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EXPERIENCES WITH CHILDCARE CHOICES

Abstract

This exploratory study examined mothers' experiences and satisfaction with childcare selection. The self-selected group of mothers from 30 different childcare settings in three Midwestern states participated in the study. Similarities and differences with mothers' experiences when selecting childcare were analyzed by three household status groups: 110 (Group One) employed mothers married to or partnered with another employed adult in the household, 61 (Group Two) employed mothers living with no other adults in single-income households, and 26 (Group Three) employed mothers living in single-income households with one or more unemployed adults. A majority of mothers in each household group reported using licensed care settings regardless of household income, mothers' educational level, or having reported a greater number of problems when seeking childcare. The highest level of education for most single mothers was a high school diploma or GED compared with a college degree reported by most mothers in multiple-income households. Most mothers in each household group reported learning of their care setting via word-of-mouth, and of family being their most important source for learning of early childhood information. Single-income household groups with unemployed adults reported the highest number of children in care, the youngest children in care, and a greater number of males than either of the other two household groups. Mothers in single-income households reported a higher percentage of "Feisty" temperaments for children in care than did mothers in multiple-income households. Household income was not significantly related to mothers' primary and secondary choices of care when quality of care was rated as low, medium, or high in accordance with National Association for the Education of Young Children (NAEYC) standards.

Running head: EXPERIENCES WITH CHILDCARE CHOICES

EXPERIENCES WITH CHILDCARE CHOICES REPORTED BY
MOTHERS IN SINGLE- AND MULTIPLE-INCOME HOUSEHOLDS

By

Lois M. Truman
B.S. Taylor University, 1969
M. Ed. Georgia State University, 1981

DISSERTATION

Submitted in partial fulfillment of the requirements for the
Degree of Doctor of Philosophy in Child and Family Studies
in the Graduate School of Syracuse University

May 2011

EXPERIENCES WITH CHILDCARE CHOICES

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DEDICATION

To our four beautiful grandchildren (Micayla, Walter, AnneMarie, and Maximilian),
all born during the years I was completing this dissertation.

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Review of the Literature

This chapter gives an overview of previous research findings on choices for childcare arrangements by families in different household structure groups, and the factors parents consider when selecting care. Parents as consumers of information and services, specific childcare issues such as care for children with special needs, and the impact of childcare selection on parental employment are reviewed. Most of the studies in this review analyzing childcare selection reflected data that were input by mothers. Because this study analyzed mothers' quality care indicators, previous studies on the determinants of quality care settings, and child outcomes as a function of quality of care provided are reviewed.

The primary purpose of my study, based on previous research findings, was

- to identify how mothers learned about and selected childcare,
- to examine relationships between mothers' perceptions of quality care and their childcare selections, and
- to identify factors influencing childcare choices by mothers living in three different household groups.

Premise for the Study

This study was designed on the premise that the maternal criteria used for making childcare decisions varies more, less, or not at all as a result of the intrinsic and extrinsic variables of the individual selecting care. Possible motivators for the types of care that mothers select, challenges they experience when accessing adequate childcare, and implications of how mothers incorporate quality-care indicators in their childcare selections are all critical issues impacting family function at home, in communities, and

in the workforce. Previous studies on the attitudes and experiences with childcare and childcare selection were selected for this review, and particularly, data on employed women living in one of three household types:

- Mothers married to or partnered with another employed adult in the household;
- Single mothers living as the only adult in the household;
- Single mothers living with at least one unemployed adult in the household.

Variables identified in other studies found to be linked to the selection of childcare in various systems levels were reviewed for this study: family economic resources, social supports, parenting practices, sources of early childhood information, and other societal factors (Boushey, 2005, 2002; Bronfenbrenner, 1992, 1994, 2002; Cattan, 1991; Center for Economic and Policy Research, 2004; Dodson, Manuel, & Bravo, 2002; Rose & Elicker, 2009). Previous findings clearly indicate that Total Family Income (TFI) is a factor in the childcare selection process, possibly limiting single mothers' selection of childcare to less expensive options that are likely to provide a level of care that is lower in quality than more expensive options would provide. Childcare researchers continue to be interested in these processes because childcare choices may result in higher or lower quality childcare environments (Bronfenbrenner, 2004; Gamble, Ewing, & Wilhelm, 2009; Golbeck, 1992; Honig, 1990, 2002; Lally & Mangione, 2009; Lombardi, 2002; Myers, & Jordan, 2006).

Specific childcare issues related to household structure. Dual-parent and single-parent families may differ in their expectations of the childcare services. Such

expectations may reflect the unique needs that parents in dual-income households and single-income households have in achieving their parenting goals, and the roles they expect childcare providers to play in meeting those goals. For example, although the number of children in single-parent low-income families declined through much of the 1990s, the number of children being raised by single, low-income parents is again on the rise (Federal Interagency Forum on Child and Family Statistics, 2005). Because child researchers know, based on research findings, that children in two-parent families fare better, on average, on many psychological outcomes than do children who do not live with two parents (Friedman, 2004; & London, 2000), it is likely that parents from single-income households, and single parent households may have different concerns than parents from dual-parent or dual-earner households. This may lead to communicative disconnects between childcare providers and parents with different emphases or expectations. For example, a childcare provider may provide all parents with information about child socialization practices, which may be useful to families with higher income levels or an equitable distribution of parenting resources; a parent from a single-parent or single-income household may have other concerns (like providing basic physical needs for his/her child), and find socialization information non-helpful. Existing empirical data remain limited for comparing children's developmental outcomes based on clearly defined types of family living arrangements. Household factors such as the number of adults in the household or financial security may also influence the expectations parents have for their childcare providers (Bronfenbrenner, 1979; Bronnefenbrenner & Morris, 1998). A systems model provides a useful framework for analyzing these factors that directly and indirectly impact the childcare selection process, and would be even more

useful if the data from the larger world of childcare were known, particularly with single mothers in households with unemployed adults (Group Three).

Influence of demographic variables on childcare selection. Nearly three-fourths of all mothers in the United States are in the workforce. Finding and accessing quality childcare remains a constant concern for most working parents, and particularly for the 71% of those mothers in the labor force (Bernal, 2005; U.S. Department of Labor Bureau of Labor Statistics, 2006; National Household Education Surveys Program 2001-05, 2006; Peisner-Feinberg, Berchinal, Clifford, Culkin, Howes, Kagan, et al, 1999; Pinkovitz, 2008). Many recent studies on childcare selection are analyzing welfare reform, and target mothers moving from welfare-to-work programs. Therefore, far more studies on mothers and childcare are available for review than are for fathers and childcare issues. Provision for quality childcare is critical for the well-being of working families and especially for low-income and single-parent families.

The Institute for Women's Policy Research has been in the forefront for collecting and analyzing data on women's issues in the United States, and in particular, women in the labor force with their childcare issues. In 2006, 12.9 million families in the U.S. were headed by a single-parent, 80% of which were headed by a female (U. S. Census Bureau, 2007, March). The Institute for Women's Policy Report of 2004 found nearly half of children in female headed households live below the poverty level.

Researchers have used both evaluation and estimation techniques to identify a strong connection between childcare costs, availability, and quality and mothers' labor force participation. Although childcare is particularly critical for enabling low-income families to improve their situation and give a boost to their children, these families are

also particularly likely to face serious obstacles to getting the good-quality and affordable childcare that they need (Lippman, Vandivere, Keith, & Atienza, 2008; Wertheimer, 2003). Parents report considering a number of factors when choosing childcare, but are often constrained by practical considerations such as cost (Van Horn et al., 2001) and availability (Fuller, Waters Boots, Castilla, & Hirshberg, 2002; NACCRRRA, 2008a).

Age of child. A 1990 study by Sonenstein and Wolf found that mothers with children under age of 3 years in care, were concerned about the convenience of location, the adequacy of adult supervision, the convenience of hours of care, and lower adult to child ratios. Mothers with older preschool children cared about their children's happiness in the childcare setting and whether they had opportunities to learn new things. Using data from the National Longitudinal Surveys (NLS), Veum and Gleason (1991) found a relationship between the age of the child and the type of care selected. Mothers of younger children primarily used relatives to care for their children in a family childcare setting.

Results of the National Childcare Survey (Willer, Hofferth, Kisker, Divine-Hawkins, Farquhar & Glantz, 1991) indicated that high quality childcare available for infants was in very limited supply. Similar results from the National Childcare Staffing Study (NCCSS) (Whitebook, Howes, & Phillips, 1990) with 227 infant and preschool centers found the quality of services provided by most centers to be barely adequate. These findings raise concerns when statistics show more infants and toddlers being cared for outside of their homes by nonfamily members than ever in the history of the United States of America (Willer, et al., 1991).

Lack of quality care for infants is of particular concern from the perspective of Piaget's theory of cognitive development. Piaget (1926, 1963) emphasizes the importance of the first two years of life for cognitive development. The absence of quality environments that provide adequate or superior opportunities for interaction and cognitive challenge, such as may occur in substandard childcare, is thought to hinder cognitive development.

A 1994 study (Carnegie Corporation of New York), reported that (a) more than 53% of mothers return to the workforce within a year of the baby's birth, (b) high quality care is scarce, and (c) many infants spend 35 or more hours per week in substandard care. Lally and Mangione (2009) suggest that most infant and toddler care programs are inappropriate models because they are designed for older children rather than for the developmental stages of infants and toddlers.

Provider characteristics. Most parents in the NACCRRRA Parent Focus Group (2006) said that finding a provider had had experience with children was more valuable to them than the education or training caregivers had. A North Carolina parent said: "... I think that experience is very important. There are teachers with four-year degrees, but they don't have the experience." A few did not think that degrees or training indicated quality. As another North Carolina parent said: "For me, it's more important to trust the provider. I know some that have degrees that are as crazy as a loon. Some of them should not be in the field." In the group, most parents did not mention caregiver training or education as among the top three things they look for when seeking care. A Public Agenda study (2000) found that 57% of parents with children under age five said the hardest part in finding childcare was finding someone "trustworthy." Parents associated

quality with caregiver attitude — the qualities of warmth, friendliness and trustworthiness that they exude – and whether or not the caregiver warmly greeted the parent each day.

Cost of care. The Children’s Defense Fund found the cost of childcare to be more than the average annual cost of public college in all but one state, and in some cities, childcare costs twice as much as college tuition. The reported average annual cost for infant childcare for the midwest state of Missouri in 2006 (NAACCRA, 2008b) was \$6,539, calculated as 32.8 % of median single parent income. Families with infants and toddlers and/or with multiple numbers of children in care face even greater costs. The same data yielded the cost for two children in care as being 57.1 % of median single-parent income.

In previous studies, cost of childcare is often identified as the primary difference between multiple-income families or single-income families having choices for quality care, and in many states, the childcare costs are more than double the cost of college tuition. In fact, childcare costs for infants are higher than the cost of public college tuition in every state (NACCRRRA, 2009). With these established facts about cost of care, goals of this study were to identify (1) which, if any variables examined in addition to cost of care, may correlate with household status and the selection process of childcare, (2) which variables may be indicative of strengths and weaknesses in the early childhood and care delivery system, and (3) which variables may correlate with mothers’ perceptions of quality of care.

Availability of childcare. In addition to the price of childcare, the lack of availability of childcare is also a significant barrier to mothers’ employment and earning potential. Care for children outside of their homes is now an everyday arrangement for

the majority of children in the United States, and is no longer simply a protective or remedial service for children from low income or troubled families. Statewide surveys in Illinois and Maryland showed that there were significantly fewer regulated childcare slots per child in low-income areas than in wealthier areas (Kreader, Piecyk, and Collins, 2000). Similarly, 2007 statistics from California Child Care Resource and Referral reported that the number of slots in licensed care was available for only 27% of children with employed parents, and only 5% of those slots were available for infants and toddlers needing care. Availability of childcare slots relative to the child population was 25 percent lower in low-income neighborhoods than in high-income neighborhoods (California Child Care Resource and Referral Network, 2007; Fuller, et al., 2002).

On average, children under the age five years with mothers in the work force spend 36 hours each week in some type of childcare arrangement (Sonenstein, Gates, Schmidt, & Boshun, 2002; U. S. Census Bureau, 2006). With strong evidence showing more children are being placed in nonparental care, the alarming news is that the parents report that good childcare was difficult to find (NACCRRA, 2006; Presser, 2005). A report based on a 1998 national survey stated that 44 percent of parents found it “extremely” or “very” difficult to find quality childcare and an additional 30 percent said they found it “somewhat” difficult. Helping all parents, and especially single mothers, locate and afford quality childcare continues to be an urgent matter for the well-being of a nation.

Participants in the NACCRRA Parent Focus Group (2006) said that finding childcare to meet their criteria within a price that they could afford was a challenge for them. In the Parent Focus Group, when asked if there were enough childcare options

available to them, an Indianapolis father responded, “Enough options, or enough good options?” So while, finding just any type of a childcare arrangement was not difficult, finding one which they trusted and where they felt comfortable leaving their child, was a major issue. This was especially true for parents with younger children.

Impact of childcare selection on parental employment. Research has found a link between adequate childcare and sustained labor force participation of mothers (Acs, Phillips, & McKenzie, 2000; Boushey & Gunderson, 2001; Dodson, 2006; NACCRRA, 2007; Usdansky & Wolf, 2008). From a systems perspective, factors in the outermost to innermost levels impact the outcomes for families. For example, the U. S. military system recognized early on that service members were dependent on quality care for their children, and therefore implemented quality childcare services for military members. However, in the civilian sector, an increasing number of employers cite problems with employees’ childcare as being the most significant predictors of absenteeism and unproductive time at work (Chapman 1987, Lippman, 2000). The 1998 Harris Poll on Child Care (#5) surveying 1000 adults found about half of the adults who had sought childcare in the last 5 years said that the lack of acceptable childcare reduced their ability to do their job as well as they wanted, and 43% indicated that the lack of acceptable care prevented them from taking a job (Taylor, 1998).

Hofferth, Brayfield, Deich, and Holcomb (1991) used the data from the National Child Care Survey, 1990, to address the large gap in understanding of the employment patterns of mothers and the care of their children during mothers’ work hours. New data were presented on forms of care used for infants, toddlers, and school-age children, as well as previously unknown national data on how parents find programs, what

alternatives are available, what childcare arrangements cost, and how parents juggle employment and the care of their children. Across the United States, an increasing number of employers are acknowledging the value of helping workers cope with childcare by providing referral services or on-site care. Lippman (2000) found human resource executives rank family issues and personal needs as two of five key reasons for unscheduled absence, and rate childcare referral as the most effective way to reduce it.

There continues to be a great need for parent educators and childcare providers to acknowledge the unique dynamics in varied family structures, particularly those of dual-earner and single parents, and to consistently use meaningful and effective means for educating and assisting all parents in seeking and demanding quality care for their children. My study is another attempt to add to the growing field of research documenting unique needs of families in their quest for optimum childcare settings that mesh with parental work schedules.

Parents as consumers of childcare information and services. Quality childcare is a crucial element to consider in relationship to impacting mothers' employment, and for promoting healthy development for their children in care. Professionals have worked for decades toward raising parental awareness of the need for standards for quality non-parental care (Clark-Stewart, K., & Allhusen, 2005; Honig, 2007). More recently, Rose and Elicker (2008) asked mothers to rate the characteristics of childcare in terms of their importance to the childcare decision. Warmth of the provider, the education level of the caregivers, and the utilization of a play-based curriculum emerged as the most important characteristics for all mothers. However, further analyses clearly found those variables that parents indicated were important were not primary motivators influencing the final

childcare decision. The need exists to identify the influencing variables in each system level that affect the process by which mothers seek information.

In recent years there are increasing trends toward use of the Internet for sharing information. A booklet for parents produced and distributed by The National Association of Childcare Resource & Referral Agencies (NACCRRA) contains 38 questions to evaluate childcare programs, explaining why each question is important and how it relates to the quality of care. All of the questions are based on research about what is important to a child's health, safety, and development and in accordance with NAEYC standards for quality care.

In a qualitative study, "Choosing Quality Childcare" (1992), when faced with the challenge of arranging childcare for the first time, most mothers remembered being scared, feeling frazzled, guilty, terrified or lost. Their guilt of leaving the child and the fear of the unknown weighed more heavily on their concerns than, "What do I look for and how do I afford it?" Mothers in the study consistently demonstrated a firm resistance to "professionalism" (the level of formal early childhood training) and a strong pull toward nurturing as the defining characteristic of a quality provider. The study also did not take into account mothers' status as being employed single parents or partnered parents from a multiple-income household.

Parents seek care based on variety of needs. When seeking childcare, parents seek types of care based on a variety of reasons, and the intent of this current study was to identify those reasons for the purpose of knowing how agencies and policy makers may better assist parents in accessing vital information about childcare. For the purpose of learning more about how parents assess and select childcare, NACCRRA (2006)

conducted 14 focus groups in seven locations across the country with 163 parents of varied economic and ethnic or racial backgrounds, who mainly had children under age eight, with some of the groups being comprised only of parents of children aged birth to 24 months. Women comprised over 80% of the focus group participants, reflecting the predominant role women maintain in child rearing. Slightly more than 50% of the participants were married and approximately one-third was comprised of single parents. When asked to discuss their thoughts about childcare, more than two-thirds of the parents in the focus groups rated the cost of the childcare either as their highest concern or among the top two or three concerns, indicating that while parents try to find quality childcare, the cost of care could outweigh other considerations.

A more recent NACCRRA study (2010) found that six in 10 parents (61 percent) believe that the federal government requires states to help low- and middle-income families pay for childcare in order to receive federal money for childcare. This belief is most prevalent among women in the Midwest and women without a college education, possibly representative of participants in my study. In reality, most government money for childcare is allocated to the states through the federal Child Care and Development Block Grant (CCDBG) to provide subsidies to families with very low incomes to better afford childcare. The middle class (sometimes called the working poor) does not qualify for subsidies, and the U.S. Department of Health and Human Services (Federal Interagency Forum on Child

and Family Statistics, 2005), estimates that only 17 percent of eligible low-income children receive assistance.

Moss and Dahlberg (2008) found that nine out of ten parents reported being satisfied with their childcare arrangements, but one out of four of those same parents reported they would like to change their arrangements. When analyzing quality indicators with these parents, they concluded that quality of care “is saturated with values and assumptions” (p. 5). Their study found that the main reason for parents desiring a change in care was based on the child’s developmental stage. The current study further analyzes parent satisfaction with the present childcare arrangement, and the reasons for changes made in other childcare settings.

Parents’ beliefs and values impact childcare selection. Researchers examining whether parental attitudes about child rearing play a role in their use of childcare settings for their children found that parents who report that they value education highly and those who encourage literacy-related activities in the home tend to use center-based group care over home-based childcare (Fuller et al., 2002; Phillips, Mekos, Scarr, McCartney, & Abbott Shim, 2000). When parents who are dependent on group care for their children have a heightened awareness of the need to find quality care that meshes with their budgets, schedules, and values, the task of finding adequate care can become overwhelming when added to the complex situations families face. (Lombardi, 2002; Vandell, 2004).

The Oregon Child Care Research Partnership (2007) study considered parents’ values related to child rearing, available resources, preferences with respect to caregivers, and reasons for choice of current arrangement. The study found that those who work

standard hours in an urban setting may easily find adequate childcare. However, those who work odd hours or live in rural settings, and especially those who have infants or a child with special needs, including behavior problems, may find their options for care severely limited or nonexistent. Efforts to increase the supply of quality programs must be accompanied by efforts to understand parents' needs and values, and provide appropriate ways to influence their choice of quality programs (Zinzeleta & Little, 1997).

Howes and Sakai (1992) identified three interwoven social belief systems for selection of childcare: (1) maternal beliefs (personal history), (2) societal beliefs (role of family and women in work force), and (3) advice given by experts (pediatricians, child rearing books, etc.). These integrated beliefs become meshed into one unit in the decision-making process for parents selecting childcare settings. Cultural mores, gender stereotypes and work force biases can affect the way people value quality in group care for children (Gamble, Ewing, & Willhelm, 2009). The importance of quality caregiver interaction has been identified, but more work is needed to find and examine how parents perceive "professional care", to assess how parental beliefs match up with measures of quality, and to examine the factors in the belief systems of dual-earner and single parents, including correlations between parent expectations and actual choice of care.

Despite the abundance of findings that show positive outcomes for children who are cared for in quality settings, misconceptions and fears by parents may prevail about negative effects of leaving young children in nonparental care. For example, some studies have found that infants in full time care show higher rates of aggression and less compliance with adult requests (Bacharach, & Baumeister, 2003; Honig, 1990; Honig, & Park, 1993; Shaw, 2005). On the other hand, in 1988, Field, Masi, Goldstein, Perry and

Parl compared 71 preschoolers, however, from high SES families, who had entered daycare before six months of age with those entering after that age. They found that the children with more hours of daycare experience engaged in less inactive watching and solitary play, showed more cooperative play and positive emotions, and had more peer interaction than those with less experience. Atkinson (1987) reports that mothers are likely to rate whether or not childcare needs are met based on their own personal evaluation of daycare rather than on any standardized level of services. These data coincide with New's findings (1999) that once the decision has been made to place their children in a childcare setting, the parents' primary concerns are associated with quality, measured by their own standard of beliefs, and costs of that care.

Challenges for families at risk who need childcare. Many of the childcare challenges that employed mothers face are more intense for low-income families – the very families with the greatest need of affordable, high-quality childcare (Cattan, 1991; Douglas-Hall & Chau, 2007; Kisker & Ross, 1997; Vandell, & Wolfe, 2000). Although childcare is particularly critical for enabling low-income families to improve their situation and give a boost to their children, these families are also particularly likely to face serious obstacles to getting the good-quality and affordable childcare they need (Collins, Kreader, & Georges, 2002).

The bleak employment opportunities available to low-income mothers are further compromised by the lack of available childcare during non-standard work hours (U. S. Government Accounting Office, 2003). The U. S. General Accounting Office (1997) reports that only 12% to 35% of childcare providers were available during nonstandard hours (hours outside of 9 am to 5 pm), even though this is a time that many parents are

possibly likely to be working and need child care (Presser, 1999). Nearly 1 million of the children under the age of 5 years whose mothers are employed outside of the home work nontraditional hours (U. S. Census Bureau, 2005).

