nonpartnering center), the subsample was drawn from the total child care centers, if the centers are coded as '1' (partnering with Head Start agency), because only the centers coded as '1' answered the questions about their partnership characteristics (The other nonpartnering child care centers did not evaluate their partnership characteristics, so they were excluded from this study analysis). Thus, for testing the research question regarding the impact of partnership characteristics on parents satisfaction, a subsample of 50 partnering child care centers was extracted from the 91 child care centers. The subsample of parents in partnering child care centers was 745 (out of 1475).

3. Measure

- 1) Outcome variable: Parents satisfaction with child care and early education activities

Reviewing the definition of better service delivery for clients in early childhood development, Schilder et al. (2003) categorized five characteristics of early care and education programs expected to have positive outcomes for low-income children and their families: 1) better structural quality (low child-to-staff ratios, small group size, and high levels of staff education); 2) positive interactions between caregivers and children; 3) more comprehensive services, such as social services for parents, 4) age-appropriate curriculum and activities to develop social, emotional, and cognitive skills, and 5) continuity of care. Such evaluation categories have been examined mostly by organizational

perspectives (depending on program directors' or teachers' evaluation) and less examined in terms of how service recipients perceive their program quality in spite of emphasizing significance of parents' evaluations (as one of indicators) for better program quality development (Glisson & Hemmelgarn, 1998; Howes, Phillips, and Whitebook, 1992; Mukerjee & Witte, 1993). For example, one of positive outcome in the early childhood development that Schilder et al (2003) suggested above -- positive interactions between caregivers (teachers, or child care center) and children -- are more reliable when they are evaluated by parents who are the best observer of their children's status*.

Parent's perspective of program quality is commonly used as a child care quality outcome measure. Parents' satisfaction is associated with their child's experience such as better cognitive and social development outcomes. Child development may indeed be influenced by high quality child care and education, so parents perceive changes in their children's behaviors as a result of the quality of child care and education. Thus, parents' satisfaction is a proxy outcome of the child care and education quality as an indicator of child outcome improvement. In addition, Jinnah and Walters (2008) note that parents' perceptions concerning the success or failure of their children are significantly important to their children's development. As well, parents' positive or negative perceptions about child care and education programs may encourage the center and providers to create "responsive services and prevent program rejection" (Jinnah & Walters, 2008, p.3). Thus, the outcome measure for parent satisfaction with the center care and education is an appropriate proxy outcome for successful school readiness, which is the ultimate outcome of interest. With regard to conceptual and statistical consideration, one measure composed of twelve items was finally created as one outcome variable to represent parents'

* The original PIRP only focused on the evaluation of program quality assessed by the center directors, but this study is necessary to see whether the center evaluation is really related to parents evaluation.

satisfaction specifically related to how parents worked with the center and teachers and how they perceived their children's condition. Factor analysis using the finalized 12 items found one component with 54.04% of the total variance in the measure as well as an applicable Cronbach's Alpha coefficient ($\alpha = .92$, mean of inter-item correlations = .49). Thus, parents satisfaction with child care and early education activities was measured by one composite variable of 12 items with a four-point response scale ranging from 1 ("Never") to 4 ("Always"). The items are as follows*:

- (1) There are a lot of creative activities going on.
- (2) My child's teacher and I share information about my child.
- (3) My child feels safe and secure.
- (4) My child gets lots of individual attention.
- (5) My child is being well prepared for kindergarten.
- (6) My child is treated with respect.
- (7) My child is happy to go to the center.
- (8) My child likes the teachers.
- (9) My child's teachers are supportive of me as a parent.
- (10) The teachers discipline without being harsh.
- (11) The teachers are warm and affectionate toward my child.
- (12) The teachers show they know a lot about children and their needs.

2) Predictors: Partnership characteristics

To evaluate characteristics of partnership, four measures were used: 1)

* The original data PIRP provided 15 parents' satisfaction items including such 12 items listed above, but this study excluded 3 global satisfaction items to decrease positive response bias. In addition, Known-groups validity was supported by an independent sample t-test evaluating differences in mean scores on parents satisfaction between the parent group who chose the center due to quality and good teacher (1=yes) and those who answered no.