Goelman and Pence (1987), in their Victoria Day Care research project, found that families at risk (single mothers, parents with low education, and low skilled occupations) appeared to utilize lower quality childcare facilities. A problem with interpreting the data in many of the studies comparing families in poverty with those families above the poverty line is that the data do not account for variations in single-parent types of living arrangements, family supports, and total family income (Kalil, DeLeire, Jayakody, & Chin, 2001; Strawn, Greenberg, & Savner, 2001). A study of the quality of care received by low-income children found that childcare centers performed better than regulated or unregulated home settings at providing quality care that meets children's developmental needs, but mothers preferred using home rather than center settings (Li-Grining, & Levine Cole, 2006).

Twenty-first century reports on the effects of welfare, antipoverty, and employment policies on low-income children (Helburn, & Bergmann, 2002; Jones DeWeever, Peterson, & Song, 2003; Morris, Huston, Duncan, Crosby, & Bos, 2001) underscore the importance of providing assistance to low-income parents in their selection of quality care for their children, but the reports lack clarification of the standards used for defining quality care. It is disturbing to note that childcare centers serving low-income children are less likely to provide good-quality care than childcare centers serving moderate-and high-income children (Marshall, Creps, Burstein, Glantz, Robeson, & Barnett, 2001). Mezey, Greenberg, and Schumacher (2002), found that only

one in seven children eligible for childcare assistance under federal law is receiving help, indicating that low-income families find it difficult to afford high quality childcare.

These findings motivated the researcher in the current study to seek answers as to why children in low-income families were found to be less likely to receive quality care than children in families with moderate or high incomes. In 2006, 12.7 million children under age eighteen including 50 million children under age six lived in poverty (Douglas-Hall & Chau, 2007). It is a travesty to think of the children in most need of quality care being the least likely to receive it.

A study of family childcare providers in three U.S. cities found that family childcare providers caring for low-income children were less sensitive and displayed lower levels of interaction with the child in comparison to providers of higher income children. Family childcare homes serving low-income children averaged in the inadequate range on the Family Day Care Rating Scale (FDCRS), an instrument designed to rate quality in six major areas of family day care settings. Low-income children also experienced significantly less caregiver sensitivity and fewer motor and learning activities than was typically the case among their moderate to upper-income counterparts in family childcare homes (Kontos, Howes, Shinn & Galinsky, 1995).

Approximately seven percent of preschool children in poverty with employed mothers are cared for in family childcare homes, compared to 14% of preschool children from families above the poverty line (Hofferth, Shauman, Henke, & West, 1998). Children in poverty are also less likely to be in organized childcare facilities compared to children above the poverty line, and are more likely to be in the care of a grandparent or sibling or to have no regular childcare arrangement. It is essential for childcare providers

to receive proper training so that they are prepared to handle a variety of challenges and are able to provide important services to children and their families (Love, Kisker, Ross, Constantine, Boller, Schochet, et al., 2005).

The U.S. Census Bureau 2006 Detailed Poverty Tables cited thirteen percent of families headed by single women with children under age 18 who work full time live in poverty. One out of five (19%) families headed by single women, with children under six years of age, who work full time live in poverty. Some research studies that examine single parents lack definition for specific types of living arrangements children may experience such as living with: (a) never-married mothers, (b) divorced mothers, (c) mothers who are cohabitating with boyfriend(s), (d) mothers coresiding with grandparent(s), or (e) a combination of arrangements. Recent studies including this current study indicate a need for more research examining experiences of mothers living in different types of household structures. These statistics on selection of care for low-income families send a loud signal that the children most in need of the high quality care are least likely to receive it (Child Trends, 2002).

Various family agencies continue to seek policy changes needed to ensure quality care for every child, regardless of family structures (Aytch, Cryer, Bailey & Selz, 1999; Kagan, Rosenkoetter, & Cohen, 1997; National Research Council and Institute of Medicine, 2001). In their work on “fragile families” and family living arrangements, Kalil and Ryan (2010) state:

The economic well-being of fragile families varies somewhat by living arrangement (that is, whether couples live together or apart), but living arrangements do not necessarily cause differences in economic well-being; indeed they are equally likely to result from them.

Unwed mothers and fathers with the highest education and earnings potential are more likely

to choose to cohabit with one another than to choose to live apart. Consequently, they have somewhat higher levels of economic well-being than their counterparts who have chosen to live apart or who must, out of economic necessity, double-up with other adults. Nevertheless, even cohabiting unwed couples experience serious economic hardship (p. 40).

Role of quality care in childcare settings. Researchers recognize the complexity of studying the effects of quality of care for children, and the importance of identifying professional childcare as a comprehensive service that supplements the care children receive from their primary family caregivers (Harrist, Thompson, & Norris, 2007; Love, Kisker, Ross, Constantine, Boller, Schochet, et al, 2005). In previous years, a common belief was that institutional rearing of children led to negative outcomes. But with more stringent research, it has become clear that the key issue is one of *quality* of institutional care, not institutional care itself (Chess & Thomas, 1987; Honig, 1993, 2002; Honig & Hirallal, 1998). Some researchers report a variety of social advantages for children with childcare experience: better social skills, more advanced peer play, and increased knowledge of social rules (Clarke-Stewart & Allhusen, 2002; Erel, Oberman, & Yirmiya, 2000). However, quality of care in these studies was not defined.

When parents choose a childcare setting, they are providing their child with a distinct set of experiences, thus making it logical to wonder about the relation between type of care and children's later development in social and cognitive domains (Hunt, 1986; Kisker, & Maynard, 1991). Regardless of the type of setting (group/center or family childcare), the data are overwhelmingly conclusive that the quality of care a child receives during the first five years of life is the critical period of time in which 90% of brain development occurs (Clark-Stewart, 1988, 1989; Honig, 1990, 2002; Honig & Hirallal, 1998; NACCRRRA, 2006; NICHD, 1996, 2000). More recent findings continue

to suggest that quality care is associated with children's achievement of better skills in language, mathematics, social, and cognitive skills (Campbell, Ramey, Pungello, Sparling, & Miller-Johnson, 2002; Edwards, 2002; Howes, Phillips & Whitebook, 1992).

Quality-care indicators. Caldwell & Hilliard (1985) addressed the issue of variance of quality in the types of childcare centers used in studies, and suggested that the level of professionalism held by the center itself had a great bearing on quality of caregiver interactions with children rather than the age or other child variables. The current study sought to identify the criteria mothers use for selecting care, and to assign mothers' responses to high or low levels of quality, in accordance with The National Association for the Education of Young Children (NAEYC).

The National Association for the Education of Young Children has been the frontrunner in describing qualitative aspects of quality childcare. In recent years, these NAEYC standards have become the guidelines for measurements of quality care and are used in the current study for standards of quality. The standards for quality are listed in the revised edition of their position statement on Accreditation Criteria and Procedures:

- Staff interact frequently with children;
- Staff express respect for and affection toward children by smiling, holding, touching, and speaking to children;
- staff encourage children to share experiences, ideas and feelings, and listen to children with attention and respect (1991, p.15).

Furthermore, NAEYC has taken a crucial step in creating a baseline by categorizing quality childcare into ten areas: The physical environment, health and safety, nutrition and food service, administration, staff qualifications and development, interactions

among staff and children, staff-parent interaction, curriculum, staffing, and evaluation (Bredekamp & Copple, 1997; Copple & Bredekamp, 2009). Other studies related to components of quality demonstrate that the field is in agreement on a number of factors cited when discussing the definition of quality care, including but not limited to:

- an understanding of child development;
- the recognition that each child is an individual with unique needs, interests, and learning styles;
- an organized environment filled with age-appropriate and culturally relevant materials;
- low adult-child ratios;
- number of children in a group;
- qualifications and training of teachers;
- positive relationships between staff members, staff and children, and staff and families;
- low staff turnover;
- a planned, developmentally appropriate curriculum;
- enforcement of rigorous sanitary and safety procedures; and

the physical security of the center (Copple & Bredekamp, 2009; Deason, 2000; Honig, 2002; NICHD, 1996; 2002 Phillips, Mekos, Scarr, McCartney, & Abbott-Shim, 2000).

A study of 177 family childcare providers in California found that provider training, support networks, and years of schooling were most directly linked with positive caregiving practices, while business practices, spouse's occupational prestige, and the

number of families served accounted for little variance in caregiving quality (Fischer and Eheart, 1991). To account for all factors influencing a child's development, a systems approach is feasible for studying the multiple factors directly linked with positive caregiving practices.

A longitudinal, 12-year study (Field, 2007) rated emotional well-being, assertiveness, academic prowess, and attractiveness of sixth graders from high-income families, who had attended stable, quality childcare centers since infancy. These children from higher SES families were rated by mothers in preschool and second grade and maintained very high ratings. To increase the likelihood of obtaining objective, unbiased findings, researchers questioned sixth-grade teachers in the follow-up study and continued to see significantly high ratings in all areas. Differences in these traits seemed unrelated to length of time in childcare, but were positively related to time spent in quality childcare, indicating that attendance in quality childcare is beneficial to children, while attendance in poor quality care has the opposite result, regardless of the type of childcare setting.

The results of another longitudinal study (Vandell, Henderson, & Wilson, 1988) found eight-year-olds who had attended quality centers exhibited more social competence, cooperation skills, and empathy, and were better able to negotiate solutions to problems than their cohorts who had not experienced quality care settings. An additional finding was that children who attended childcare for more hours displayed more acting-out behaviors in early childhood, but the study did not determine the level of quality care the children with these behaviors attended.

A 1991 longitudinal study of 1,300 children was conducted by the National Institute of Child Health and Development (NICHD). At age 15, teens who had experienced high quality childcare in their early years performed better on academic and cognitive tests than did other teens, and they had fewer adolescent behavior problems. The Syracuse Family Development Research Project reported long-term beneficial effects of a high-quality infant-toddler program serving low-education, low-income, single-parent families. The study reported a decrease in juvenile delinquency rates during adolescence compared with a control group (Lally, Mangione, & Honig, 1988; Lally, & Mangione, 2009).

Structural variables as determinants of quality care. Research and early childhood professional practitioners have identified quality of care as being a significant factor affecting children's safety, health, and socioemotional development (Honig, 2003; NICHD, 2002) but each study or research project uses varying measurements for defining quality of care. "Today, as well as in the past, ideas about quality are socially constructed and historically situated" (Prochner, 1996, p.47). Structural variables (household status, ethnicity, income, community size, education attainment, age, gender and temperament of children in care) and how they influence parents' selection of childcare have been studied by researchers during the past two decades (Honig, 2002; Howes, Phillips, & Whitebook, 1992; Kontos, Howes, Shinn & Galinsky, 1995; Sandefur & Meier, 2008). Furthermore, Presser (2005) and other researchers (Blackburn, Hohmann-Marriott, & Glick, 2005) looked at effects of diverse family structures on academic achievement of young children. Most findings from past studies with single and immigrant families indicate that the presence of external support systems make a

positive difference in child outcomes. Based on these earlier studies indicating a correlation between varied family structures and children's outcomes, this study explored possible factors in different household structures that could promote or impede mothers' motivation for insisting on quality childcare settings for their children.

The distinction between structural and interactive dimensions of quality is useful in differentiating between two major avenues for improving and sustaining the quality of care: (1) standardized licensing and/or certification requirements and, (2) mandated caregiver training requirements which spell out criteria for high quality interaction practices (Burchinal, Howes, & Kontos, 2002). Children need "choices, meaningful curriculum, connections, teachers who understand active learning....The activities need to promote self-esteem, provide interaction, and be irresistible" (Witmer, 1996, p.3). Similar studies using structural definitions of high quality care include low child-to-adult ratio, small group size, and caregiver training/education (Whitebook, Howes, & Phillips, 1990; Honig & Hirallal, 1998; Honig, 2003). Other factors associated with better family childcare quality include accreditation with a national organization and social support from or association with a professional organization (DeBord and Sawyers, 1996). These previous findings linking caregiver training with quality of care, regardless of the type of care setting, were the basis in the current study for analyzing variables related to mothers' perceptions of the importance of caregiver training as an indicator of quality care.

Structural features appear to support and facilitate desirable interactions but they cannot ensure optimal patterns of interaction. For example, even when staff/child ratios are satisfactory, caregivers may spend their time talking to one another and merely look

over the children rather than interacting with the children. However, good structural features tend to increase the likelihood of responsive and stimulating interactions, and thus promote children's development (Honig & Hirallal, 1998; Keyserling, M., 1972; Meadows, 1991; Whitebook, Howes, & Phillips, 1992).

One very important factor for parents to know is that adults who provide care to infants must be "educated to both the developmental and psychological needs of infants" (Honig, 1993, p. 63). As more parents become aware of caregiver training as a key element that correlates with the level of quality care their children will receive (Howes, Phillips, & Whitebook., 1992; Honig & Hirallal, 1998), they may be more likely to view specialized education and training for caregivers as a major indicator of quality care. Most likely, however, the cost of care will be more expensive when caregivers are required to have specialized training. Thus, the cost of care would only serve as an indicator of quality when the caregivers are trained in early childhood and not as an indicator if the cost of care is expensive without requiring caregivers to be trained.

Parental perceptions of quality care. A concerted effort by early childhood agencies to partner with parents for a better understanding about quality care for infants through school-aged children (NICHD, 2001) is especially poignant in regards to the findings of my study showing mothers' perceptions of quality care and the sources used for finding the care. An issue in defining standardized indicators for quality has been that families are diverse and look for different things in quality care (Gordon, 2000). In response to the dilemma of having parents similarly identify indicators of quality care, the National Association of Child Care Resource & Referral Agencies (NACCRRA, 2009) appeals to parents to join free Webinars via their Child Care Aware Parent

Network, with topics such as “What Every Parent Needs To Know About Child Care In America (But Might Be Afraid To Ask).”

A national survey among parents of birth-to three-year-olds (Hart, 1997) supports the need for parents to have information about long-term positive effects of quality care. For example, few parents understood that their interactions could increase or decrease academic/intellectual competence, or that having multiple caregivers for a young child could negatively affect the child’s development. Many parents may assume that childcare programs are regulated to ensure the health and safety of their children. In reality, that is often not the case. A point of concern is, unless parents obtain a clear understanding about how children develop, they may not be equipped adequately to recognize indicators of quality for assessing the care their children receive (Honig, 1979; OECD, 2006; Zinzeleta, & Little, 1997). Childcare providers and childcare professionals may benefit from learning more about what parents need in childcare arrangements.

Hart and Risley (1999) also illustrate the positive effects of reading books and allowing children to interact in a language-enriched environment. They documented language interactions between mothers and very young children in low-income and middle-income families with young children from birth to three years of age. They refer to the interaction between the children and the parents as an “intergenerational transmission of the particular social dance practiced in the family” (p. 67) whereby all family members’ lives are enhanced. When single mothers with multiple young children are solely responsible for providing the livelihood for their families, the intergenerational transmission of the social dance may be sacrificed. If mothers are aware of the importance of having their children read to on a regular basis, they may seek childcare

arrangements or provider characteristics solely based on filling the gaps created by the mothers' time constraints to allow for enrichment opportunities and experiences for their children.

A NACCRRRA survey (2005) indicated that nine in ten parents favor requiring all childcare settings to meet basic standards of quality, training for caregivers both before and after they begin working with children, and regular inspections of all childcare programs. In addition 92% of the parents surveyed favored creating quality standards to prepare children better for school. Based on the report generated from the NACCRRRA Parent Focus Group (2006), parents in the forum voiced their belief that there was oversight from local, state and federal agencies to ensure that places of care met basic standards of quality measured by health and safety standards. In short, parents consider quality childcare to be a place where their children can learn through activities and interaction with other children in a safe, healthy and loving environment. Moreover, parents thought that childcare programs in their communities mostly did not have these quality attributes, and the high prices made the few places with such attributes unaffordable to most of them. In the 1995 Cost, Quality, and Outcomes (CQO) study, parents did not rate quality of care based on the NAEYC indicators of quality (small group size, child to adult ratios, trained caregivers), and were likely to rate the care they used much higher than it actually was.

Effects of policies on quality childcare selection. Empirical data indicating the effects of quality nonparental care on secure attachment behaviors in children and later-year outcomes gives paramount importance to determining the type of quality care being given and the urgency placed on policy makers to formulate workable guidelines for

ensuring standards of quality care (Ainsworth, 1982; Belsky, 1997; Honig, 1990, 1993, 2002; Howes, 1990; Peters & Pence, 1998). Cuts in budgets and services are impacting parents, childcare providers, children, and community social services, as evidenced by NACCRRRA reporting as the nation's leading voice for childcare (2009). It is often difficult for low-income families, many of whom are headed by single mothers, to find childcare in their communities (Kreader, Piack, & Collins, 2000; Li-Grining, & Cole, 2006).

Due to welfare reform in 1996, many mothers were forced to reduce their contact time with their children in order to fulfill work requirements. A bill passed by the U. S. House of Representatives in February 2002 (HR4) increased work activity from 20 to 40 hours a week for single parents with a child under the age of six and from 30 to 40 hours for other single parents. The Senate Finance Committee passed a bill in October 2003 that increased work requirements from 20 to 24 hours for single parents with a child under the age of six and from 30 to 34 hours for other single parents (Boushey, 2002). Both the House bill and the Senate Finance Committee bill required an increase in employment from 50 percent to 70 percent of the TANF caseload by 2008.

The rise of welfare reform led many parents to rely on their family, friends, and neighbors for their childcare (U. S. Census Bureau, 2005). Bernal (2005) commented that, "We do not advocate for women to stay at home, but rather for policies to be designed in such a way that we can provide women with the types of daycare that can benefit children, with subsidies or with on-site daycare settings" (p. 1). Lack of adequate childcare can lead to loss of wages, denial of promotions, reprimands for absenteeism, or even the loss of a job (Dodson, Manuel, & Bravo, 2002; Henry,

Werschkul, & Rao, 2003; Veum & Gleason, 1991). Providers are straining to keep their programs in business to offer high-quality care, and parents who barely have the resources to choose good childcare for their children are struggling to find even the barest minimal childcare services (Mezey, Greenberg, & Schumacher, 2002; NACCRRA, 2008c).

The number of children under six years of age in low-income families in 2000 rose from 9.12 million (40.3% of all children under six) to 9.37 million (41.3%) in 2001, and was at 9.80 million (42.1%) in 2004. Despite this trend, many states have reduced access to childcare help rather than expanding it. A September 2008 report by National Women's Law Center's demonstrated that between 2001 and 2004 most states took steps backward on childcare assistance. Many states:

- set more restrictive eligibility criteria for child care assistance;
- left eligible families on long waiting lists for child care assistance;
- increased the share of childcare costs that parents receiving assistance were required to pay; and/or
- failed to set adequate reimbursement rates for child care providers serving families receiving assistance.

LeMoine and Morgan (2004) studied states' childcare center licensing rules to determine whether the states require childcare centers to provide education for young children, particularly infants and toddlers, in all licensed programs, or whether they intend only to protect the physical health and safety of children. They found that increasingly, the states' rules stress relationships and interaction between the infants/toddlers and their teachers/caregivers, and are not limited to "just physical health

and safety” issues, but some states continue to maintain large group sizes. The ratios for adults to infants and toddlers have lowered, most likely as a result of research findings indicating optimal development when having 3 to 5 infants and/or toddlers per primary caregiver.

Substantiated findings of some research studies (Barnett, Jung, Wong, Kook, & Lamy, 2007; Campbell, Ramey, Pungello, Sparling, Miller-Johnson, 2002; Douglas-Hall, & Chau, 2007; NICHD, 2002) show the positive outcomes from quality early childhood care, and yet many states reported in NACCRRA’s 2006 report, *We Can Do Better: NACCRRA’s Ranking of State Childcare Center Standards and Oversight*, still fail to meet the basic requirements needed to protect the health and safety of children in childcare, and to promote their school readiness. “As we reviewed the possible criteria for the ranking and put the scores together, we were shocked to see in real detail how low the bar is set for the quality of care that 12 million children under age 5 are in each week” (NACCRRA, 2007, p. 1).

Regulations for the three states in my study were as follows: Indiana childcare teachers were required to have a minimum of a high school diploma or GED before working with children. Illinois ranked 2nd highest among the 50 states when rated on 15 basic criteria related to their current childcare center standards and oversight, although center directors are not required to have an Associate’s degree or CDA. Missouri childcare teachers were not required to have a high school diploma or GED before working with children, center directors were not required to have an Associate’s degree or CDA, and center staff were not required to have first aid or CPR training (NACCRRA, 2007).

NACCRRA's report (2008b) on states' regulations in home care settings scores and ranks states based on current family childcare standards and oversight policies. The Midwest states of Indiana (received 25% of total points), Illinois (received 48% of total points), and Missouri (received 26% of total points) all ranked in the lower half of the state ratings. Some weaknesses in quality standards found in the three states were that Indiana allows a single provider to care for as many as 6 children under the age of 24 months at one time, and also allows corporal punishment (ranked 35 out of 50). Illinois ranking 11 out of 50 does not require providers to have completed a high school education or G.E.D. Missouri ranking 33 out of 50 does not require background checks using fingerprints and does not check juvenile records or sex offender registries.

Summary of the Review of Related Literature

Research studies done over the past 25 years assessing quality of childcare services reached the same conclusion when using similar indicators of quality: a significant correlation between program quality and outcomes for children. In its long-term study of childcare, the National Institute of Child Health and Human Development (NICHD) found that children in higher-quality care for their first four-and-a-half years of life scored higher on tests of cognitive skills, language ability, vocabulary, and short-term memory and attention than children in lower-quality care (NICHD, 2002). These findings illustrate the importance of early intervention, the role of societal elements in children's welfare, and the significance in providing means for all children to receive quality care during their formative years.

Parents may have clear preferences for a particular type of care and do not consider other options. Location, availability of services, and economics may severely

restrict parents' choice of care (Cryer & Burchinal, 1997). Research findings during the past decade have identified the need for quality childcare programs that are accessible and affordable to all children needing care, regardless of socio-economic status, ethnicity, family structure, or age of child. In 1998, the National Association for the Education of Young Children (NAEYC) issued the following Position Statement on Licensing and Public Regulation of Early Childhood Program: "The fundamental purpose of public regulation is to protect children from harm; not only threats to their immediate physical health and safety, but also threats of long-term developmental impairment" (NAEYC, p. 46).

The trend for mothers to continue in the labor force is remaining steady. Nearly 75% of children younger than five years of age with employed parents are in a regular nonparental childcare arrangement, including relative care, center-based care, and family childcare (Sonenstein, Gates, Schmidt & Boshun, 2002). In 2006, 65% of mothers with preschoolers (an increase of 30% since 1970) and 79% of those with school-aged children (an increase of 56% since 1970) were employed at least part of the time (England, 2007).

Based on data from previous studies, key factors were identified in my study as influencing mothers in different household status groups in the way they viewed and selected childcare for their children. Ongoing dialogue between policy makers, program providers, community constituents, and working parents hopefully continues with the purpose of identifying connections between the labor force participation and access to quality childcare for all families regardless of family structure, income, ages of children in care, or schedule of parents' working hours (Myers & Jordan, 2006).

Mothers' perceptions of indicators for quality care, along with the challenges mothers experience when accessing quality care settings for varied ages and gender of their children can assist further researchers and cohorts who work with families to alleviate as many problems as possible for those depending on reliable quality care for their children. In spite of the many efforts on the part of policy makers and community leaders providing program-funding assistance for childcare, findings indicate that large numbers of eligible children are yet not being served.

Chapter II

Theoretical Context

The Ecological Systems model's usefulness for providing a fitting framework when studying parents' perceptions, influencers, and criteria for selection of childcare is discussed in this chapter. A general systems perspective examines the way components of a system interact with one another to form a whole. Rather than focusing on each of the separate parts, a systems perspective focuses on the connectedness, the interrelation, and interdependence of all the parts. A systems perspective permits one to see how a change in one component of the system affects the other components of the system, which in turn affects the initial component.

Many factors influence outcomes for children and families, and a variety of comprehensive services programs, including the relational factors influencing outcomes for children, are more effectively identified when studied within a systems approach. For example, mothers whose status changes from being married to being single or vice versa, may likely feel added stress from pressures of balancing family and work in a new role (Pungello & Kurtz-Costes, 2000). Although these new stressors may not be directly related to childcare, they indirectly have an effect, from one system to another, on the decision-making process for the childcare selection.

A Systems Approach

Urie Bronfenbrenner (1917- 2005) developed the ecological systems model with a primary focus on the social contexts in which people live, and expanded the model to reflect relationships between additional external and internal systems impacting development of a person (Bronfenbrenner, 1979,). The ecological model provides a

framework for examining all the factors of a child's development, and shows the relationships within the context of the systems that form his or her environment, including the numerous factors influencing care both in and out of daycare settings (Bronfenbrenner, 1995). Bronfenbrenner's systems model allows researchers to examine the influences of the child's characteristics with extraneous variables that directly and/or indirectly have an effect on other factors impacting family decisions.

It is helpful to think of Bronfenbrenner's systems model in terms of concentric circles, where the smallest circle in the center of all the circles is the child. (See Figure 1.) The bioecological systems model (modified from the original four concentric realms or systems to five concentric realms), was developed to view the problems experienced by families in our society (Bronfenbrenner & Ceci, 1994). The five bioecological systems identified at the time of this writing were: the microsystem, mesosystem, exosystem, macrosystem, and chronosystem ranging from close interpersonal interactions to broad-based influences of culture (Bronfenbrenner, 1986, 1989, 1994, 2004). In addition to the demographic variables,

Recent child development theories consider the impact that both biological (nature) and environmental (nurture) factors play within the family, and seek to explain similarities and differences in various types of family structures (Bretherton, 2009; Bronfenbrenner, 1995, 2004; & Golbeck, 1992). A systems model provides the ability to see how aspects of human lives are balanced between internal (nature or biological) and external (nurture or environmental) factors. Relationships between factors that influence mothers' decisions for childcare selection may become stronger or weaker with the addition or subtraction of other variables.

Bronfenbrenner viewed a child's development as being influenced by the interaction of systems within his/her environment that become more complex as the child's physical and cognitive structures grow and mature. According to Bronfenbrenner (1994), to compensate for a negative situation, a child must be moved to a different setting, or the setting should be improved for the child and made more appropriate, and of high quality. However, the findings in some studies, including this current study, indicate that existing variables may preclude mothers' selection of quality care (Besharov, Myers, & Morrow, 2007; Crispell, 1994). "Nowhere in the 1979 monograph nor elsewhere until today does one find a parallel set of structures for conceptualizing the characteristics of the developing person" (Bronfenbrenner, 1989, p. 188).

Context for research study. The structure of bioecological systems served as a framework for the analyses in my study to identify influencing factors, and to explain the processes by which mothers make decisions for selecting childcare settings. The puzzlement as to why the mothers in households with unemployed adults selected care outside of the home rather than utilizing care by the unemployed adult could be a prime example of two clashing microsystems. A systems framework provides a good fit for viewing issues impacting working mothers, and also impacted by mothers, in each of the systems.

This model allows for changes in behaviors whereby problems can be assessed within the intertwined systems and resolutions to the problems can be reached as the balance is restored between the systems, making this model a useful tool for developing government policies and programs for the benefit society at large. Bronfenbrenner's

model emphasizes the importance of all systems that directly or indirectly affect the child to interact in positive and meaningful ways.

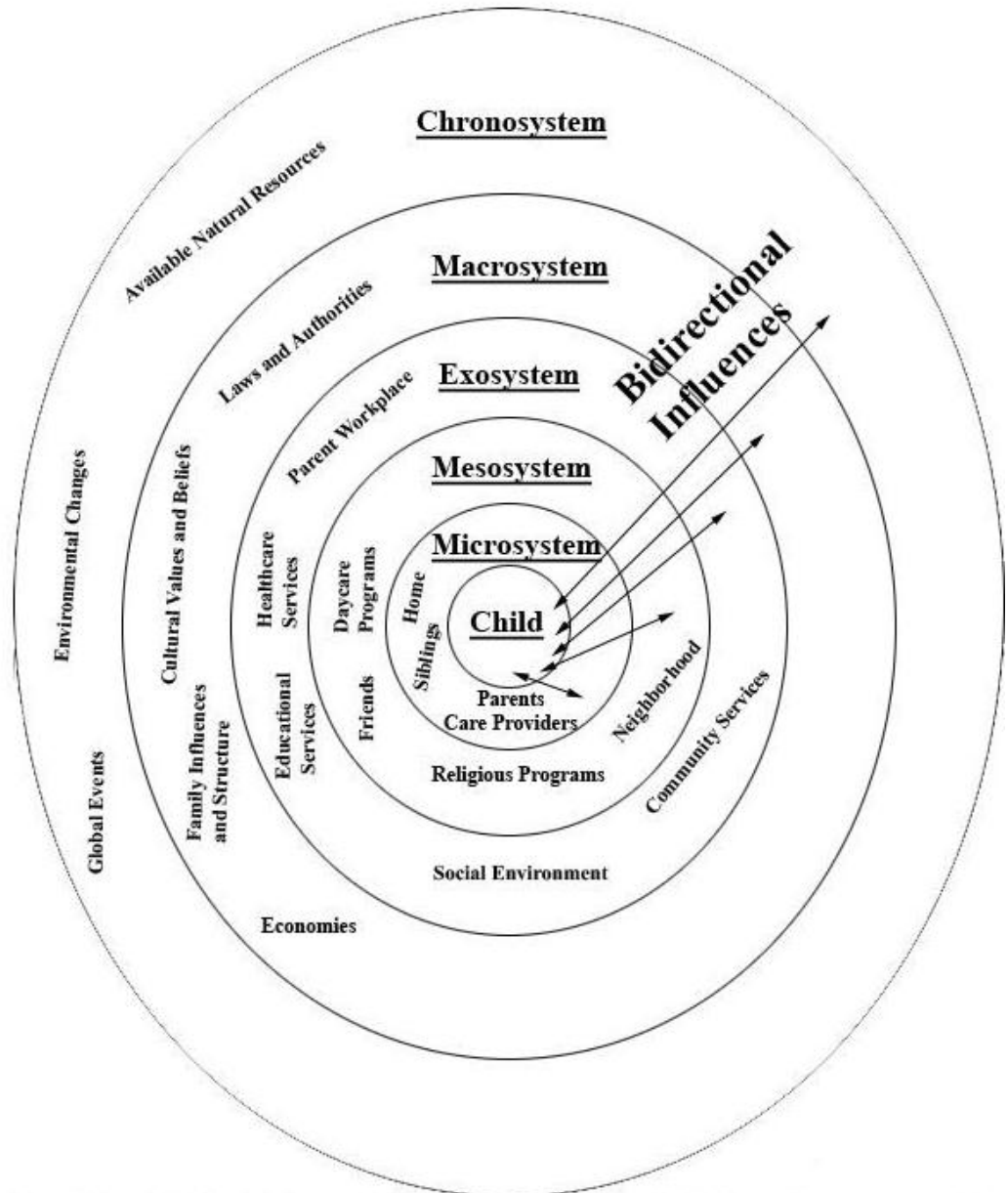


Figure 1. Bioecological model of concentric circles demonstrates the bidirectional influences between systems, with direct or indirect effects on the child.

Microsystem. Within a systems theory framework, things that are closest to the child are shown as the innermost circle. Primarily, the relationships and interactions a child has with his or her immediate surroundings are identified as the *microsystem*. The microsystem in which the individual spends considerable time includes family, school, neighborhood, or childcare environments. Within these microsystems, the individual has direct interactions with parents, teachers, peers, primary caregivers, and others. The interaction of structures within a layer and interactions of structures between layers is key to this systems model. The importance of primary caregivers and the intimate bonds that can be formed between them and the children in their care are critical factors in children's healthy development (Bergen, Reid & Torelli, 2001; Harms, Cryer & Clifford, 1990; Honig, 1993, 2007). Therefore, the environments selected for children's care, according to research findings, will influence how a child develops.

Relationships can impact in two directions - both away from the child and toward the child. Bronfenbrenner calls these *bi-directional influences*, and he shows how they occur among all levels of environment (Bronfenbrenner, 1995). For Bronfenbrenner, the child is not a passive recipient of experiences in these settings, but is someone who reciprocally interacts with others and helps to construct the settings. He purports that no child develops in isolation. At the microsystem level, bi-directional influences are strongest and have the greatest impact on the child. Parents' beliefs may affect their children's beliefs and behavior; however, the children also affect the behavior and beliefs of the parents. Parents' perceptions of how and by whom their children should be cared for, and which settings they believe best meet their needs, directly influence the childcare selection. Just as an environment or setting impacts children with different temperaments

or ages, the child's temperament and/or age may strongly influence a parent's decision for childcare selection. Other factors of cost, transportation, availability of types of care, vacancies, etc. also influence how a parent makes a final choice for care. Policies and practices in each level of the bioecological systems – from the microsystem of a child's individual characteristics to the chronosystem of the broader cultural and environmental norms – are needed to provide stable, reliable, and dependable settings in which families will maintain healthy psycho-social and developmental outcomes (NACCRRRA, 2009).

Experience in one microsystem can affect experience in another microsystem. For example, single mothers experiencing negative input on the job may exhibit antisocial behaviors with their children, and as a result, may create negative behavior issues with their children. These are children who may be reported as having “feisty” temperaments when reported by mothers, but not seen as having feisty temperaments by early childhood professionals. Children who have easy-going temperaments can build positive relationships with parents and caregivers, while children with feisty, difficult temperaments can produce negative reactions toward and from caregivers. Many factors such as the child's temperament, number of children in the family, and family structure examined in my study were bi-directional influences. However, interactions at outer levels can also impact the inner structures. All levels of government share the responsibility for effecting positive change toward providing affordable and accessible places whereby children, especially infants and toddlers, are cared for by trained and nurturing caregivers in quality environments.

Mesosystem. The *mesosystem* is the layer that provides the connection between the structures of the child's microsystem. An example would be the connection between

the child's parents and his or her teacher, or between the childcare center and his or her neighborhood. The mesosystem includes those people with whom an infant or toddler would encounter next to the family members and those within the microsystem.

Bronfenbrenner (2004) declared two environmental conditions necessary for children's development: (1) a child must receive unconditional love from one or more adults; (2) adults must encourage the child and spend time interactively with the child both in and out of the home environment. Therefore, the relationships between parents and nonparental caregivers can negatively or positively impact a child's development.

Bronfenbrenner led other researches to apply the ecological framework to child development studies to examine how factors beyond the mother-child relationship – other family members, parents' social support networks, community characteristics, and at the broadest level, race, class and economic arrangements – affected child development and the mother-child relationship, and how different kinds of factors mutually influenced each other.

Exosystem. The exosystem is at work when experiences in another setting (in which a person does not have an active role) influence what is experienced in the immediate context and is that layer defining the larger social system in which the child does not function directly. For example, decisions made by boards or political systems have strong roles in determining the quality of institutions set by licensing requirements or accreditation standards for childcare settings, schools, health facilities, or other types of community facilities. Their decisions can help or hinder a child's development.

As women enter the work force, they too are subject to the same demands as their male counterparts. Family life in this country has taken a back seat to the needs of the

workplace (Acs, Phillips, and McKenzie, 2000). The structures in the exosystem impact the child's development by interacting with some structure in the microsystem. The larger social system impacts children, even though they are not directly involved in creating the systems in place. Parent workplace schedules or community-based family resources are examples. The child may not be directly involved at this level, but does feel the positive or negative effects of the interactions as structures relate to his/her own system.

The economy in the United States has shifted from an industrial model to a technological model, yet the patterns of the workplace have continued to rely on the factory work ethic. Parents are expected to work a schedule that revolves around the factory whistle – even though they may work in a high tech office. The ecology that enables workers to be free of manual labor, should also allow families the flexibility needed to accommodate their needs. Children's lives are directly impacted when a parent's work ethic demands inflexible time constraints, and exacerbates the problem when there is an absence of more than one adult in the household. Urie Bronfenbrenner's (2002) comments on the trend he saw in the United States were cited as an observation by a foreigner to the United States:

In a world in which both parents usually have to work, often at a considerable distance from home, every family member, through the waking hours from morning till night is on the run. The need to coordinate conflicting demands of job and child care, often involving varied arrangements that shift from day to day, can produce a situation in which everyone has to be transported several times a day in different directions, usually at the same time – a state of affairs that

prompted a foreign colleague to comment: “It seems to me that in your country, most children are being brought up in moving vehicles” (p. 50).

Macrosystem. The macrosystem is next to the outermost layer in the child’s environment and involves the broader culture in which people live, including the society’s values and customs. The impact on families that is sometimes caused by the hectic way of life can contribute to the breakdown of family traditions and customs. Culture is a very broad term which includes the roles of ethnicity and socioeconomic factors in children’s development. Cultural traditions regarding gender roles, family responsibilities, religious rites, and educational systems are varied across groups of people within the United States, and across the globe. When analyzing how parents rate quality indicators, researchers should be cognizant of the effects of parent’s values and belief systems. My study attempted to learn about factors other than socioeconomic status that may influence how mothers regard quality-care indicators.

The effects of larger principles defined by the macrosystem have a cascading influence throughout the interactions of all other layers. For example, if it is the belief of the culture that parents should be solely responsible for raising their children, that culture is less likely to provide resources to help parents. This, in turn, affects the structures in which the parents function. The parents’ ability or inability to carry out that responsibility toward their child within the context of the child’s core microsystem is likewise affected.

Chronosystem. The chronosystem added as the newest and outermost layer, refers to sociohistorical conditions that encompass the dimension of time as it relates to a child’s development and environment. For example, students today are living a

childhood of many firsts. They are the first day-care generation, the first generation to grow up in the electronic bubble of an environment defined by computers and new forms of media, the first postsexual-revolution generation, and the first generation to grow up in new kinds of dispersed, deconcentrated cities that are not quite urban, rural, or suburban (Louv, 1992). It is important to understand the sociohistorical changes that occur with the ever-changing society when analyzing experiences and perceptions of the family, to understand hindrances to and motivators for parent choices of care for their children.

Bronfenbrenner gave increasing attention to the chronosystem as an important environmental system focusing on natural resources and global preservation. He called attention to two alarming problems: (1) the large number of children in America who live in poverty, especially in single-parent families; and (2) a decline in values. The number of children living in poverty grew nearly twice as fast in Indiana (one of three states in my study) as in the rest of the nation during the first half of this decade, according to a new report on the status of America's children (Indiana Youth Institute, 2007).

Summary of Ecological Systems Model. Elements within this system can be either external, such as the timing of the parents' divorce creating a change in household status, or internal, such as the physiological changes that occur as children age. When getting older, children may react differently to environmental changes and may be more able to determine how that change will influence them. The systems that worked for previous generations may work in a different way for a Twenty-first Century generation, or they may not work at all. The information given to parents will be more effective when it aligns with current policies and service systems available to families. As the

labor force changes, the needs of the family are impacted by changes in each of the systems levels.

The outcomes of children rely on many bioecological factors within the family, the community, the world, and the policies on all levels governing children and families. For example, my observations of how different types of single-parent households access childcare led to qualitative thinking about the mesosystems influencing the microsystems and vice versa, especially in situations where there are unemployed adults in the household who do not care for children. Many questions came to mind. Why is the child being cared for outside of the home? Why isn't the unemployed adult caring for the child? What are the factors influencing mothers to make their childcare selections? Is single parenthood similarly represented in Midwestern states (particularly Indiana, Illinois, and Missouri)?

Of particular interest to my study, from 2000 to 2005, the number of children from Indiana in poverty increased 21%, compared with just less than 12% nationally. Indiana's increase was the 10th-largest jump among all states. Reportedly, more than 272,000 Indiana children, or 17% of those younger than 18, lived in poverty. Thirty percent of Indiana children lived in single-parent families, up three percent from 2000. The Indiana Youth Institute data (2007) found, however, there were only 138,269 slots available for children in licensed childcare – meaning there was just one slot in licensed care for every 2.25 children who needed care. These data illustrate how parents' choices for care are impacted by multiple systems. The Ecological Systems Theory is one of the few theoretical frameworks providing for systematically examining social contexts on both micro and macro levels, making it possible to examine variables affecting children's

lives in more than one setting, and thus allowing researchers to use a holistic approach to the study of family issues and decision-making processes.

Theoretical Applications

Childcare providers and parents are co-contributors in influencing the way children flourish within the culture of care provided. Therefore, the need exists for close ties between families and their surrounding systems, particularly for families at risk.

Some strategies for applying Bronfenbrenner's systems model in this study are:

1. Think about the family as embedded in a number of environmental systems, and these systems impact various family structures in unique or individualized ways. Bronfenbrenner's model suggests that parents and teachers can benefit by paying attention to the influences of different environmental systems on the child. These include childcare settings and teachers, parents and siblings, the community and neighborhood, peers and friends, the media, religion, and culture. This study identifies resources in different systems that families rely on to learn about and access quality care. Descriptive data on mothers' issues when selecting care can be viewed within a systems framework to identify varied levels of negative and positive influences on families, for the purpose of finding practical and realistic support for families.

2. Pay attention to the connection between childcare settings and families, and how needs are being met. Researchers' findings raise awareness that this is an especially important link in a child's later outcomes (Goncu, 1999; Huitt, 2000; Pianta, Kraft-Sayre, Rimm-Kaufman, Gercke, & Higgins, 2001). For example, data from this current study revealed that the majority of mothers selected licensed care settings for their children, but also revealed that the majority of mothers did not base their selection on the use of

quality-care indicators. From these findings, there appears to be an unexplained motivation embedded in one or more of the systems for the majority of these mothers' selection of licensed care, regardless of SES or household structure.

3. Recognize the importance of the community, socioeconomic status, and culture in the child's development. These broader social contexts can have powerful influences on the child's development. Poverty can overwhelm children's development and impair their ability to learn. When a single mother is struggling to balance responsibilities of her job and care of her children, the effects of poverty and/or obtaining suitable quality childcare can be daunting. As the primary caregivers for children, mothers from single- and multiple-income households with young children often pay a "child penalty" in the form of reduced labor force participation relative to otherwise similar women without young children (Gornick, & Meyers, 2003).

Research Questions

Based on the review of the literature, findings from professional early childhood organizations (NAEYC, NACCRRA, etc.), and the pragmatic observations from my employment as a childcare resource and referral agent, I created research questions rather than hypotheses for this study. Following the pilot sample returns, the questions were modified and posed to reflect on mothers rather than on mothers and fathers. This study focused on the arrangement of the mother's household status determined by single versus dual earners in the family, rather than on the mother's marital status for the basis of data collection and analyses:

- Question 1: What are similarities and differences in mothers' SES that significantly relate to mothers' selection of childcare?

- Question 2: What are the similarities and differences that mothers living in various household status groups report as influencing their selection of childcare type and certification?
- Question 3: What are similarities and differences in characteristics of the youngest child in care in relationship to household status groups and childcare selection?
- Question 4: Do mothers from different SES backgrounds and household status groups report similar or different criteria and/or sources for learning about early childhood (EC) information and childcare settings?
- Question 5: Do mothers from varied SES backgrounds and household status groups experience similar or different challenges or problems when seeking childcare?
- Question 6: When seeking and selecting care, how similarly do mothers in varied types of household status groups identify quality care indicators?

Underpinnings for Research Questions Asked by this Study

The need for identifying similarities and differences between experiences of parents in different household status groups and their childcare selection processes is ongoing in the field of childhood education. Data from informal surveys such as the annual motherhood surveys conducted by Babytalk Magazine and other online single-mother Web sites (<http://www.singlemothers.org/>), and formal surveys (e. g., U. S. Census Bureau, 2003) indicate that more than 50% of single mothers are unmarried and living with the biological father of their children. Similar data were not available for single fathers as heads of households, at the inception of this study.

The research questions were designed to reflect parents' rationale for childcare selection practices, criteria influencing parents' preferences and/or concerns when selecting childcare, the possible effects of selecting quality care on outcomes for children, and the usefulness of the Ecological Systems model for providing a fitting framework when studying parents' criteria for selection of childcare when microsystems (household groups) vary.

The instrument was designed to gather realistic rather than idealistic data from parents, for answering the research questions. For example, participants were to report on their actual experiences when responding on the questionnaire. The intent was to learn more about participants' perceptions of their childcare selection process rather than about the accuracy of their responses (i., e., certification status of childcare settings, problems experienced when seeking childcare, and temperament of the child in care). The underlying premise for framing the research questions was to identify similarities and differences in how parents in various household settings, and with varied demographic variables, report their experiences when learning about and selecting childcare.

Chapter III

Method

The primary purpose of this study was:

- to identify how mothers learned about and selected childcare,
- to examine relationships between mothers' perceptions of quality care and their childcare selections, and
- to identify factors influencing childcare choices by mothers living in three different household groups.