duration of partnership, 2) shared goals and formal agreement level, 3) collaborative partnership activities, and 4) partnership maturity. Duration of partnership was a continuous year-based variable determined by subtracting the year the center entered into the partnership from 2004 (the year PIRP stopped collecting data). Shared goals and formal agreement level was measured by using one composite variable which included nine items with a nominal Yes or No variable (e.g., If the center had a written legal agreement or contract with Head Start; If the center regularly updated the document). Collaborative partnership activities were measured using one composite scale of sixteen items with a five point respondent scale (ranging from 1=not at all to 5=very much so). These sixteen items (e.g.,The partnership has a shared partnership philosophy and vision) were obtained from a literature review and had appropriate factor loadings with relevant partnership management items (e.g., process, operation, communication, and mutual respect) among the fifty partnering child care centers. Factor loadings of sixteen items were sufficient (above .45) with the exception of one item (.40). Applicable Cronbach's Alpha coefficient ($\alpha = .95$, M of inter-item correlations = .56) of the total score of the sixteen- item collaborative activity level supported the sufficient internal consistency of the measure as well. Center directors of partnering child care centers rated the maturity of their partnership (one-item measure) with the Head Start agency from 1 (just forming) to 5 (fully established). Construct validity, including convergent and divergent validity, was assessed to determine a theoretical relationship within the questions of the partnership maturity measure. The partnership maturity scale had statistically significant moderate correlations (listwise $n=41$) with duration of partnership ($r=.55$, $p<.001$), and collaborative partnership activity level ($r=.46$, $p<.01$). These statistically significant and sufficient correlations support a theoretical similarity (convergent validity) between the partnership maturity and the other two validation measures. In the assessment for divergent validity of partnership maturity, there were weak and

non-statistically significant correlations between the partnership maturity and the two measures, directors’ education ($r=.12$) and directors’ working years ($r=.01$). Thus, this statistical evidence supported the use of partnership maturity as one global assessment of the partnership characteristics in addition to the other three partnership characteristic indicators.

3) Co–variates

(1) Individual demographic characteristics

Parents’ and children’s demographic information may influence parents’ perception of the quality of center care. However, the impact of individual characteristics on the dependent variable was not the main purpose of the study, so they were controlled in the analysis to focus on the relationship between focal organizational predictors and parents’ satisfaction with child care and early education activities. These demographic information variables included child age, parent age, parents’ education level (associate degree, bachelor’s degree, and graduate degree were recoded to degree level, and no diploma, diploma or GED; trade license and certificate were recoded to non-degree level), marital status (single, divorced, widowed, and other were recoded to single parenting, and married and living with partner were recoded to non-single parenting), employment status (having a job was recoded to working, and looking for job or “other” were recoded to not working), ethnicity (Black or African American were recoded to Black, and Asian, Hispanic, White, and other were recoded to Non-Black)*, total income for household last month (below \$1,500 was recoded to low-income, and over \$1,500 was recoded to higher-income), Head Start enrollment experience of children (previously enrolled and currently enrolled

* Singer et al. (1998) mentioned that African-American families use more nonparental care, such as a child care center, than Whites and Latinos. In addition, the Black are more related to lower levels of socioeconomic characteristics when evaluating correlations among demographic characteristic variables.

were recoded to yes, and never been enrolled was recoded to no), and usage of child care subsidy or county assistance as payment for children to attend the child care center (yes or no).

(2) Organizational background information

Organizational background information may influence the characteristics of partnership, which finally affect the outcome variables. Thus, the organizational background information was controlled when the focal organizational characteristics were analyzed. These variables were composed of four dichotomous variables: 1) organization size (a large agency or umbrella organization self-identified by the director), 2) location of the center (urban vs. nonurban areas), 3) organization type (nonprofit vs. profit), and 4) directors' education level (education in early child care vs. education in other fields). There were also two continuous variables: number of years the director had worked at the center. In addition, the total number of children receiving Head Start services as indicated by the responses of partnering child care center directors was used as another covariate to control proxy levels of Head Start funding dependence out of total funding.

4. Focal Analysis*

The research question was examined through the use of hierarchical linear modeling with the software program, HLM 7.0. The PIRP data was appropriate to use in multilevel modeling analysis to see how child care centers affect parents within the centers. HLM can provide a more reliable estimate of the true relationship between predictors and outcome variables at multiple levels simultaneously because it addresses limitations of the OLS assumption (i.e.,

* Univariate frequencies with descriptive statistics were first used on all variables in this study, but this paper did not explain such findings in text (See Table 2 & 3).

independence of scores between predictors and outcomes for any subject). Unlike OLS, estimating intraclass-correlation (ICC) in HLM allows for the possibility that individuals may share some characteristics in the same organization. In two-level hierarchical linear models, the level 1 unit is the individual and each individual's outcome, and the level 2 unit is the organization. The regression coefficients in the level 1 model for each organization influence the individual outcome variables that are assumed to depend on organizational characteristics (Raudenbush & Bryk, 2002). The outcome variable is measured at level 1, but the predictor variables can include both level 1 and level 2 analysis (Hoffmann et al., 2000).