The premise for this study was based on pragmatic observations made by the researcher while employed as a child care resource and referral agent, and findings from previous studies indicating that the majority of children in the United States were not placed in high quality care settings, even though parents reported wanting their children to be in quality-care settings (Caldwell & Hilliard, 1985; Kisker & Maynard, 1991; NACCRRA, 2004). This study was designed to acquire sufficient data for identifying factors in various systems levels contributing to the gap between what parents say they want and what they actually select. Items on the questionnaire were designed to elicit realistic rather than idealistic responses. For example, rather than asking to cite what they thought would be a most helpful source for learning about early childhood issues, participants were asked to cite their most helpful source that they had used for learning about early childhood issues. By framing the questions to require responses from participants' personal experiences, the researcher's intent was to gather data about actual experiences rather than what participants think should be. The instrument for my study was developed to gather self-reported responses from primary decision-making parents, to

analyze how they learn about/think about quality care, and to ascertain possible direct and indirect motivators influencing their childcare selection.

Review of previous studies resulted in a lack of empirical data defining primary sources used by parents for learning about childcare, and who they considered to be trusted sources for that information. These data are needed by policy makers and strategic planners in various systems levels for creating effective childcare policies and practices including disseminating accurate information to parents.

The initial plan for the study was to include both fathers and mothers as participants, even though statistics show that most single heads of families are women (U. S. Department of Health and Human Services, Administration for Children and Families, 2001). However, of the parents ($N = 30$) recruited to participate in the pilot sample study, the majority of parents who volunteered to participate were mothers, and none of the fathers who were given questionnaires responded. Based on no fathers responding for recruitment in the pilot study, the researcher searched for statistics showing the percentage of mothers versus fathers as primary caregivers of children in the United States. However, the only data available revealed less than ten percent of males versus females are stay-at-home parents, caregivers of the elderly, and teachers in early childhood or primary grade settings. Even though there were no empirical data found by the researcher to ascertain percentages of mothers to fathers who view themselves as primary caregivers of their children, statistics do confirm that the majority of single heads of households are mothers (U. S. Census Bureau, Households and Families: Table 1, 2003). Therefore, to control for probable inequitable numbers of fathers-to-mothers in the study, the researcher exclusively solicited mothers.

Participants

This study used a self-selected convenience sample of volunteers. Based on U. S. Census Bureau statistics (2003) reporting that 80% of single-parent families are headed by females, to ensure a sufficiently large sample size for primary caregivers in each of the three household status groups, only mothers were included in the study. The marital status of mothers was not factored into this study.

The researcher contacted Child Care Aware/ Child Care Resource and Referral (CCR&R) offices in the three states of Indiana, Illinois, and Missouri where rosters of area childcare settings (licensed and unlicensed family and group care) are maintained. From the lists, the researcher strategized distribution to potential participants in rural and urban communities of various sizes (small to large). The targeted locations for selecting participants were various types of childcare and preschool settings. Distributions of the instrument were also made to potential participants in restaurants, houses of worship, medical waiting rooms, shopping areas, and early childhood seminars/meetings.

The four parameters listed in the cover letter (Appendix A) for parents to participate were to:

- (1) be 18 years of age or older;
- (2) be employed and using some form of paid childcare;
- (3) utilize childcare services in Indiana, Illinois, or Missouri;
- (4) be the primary decision-maker for the childcare selection.

One hundred ninety-seven employed mothers in three household groups voluntarily participated in this study:

- Group One - 110 mothers in multiple-income households ;
- Group Two - 61 mothers in single-income households with no other adults; and
- Group Three - 26 mothers in single-income households with unemployed adults.

The demographic characteristics of participants, including percentages within household groups, are given in Table 1, Household Demographics, and in Table 3, Maternal Education by Household Status. The marital status of participants in each of the household status groups was not defined as a part of this study. Rather, the participants determined their household status groups based on the adults in their homes who were employed or unemployed.

Rationale for inclusion of variables likely to influence childcare selection for participants in different household status groups evolved from the researcher's observations when working with parents selecting childcare settings, and findings from previous research (Bronfenbrenner & Evans, 2000; Center for Economic and Policy Research, 2004; Collins, Kreader, & Georges, 2002). Although these findings have added to the field of information about what parents look for in child care and how they define quality, little data are currently available regarding what processes parents use to make these decisions, which influential variables are in different systems, and what characteristics of child care parents prefer to others (Galinsky, 1992; Long, Wilson, Kutnick, & Telford, 1996; NACCRRA, 2010; Prosser & McGroder, 1992; Pungello & Kurtz-Costes, 2000).

The federal government's policy to subsidize childcare costs for low-income parents was created by policy makers who obviously believed that childcare issues for

working parents would tend to be solved if everyone could afford quality care. However, this study found that many factors in different systems, in addition to income, have an influence on choices parents make for childcare. For example, a mother's understanding of quality-care indicators could likely influence her choice of care. A parent's beliefs, ideals and value system may influence his or her choice for care. Bronfenbrenner's systems model allows for examination of multiple factors in different systems levels that influence parents' childcare selection. Programs and policies have heretofore focused on subsidizing childcare for low-income families. However, McLanahan (2009) found that single parents with or without financial assistance for child care, had differences in their childcare selection processes when compared with parents who were married or cohabitating, indicating that factors other than income have an effect on childcare selection. Therefore, the instrument used in this study was created to capture realistic data embedded in the bioecological systems levels, to identify primary and secondary sources of influence on parents' decision-making process.

Measures

The instrument used for collecting data was a 6-page (three 8 ½ X 11-inch pages front and back) printed questionnaire. A cover letter on Syracuse University letterhead (Appendix A), and a stamped envelope addressed to the researcher were attached to each questionnaire. Color-coded paper for each of the three states (white for Indiana; blue for Illinois, and yellow for Missouri) was used for the first distribution of 400 questionnaires. The instrument for the pilot sample, and the first distribution of questionnaires for the study was color-coded to designate the state, with a total of 35 numbered items plus one blank line for mothers to write in their ethnicity.

Subsequent distributions (2nd and 3rd waves) used questionnaires that were printed on 8 ½ X 11-inch white paper with the only difference in format from the instrument used during the first wave being an additional line for mothers to write in their state of residence, making a total of 37 items to be completed by participants. One hundred ninety-seven questionnaires were received, a 30% return rate on the 660 total questionnaires distributed.

Procedure

The Institutional Review Board (IRB #03-129; updated review #96041) of Syracuse

University granted permission for this study (Appendix B). A qualitative approach using pragmatic and informal observations formed the basis for items used in creation of the instrument used in this study. The plan was to create a sample representative of households with and without other employed adults in the family. Prior to creating the instrument, the researcher observed that some single parents, though the only employed adults in the households, were not living alone, but rather were living with unemployed adults. Therefore, in addition to the household status of two employed adults in the household with children, two options for single parents were included in the instrument for “Current Household Status” groups: (a) only employed/only adult in household, and (b) only employed adult living with unemployed adult(s) in household.

Data were collected in three waves of sequential sampling between 2004 and 2008, with no differences in the content of the instrument. The cover letter received by each respondent stated that the knowledge gained from data in this study could create greater synergy among employed parents, childcare providers, policy makers, and parent

educators for the attainment of quality childcare for all children. During the third wave, while following the same distribution procedures as in the first two waves, an additional effort was made to recruit single mothers as participants. Reliability of the study could not be established due to the anonymity given to the participants, not allowing for test/retest or follow-up.

Pilot sample. The researcher contacted Child Care Resource and Referral (CCR&R) offices, childcare businesses (licensed and unlicensed), houses of worship, early childhood events, and service-oriented facilities, for the purpose of distributing an equitable number of questionnaires in the three Midwestern states of Indiana, Illinois, and Missouri. Potential participants had to be employed with at least one child in some type of paid childcare setting. The effort was made to recruit parents using various types of paid childcare settings in each of the three sizes of communities designated in the questionnaire. Parents meeting the criteria and volunteering to participate were given a printed questionnaire with a cover letter, and an attached stamped envelope addressed to the researcher. Of the 60 questionnaires distributed, the first ten questionnaires received from each of the states were used for the sample ($N = 30$). The 50% return rate of the pilot sample was possibly due to the concerted effort by the researcher to personally interact with potential participants and explain the significance of their participation in this study.

Revised instrument instructions. For the pilot sample, all 37 items were coded and input by the researcher. Forty percent of the responses for items #27, #28, and #29 (Even though all of the following items are important, please choose ONE item that is more important and ONE item that is less important to you in the box below.) were not in

accordance with the instructions (multiple responses given for “more” and “less” choices rather than the required response for only one response for each). Prior to the first wave of data collection for the study, the instructions for items #27, #28, and #29 were modified by adding the line, “Check ONE for MORE IMPORTANT, and ONE for LESS IMPORTANT.”

Establishing validity. Face validity of the questionnaire was established by collaboration with two early childhood professionals correlating mothers’ answers with NAEYC guidelines for ranking quality-care indicators. A graduate student in the field of early childhood and an early childhood professor discussed expected coding for responses, and the two professionals, each familiar with National Association for the Education of Young Children (NAEYC) standards, were given fifteen random samples of completed questionnaires to independently code fill-in-the-blank items #15a, #15b, #30, #31, and #35. Responses for Item #32 were coded to match choices in Item #18. Because no familiar scale was available, construct validity was established for rankings of “quality care” based on standards outlined by two of the foremost professional organizations representing early childhood care and development: NAEYC (Bredekamp, & Copple, 1997) and NACCRRA (2004).

Sequential Sampling. All data collected during the three waves were input by the same person. The initial plan was to run analyses using two household status groups: multiple-income household group versus single-income household group (Group Two and Group Three combined). Therefore, to be certain that no significant variance existed between the two single groups, t-tests were run between the two single-income household groups (Group Two versus Group Three). Even though after the first wave of data

collection Group Three was represented by a small number of 11 participants, results revealed significant differences in income and education between the two single-income household status groups. The number of children in care, and the age and gender of the youngest children in care for Group Three were also significantly different from the other two groups. Therefore, two subsequent waves of data gathering were conducted in an attempt to increase the sample size particularly of employed mothers in single-income household groups with unemployed adults for further analyses.

No major changes in childcare policies or procedures impacting childcare issues included in this study occurred during the five years of data collection. Other works discussing similar data published during this time (Boushey, 2005; Cotter, England, & Hermsen, 2007; Fuqua, 2008; NACCRRRA, 2007, 2008a) indicated an ongoing need for similar data on childcare selection experiences.

First wave distribution. The researcher self-selected early childhood professionals, college students, employees of group and family childcare facilities, offices of Child Care Resource and Referral (CCR&R), and religious education directors to voluntarily serve as recruiters to distribute questionnaires in such places as schools/colleges, houses of worship, community centers, childcare services facilities, early childhood conferences/meetings, children's play centers, shopping malls, restaurants, places of business, factories, neighborhoods, and medical facility waiting rooms. Potential participants were employed mothers with at least one child in some type of paid childcare setting.

Four hundred questionnaires printed on different colored paper for each of the three states, prepared with attached cover letters, and stamped envelopes addressed to the

researcher, were given to recruiters. The cover letter stated that by participating, participants would add to the body of research in early childhood. The information in the cover letter was the only information about the study that was shared with recruiters or participants. Each recruiter suggested a quantity of questionnaires she or he could feasibly distribute. Once the researcher established multiple recruiters in various locations throughout each of the three states, 400 blank questionnaires were given to them for distribution.

Placement for the first wave of distribution of questionnaires was as follows:

- 176 questionnaires were placed with childcare center directors to give to working mothers in 22 childcare centers (9 in Indiana, 6 in Illinois, 7 in Missouri);
- 52 questionnaires were placed with caregivers to give to working mothers in 11 family childcare settings (5 in Indiana, 3 in Illinois, 3 in Missouri);
- 43 questionnaires were randomly given to Midwest childcare providers and working mothers at NAEYC conferences and other early childhood meetings/workshops in the states of Indiana, Illinois and Missouri;
- 40 questionnaires were given to working mothers at shopping malls, grocery stores, restaurants, and hospital waiting rooms;
- 89 questionnaires were given to students in Midwestern early childhood education college programs who were employed mothers with children in care, or for EC students to distribute to working mothers with children in care.

Participants completed written questionnaires and returned them to the researcher by, mailing via the attached self-addressed stamped envelope. No assessments were made on

the participants' literacy levels, or special needs. The first distribution of 400 questionnaires yielded a return of 133 completed questionnaires – 88 in Group One (other employed adult); 34 in Group Two (single, only adult); and 11 in Group Three (single with unemployed adult).

Second wave distribution. Seven months following the initial distribution of questionnaires, a second wave of data collection was made using the same procedure as in the first wave, with the exception of questionnaires being printed on white paper with a fill-in-the-blank item to identify the state. Two-hundred questionnaires with cover letters and self-addressed stamped envelopes attached for anonymous return to the researcher were distributed in the same manner as the first wave, in the three states of Indiana, Illinois, and Missouri. Forty-six completed questionnaires resulted from the second wave: 16 in Group One, 22 in Group Two, and eight in Group Three, for a total of 104 in Group One, 56 in Group Two, and 19 in Group Three after the second wave.

Third and final wave of distribution. Findings from previous studies indicating possible differences in children's outcomes based on living arrangements of their mothers (Friedman, 2004; Kalil, DeLeire, & Chin, 2002; London, 2000; Morrison and Ritualo, 2000), prompted a final attempt to gather sufficient data for analyzing responses from mothers in each of the three household status groups. The identical procedure used for the second wave was used for the third wave except recruiters were asked, when at all possible, to recruit single mothers, and particularly for mothers living in households with unemployed adults. Of the 60 questionnaires distributed during the third wave, 18 questionnaires were returned: six were received from mothers in Group One, five were received from mothers in Group Two, and seven were received from mothers in Group

Three, making a total of 110 mothers in Group One, 61 mothers in Group Two, and 26 mothers in Group Three for the final analyses. Due to an increased effort to seek out single mothers to participate during the third wave, two-thirds (12/18) of those responding were from single-income households. Each of the waves remained similar (approximately one-third of each distribution) in the overall return rate. The data collected in each of the three waves differed only in focus looking to increase the number of mothers in single-income households, particularly in Group Three. The procedure for collecting data did not vary between waves.

Variables

The bioecological systems model was useful for viewing variables in multiple systems levels that influence the decision-making process. The variables were selected to ascertain what parents wanted and looked for when seeking care, and to identify the determinants in different systems levels that may have influenced how parents selected their childcare. Some items were used as an individual measurement of a construct (i. e., child's temperament), and other items were combined to form a construct (i. e., seeks quality care).

Grouping variable. The grouping variable used for analyses was maternal household status: (1) multiple-income household: mother living with another employed adult; (2) single with no other adult in household, (3) single in a household with other unemployed adult(s). No previous literature, including data on parents in the labor force and population surveys, describing data for these particular household status groups was found. However, based on pragmatic observations by the researcher, a qualitative approach for collecting data from mothers in these three household status groups, and

preliminary analyses indicated that there were indeed distinct differences between each of the groups. Based on percentages of married versus single parents in each of the three states (Indiana, Illinois, & Missouri) single versus married households were found to be within two percentage points (plus or minus) between each of the three states (U. S. Census Bureau, 2003). Therefore, the states were considered to be no different in their number of married versus single households so were collapsed.

In particular, intriguing and startling findings emerged with the single-income households reporting the presence of unemployed adults in the home, yet not as caregivers for children needing care. Even though this group was represented by a small sample size ($N = 26$), the possibility of bi-directional influences between variables in the microsystem, mesosystem, exosystem and/or chronosystem unique to this group, gave credence to investigation. Single-income households were analyzed both separately and combined.

Structural variables. Structural variables were mother's SES, number of children in childcare, age of youngest child in care, gender of youngest child in care, maternal report of child's temperament, age of child when first placed in care, type of childcare currently being used, reported certification of child's current childcare setting, and full or part-time use of care. These structural variables were included for comparisons of similarities and differences between the demographic variables, and the reported influencers in different systems levels of participants in various household status groups.

Process variables. Bronfenbrenner's bioecological systems model was used to illustrate how variables can have bidirectional influences on social constructs. The

process variables were chosen for the purpose of identifying internal and external variables influencing how mothers construct their knowledge about selecting childcare, their primary and secondary reasons for selecting their current childcare setting, most helpful source used to learn about early childhood issues, mothers' reported problems in finding childcare, number of/reasons for changes made in childcare arrangements, and how parent training and quality care indicators were acknowledged and perceived by mothers in different household status groups. Unfortunately, many of these were single items of measurement rather than multiple items to form a construct.

In an effort to learn about actual experiences and thought processes pertaining to childcare selection, mothers were purposely not pointedly asked if they sought quality care. Rather, the process variables were designed to glean realistic data that were used to form a composite concept of mothers' use of quality care indicators when seeking care. Responses were then analyzed on the basis of selection related or unrelated to quality (in accordance with NAEYC standards for quality). For example, Item #15 ("What were the top two reasons you chose this care?") provided a means for examining the self-reported motivating factors for selection of the actual childcare settings used by the participants. The top two reasons for choosing current care settings were used to create a quality construct, and analyzed with factors in various systems levels: mothers' household status groups, their educational levels and family income.

Responses to Item #15 were assigned two ratings. The first of these ratings ("Interest in Quality Scale") was based on the simple count of responses clearly related to quality of childcare, as in accordance with National Association for the Education of Young Children (NAEYC) standards of quality. Based on quality indicators identified by

NAEYC's standards for quality care, the responses to this item were divided into three categories (a) those responses clearly related to quality of the childcare – i. e., “low child-to-adult ratio,” (b) those clearly not related to quality – i. e., “in the neighborhood,” and (c) those that may or may not be related to quality – i. e., “good reference.” If both of the participants' answers were clearly related to quality, a rating of ‘2’ was assigned; if only one was clearly related to quality, a value of ‘1’ was assigned; and if none of the responses was plainly related to quality, a value of zero was assigned – in all cases, the higher the score the greater the indicator for interest in quality.

This categorization was then used to establish a Likert-type rating scale (“Seeks Quality Scale”) with nine possible scores ranging from zero (0) to eight (8), with zero being “strongly evidences that she does not intentionally choose quality childcare” and eight being “strongly evidences that she does intentionally choose quality childcare.” Placement on the rating scale was determined by heavily weighting the primary motivation (multiplying the assigned numerical value by three) and adding the numerical value assigned to the secondary motivation. For example, if a mother's first response was clearly an indicator of quality, she would receive two points times three, to equal six points. If her second response was also clearly an indicator of quality, she would add the two points for that response to the six points for a total of eight points, meaning a strong indicator for indicating quality of care in her reasons for selecting care.

The second rating (“Lack of Interest in Quality Scale”) was similar to “Seeks Quality Scale,” but was based on a count of those responses clearly not related to quality of childcare. Chi-square tests for independence were used to determine any statistically significant relationships between the three derived ratings and the selected variables.

Table 1

Household Demographics

<u>Variable</u>	<u>Household Status</u>			
	TOTAL	Multiple- income partnered	Single, only adult in household	Single, with unemployed
adult(s)	(N = 197)	(n = 110)	(n = 61)	(n = 26)
<u>Maternal ethnicity</u>	(N = 194)			
White	152 (78%)	92 (84%)	42 (69%)	18 (69%)
Non-White	42 (22%)	16 (15%)	18 (30%)	8 (31%)
Missing	3	2	1	
<u>Annual family income</u>	(N = 197)			
\$0 - \$21,000	62 (32%)	7 (6%)	36 (59%)	19 (73%)
\$21,001 - \$45,000	61 (31%)	35 (32%)	21 (34%)	5 (19%)
\$45,001 - \$100,000	62 (32%)	57 (52%)	3 (5%)	2 (8%)
\$100,000 – higher	12 (6%)	11 (10%)	1 (2%)	0
<u>Size of community</u>	(N = 197)			
Less than 20,000	72 (37%)	39 (36%)	24 (39%)	9 (35%)
20,000 – 150,000	91 (46%)	48 (44%)	29 (48%)	14 (54%)
More than 150,000	34 (17%)	23 (21%)	8 (13%)	3 (12%)
<u>Most helpful source</u>	(N = 194)			
Books/articles	36 (19%)	28 (26%)	6 (10%)	2 (8%)
Relatives	79 (41%)	39 (36%)	24 (39%)	16 (62%)
Friends/coworkers	28 (14%)	18 (16%)	10 (16%)	0
Pediatrician/staff	17 (9%)	6 (6%)	8 (13%)	3 (12%)
EC professionals	34 (18%)	17 (16%)	12 (20%)	5 (19%)
Missing	3	2	1	
<u># of children in care</u>	(N = 197)			
1 child	102 (52%)	60 (55%)	34 (56%)	8 (31%)
2 children	71 (36%)	39 (36%)	19 (31%)	13 (50%)
3 or more children	24 (12%)	11 (10%)	8 (13%)	5 (19%)
<u>Age of youngest child</u>	(N = 197)			
Birth – 5 months	16 (8%)	5 (5%)	4 (7%)	7 (27%)

6 – 12 months	26 (13%)	11 (10%)	8 (13%)	7 (27%)
13 – 24 months	33 (17%)	21 (19%)	9 (15%)	3 (12%)
25 – 35 months	40 (20%)	25 (23%)	12 (20%)	3 (12%)
3 years or older	82 (42%)	48 (44%)	28 (46%)	6 (23%)

Gender of youngest child (*N* = 197)

Female	106 (54%)	64 (58%)	33 (54%)	9 (35%)
Male	91 (46%)	46 (42%)	28 (46%)	17 (65%)

Temperament of child (*N* = 197)

Slow to warm up	44 (22%)	23 (21%)	15 (25%)	6 (23%)
Easy going, flexible	133 (68%)	81 (74%)	37 (61%)	15 (58%)
Feisty, irritable	20 (10%)	6 (6%)	9 (15%)	5 (19%)

First placed in care (*N* = 197)

Birth – 6 months	133 (57%)	65 (59%)	30 (49%)	18 (69%)
7 – 12 months	21 (11%)	12 (11%)	8 (13%)	1 (4%)
13 – 24 months	36 (18%)	18 (16%)	13 (21%)	5 (19%)
25 – 35 months	11 (6%)	5 (5%)	4 (7%)	2 (8%)
3 years or older	16 (8%)	10 (9%)	6 (10%)	0

Changes in cc settings (*N* = 197)

No	128 (65%)	64 (58%)	45 (74%)	19 (73%)
Yes	69 (35%)	46 (42%)	16 (26%)	7 (27%)

Current type of childcare (*N* = 196)

Family childcare	97 (50%)	49 (45%)	29 (48%)	19 (73%)
Childcare center	63 (32%)	42 (38%)	17 (28%)	4 (15%)
Registered Ministry	35 (18%)	17 (16%)	15 (25%)	3 (12%)
Other	1	1 (1%)	0	0
Missing	1	1		

Certification of childcare (*N* = 197)

Licensed/Regulated	111 (56%)	60 (55%)	39 (63.9)	12 (46.2)
Legally License Exempt	35 (18%)	14 (13%)	16 (26.2)	5 (19.2)
Unknown/unreported	51 (26%)	36 (33%)	6 (09.8)	9 (34.6)

Source used to find care (*N* = 191)

Signs and ads	39 (20%)	17 (16%)	19 (31%)	3 (12%)
Word of mouth	116 (61%)	66 (60%)	32 (53%)	18 (69%)
Employee	13 (7%)	10 (9%)	3 (5%)	0
Referral agent	13 (7%)	4 (4%)	7 (12%)	2 (8%)
Other	10 (5%)	8 (7%)	0	2 (8%)

Missing	6	5		1
<hr/>				
<u>First reason for choice</u> (<i>N</i> = 195)				
Location nearby	42 (21%)	21 (19%)	13 (21%)	8 (31%)
Affordable	22 (11%)	7 (6%)	12 (20%)	3 (12%)
Licensed/quality	18 (19%)	11 (10%)	5 (8%)	2 (12%)
Facility (setting)	40 (20%)	28 (26%)	8 (13%)	4 (15%)
Hours/transportation	6 (0.3%)	3 (3%)	3 (5%)	0
Provider	52 (26%)	30 (27%)	15 (25%)	7 (27%)
Recommended	15 (8%)	9 (8%)	5 (8%)	1 (4%)
Missing	2	1		1
<hr/>				
<u>Hourly use of childcare</u> (<i>N</i> = 196)				
< 20 hrs/wk	36 (18%)	22 (20%)	11 (18%)	3 (12%)
Twenty or > hrs/wk	160 (81%)	87 (79%)	50 (82%)	23 (89%)
Missing	1	1		

Note. Percentages within household status groups reported for each variable are in parentheses.

Treatment of the Data

Nonparametric statistical tests were used for the categorical data collected from the survey used in this study. Chi-square tests for independence were used to determine any statistically significant relationships between the household status and various demographic variables. Effect Size (McNamara, 1978) that quantifies the size of the difference between the three household status groups is considered for understanding the true measure of the significance of the differences that were found. The demographic variables tested were race, household income, size of community, level of mother's educational attainment (with early childhood education training reported separately), number of children receiving childcare, and demographic characteristics of the youngest child receiving childcare (age, gender, mother's assessment of the child's temperament, and the age of the child when first placed into childcare).

Because the Pearson Chi-square statistic tends to exaggerate the relationship between variables if the value of an expected cell is small, the Chi-square statistic was used only if the "Cochran conditions" (1954) were satisfied (if no cell had count zero, and more than 80% of the cells had counts of at least five). In those few cases when the Cochran conditions could not be met, either Fisher's exact test (for 2 x 2 contingency tables) or the Clarkson, Fan, and Joe (1993) recursive method of Fisher's exact test for r x c contingency tables were used to determine any resulting two-tailed probability ($p[O \leq E | O \geq E]$) for determining significance. The Standard Error of Percentage Difference was used for percentage comparisons. To identify common-sense trends when significant relationships were not found to produce statistical results, a heuristic value was utilized.

Chapter IV

Results

Results in this chapter are given in the order of their relevance to the six primary research questions asked by this study. For the purpose of identifying similarities and differences between mothers in different household status groups in this study, mothers' income and education were analyzed separately rather than as a combined SES variable.

Key Findings from This Study

My exploratory study yielded empirical data derived from self-reported experiences that employed mothers in three different household structures had when seeking childcare settings for their children. Figure 2, Percentage of All (N = 197) Participants in Three Household Groups (Group One, $n = 110$; Group Two, $n = 61$; Group Three, $n = 26$) illustrates the percentages household status groups comprised in the analyses for this study. Standard Error of Percentage Difference, Pearson's Chi-square statistic, and Fisher's exact test (for 2 x 2 contingency tables) were used with an alpha level of .05, to identify significant relationships between household status groups and key variables. See Table 2, Relationships between Household Groups and Key Variables, for analyses results for household groups with single-income household groups combined and separated (7 participants did not respond to childcare certification).

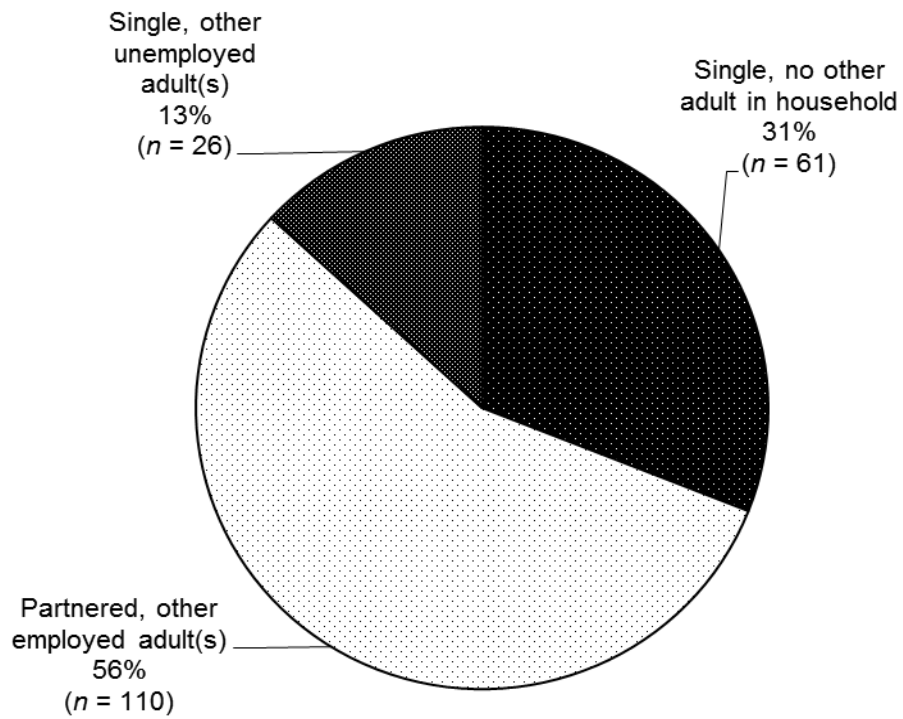


Figure 2. Percentage of All ($N = 197$) Participants in Three Household Groups (Group One, $n = 110$; Group Two, $n = 61$; Group Three, $n = 26$).

Table 2

Relationships between household groups and key variables

<u>Key variables</u>	<u>Household groups</u>	
	2 household groups ¹ (Group One, and Group Two plus Group Three)	3 household groups ² (Group One, Group Two, Group Three)
income	$x^2(3, N = 197) = 88.96, p < .001^*$	$x^2(6, N = 197) = 91.59, p < .001^*$
education	$p(O \leq E O > = E) < .01^{**}$	$p(O \leq E O > = E) < .001^{**}$
childcare type	no significant findings	$x^2(4, N = 196, 1 \text{ missing}) = 9.83, p < .05^*$
certification (7 missing)	$x^2(3, N = 191) = 9.08, p < .05^*$	$p(O \leq E O > = E) < .01^{**}$
age of child	no significant findings	$x^2(8, N = 197) = 22.56, p < .05^*$
temperament	$x^2(2, N = 197) = 7.03, p < .05^*$	no significant findings
gender in LLE	$x^2(1, N = 35) = 4.88, p < .05^*$	no significant findings

¹ Household groups by multiple- and single-income (Group One and Group Two plus Group Three). ² Multiple-income households with two groups of separate single-income households: Group One and Group Two; Group One and Group Three. *Pearson's Chi-square statistic; **Fisher's exact test (for 2 x 2 contingency tables).

Results for Income and education. For all participants ($N = 197$), there was nearly an even distribution across the first three categories of annual household income, as seen in Figure 3, Percentage of All Household Income Categories. Income and education were analyzed separately by household status groups, prior to factoring in child characteristics. Fifty-two percent of Group One reported an income of greater than \$45,000, compared to 6% of Group Two and 8% of Group Three. Of the two single-income groups, 59% of Group Two and 73% of Group Three reported being in the lowest income bracket. Of those mothers reporting an income of \$45,000 to \$100,000, 92% were represented by multiple-income households. Figure 4, Household Income by Household Status, illustrates the significant relationship for household income between multiple and single-income household status groups.

Significant relationships were found between household status groups and maternal education as seen in Table 3, Maternal Education by Household Status (Percentages of Household Status). Of the seven mothers reporting less than high school or GED (prior to being merged with mothers having a high school diploma or GED for analyses), four were from single-income households and three were from multiple-income households. No significant relationships in educational attainment were found between the two single-income household groups.

Mothers in Group One were more likely to have earned a college degree or certificate than mothers in the two single-income households (57%, 23%, 22% respectively), illustrated in Table 3. No significant differences were found between multiple-income households and single-income households when mothers reported early childhood (EC) training.

Household Income Categories

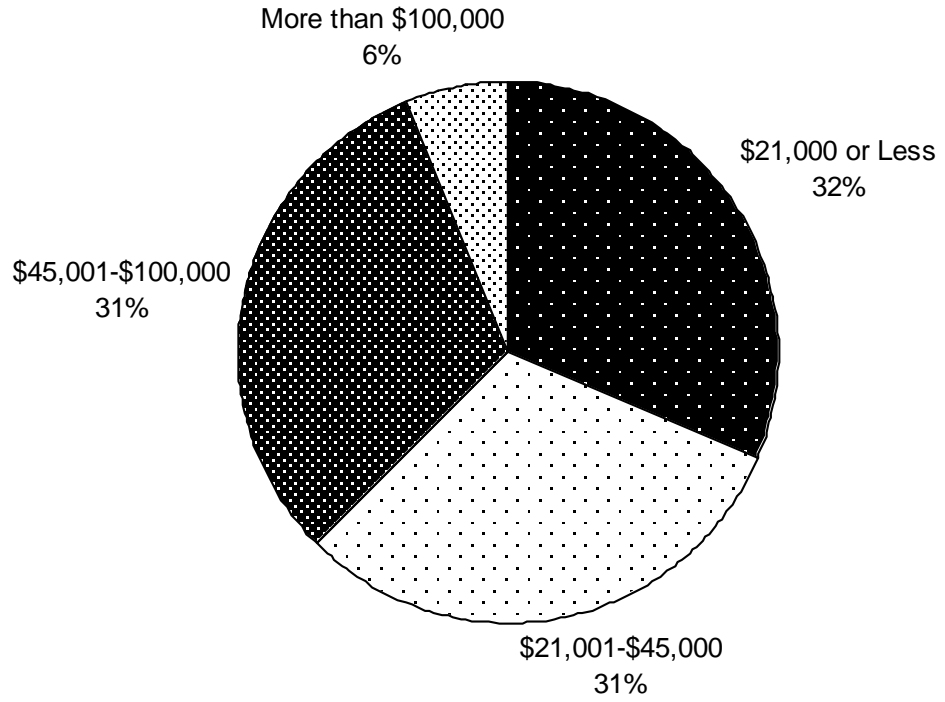


Figure 3 . Percentage of All (N = 197) Household Income Categories.

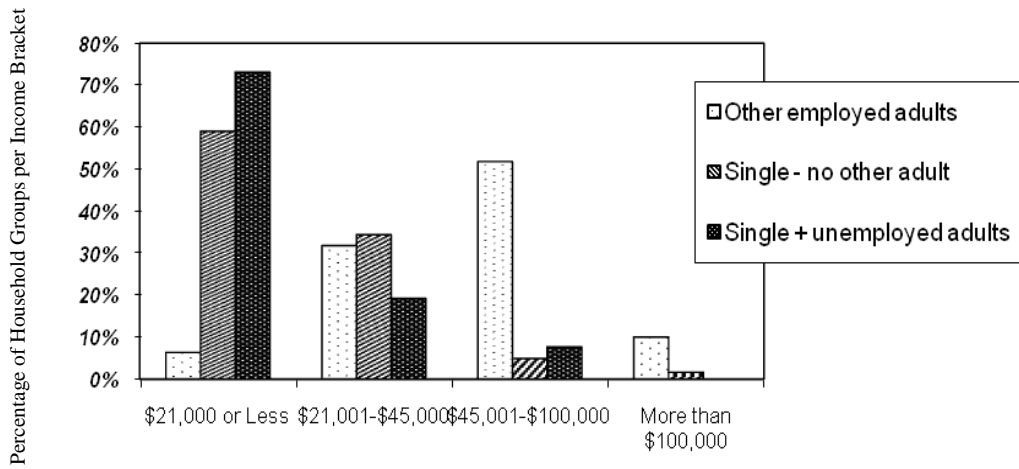


Figure 4. Household Income by Household Status. A significant relationship was found between household income and household status groups, $\chi^2(6, N = 197) = 91.59, p < .001$, per Pearson’s Chi-square statistic. The greatest percentage of mothers in Group One reported an income greater than \$45,000; Groups Two and Three reported \$21,000 or less (59% and 73% respectively).

Table 3

Maternal Education by Household Status (Percentage of Household Status)

<u>Educational level</u>	<u>Household groups</u>			TOTAL
	Additional Employed Adult(s) (Group One)	Single - No Other Adults (Group Two)	Single – with Unemployed Adult(s) (Group Three)	
High School Diploma, GED or less	17% ^{a, b} (n = 17)	38% ^{b, c} (n = 23)	57% ^{a, c} (n = 13)	29% (N = 53)
Some Post-High School	26 % (n = 27)	38% (n = 23)	22% (n = 5)	30% (N = 55)
College Degree	57% ^{d, e} (n = 59)	23% ^e (n = 14)	22% ^d (n = 5)	42% (N = 78)
*TOTAL	(N = 103)	(N = 60)	(N = 23)	(N = 186)
EC Training	(n = 12)	(n = 6)	(n = 4)	(N = 22)

*Eleven of the 22 mothers reporting EC training who also reported their educational level were included in Table 3. The other 11 who only reported EC training were not included in educational levels.

^a $p < .001$; ^{d, e} $p < .01$; ^b $p < .05$; ^c $p = .06$ (Standard Error of Percentage Difference)

Results for type of care and certification of setting. As seen in Figure 5, Childcare Type by All ($N = 195$, 2 missing), of the three childcare types (family, non-religious center/group, religious/LLE), half of all participants selected family childcare settings. See Table 1, Household Demographics, for type of childcare selected by household status groups. Mothers who lived in communities with a population greater than 150,000, were more likely to use a non-ministry childcare setting (49%) than either family childcare (27%), or a ministry childcare center (24%).

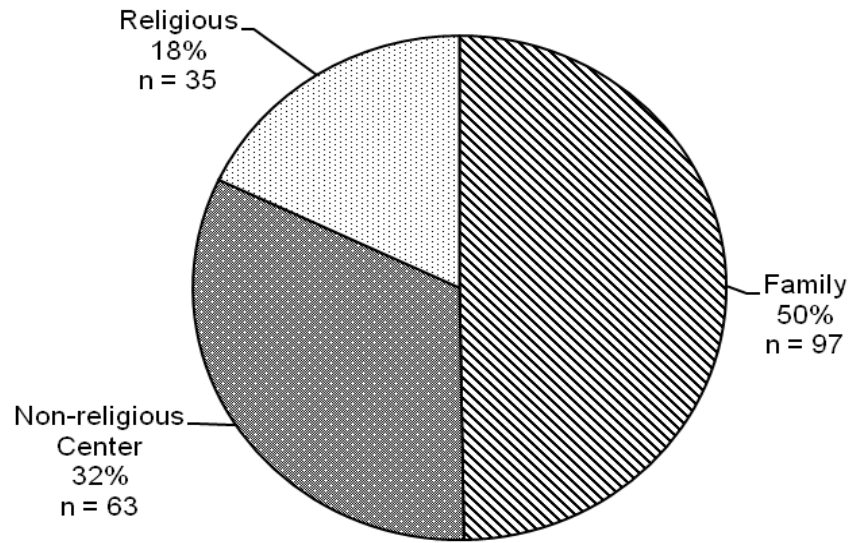


Figure 5. Childcare Type by All Participants (N = 195/2 missing)

As seen in Figure 6, Certification by All Participants ($N = 197$), and in Table 1, Household Demographics, more than half of all mothers (56%, 111/197) used licensed/accredited care. Significantly fewer mothers (10%) in Group Two reported “Unknown/not reported” certification compared with mothers in Group One (33%) or in Group Three (35%), $\chi^2(6, N = 197) = 22.35, p < .01$, per Pearson’s Chi-square statistic. See Figure 7, Certification of Care Settings by Household Groups.

Table 4, Income Category by Childcare Certification, shows the significant relationship found between mothers using licensed or regulated care settings and those using unregulated care regardless of household income categories, $\chi^2(6, N = 197) = 42.03, p < .001$. Table 5, Low/High Income Category by Childcare Certification, illustrates 40% (14/35) of the mothers using legally license-exempt (LLE) childcare settings were in the lowest income bracket of \$26,000 or less.

Findings for significant relationships between educational attainment and childcare certification are seen in Table 6, Maternal Education by Childcare Setting Certification, reflecting Standard Error of Percentage Difference statistics. Of the three educational categories (high school diploma/GED or less; some post high school; college degree), the greatest percentage (71%) of mothers using licensed care reported some post high school education, followed by 51% of mothers reporting a college degree, and 45% of mothers reporting high school diploma/GED or less.

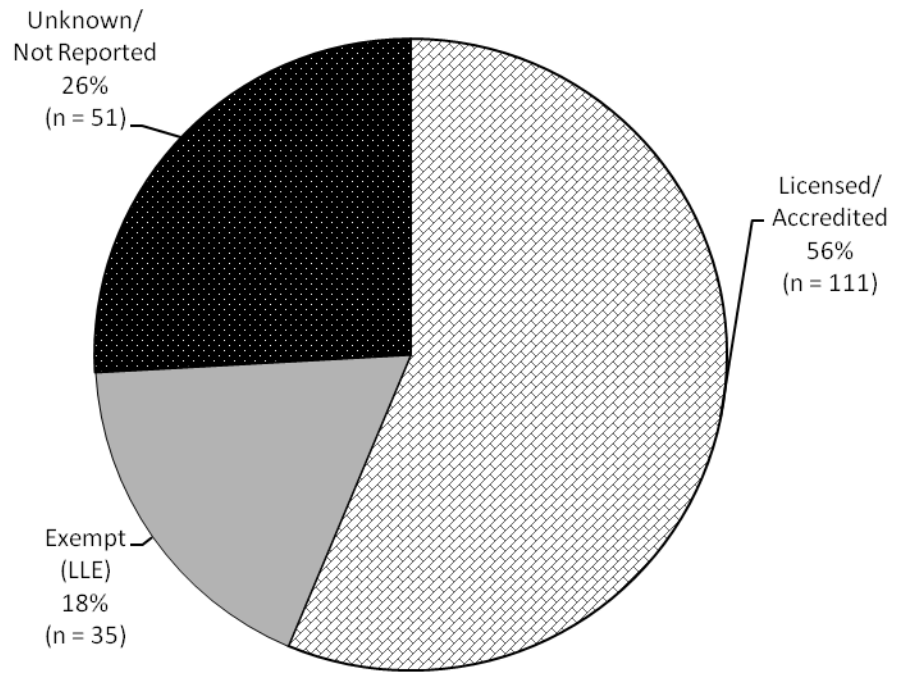


Figure 6. Certification Status of Childcare Settings by all participants ($N = 197$).

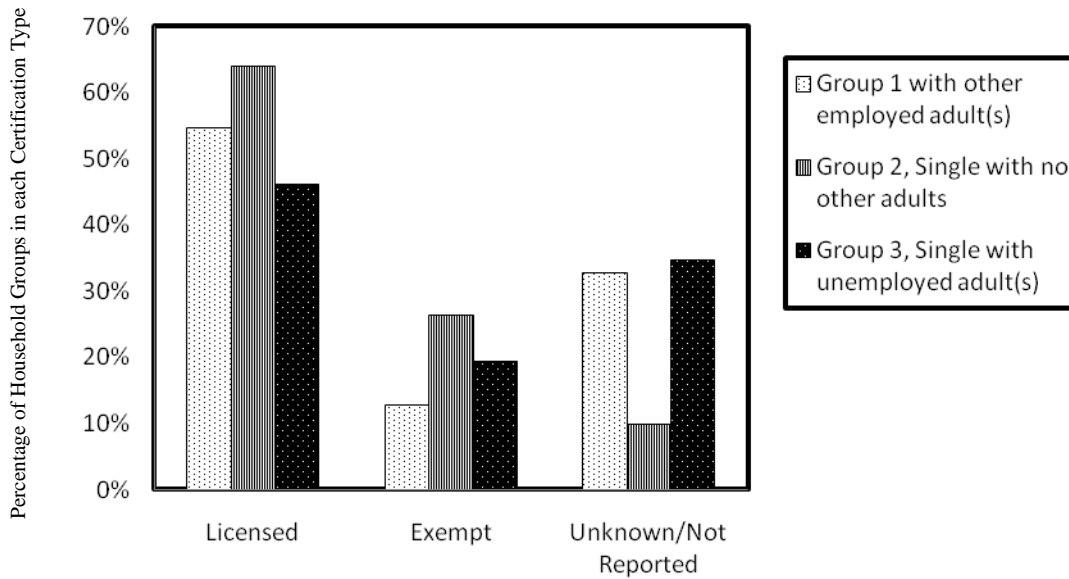


Figure 7. Certification of Care Settings by Household Groups (N = 197).

There was no significant difference in the percentages of the three household groups selecting licensed care. Significantly fewer mothers (10%) in Group Two reported “Unknown/not reported” certification compared with mothers in Group One (33%) or in Group Three (35%), $\chi^2(6, N = 197) = 22.35, p < .01$, per Pearson’s Chi-square statistic.