Several sequencing models in HLM were conducted to test all hypotheses in the study. Step 1 ran the fully unconditional model (one-way ANOVA random effects model without any predictors - null model) to estimate if there was significant between-group variance (e.g., intraclass-correlation for outcome variable, $p < .05$). Statistically-significant ICC (the portion of total variance between child care centers) in the first model provided empirical evidence to analyze the following models. In the null model at level 1, parents satisfaction was the sum of an intercept for the child care center (β_{0j}) and a random error (r_{ij}) associated with the i th parent in the j th child care center. The level 2 model represented the child care center level intercepts as the sum of an overall mean (γ_{00}) and a series of random deviations from that mean (u_{0j}):

Level-1 Model

$$ParentSatisfaction_{ij} = \beta_{0j} + r_{ij}$$

Level-2 Model

$$\beta_{0j} = \gamma_{00} + u_{0j}$$

If the ICC statistically supported significant between-group variance of the outcome variable among child care centers, the organizational level variables

were added into the intercept (Model 1). The level 2 model then tested to see if the difference of the outcome variable among child care centers were caused by organizational characteristics. In HLM, a second step is usually run as a partially conditional model (random coefficient model with level 1 predictors only) to check percent variance explained at level 1 within-group by adding level 1 variables into the null model. However, to focus on the impact of organizational level variables at the level 1 outcome variable first, rather than the impact of individual characteristics on individual outcomes, the addition of organizational variables was conducted first before adding level 1 covariate variables. Organizational background variables are grand-mean centered to control in level 2. Grand-mean centering reduces the covariance between the intercept and slope parameters and was more appropriate to control covariates in this study; in group-mean centering, the effects of the level 1 variables were not controlled in estimating the level 2 models (Hoffmann et al., 2000). The only difference between this conditional model 1 and the null model is the addition of fixed effect for center level variables. Thus, this model in step 2, especially fixed effects, changed to incorporate the added center level predictors, but the random statement in the model remained the same as the null model. In addition, to test the research question, appropriate level 2 focal variables based on each hypothesis test (e.g., four partnership characteristic variables) were added to this model without centering.

Level-1 Model

$$ParentSatisfaction_{ij} = \beta_0j + r_{ij}$$

Level-2 Model

$$\begin{aligned} \beta_0j = & \gamma_{00} + \gamma_{01}*(URBANj) + \gamma_{02}*(NONPROFIj) + \gamma_{03}*(SIZEj) + \gamma \\ & 04*(DIREDECj) + \gamma_{05}*(WORKINGYj) + \gamma_{06}*(NUMHSCHIj) + \gamma \\ & 07*(DURATIONj) + \gamma_{08}*(SHARINGj) + \gamma_{09}*(COLLABOj) + \gamma \\ & 010*(MATUREj) + u_{0j} \end{aligned}$$

Finally, level 1 predictors (e.g., parents demographics) were added into the second model. Parent demographic variables were grand-mean centered to adjust mean outcome in child care centers after controlling for the difference in individual characteristics (Hoffmann et al., 2000). Model 2 ran the fully conditional model (intercepts and slopes as outcomes model with both level 1 and level 2 predictors) to estimate if variance in the intercepts from the within-group regressions was associated with level 2 predictors. This sequencing model testing was repeated to test every hypothesis.

Level-1 Model

$$\begin{aligned} \text{ParentSatisfaction}_{ij} = & \beta_0j + \beta_1j*(\text{ChildAGE}_{ij}) + \beta_2j*(\text{ParentAGE}_{ij}) + \beta_3j*(\text{SUBSIDY}_{ij}) \\ & + \beta_4j*(\text{HSENROLL}_{ij}) + \beta_5j*(\text{INCOME}_{ij}) + \beta_6j*(\text{EDUC}_{ij}) + \beta_7j*(\text{SINGLEPA}_{ij}) \\ & + \beta_8j*(\text{WORKING}_{ij}) + \beta_9j*(\text{BLACK}_{ij}) + r_{ij} \end{aligned}$$

Level-2 Model

$$\begin{aligned} \beta_0j = & \gamma_{00} + \gamma_{01}*(\text{URBAN}_j) + \gamma_{02}*(\text{NONPROF}_j) + \gamma_{03}*(\text{SIZE}_j) + \gamma_{04}*(\text{DIREduc}_j) \\ & + \gamma_{05}*(\text{WORKING}_j) + \gamma_{06}*(\text{NUMHSCH}_j) + \gamma_{07}*(\text{DURATION}_j) + \gamma_{08}*(\text{SHARING}_j) + \gamma_{09}*(\text{COLLABO}_j) + \gamma_{010}*(\text{MATURE}_j) + u_{0j} \end{aligned}$$

$$\beta_1j = \gamma_{10} + u_{1j}$$

$$\beta_2j = \gamma_{20} + u_{2j}$$

$$\beta_3j = \gamma_{30} + u_{3j}$$

$$\beta_4j = \gamma_{40} + u_{4j}$$

$$\beta_5j = \gamma_{50} + u_{5j}$$

$$\beta_6j = \gamma_{60} + u_{6j}$$

$$\beta_7j = \gamma_{70} + u_{7j}$$

$$\beta_8j = \gamma_{80} + u_{8j}$$

$$\beta_9j = \gamma_{90} + u_{9j}$$

IV. Results

To test Hypotheses, three steps of HLM analysis were sequenced. In the unconditional model (null model), computation of the ICC for only partnering child care centers was as follows.

$$p = \tau00 / (\tau00 + \sigma2) = 3.4465 / (3.4465 + 22.2995) = 0.13387$$

This ICC suggested that 13% of the variance in parent satisfaction with child care and early education activity between partnering child care centers with statistical significance ($\chi^2(49, n=50) = 148.35, p < .001$ —See Intercept of random effect for null model in Table 4). After the unconditional model provided a base line to compare the following models, organizational background information and partnership characteristic variables were added in to the baseline model (Model 1 in Table 4).

In the fixed effect of Model 1, there were no significant relationships between organizational background variables, four partnership characteristic variables (duration of partnership, sharing goal and agreement level, collaborative activity level, and partnership maturity), and parent satisfaction with child care and education (See fixed effect for Model 1 in Table 4). These results of Model 1 showed that only organizational level variables are not enough to explain parents' satisfaction without controlling for parent demographic information. Likewise, Model 1 showed that parent satisfaction with child care and education activities still needed additional explainable variables beyond partnership characteristics when controlling for organizational background characteristics ($\chi^2(39, n=50) = 127.19, p < .001$ — See Intercept of random effect for the null model and Model 1 in Table 4). Thus, parent demographics were added into Model 2 in Table 4. In the fixed effect of Model 2, unlike the findings from Model 1, there were significant relationships between partnership duration, collaborative

activity level, partnership maturity, and parent satisfaction with child care and education (See partnership characteristic variables of fixed effect for Model 2 in Table 4). Higher score of partnership maturity had a significantly higher mean parent satisfaction when controlling for organizational background characteristics and parent demographics ($t(39) = 4.86, p < .001$). On average, each one unit increase in partnership maturity resulted in a 1.33 point greater parent satisfaction with child care and education activities. However, duration of partnership and collaborative partnership activity level had significant negative relationships with parent satisfaction. In other words, longer duration of partnership and higher level of collaborative partnership activity had significantly lower mean parent satisfaction when controlling for organizational background characteristics and parent demographics ($t(39) = -2.44, p < .05$; $t(39) = -3.77, p < .001$, respectively – See level 2 variables of fixed effect for Model 2 in Table 4). Thus, only Hypothesis 4 was statistically supported.

In sum, HLM analysis for assessing partnership characteristic effect on parent satisfaction showed that there was a significant positive relationship between partnership maturity and parent satisfaction. Hypotheses 1, 2, and 3, which proposed the impact of partnership characteristics -- duration of partnership, shared goals and formal agreement level, and collaborative partnership activity level – on parent satisfaction, were not supported due to no statistically significant coefficient (sharing goal and agreement level) as well as significant negative relationships with parent satisfaction (duration of partnership and collaborative activity level). Nevertheless, Hypothesis 4, which stated that partnership maturity would have a positive effect on parent satisfaction, was supported. Higher scores on partnership maturity were associated with a significantly higher mean parent satisfaction when controlling for organizational background characteristics and parent demographics. In other words, more fully established center partnerships with Head Start agency had higher parent satisfaction with child care and education than just initiated center partnerships.