Table 4

Income Category by Childcare Certification

<u>Income Category</u>	Total (<i>N</i> = 197)	<u>Childcare Certification</u>		
		Licensed (<i>N</i> = 111)	Exempt (<i>N</i> = 35)	Unknown (<i>N</i> = 51)
\$21,000 or less	(<i>N</i> = 62)	(<i>n</i> = 37)	(<i>n</i> = 14)	(<i>n</i> = 11)
% of income category		59.6 %	22.5 %	17.7 %
% of certification type		33.3 %	40.0 %	21.5 %
\$21,001 - \$45,000	(<i>N</i> = 61)	(<i>n</i> = 36)	(<i>n</i> = 9)	(<i>n</i> = 16)
% of income category		59.0 %	14.7 %	26.2%
% of certification type		32.4 %	25.7 %	31.3 %
\$45,001 or higher	(<i>N</i> = 74)	(<i>n</i> = 38)	(<i>n</i> = 12)	(<i>n</i> = 24)
% of income category		51.3 %	16.2 %	32.4 %
% of certification type		34.2 %	34.2 %	47.0 %
Total percentage of type used		56.3 %	17.7 %	25.8 %

Note. Regardless of income bracket, the majority of all mothers selected licensed care compared with all other certification categories, $\chi^2 (6, N = 197) = 42.03, p < .001$.

Table 5

Low/High Income Category by Childcare Certification

<u>Income</u>	Total	<u>Childcare Certification Categories</u>		
		Licensed (<i>N</i> = 111)	Exempt (<i>N</i> = 35)	Unknown (<i>N</i> = 51)
\$45000 or less	(<i>N</i> = 123)	(<i>n</i> = 73)	(<i>n</i> = 23)	(<i>n</i> = 27)
% of income category		59%	19%	22%
% of certification type		66%	67%	53%
\$45,001 or greater	(<i>N</i> = 74)	(<i>n</i> = 38)	(<i>n</i> = 12)	(<i>n</i> = 24)
% of income category		51%	16%	33%
% of certification type		34%	52%	47%
Total percentage of certification type used		56 %	18 %	26 %

Note. Regardless of higher or lower income, mothers were equally likely to choose licensed care settings.

Table 6

Maternal Education by Certification of Childcare Setting

	Total	Care Setting Certification		
		Licensed (<i>N</i> = 103) 56%	Exempt (<i>N</i> = 34) 19%	Unknown (<i>N</i> = 49) 27%
<u>Education Level</u>				
H.S. Diploma/G.E.D or less	(<i>N</i> = 53)	(<i>n</i> = 24)	(<i>n</i> = 15)	(<i>n</i> = 14)
% of education category		45% ^a	29%	27%
% of certification type		24%	45%	29%
Some post high school	(<i>N</i> = 55)	(<i>n</i> = 39)	(<i>n</i> = 9)	(<i>n</i> = 7)
% of education category		71% ^{a, b, c}	16% ^b	13%
% of certification type		38%	27%	15%
College degree	(<i>N</i> = 78)	(<i>n</i> = 40)	(<i>n</i> = 10)	(<i>n</i> = 28)
% of education category		51% ^{c, d}	13% ^d	36%
% of certification type		39%	30%	58%
Early childhood training	(<i>N</i> = 22)	(<i>n</i> = 14)	(<i>n</i> = 3)	(<i>n</i> = 5)
% of education category		64 %	15 %	23%
% of certification type		14%	09%	11%

Note: The 11 mothers of the 22 reporting EC training with their level of education were included in the three educational levels of Table 6. ^{b, d} $p < .001$; ^a $p < .01$; ^c $p < .05$ (Standard Error of Percentage Difference).

Results for child characteristics and demographic variables.

Age of youngest child in care. Significant relationships were found between ages of children in care and the three household groups, $\chi^2(8, N = 197) = 22.56, p < .05$. See Figure 8, Age of Youngest Child in Childcare by Household Status. Fifty-four percent of single-income households with unemployed adults (Group Three) reported having children younger than one year of age in care compared with 15% of Group One, and 20% of Group Two. Of the total 35 children reported in LLE settings, 10 of the 12 (83%) aged one year or younger were in single-income households. Only one child reported by Group Three was three years of age or older in LLE care.

Gender of youngest child in care. More male children versus female children in this study were in LLE (unregulated) care settings, yielding a significant relationship between the gender of the youngest child in care and the use of LLE settings selected by mothers when single-income household status groups were combined, $\chi^2(1, N = 197) = 4.88, p < .05$. The majority of Group Three households using LLE settings were found to have twice as many male children as Group One households in this type of care setting.

Temperament of youngest child in care. Ten percent (20/197) of all children were reported by their mothers as having a “Feisty” temperament. Of those 20 children, 70% were in single-income household status groups, $\chi^2(2, N = 197) = 7.03, p < .05$. Of those mothers using LLE childcare settings (35/197), mothers from single-income household groups were the only ones to describe their children as “feisty,” $p = < .05$ per Fisher’s exact test. Of the three temperament choices, no mothers from single-income households with unemployed adults described their youngest child receiving childcare as “cautious.”

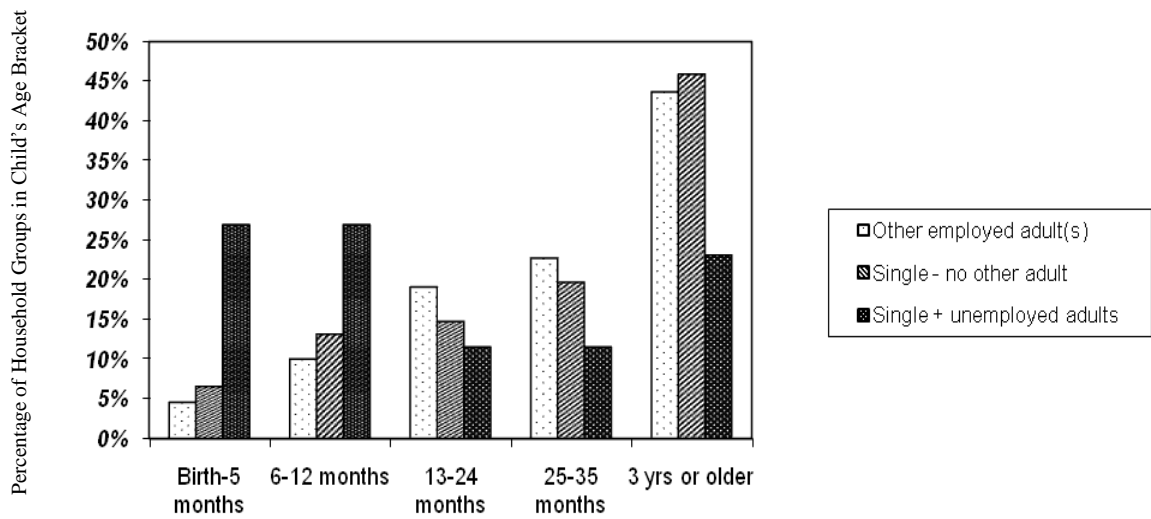


Figure 8. Age of Youngest Child in Childcare by Household Status Groups.

Single-income households with unemployed adults had more children younger than one year of age in care than each of the other two household groups (single-income households with no other adults, and multiple-income households), and had the least number of children three years of age or older in care than each of the other two household groups, $\chi^2(8, N = 197) = 22.56, p < .05$.

Results for sources to learn of current care setting and EC information. As seen in Figure 9, Main Source Used for Learning About Childcare Setting by All ($N = 197$), of the five choices (Signs, Word of Mouth, Employee, Referral Agent, Other) given to select the main source for learning about childcare settings, the majority (58%) of all mothers reported “Word of Mouth”:

- 58% (116/197) reported “Word of Mouth” (as determined by the mother that someone “told” her about the setting);
- 20% (39/197) reported “Signs” (public graphic display indicating the presence of a childcare setting);
- 8% (16/197) reported “Other”;
- 7% (13/197) reported “Childcare Employee”; and
- 7% (13/197) reported “Referral Agent” as the sources for learning about their current childcare setting.

As seen in Figure 10, How Mothers Learned by Household Status, the majority of mothers in all household groups reported “Word of Mouth” as their main source for learning about their current childcare setting. A significant relationship emerged with “Word of Mouth” reported for how mothers learned of their care setting when analyzed between multiple-income households and combined single-income households, $\chi^2(4, N = 197) = 12.27, p < .05$, and persisted when single household groups were viewed separately per Fisher’s exact test, $p = < .01$.

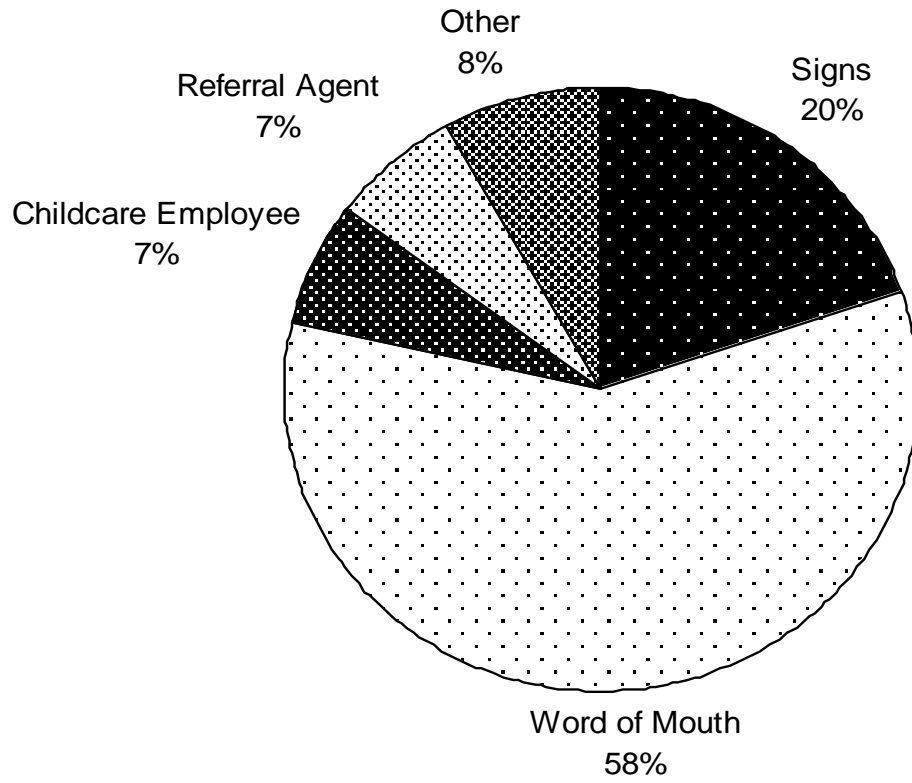


Figure 9. Main Source Used to Learn of Childcare Setting by All (N = 197)

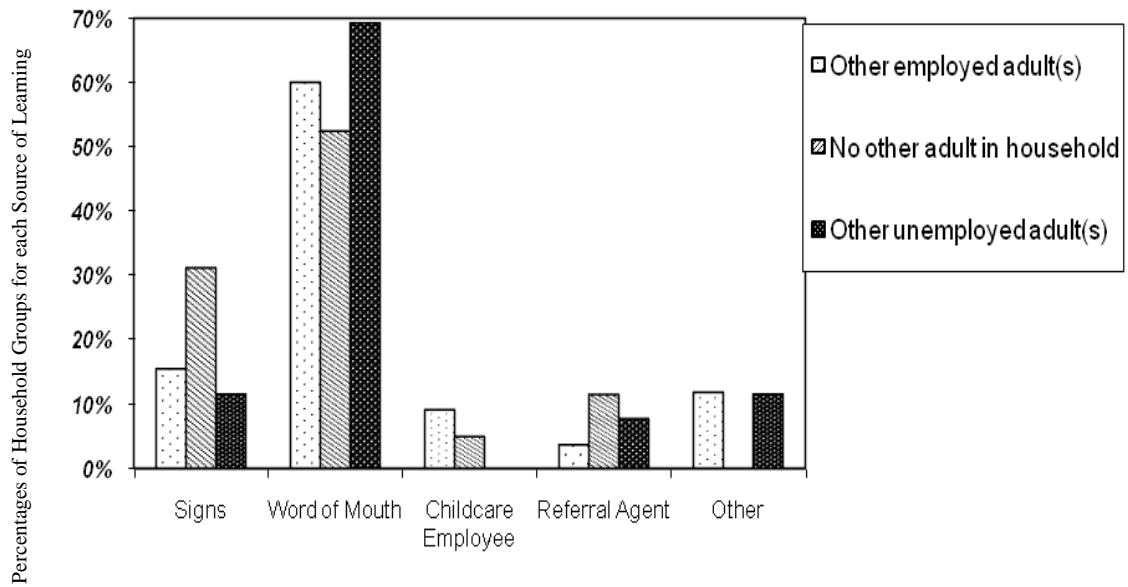


Figure 10. How Mothers Learned by Household Status ($N = 197$). A significant relationship emerged with “Word of Mouth” reported between multiple-income households and combined single-income households, $\chi^2 (4, N = 197) = 12.27, p < .05$, and persisted when single household groups were viewed separately per Fisher’s exact test, $p = < .01$.

Education and source for learning of care setting. As illustrated in Figure 11, Maternal Education Level and How Mothers Learned of Care Setting, “Word of Mouth” was the source for learning about care settings reported by the majority of mothers in each of the educational levels ($N = 186$):

- 57% (31/54) with a high school diploma/GED or less - (6 of 7 without a high school diploma/GED, and 26 of 47 with a high school diploma/GED);
- 77% (43/56) with some post-high school education; and,
- 53% (40/76) with a college degree.

“Signs” (outdoor public display indicating presence of childcare) was the next most selected source after “Word of Mouth” by:

- 28% (15/54) with a high school diploma/GED or less – (one less than high school diploma);
- 7% (4/56) with some post-high school education ($p < .01$ significance found for mothers using “Signs” between post-high school education level and other education levels); and,
- 20% (15/76) with a college degree.

Of the remaining sources for learning about childcare:

- “Childcare Employee” was selected by 4% (2/56) with some post high school, and by 9% (7/76) with a college degree;
- “Referral Agent” was selected by 11% (5/47) with high school diploma/GED or less, by 5% (3/56) with some post-high school education, and 9% (7/76) with a college degree.

- “Other” (without clarification) was selected by 5% (10/186) of all participants (two with high school/GED, four with some post high school, and four with college degrees).

When mothers with EC training were viewed as a separate entity, they did not select “Word of Mouth” as the primary source for learning about their childcare setting.

- 41% (9/22) reported “Signs” as their primary source for learning about their current childcare setting, followed by
- 32% (7/22) selecting “Word of Mouth.”
- No mothers with EC training reported “Referral Agent” as their source for learning about current childcare setting, and
- 9% (2/22) reported “Other.”

See Figure 12, Early Childhood (EC) Training and How Mothers Learned of Care Setting.

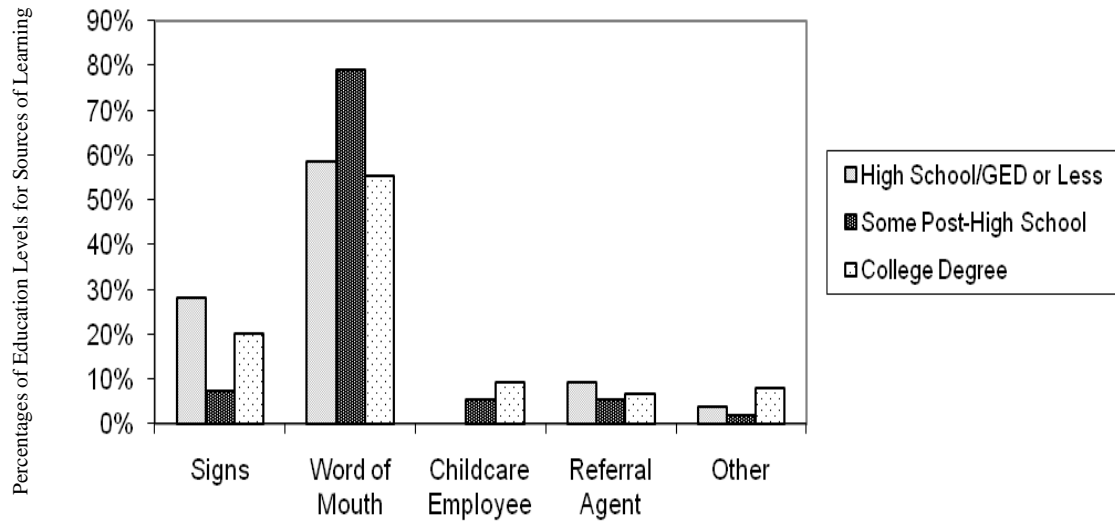


Figure 11. Maternal Education Level and How Mothers Learned of Care Setting ($N = 197$). Significantly fewer mothers with post-high school education reported using “Signs” for learning about their childcare setting than mothers at other education levels (8% post high school versus 36% with high school or less, and 33% with college degree), $p = < .01$ per Fisher’s Exact test.

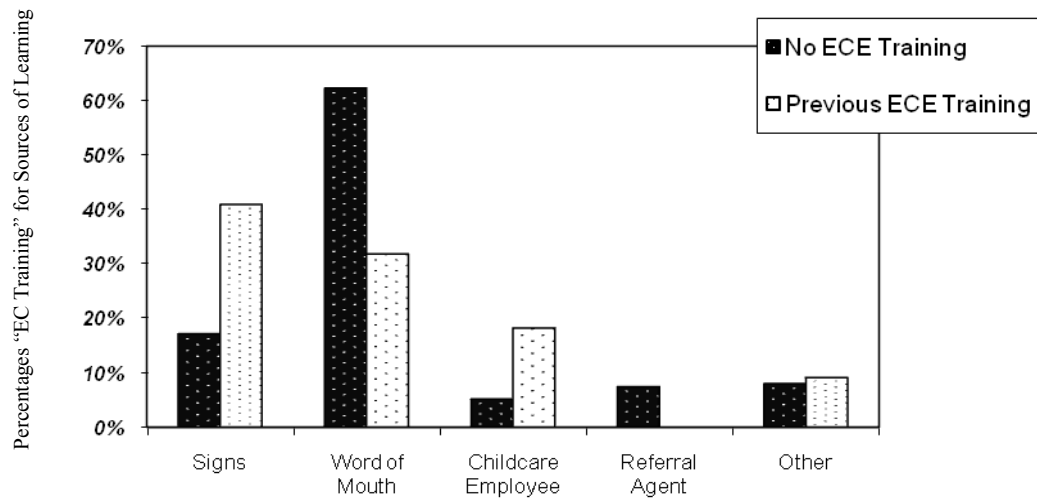


Figure 12. Early Childhood (EC) Training and How Mothers Learned of Care Setting ($N = 22$). Mothers with EC training reported “Signs” as their primary source for learning of care compared with mothers having EC training who reported “Referral Agent” as a most important source, $p = < .01$.

Primary and secondary sources for accessing early childhood information. See Figure 13, Most Important Source for Early Childhood by Household Group for all participants reporting their most important source for early receiving childhood information ($N = 194$, 3 missing). Chi-square tests of independence run on the most important source that participants reported for accessing information about early childhood information resulted in “Family” selected by 41% (79/194) of mothers in all household groups as the most important source for accessing EC information. Relationships were found between the most important source for information and the following variables:

- household groups between multiple-income and combined single-income household groups, $\chi^2(4, N = 194, 3 \text{ missing}) = 12.55, p < .05$
- type of childcare, $\chi^2(8, N = 194, 3 \text{ missing}) = 21.80, p < .01$ and,
- mother’s education, $p = < .01$ (Fisher’s Exact test).

The second highest percentages for household groups reporting the most important source for early childhood information varied with each household status group:

- 26% (28/108) of Group One selected Reading;
- 40% (12/60) of Group Two, and
- 19% (5/26) of Group Three selected EC Professional.
- “Doctor” (13%) and “Friends” (12%) were followed by “Reading” (9%) as the least selected by single-income households combined.
- When Group Two and Group Three are analyzed separately for how mothers selected sources of information, the first choice (Family) and second choice (EC Professional) based on percentages of groups remained the same as when the

single-income households were combined. However, the third choice for Group Two was “Friends” and the third choice for Group Three was “Doctor”, with no mothers in Group Three reporting “Friends” as a source.

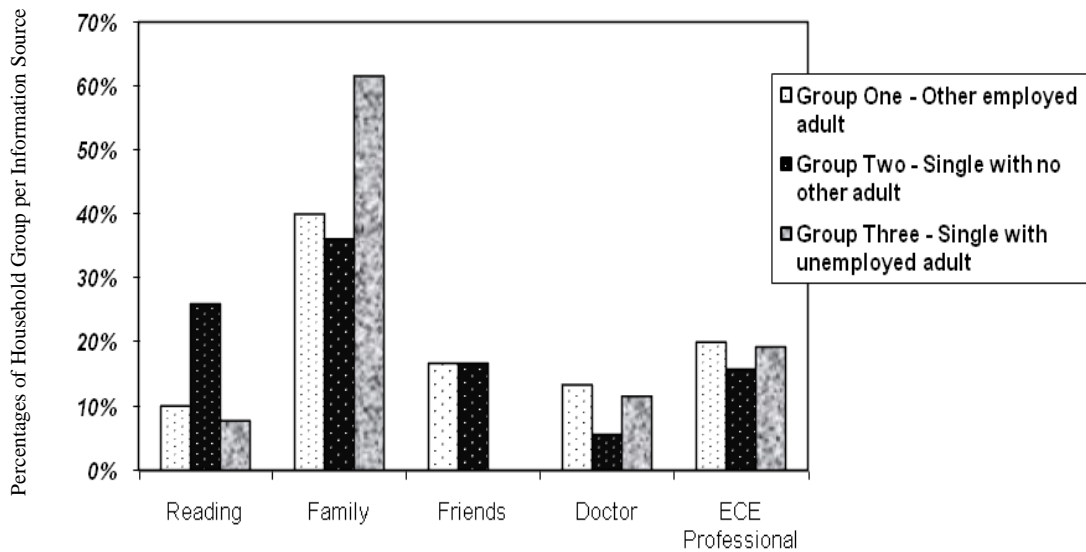


Figure 13. Most Important Source of Early Childhood Information by Household Groups. The majority of mothers in all household groups ($N = 194$, 3 missing) reported “Family” as the primary source for learning about EC information, compared with all other sources: $\chi^2(4, N = 194, 3 \text{ missing}) = 12.55, p < .05$. No mothers in Group Three reported “Friends” as a source.