This finding is against the negative impact of the partnership duration on parent satisfaction, but it is another evidence that the longer history of the partnership is not always an effective predictor of successful partnership which influences parents' positive evaluation. For example, a 1-year-partnership can be better developed than a 3-year-old partnership in terms of communication channels between the two partner agencies for achieving shared goals and joint service delivery, which may more influence on parents' positive evaluation. Therefore, the partnership maturation is more likely to represent partnership intensity (rather than duration of partnership), depending on a level of partnership development (e.g., staff involvement, time contribution per day only working for the partnership, and frequency of partnership meetings, etc). Another finding, which is against the previous reviewed organizational theories, is that the collaborative partnership activity level negatively influenced parents' satisfaction. This unexpected finding may be caused by the limitation of the measure. Even though this study evaluated both reliability and validity of the collaborative level measure, it still limited to say that the measure appropriately represented client-focused partnership activities to achieve better joint service delivery, rather than administrative-focused partnership activities, which were more based on interpersonal relationships or familiarity between directors of each agency. Or, such successful managerial-level collaborative partnerships may limit to reflect perception of collaborative activities at front-line service providers, who are more directly communicate with clients and key criteria of parents' positive program evaluation. Thus, this study is cautious to conclude that the collaborative partnership activity level is a negative predictor of parents' satisfaction despite significant statistical evidence in this study.

V. Discussion and Implication

1. Discussion

The research question asked if there were certain characteristics of the Head Start agency and child care center partnership which affected parent satisfaction with child care and early education. Theoretically, the longer the duration of the partnership, the higher the level of shared goals, formal agreement, and collaborative partnership activities would result in benefits for the partnering organizations and, ultimately, may positively influence service recipients. However, the statistical findings for these three partnership characteristics did not empirically support the theoretical assumptions.

Unlike the negative impact of partnership status* on general parent satisfaction in the previous study, the partnering centers with higher level of partnership maturity significantly influenced higher parent satisfaction in general. These findings show that the level of partnership maturity may be more about how intensively the partners have worked together than about the duration of the partnership. The nature and key characteristics of the Head Start and child care center partnerships, including levels of successful partnership performance in terms of partnership staffing, technical assistance and support, and levels of blending partnership finance, may increase partnership benefits from financial and nonfinancial Head Start support, and influence the center directors' evaluation of the partnership maturity. Furthermore, these different levels of the partnership intensity, which reflect different levels of details in service delivery

* Before testing the impact of partnership characteristics on parent's satisfaction here, this study tested if the partnership status (partnering, YES, vs. nonpartnering, NO, with Head Start agencies) influences parents' satisfaction with child care and early education. However, the finding showed that parents in nonpartnering child care centers recognized higher satisfaction than those in partnering centers in general. Thus, it did not support the theoretical assumption that the partnering child care center positively related to higher parents' satisfaction.

and partnership activities, may affect parent evaluation of the program quality. Thus, these findings support that higher parent satisfaction is more likely to depend on how the partner organizations have worked together and how the partnership has been characterized (process-oriented partnership), rather than whether the centers have a partnership itself (financial resource dependent partnership). However, further research is still needed to determine which specific factors represent partnership maturity beyond those specifically tested here: duration of partnership, shared goals, formal agreement level, and collaborative partnership activities, none of which were statistically supported as positive predictors of parent satisfaction.

2. Limitation and Implication

In spite of limited statistically significant findings for the research question, this study contributes new empirical knowledge through more direct evaluation of partnership factors and quality programs at the client level (as measured by program satisfaction) by using multilevel modeling and exploring partnership characteristics. These empirical findings suggest some ways to improve partnership formation between a child care center and a Head Start agency when they develop strategies to support better designed partnerships that effectively promote quality programs.

The Head Start partnership aimed at promoting program quality by providing professional trainings for child care providers, and financial and educational support for teachers. This organizational investments aimed at teachers and service providers by the partnership could be a precondition for developing partnership maturation which influenced higher parent satisfaction. In addition, such better organizational investments could be a key to changing the negative satisfaction of parent groups to positive (especially referring to previous finding of the negative impact of partnership status on parents' satisfaction). Thus,

program directors should consider how such partnership benefits (e.g., funding for the educational development of teachers at the partner center teachers' educational development) can be effectively implemented as mediators of higher partnership maturation as well as higher quality program for the parents and their children.

In addition, the partnership between a child care center and a Head Start agency is a funding-based partnership. Similarly, even though many human service partnerships are based on highly-regulated funding streams, this study showed that more mature partnerships were more successful in terms of parent satisfaction with their programs. Thus, this suggests that policies that promote process-driven financial support (rather than effective outcome driven) for sustained and intensive partnership development and administrative management support for client-focused capacity building within human service partnering organizations may promote better program quality.

In spite of implications for future practice and policy above, this study has several limitations, which provide implications for future research as well. First of all, as mentioned in the section on the definition of the partnership, in terms of the public-private partnership nature, both Head Start agencies and child care centers are originally private-sector organizations which receive public funding from the federal and state governments. Therefore, one limitation of this study is that the primary relationship is between a non-profit and for-profit agency, one acting in a "quasi-public" role as a delegate and pass-through for the federal government. This study have referred to this as a study of quasi public-private partnerships. It was also limited in that it could not control for situations where the child care centers without Head Start partnerships may be partnered with the public sector in other ways. In addition, the PIRP research was designed as longitudinal study with data collected over three survey rounds, but this study used the data in a cross-sectional analysis due to the inconsistent participation of parents and child care centers in every survey round. With less missing data, a

longitudinal analysis would be better to explore the impact of partnership on parent satisfaction with child care and education as it changes over time. In terms of the outcome measure used here, parent satisfaction with child care and early education, is limited in that it is a proxy outcome rather than the ultimate outcome of interest, namely successful school readiness for and healthy child and human development throughout the child care center partnership with Head Start. Furthermore, there are limitations with the measure of parent satisfaction. For example, parents who have used lower quality child care centers may have greater satisfaction with the program because they have never accessed other higher quality programs. This study was not able to estimate a more accurate parent socioeconomic status since the necessary data on parents' economic level was not available. Methodologically, future studies need to employ larger sample sizes, especially at the organizational level (level 2 in HLM), to detect significant organizational level effects. In addition, recruiting sufficient individuals (level 1) from each organization (level 2) is necessary to increase the sample power. Thus, future quantitative research with bigger sample size (more numbers of parents and organizations) and more variability of sample characteristics and study context (e.g., other states) will increase statistical power. Increasing sample power could provide a better understanding of what partnership characteristics besides partnership maturity affect higher parent satisfaction. With this increasing power of the study, additional partnership maturation items are necessary to be developed in order to sufficiently reflect how the partner organizations invest their staffs and organizational capacity for successful partnerships, such as developing partnership work manuals, including regular meetings for the partnership development and staff employment for partnership-focused projects to prevent over workload. Moreover, it is necessary to plan further assessment to understand if there are other organizational investments this study might have ignored (e.g., providing better equipment or educational materials) or other organizational barriers in the partnership that may

hinder the centers from promoting structural and program quality (e.g., following Head Start regulations is time consuming to sustain their own program). Additionally, this study cannot generalize the findings to other populations in other states, and nations (the PIRP is based in Ohio, U.S.A.) or across different partnership activities in other fields (e.g., informal partnerships which are less dependent on government funding and regulations). Thus, future research needs to examine the child care partnerships in Korea to compare with this study findings in terms of what different or similar benefits and challenges that each nation experiences.

3. Conclusion

Current researchers in the field generally agree that partnerships between the public and private sectors can bring synergistic outcomes through combined capacities and resources. The quasi public-private partnerships funded by the Head Start program studied here appear that the more mature the partnership, the higher the satisfaction levels. However, at least in terms of the satisfaction of parents overall, the longer duration of the partnership and increased collaborative activities, do not appear to be improving program quality. This leaves us with a complicated picture of the value of public-private partnership with benefits for some parents but not necessarily all. Nevertheless, this study contributes to existing studies on social service delivery partnerships, especially as evaluated by service consumers, and expands current empirical knowledge to address the impact of diverse level of partnership characteristics on the program quality. This implication can contribute to child care policy and practice in Korea. Child care policy is undergoing major reforms in terms of who is more responsible for financial supporting child care system (by either the public or private sector). These child care policy issues in Korea reflect that the public-private partnership is a necessary strategy for effective child care service