Results for analyses of reported problems/challenges finding care. Standard Deviations and Means of Variables were calculated for eight of the nine listed “problems finding care” reported by mothers, and analyzed by household status groups. The reported problem seeking care for special-needs child was excluded due to a minimal response rate of one percent by all participants on this item. When asked to identify “any problems you had in finding childcare” (Item 18), 33 mothers (17%) indicated that they had no problems. See Table 7, Means of Variables for Reported Problems in Finding Care by Household Status, and Table 8, Number of Reported Problems by Single- and Multiple-income Households. There is heuristic value in noting the trend toward significance between individual number of problems reported and household groups with single-income households combined, $p = .09$, and when Group Three is analyzed separately, $p = .07$ (Standard Error of Percentage Difference). Analyses for the three household status groups reporting three or more, four or more, and five or more problems indicated a trend toward single mothers with unemployed adults in the households citing more problems when seeking care than mothers in multiple-income households: three or more problems, $p = .084$; four or more problems, $p = .076$; five or more problems, $p = .089$.

A significant relationship was found between mothers’ reported income and cost cited as a problem when considering all of the income levels, and when combining income levels to the two levels of \$45,000 or less, and more than \$45,000: $\chi^2 (3, N = 197) = 13.98, p < .01$; $\chi^2 (1, N = 197) = 9.66, p < .01$ respectively. The lower the household income, the more likely cost was cited as a problem. Sixty-six percent of mothers in the

income bracket of \$45,000 or less reported cost as a problem. Forty-three percent mothers reporting an income greater than \$45,000 cited cost as a problem.

When cited cost of care was analyzed with mothers' educational levels, there was a significant relationship found only when education was considered in three levels (high school/GED or less; some post high school; college degree): $\chi^2 (2, N = 186) = 6.50, p < .05$.

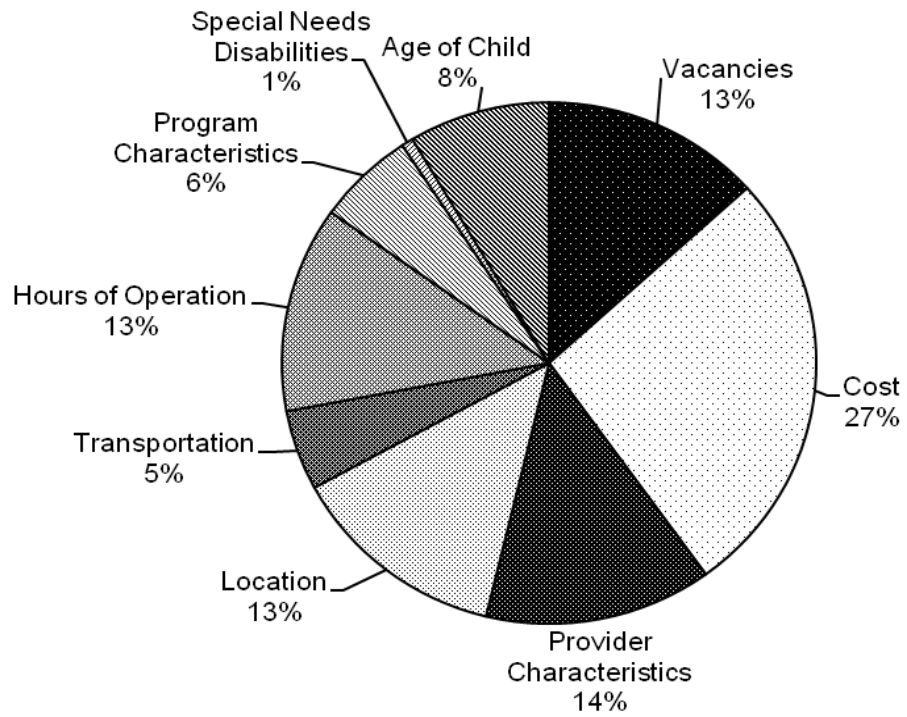


Figure 14. Percentages of Reported Problems Finding Care by All ($N = 197$).

Table 7
Means of Variables for Reported Problems in Finding Care by Household Status

Problems Finding Care	Multiple-income TOTAL (N = 197)			Single, with unemployed adult(s) (Group Two) n = 61	Single, only employed adult(s) (Group One) n = 110	p-values
	with additional adult	with additional adult	with additional adult	with additional adult	with additional adult	
Available vacancies	.29 (.455)	.35 (.479)	.23 (.427)	.17 (.380)	.17 (.380)	p < .05 (Grp 1 vs. Grp 2 + Grp 3)
Cost	.57 (.496)	.46 (.501)	.70 (.460)	.73 (.452)	.73 (.452)	p < .01 (all three household groups; and Grp 1 vs. Grp 2) p < .001 (Grp 1 vs. Grp 2 + Grp 3) p < .05 (Grp 1 vs. Grp 3)
Provider	.30 (.461)	.30 (.460)	.32 (.469)	.29 (.464)	.29 (.464)	
Location	.29 (.454)	.27 (.445)	.28 (.454)	.38 (.496)	.38 (.496)	
Transportation	.11 (.313)	.08 (.279)	.13 (.343)	.16 (.374)	.16 (.374)	
Hours of operation	.28 (.450)	.16 (.036)	.41 (.369)	.46 (.036)	.46 (.036)	p < .001 (all three household groups; and Grp 1 vs. Grp 2 + Grp 3) p < .01 (Grp 1 vs. Grp 2; and Grp 1 vs. Grp 3)
Program	.13 (.338)	.10 (.305)	.13 (.343)	.25 (.442)	.25 (.442)	
Age of child	.19 (.392)	.20 (.400)	.15 (.358)	.25 (.442)	.25 (.442)	
Accommodations for special needs child identified by 1% of mothers						

Note. SDs shown in parentheses.

Table 8

Number of Reported Problems by Single- and Multiple-income Households

Number of reported problems	Group One: Multiple Income Households	Group Two plus Group Three: Single-Income Households	Total	*Group Two Single-income Households (no other adult)	*Group Three Single-income Households (unemployed adults)
None	25 (23%) ^{a, b}	8 (9%) ^a	33 (17%)	5 (8%) ^b	3 (12%)
One	24 (22%)	16 (18%)	40 (20%)	11 (18%)	5 (19%)
Two	26 (24%)	24 (28%)	50 (25%)	19 (31%)	5 (19%)
Three	18 (16%)	16 (18%)	34 (17%)	12 (20%)	4 (15%)
Four	11 (10%)	17 (20%)	28 (14%)	12 (20%)	5 (19%)
Five	3 (3 %)	4 (5%)	7 (4%)	2 (3%)	2 (8%)
Six	0 (0 %)	2 (2%)	2 (1%)	0 (0%)	2 (8%)
Seven	3 (3 %)	0 (0%)	3 (2%)	0 (0%)	0 (0%)
Total	110	87	197	61	26

Note. Percentage in parentheses of mothers in household group reporting problems.

*Group Two and Group Three represent each of the single-income household groups.

There was a trend toward significance of Group Three having more problems when analyzed with three or more, four or more, and five or more problems (three or more problems, $p = .084$; four or more problems, $p = .076$; five or more problems, $p = .089$).

^a $p = .09$; ^b $p = .07$ (Standard Error of Percentage Difference)

Relationships between reported problems and household groups. For each of the following eight reported problems, Chi-square tests for independence were performed for every pairing of household groups, with and without single-income households combined. Statistically significant relationships were found between household groups and three of the reported problem variables: (1) “Cost”, (2) “Vacancies”, and (3) “Hours of Operation”:

“Cost of Childcare” was reported by 113 of 197 mothers (57%), the most reported problem for all participants, and was the most reported problem by both Group One (46%) and Group Two plus Group Three (71%). 52% (58/112) of mothers citing “Cost of Care” as a problem used a family childcare setting, compared with

- 30% (34/112) of mothers using non-ministry care, and
- 18% (20/112) of mothers using ministry/LLE care.
- “Vacancies” was a problem for 29% (56/197) of all mothers when finding childcare. Forty-six percent (25/55) of mothers reporting “Vacancies” as a problem used a non-ministry care setting.
- “Hours of Operation” was reported by 28% (54/197) of all mothers. For mothers citing “Hours of Operation” as a problem:
 - 32% (17/110) were in Group One;
 - 46% (25/61) were in Group Two; and
 - 22% (12/26) were in Group Three.
 - 50% (27/54) used family childcare;
 - 37% (20/54) used non-ministry, and
 - 13% (7) used a ministry care setting.

Reported difficulty finding care. When the Chi-square test for independence was used with household status and item 19, “It is difficult to find reliable childcare that matches my work schedule,” a significant relationship was found between Group One (16%, 18/110) reporting “Agree” and Group Two plus Group Three (40%, 35/87) reporting “Agree” on this item, $\chi^2(2, N = 197) = 14.49, p < .01$. The significant relationship remained when “Agree” and “Somewhat Agree” were combined, $\chi^2(6, N = 197) = 22.65, p = < .01$. It is noteworthy that 25 of the 26 mothers in Group Three reported “Agree” or “Somewhat Agree” on this item. See Figure 15, Difficult to find reliable childcare matching work schedule (Item 19) for All ($N = 197$), and Figure 16, Difficult to find reliable childcare matching work schedule by household groups.

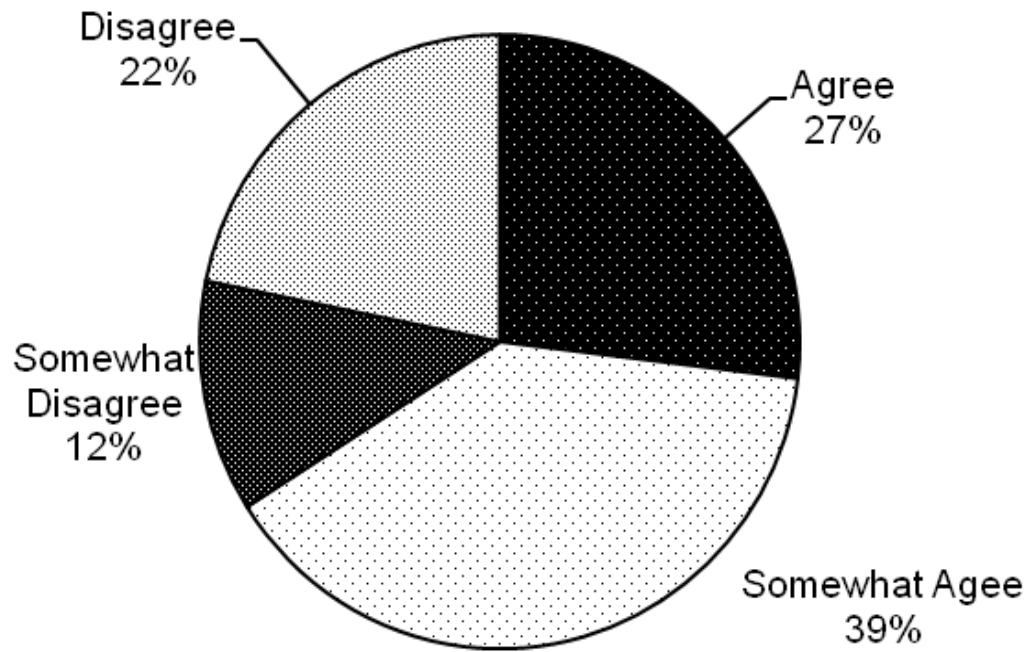


Figure 15. Difficult to find reliable childcare matching work schedule (Item 19) for All ($N = 197$).

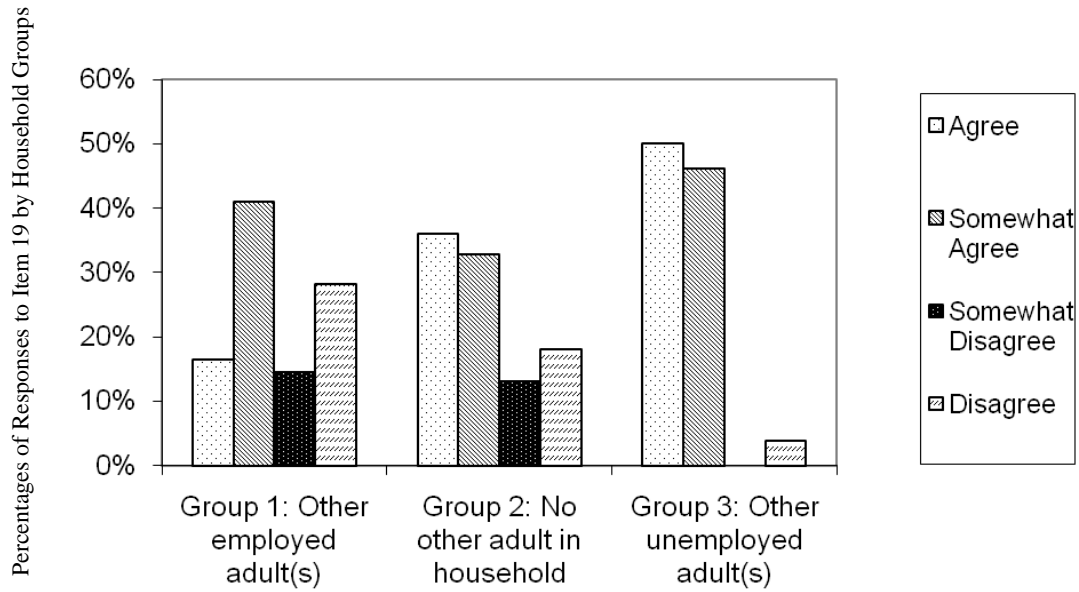


Figure 16. Difficult to find reliable childcare matching work schedule by household groups. Group One differs significantly on “Agree” responses from Group Two and Group Three, $\chi^2 (2, N = 197) = 14.49$, $p < .01$.

Results “Seeks Quality” construct. NAEYC standards for quality childcare settings in this study are used to indicate the level of quality rating by mothers. Item 15 (“What were the top two reasons you chose this care?”) was the primary source for determining participants’ rating for “Seeks Quality” indicator. For all mothers ($N = 195$, 2 missing),

- 39% listed no reason as a quality indicator;
- 50% listed one reason as a quality indicator; and
- 11% listed both reasons as quality indicators .

The majority of mothers having one of two reasons related to quality when choosing care were: 61% (62/110) of mothers in Group One, and 58% (15/26) of mothers in Group Three. As seen in Figure 17, “Seeks Quality” Ranges by Household Groups, 51% (30/59; 2 missing) of mothers in Group Two were nearly twice as likely to be in the low bracket of the “Seeks Quality Scale”, with neither reason given for choice of care related to quality, when compared with the 29% (29/110) of mothers in Group One, and 27% (7/26) of mothers in Group Three, $\chi^2(4, N = 195, 2 \text{ missing}) = 9.66, p < .05$.

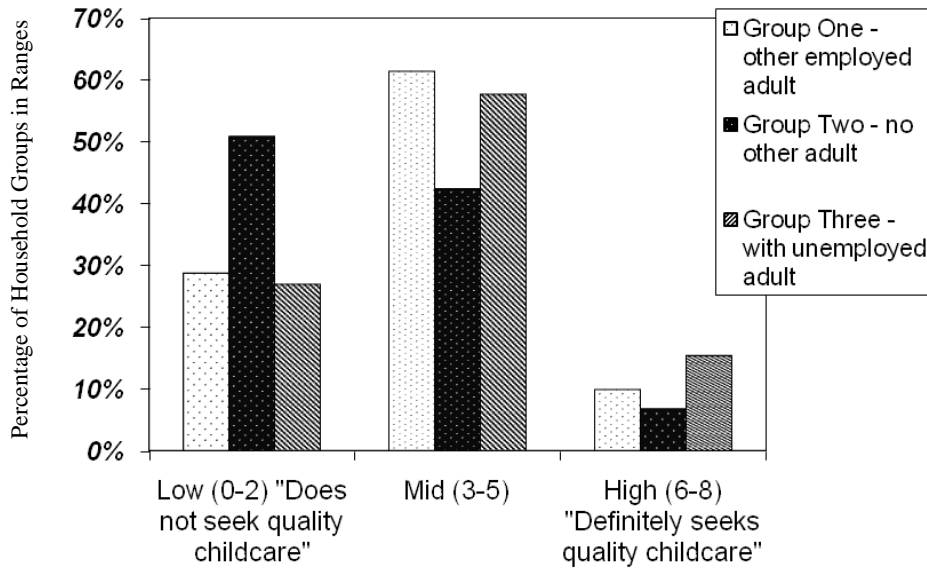


Figure 17. "Seeks Quality" Ranges by Household Groups.

The percentage (51%) of mothers in Group Two differed significantly from the percentage (29%) of mothers in Group One and the percentage (27%) of mothers in Group Three on the rating "Low" (Does not seek quality childcare), $\chi^2(4, N = 195, 2 \text{ missing}) = 9.66, p < .05$.

Seeks quality care by maternal education. Figure 18, Seeks Quality Rating by Maternal Education, illustrates the rating from low to high quality for mothers' primary and secondary reasons for their choice of care setting. The majority of all mothers ($N = 195$; 2 missing) at every educational level were in the mid-range (3-5) of quality rating. The second highest percentages of mothers at all educational levels were in the lowest range (0-2) on the indicator for quality rating scale:

- 38% (19/50) with high school diploma/GED or less;
- 40% (17/43) with some post high school; and
- 38% (25/65) with college degree.

No significant relationships were found between EC training and any of the various indicators of a desire for high quality childcare. Of the 22 mothers reporting EC training, 21 responded to the quality indicator items:

- one mother gave both primary and secondary responses that were clearly related to quality of childcare;
- 19% (4/21) of mothers reporting EC training were in the highest quality rating scale (6-8) compared with 9% (14/165) of mothers who did not report having EC training.

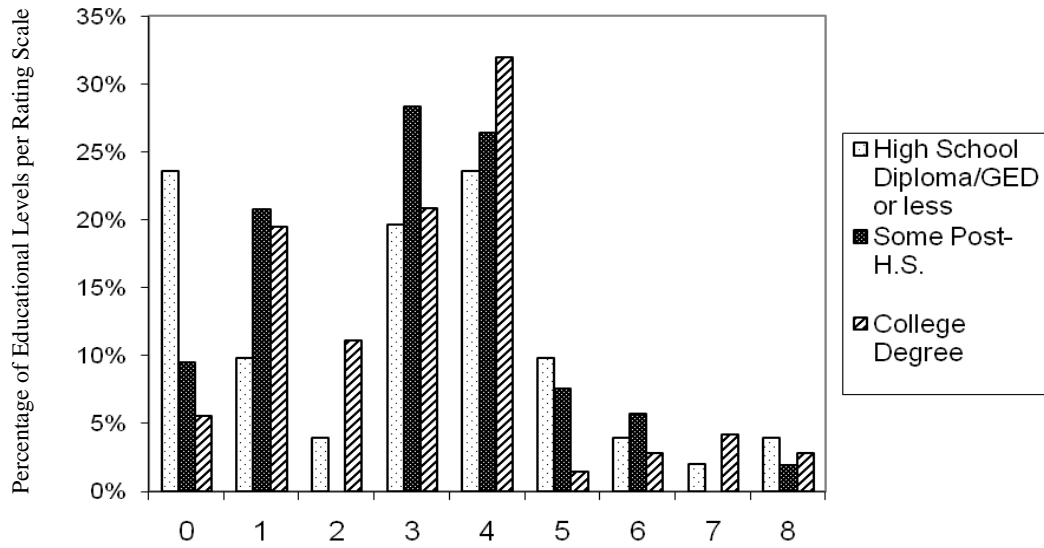


Figure 18. Seeks Quality Rating by Maternal Education. With the “Low to High” quality rating scale, the majority of all mothers’ (N = 195; 2 missing) reasons for selecting care were in the “Low” (0-2) to “Mid” (3-5) range for quality indicators.

Seeks quality care and type of care setting. Of the 197 participants, 110 (56%) reported using a licensed and/or accredited childcare setting. State licensed childcare settings were merged with reported NAEYC accredited childcare settings to combine all regulated care settings. A relationship with regulated care settings was found with the reported primary motivator for selection of care setting on the “Seeks Quality Scale” $\chi^2 = (2, N = 110) = 6.25, p < .05$. The relationship persisted between regulated care and ranges of “Seeks Quality” when the ratings were bracketed as low (0-2), medium (3-5), and high (6-8).

Of the 110 participants reporting their current childcare settings as licensed or accredited,

- 41% (45/110) scored “definitely not related to quality”;
- 47% (52/110) scored “not clearly defined” as a quality indicator; and
- 12% (13/110) scored “clearly related to quality” for their primary motivator when selecting childcare. A significant relationship was found between “clearly related to quality” and each of the other two ratings not clearly related to quality, $\chi^2 (2, N = 110) = 6.11, p < .05$.

No significant relationships emerged when Group Two plus Group Three (single-income households) were combined and rated for “Seeks Quality.”

Chapter V

Discussion

This exploratory study used questions rather than hypotheses. Because of the paucity of research on criteria reported by working mothers for selecting childcare, mothers' SES backgrounds, demographic variables, and household status groups were taken into account with their reported experiences when learning about and selecting childcare. Significant findings emerged in this study.

Discussion of Key Findings in Current Study

Six Key Findings

Majority of mothers select licensed care regardless of SES. Perhaps one of the most encouraging findings in this study is that despite the obvious gaps between household status groups and SES categories, the majority (56%) of mothers selected licensed or regulated care settings. These unexpected results give credence to the many efforts of those who have championed the cause for quality care for children regardless of household income or mothers' educational attainment. Granted, licensed care for children should be the minimum level of quality that is accepted by families, but statistics show that children in lower income households are likely to receive lower quality care.

Without having data on participants' use of childcare subsidies, it is unknown whether or not mothers in low-income brackets were using financial vouchers and/or subsidies to help offset the cost of licensed care. Therefore, it is also unknown if the results of this study coincide with Morrissey and Banghart's (2007) findings that low-income families tend to use unregulated (unlicensed) family childcare settings unless they have access to childcare vouchers or subsidized care. Interestingly, in "Seven Myths

about Child Care,” Goelman (2006) reveals that no research currently demonstrates that giving financial assistance alone to families ensures them the ability to access and afford quality care that best suits the needs of the family and children.