delivery for now. This partnership strategy has been initiated by positive expectation from partnership theoretical models which explain benefits of exchanging between the public side's funding and authority and the private side's professional experiences and flexibility. However, this study examined that the funding-based public-private partnerships and administrative-level collaborative partnerships did not always bring positive outcomes, especially at the client-level evaluation. This finding implies that the public-private partnerships for effective child care and service delivery in Korea should be developed by client-focused community level partnerships (e.g., case management-based network or partnerships among community child care centers and relevant child care agencies). The public sector should also take a role as a program-based funder and evaluator (focusing on the quality of program) rather than as just a money provider and auditor. Such program-based budget and evaluations of the public sector can lead the private child care centers to work more for clients' case-based program developments and to understand the partnership strategy is beyond supplementing their organizational financial capacity from the public funding. Recently, Dream Start for supporting children of lower-income families, and other policy effort to increase public-based child care centers working with the private child care centers at community level are good examples of the public-private partnerships for effective service delivery in Korea. Such types of partnerships are no longer considered at administrative-level only, and should be expanded to client-level consideration, which is more appropriate to achieve the ultimate goal of the partnership. These trials in Korean child care policy can change the public-private sector relationships from hierarchical to collaborative relationships, which are more likely to increase clients' satisfaction with their programs and services. Therefore, continuous effort to develop client-focused programs and process-driven service delivery partnerships would be the most significant assignment for Korea child care policy.

Table 2. Descriptive Statistics – Parents Demographic Information(N=745)

Variables	N	M	SD	Skewness
Child Age	745	3.79 (1 – 6)	.78	.20 (-.25)
Parent Age	745	31.63 (18 – 58)	6.58	.68 (.70)
Education				
Non-degree level	449	60.3		
Degree level	296	39.7		
Marital Status				
Married or living with partners	436	58.5		
Single parents	309	41.5		
Current job status				
Not working	345	46.3		
Working	400	53.7		
Ethnicity				
Non-Black	604	81.1		
Black	141	18.9		
Total income for household last month				
≥ \$1500	460	61.7		
< \$1500	285	38.3		
Head Start enrollment experience of children				
No, never been enrolled	503	67.5		
Yes, previously enrolled/currently enrolled	242	32.5		
Child care subsidy or county assistance usage as payment for child care centers				
Yes, received child care subsidy or county assistance	256	34.4		
No, not received child care subsidy or county assistance	489	65.6		
Parent satisfaction with child care and early education	745	43.44 (24 – 48)	5.02	-1.37

Table 3. Descriptive Statistics-Partnering Child Care Centers(N=50)

	N	%		
Location of center (Urbanity)				
Non-Urban	31	62.0		
Urban	19	38.0		
Subsector				
For-profit	28	56.0		
Nonprofit	22	44.0		
Organization size				
Umbrella/small agency	29	58.0		
Large agency	21	42.0		
Child care director's education level				
Education in other field	31	62.0		
Education in early child care	19	38.0		
	N	M	SD	Skewness
Director's working year	50	16.45 (1 - 35)	9.94	.45
Founded year (by 2004)	50	20.07 (3 - 89)	17.97	2.18
Partnership duration (year)	50	2.07 (.06-4.91)	1.28	.47
Numbers of Head Start children receiving Head Start services in the center	50	13.68 (1-38)	8.92	1.13
Sharing goals/formal agreement level	50	6.50 (0-9)	2.38	-1.42
Collaborative partnership activity level	50	60.30 (22-80)	13.83	-.92
Partnership maturity	50	3.38	1.35	-.28
Total number of child screenings conducted at center	50	5.01 (0-8)	2.35	-.66
Total number of parent services offered by center	50	5.45 (0-14)	4.76	.55
Teacher's educational development support/benefits	50	13.67 (7.50-20.75)	2.87	.38
Teacher's satisfaction with the center quality	50	18.87 (3-25.50)	4.11	-1.34

Table 4. Partnership Characteristic Impact on Parent Satisfaction with Child Care/Education Activities(745/50)

Fixed Effect	Null Model			Model 1			Model 2		
	Coefficient	se	t Ratio	Coefficient	se	t Ratio	Coefficient	se	t Ratio
Level 2									
For INTRCPT 1, β_0	43.28	.33	129.42***	42.98	1.92	22.41***	43.99	1.63	26.96***
INTRCPT2, γ_{00}									
Organizational background									
URBAN, γ_{01}				.74	.86	.86	1.05	.63	1.67
NONPROFI, γ_{02}				.34	.81	.42	-0.56	.59	-.95
SIZE, γ_{03}				.15	1.14	.13	1.95	.77	2.55*
DIREDC, γ_{04}				.49	.66	.73	0.29	.43	.67
WORKING, γ_{05}				.02	.04	.50	0.05	.03	1.48
NUMHSCHI, γ_{06}				-.03	.05	-.51	-0.04	.04	-1.01
Partnership characteristics									
DURATION, γ_{07}				-.17	.45	-.37	-0.75	.31	-2.44*
SHARING, γ_{08}				.22	.19	1.15	0.17	.14	1.17
COLLABOR, γ_{09}				-.05	.03	-1.51	-0.11	.03	-3.77***
MATURITY, γ_{010}				.46	.36	1.26	1.33	.27	4.86***
Level 1									
For SINGLEPA slope, β_7							1.03	.45	2.27*
INTRCPT2, γ_{70}									
For WORKING slope, β_8							.58	.27	2.16*
INTRCPT2, γ_{80}									
Random Effect	SD	V.C	d.f.	χ^2	V.C	d.f.	χ^2	V.C	d.f.
INTRCPT1, u_0	1.86	3.45	49	148.35***	2.02	4.09	39	127.19***	2.09
level-1, r	4.72	22.30			4.72	22.25		4.40	19.37
EDUC slope, u_6								2.62	6.88
Deviance (-2LL)			4479.2382					4425.5851	

Note: *** p < .001, ** p < .01, * p < .05. V.C=Variance Component. Only statistically significant level 1 variables of total 9 parent variables were shown in the table.

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미국의 지역사회 민간보육시설(Child Care Center)과 헤드스타트(Head Start)의 기관 파트너십 특성이 부모의 아동 서비스 및 교육 만족도에 미치는 영향

김정은

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본 논문의 목적은 민관의 기관 파트너십 특성이 사회복지 서비스 질에 미치는 영향을 조사하기 위함이다. 미국 오하이오주의 민간보육시설(Child care center)과 헤드스타트(Head Start)의 기관 파트너십 사례를 통해 아동 교육 프로그램 및 서비스 향상에 미치는 영향을 부모의 만족도 평가를 통해 분석하였다. 연구 분석을 위해 2001년부터 2004년 동안 실시된 미국 오하이오주의 민간보육시설과 헤드스타트 기관의 파트너십 영향 조사 프로젝트 자료를 사용하였으며, 연구 목적에 따라 횡단 및 다층 모형 설계(위계선형모형 - Hierarchical Linear Modeling)에 맞게 자료를 정리해 최종적으로 50개의 헤드스타트 기관과 파트너십을 맺고 있는 민간보육시설에 속한 745명의 부모의 응답을 추출해 파트너십 특징에 따른 부모의 만족도에 미치는 영향을 조사하였다. 연구 결과로, 헤드스타트와 민간보육시설의 파트너십 성숙도가 높을수록 부모들의 아동 교육 및 서비스 만족도가 높게 나타났다. 하지만 파트너십의 협동적 관계 정도, 파트너십의 기간, 파트너십을 통한 공동된 목표 설정 및 계약 관계정도는 부모의 만족도 증가에 통계적으로 영향을 끼치지 못하였다. 특히 이 전 연구에서 전반적인 부모들의 만족도는 헤드스타트와 파트너십 관계를 맺지 않고 있는 민간보육시설에 속한 부모들의 만족도가 상대적으로 높게 나타난 걸 보면, 부모의 아동 교육 및 서비스 만족도는 그들이 이용하는 민간보육시설의 파트너십 여부와 관련한 특성(과업중심)보다, 헤드스타트와 지역아동센터가 어떠한 성격으로 파트너십을 형성하고 있는가(과정중심)에 따라 영향을 미칠 수 있다는 점을 찾을 수 있다. 본 연구는 민관 기관 파트너십 성격이 사회복지 서비스 질에 미치는 영향을 클라이언트의 직접적 평가를 통해 조사함으로써 새로운 경험적 증거를 제시하였으며, 이는 파트너십을 맺고 있는 사회복지서비스 기관들에게 서비스 질의 향상을 위한 수요자 중심 및 과정 중심적 파트너십 형성 방법을 고찰해 볼 수 있는 기회를 제공할 수 있을 것으로 기대한다.

주요용어: 공공 민간 파트너십, 아동복지서비스, 영유아교육, 부모 만족도, 위계선형모형