The cost of quality care for infants and toddlers most likely is higher, however, with the required lower caregiver-to-child ratios, than care for children three years or older. Yet, the single-income group of mothers who reported the highest number of infants in care also reported using a licensed/accredited childcare setting. These findings indicate that other variables besides cost of care may account for the criteria mothers use for selecting childcare settings. Therefore, a systems approach is useful for identifying “hidden” variables in multiple systems levels beyond the microsystem that impact a family’s choice of care. Whether or not the cost for each of the childcare types was significantly related to the family income could not be analyzed because the cost of care was not determined in this study. However, the current findings illustrated in Table 4 and Table 6 also indicated that something other than SES possibly bears upon these mothers’ decisions to select licensed care settings.

Ongoing work with mothers in single-income households may serve to recognize needed external supports in addition to financial vouchers or subsidies to fully access valuable early childhood information. For example, if the mother is shy and introverted, she might be less likely to seek early childhood information from sources outside of her family or close friends. She could benefit from having access to knowledgeable people in family service agencies that are familiar with her needs, gain her trust, and maintain a good rapport. The mother’s own temperament and coping skills, not identified in this study, likely affect to some degree how the mother reported on subjective items.

The differences between these findings and those of other studies may be attributed to the circumstances related to mothers' placement in low income brackets. Payne (2007) described two types of poverty to consider when studying the challenges people face: situational poverty versus culture of poverty, also known as generational poverty. A mother living below the poverty level may have a different value system based on whether she is a product of cultural poverty or situational poverty. Situational poverty could account for the high number of mothers in single-income families in this study selecting licensed care.

Maternal education was found to have a greater effect on choice of care than household income. When analyzing mothers' educational levels with choice of licensed care, it was unexpected to find mothers' low-to-high educational levels did not correspond with low-to-high levels of quality indicators when selecting care settings. Rather, 57% of mothers in Group One reporting a college degree, and 57% of mothers in Group Three reporting a high school diploma/GED or less proportionately selected licensed care settings. The educational level for mothers in Group Two also selecting licensed care, was equally divided between having a high school diploma/GED or less, and some post high school.

Some academic institutions in Midwestern states offer priority childcare availability in their licensed child development centers/EC lab schools to students of higher education. This could account for the higher percentage of these mothers with some post high school degrees reporting use of licensed childcare settings compared with mothers having completed college degrees. However, findings may also be attributed to

a biased sample by participants who were chosen, and collaborated with the study based on their preference for the topic, and/or to a small sample size.

Child characteristics vary per household status groups. The gender, age, and temperament of the youngest child in care, as well as the number of children in care revealed interesting trends in this study. The data are surprising for the two single-income household groups showing such a distinct age difference in youngest children in care between the two groups. It is an unexplained finding that more than half of the youngest children in care in Group Three were one year of age or younger, compared to the other single-income household group. Additionally, it is interesting to find that more than half of Group Three reported two or more children in care, compared with less than half of both other groups reporting two or more children in care. One explanation could be that mothers in single-income households with unemployed adults may qualify for a greater amount of subsidies and/or support by having more dependents in the house. This subsidized funding allows them to be employed and also afford childcare. There appears to be a remarkable difference between the demographic variables and the two single-income household groups. The mystery remains as to what extent the role of the unemployed adults play in the Group Three households in relationship to the mothers' childcare selection.

Another outstanding finding for Group Three is the significantly higher number of young male children in care. Despite not having equivalency in each of the household status groups in gender and age of youngest child in care, there is heuristic value in identifying possible trends toward significance among household status groups and

problems mothers have when seeking care for their children. Perhaps, if a larger group were studied, this trend may become a significant finding.

It is also possible that LLE settings may not have waiting lists for young children as do regulated care settings and/or that mothers with a higher number of male children, as found in this study, select legally license-exempt care because of the non-required child-to-adult ratio that increases availability for multiple children in one household. As soon as these mothers with younger male children find available care, they may readily accept the offer without further questions or expectations. Males have higher activity levels which may also account for more mothers in Group Three from this study labeling their child's temperament as "Feisty." These mothers, particularly with an unemployed adult in the households, appear to have a common motivator when seeking care for their young children. It would be intriguing to conduct further study of this group with a larger sample.

An informal observation by the researcher when employed as a child care resource and referral agent revealed that some legally license-exempt childcare settings were more likely to accept children who had been expelled for behavioral or other reasons from other places of care. Similarly, mothers with boisterous and feisty males may perceive LLE settings as a place that uses a stricter form of discipline. The data could indicate that young males who are already more vulnerable are possibly being put at further risk if not cared for by nurturing caregivers who are trained in ways of providing quality care for young children, and in settings requiring lower adult-to-child ratios. The findings in this study raise questions for further research to help provide a better understanding about all the factors in the bioecological systems that influence the

decision-making process for selecting childcare settings. Perhaps support systems need to be modified to better serve particular household status groups most in need of help.

Primary sources for learning about (1) early childhood information, and (2) current childcare settings. An interesting finding of this study is that mothers who selected licensed care settings, despite their levels of income or education, overwhelmingly reported “Word of Mouth” as their primary source for learning about their current childcare setting. In choosing licensed care, parents may have presumed that licensed care was of higher quality than non-licensed settings, whether or not they were aware of quality indicators for care. Without knowing the relationship between the mothers and their “Word of Mouth” sources, the explanation for the majority of all mothers citing this source is open to speculation. These findings may be consistent with the findings of more than a decade ago from the 1998 National Household Education Survey (Hofferth, Shauman, Henke, & West) with over half of the parents reporting “Friends” as their source of information about their primary non-parental childcare arrangements.

The trained early childhood professionals such as childcare resource and referral agents, or pediatricians were cited by very few respondents in this study. It is possible that mothers with older children did not seek information in the same way or for the same reasons as did new mothers needing childcare for the first time. Differences in microsystems and mesosystems in Group One and Group Three were indicated by “Pediatrician” selected as the least likely source by Group One, but the third highest choice by Group Three. Even though a pediatrician would appear to be a likely source of information during children’s visits, this study did not find that to be so. It may be that

doctors are so rushed and focused on treating illnesses of numerous patients that they do not think of sharing general early childhood information as part of their duty.

It could be a helpful service to families of young children for a receptionist or office worker in pediatric offices or family service agencies to disseminate early childhood information in the form of brochures or flyers. As families wait in the offices for appointments, it could be an ideal time for sharing of pertinent information, and especially for parents with low literacy levels. Service agencies can use these data to gain a better understanding about sources used by families to facilitate positive bidirectional networking between the microsystems and the other systems.

“Family” was the most selected source reported by mothers for accessing information about early childhood, with “Pediatricians’ being the least reported source. Unfortunately, no definitive data were collected on “Family” characteristics to lend insight into mothers’ reasons for primarily choosing this source. A finding unique to Group Three was that no mothers in that group selected “Friends” as their primary source for early childhood information. However, mothers in Group One and Group Two equally reported “Friends” as the third highest source (of five sources) for EC information. Perhaps these mothers in Group Three do not have the confidence in, or closeness to friends that mothers in other household groups may have.

The differences in sources found between the households call for in-depth research to explain why mothers select sources as they do. It would also be good to understand more about why the highest percentage of mothers reporting a high school diploma/GED educational level, reported “Referral Agent” as their main source for learning about their childcare setting when “Referral Agent” was the least reported by

mothers with a college degree. This finding became even more intriguing when no mothers with early childhood training reported “Referral Agent” as a source for finding care.

Although data are sparse regarding parents’ sources utilized for finding childcare, survey data indicating how people seek information for employment and other services were examined. Child Care Resource and Referral agencies throughout the Midwest survey 20% of their clients to verify how they learned about their services but this small percentage of those people only using a childcare agency is not representative of the general population using other sources for learning about and accessing care. According to The Recruiters Lounge (2007), Internet advertising was reported to be used the most, followed by newspaper advertisements, and thirdly, searches on the Internet for how people report finding their jobs. It would be interesting to learn more about the sources people use to access various types of services.

Problems/challenges mothers experienced when seeking childcare. When addressing the issue of working families with childcare problems, the National Conference of State Legislators (1998) cited 80% of employers reporting childcare problems as the reason forcing employees to lose work time. In the case of single-income households, loss of wages directly related to childcare problems has an even greater impact. Parents in various types of household structures have reported constraints when seeking the type of care that they feel best meets their need, and this study was no different.

Nearly three times more mothers in multiple-income households than mothers in single-income households reported having no problems when seeking childcare. These

findings are similar to those of Cotter, England, and Hermsen, (2007), and Fuqua, (2008) when researching types of problems mothers experience with their work schedules and childcare. Additionally, a disproportionate number (25 of 26) of mothers in Group Three agreed that it was difficult to find reliable childcare matching their work schedules, compared to 16% (18/110) of mothers in Group One agreeing to this item. The trend toward significance that emerged when the three household groups were analyzed by reporting three or more problems, four or more problems, and five or more problems, indicated that mothers in single-income households with unemployed adults consistently report having more problems when seeking care than do mothers in multiple-income households. These findings indicate a unique difference between mothers in Group Three and mothers in other households reporting the highest numbers of problems when seeking care. Further studies with larger samples of parents in Group Three households could help find similarities and differences in variables embedded in the systems that are particular to this group.

Some common constraints that have been identified in previous studies and also identified in this study as the top three problems reported by mothers when seeking adequate care are “Cost”, “Availability”, and “Hours of Operation.” It was surprising to find a low 15% of Group Three reported “Vacancies” as a problem. It remains a puzzlement as to why mothers with only one child in care reported “Vacancies” as a problem, and mothers with multiple children in care did not. Additionally, the highest percentage of mothers in Group Three reported “Hours of Operation” as a problem, which may or may not be related to their need for care of infants. This could be an example of the mothers who need quality childcare the most but may be the least likely to

find or access it. NACCRRA and other agencies regularly study the problems reported by mothers in finding adequate childcare, but it would be interesting to identify secondary or underlying variables serving as contributors to the problems in hopes of implementing practical solutions to mothers' problems when seeking quality childcare.

It was encouraging to find that the majority of low-income mothers who reported more problems when seeking adequate childcare selected state-licensed childcare settings. A possible reason for mothers in Group Three reporting a higher percentage of five or more problems when finding care than Group Two could be attributed to the scarcity of infant childcare slots reported in the three Midwestern states in this study (per waiting lists from CCR&R agencies).

Cost of care. "Cost" of childcare was the foremost problem in finding adequate childcare regardless of the income level of the household. This finding coincides with a NACCRRA (2010) finding of parents rating affordable childcare as the most or one of the most important factors in helping working families financially survive. A negative trend in the United States is that despite the high cost of childcare, 23 states have decreased the availability of childcare subsidies since 2001 (Parrot, & Wu, 2003; U.S. Government Accountability Office 2003) and just 18 % of eligible children receive childcare subsidies (U.S. Department of Health and Human Services, unpublished tabulations).

A dilemma created by policies that only service the very poorest, and exclude the "working poor" from receiving assistance is an example of how decisions made in a macrosystem directly impact decisions for and by families in subsequent systems levels. A recent example is seen in NACCRRA survey (2010) results that found parents earning

low incomes are the most likely to say that the reason they changed their childcare arrangement was that they could no longer afford to pay for care. These families were slightly above the rating for poverty level, and therefore did not receive childcare subsidies. Revision of policies allocating monies received from local, state and federal funds, including the Child Care Development Block Grant (CCDBG) could help toward providing effective means for expanding the supply of quality care, particularly for infants and toddlers, and to allow equal access to quality care for children regardless of total family income. This same structure could also in turn provide an effective means of disseminating information about the importance of seeking quality care to parents using childcare.

Availability of care. It was interesting to find that the group with more than one child needing care was not the most likely to report a problem with vacancies for childcare; rather, the household groups having only one child in care reported the highest numbers of problems with vacancies for childcare. These findings could possibly mean that mothers with more resources (multiple-income, partnered with another employed adult) can afford to be more selective about the attributes and characteristics of the childcare setting than mothers from single-income households who may have a greater concern with finding any type of adequate care that accommodates their work schedules.

The household group reporting the most problems with vacancies also reported the age of the youngest child as significantly older compared with the age of children whose mothers reported fewer problems. One might speculate that there may be other reasons (behavior problems, care setting policies and procedures, desire to pair child with other children) for these mothers to seek care that is not readily available to them. More

data are needed to further understand why these mothers with only one child in care were reporting “vacancies” as a problem.

Hours of operation for care. The results for Item 18 based on the nine possible problem areas for mothers to check if any of the problems has been experienced when seeking care, seem to be at odds with the findings related to Item 19, “It is difficult to find reliable childcare that matches well with my work schedule.” For example, the question is raised as to why two-thirds of mothers agree with the statement in Item 19, but less than one-third identify “Hours of Operation” as a problem in Item 18. Part of the discrepancy is no doubt because of the differing method of gathering information. In Item 18, mothers were asked to choose problems from a list of ten possible problems (including “other”), while in Item 19 they were responding only to one possible problem. In addition to methodology, the only difference between Items 18 and 19 is the inclusion of the adjective “reliable” in Item 19. This discrepancy may be interpreted to mean nearly three out of four mothers responding to this survey do not see hours of operation as a problem in finding childcare, but two out of three see it as a problem in finding *reliable* childcare.

Another view would be that a single childcare setting may not meet all of the mothers’ expectations, and trade-offs may need to be made to meet the best workable solution between meeting work schedules, hours of operation, transportation, and cost of care, to name a few. This study is not assuming that mothers purposely choose to put their children in lesser quality care settings, but the influence of many factors involved in the decision-making process, some beyond the mother’s control, determine the choice of care (Schulman, 2000).

Relationships between SES, household status, and quality-care indicators.

An interesting conundrum in the findings is that mothers in single-income households were found to be nearly three times as likely as mothers in multiple-income households to choose their childcare setting on the basis of factors that are more immediately pressing than on the issue of quality, and yet the majority of them did select licensed care settings. It was baffling to find that 41% of mothers who selected licensed care scored “definitely not related to quality” responses for their reasons given for selecting their care. This is not to conclude that mothers do not seek quality care. However, mothers may believe that licensure may be the benchmark signifying quality care. Professionals have found, however that high turnover rates and

The findings from these low-income mothers selecting licensed/accredited care differ from findings in a previous study by Cryer and Burchinal (1997) which found that parents place high importance on program quality criteria recommended by experts, but then select childcare settings that generally do not rate highly on these criteria. Their study further found that parents overestimate the quality of care their children receive. This current study found that mothers who received a low rating on the “Seeks Quality” scale placed their children in licensed care settings that are required to meet quality standards not required by other types of childcare settings.

The majority of all mothers ranked in the mid to lower rating scale for intentionally seeking quality care. The results showing the highest percentage of mothers reporting “Unknown/Not Reported” certification are from single-income households in the lowest income bracket may not reflect that low-income mothers were uncaring about certification. It is possible that mothers who were knowledgeable about indicators of

quality care, found childcare settings that met their personal standards, and may not have been concerned with ascertaining the actual certification status of the childcare settings. However, the findings from previous studies (Abecedarian Project, 1986; FDRP Project, 1988; Halpern, 2000) showing positive outcomes for children from low-income households who are placed in high quality care, indicate the need for sustained efforts to learn why some mothers do not place their children in high quality care.

National Association for the Education of Young Children (NAEYC) accredited settings, usually representative of the highest level of quality childcare settings, were not found by my study to be significantly related to mothers' desire for high quality childcare based on caregiver education and/or early childhood (EC) training. Surprisingly, no significant differences were found between mothers having EC training and mothers not having EC training with indicators for seeking quality care. Reasons for these findings may include a lack of availability or prohibitive expense of such accredited/quality childcare. The type of EC training experienced by mothers in this study was not defined. The broad use of EC training may represent a focus on research and child development, but may not include practical information for parents to seek and select childcare. Perhaps such information would serve a good purpose if disseminated on radio/TV spots to better reach all parents with information about quality indicators and documented outcomes for children in quality childcare settings.

Limitations of This Study

Although this exploratory study did find significant differences between responses from mothers in single-income households and responses from mothers in multiple-income households, the most intriguing findings were from the mothers in

single-income households with unemployed adults. Because this was not a random study, but rather a self-selected group, perhaps there was a consensus of mothers agreeing to participate in this study that was not indicative of the general population. Mothers experiencing stress from seemingly overwhelming challenges may have been qualified as participants, but may also have been too overwhelmed or too busy to even participate in the study. It is possible that selection bias may have excluded potential participants representative of the general population.

The return rate (30%, 197/660) of the questionnaires was possibly diminished because no financial or other incentives were offered to mothers, agents, and childcare professionals for carrying out the distribution and/or completion of the questionnaires. The instrument relied on the reported responses of mothers for the data, but the responses should be viewed as the mothers' perceptions.

This study was confined to the three Midwestern states of Indiana, Illinois and Missouri. The small sample size ($N = 197$) did not represent every type of household structure. Data were analyzed separately by state ($n = 92$ from Indiana; $n = 54$ from Illinois; $n = 51$ from Missouri), and collapsed when no significant differences were found by state. Items examined by state were percentage of mothers in the three household status groups, sources for learning about current setting and accessing EC information, child characteristics, size of community, and number of problems reported when seeking care. Despite the effort made to recruit from a cross section of types of care by the three household groups, the sample may not serve as a reliable representative of the general population. By limiting the participants to mothers, it is unknown whether or not the data

would appear similarly or differently if gathered from fathers as primary caregivers in the same household structures in these same states.

Specificity of terms. The instrument for this study used ministry childcare as an explicit example of legally license-exempt childcare settings. However, legally license-exempt settings (although not explicitly mentioned in the survey) included childcare venues that care for children in their own home (sitters, nannies, au pairs, etc.), or caregiving offered for less than a set number of children determined by each state's laws.

Those mothers living with another employed adult responsible for the children in the household were termed multiple-income partnered mothers, which encompassed single mothers living with the employed father or co-earner in the family, regardless of marital status. The lack of standardized terminology for mothers' household status created confusion and ambiguity in the statistics from existing data banks.

More extensive data were needed to clearly define the characteristics of the sources mothers reported as influencing their decision-making processes. Since the mothers' source for "Word of Mouth" was not identified, it was unknown whether "Word of Mouth" choice was referring to a source other than family, or if the "Word of Mouth" source was from someone in a comparable income or educational level.

It should be noted that some users of ministry childcare settings may have chosen the non-ministry childcare category because of the survey wording. Specifically, mothers using childcare ministries provided by churches, temples, or synagogues not housing their daycare centers in the same building as their place of worship might have chosen "Childcare center" (group care NOT in church/temple) rather than "Registered Ministry Group Care" (in church/temple, etc.). In addition, mothers who were uncertain as to

whether the ministry childcare setting was “Registered” and mothers using a cooperative childcare group housed in but otherwise independent of a place of worship, might have miscategorized their childcare setting.

Limitations of the sample. There were several limitations of this sample that were problematic for drawing conclusions, and for generalization of the findings. Collecting data from the sample group of mothers in single-income households was slow and arduous, and particularly with the single mothers living in a households with unemployed adults. Single mothers could have had greater time constraints and other deterrents to participating in the study.

Data were insufficient in this study to determine why employed mothers living with an unemployed adult in the household (Group Three) appeared to give more credence to quality indicators when selecting childcare than the other two household groups. Unfortunately, this study did not obtain information about reported unemployed adults in the household.

By using only one point-in-time for data gathering, no follow-up information was available for tracking how well children may be doing at later points in life with academic and social skills as a function of having been or not having been in licensed or accredited childcare settings. Unfortunately, children’s gender, age, and locale of care were not balanced for the number of children in each of the three household status groups.

The small sample size for Group Three may be an anomalous finding that was not representative of this particular group. Larger numbers would be needed as well as

specific information about the unemployed adult in this group. It is important to know if that adult is a father, boyfriend, grandparent, or an unemployed friend.

Limitations of sample variables. The study did not include:

- age of mothers,
- mothers' literacy level (when taking written questionnaire)
- total number of adults and children per household,
- data on unemployed adults in households (role in household; length of time in household; areas of responsibility in the family),
- ages, gender, and number of all children in the household, and
- cost of care (including eligibility and use of vouchers/subsidies).

It may be that mothers in single-income households with more than one child needing childcare simply could not afford to work and also pay for two or more children in care. Therefore, this group of unemployed mothers who might be employed in the workforce if they could afford childcare was not represented in the current study with the criteria for participants to be employed. More understanding about cost of care would be available had the information about the use of financial vouchers for childcare by parents been included in the study.

Other limitations are with unverified data self-reported by mother:

- descriptive role of the unemployed adult in single-income households;
- child's temperament; and
- certification status of care setting.

No data were available other than mothers' reported certification of a childcare setting to determine the level of quality maintained in the childcare settings. This study

did not ascertain the level of childcare provider training, or the level of quality of care being used by the participants. I assume that many differences exist among childcare settings in spite of the reported certification status, with the exception of the standardized NAEYC accreditation certification (NAEYC, 1991). To define accurately the quality of a childcare setting, the intensity and extensity of the programs needed to be identified. The same was true for ascertaining a standardized measurement for placement of mothers reporting EC training. Unfortunately, this study set no parameters for qualifying levels of EC training, rendering the variable limited or even useless.

Another problem with interpreting the data in this study, as also in some previous studies, when comparing families in poverty with those families above the poverty line, the data did not account for variations in single-parent types of living arrangements such as family supports (including total number of adults and children in the household), and calculations used for determining total family income (Kalil, DeLeire, Jayakody, & Chin, 2001; Strawn, Greenberg, & Savner, 2001). In their analyses of data from the Survey of Income and Program Participation (SIPP), Kalil and colleagues (2001) concluded that the major indicator for child outcomes was the degree of economic hardship experienced by families with young children, and they also found there were more hospital stays for children with single mothers. The data for my study did not include the opportunity for mothers to identify problems with childcare specifically for a sick child, but mothers did identify “Vacancies”, “Cost of Care”, and “Hours of Operation” as three major problem areas, each of which could coincide with problem areas related to care needed for sick children. Additional studies could help identify a wide range of problem areas related to care needed for sick children, and how the problems impact mothers’ employment.

Recommendations for Further Study

Findings were inconclusive as to reasons for some outcomes in this study. A longitudinal study with similar variables examined in this study could add much needed data for further research on child outcomes related to household status and choices made for types of non-parental care. Further research of a sample with mothers in single-income households with unemployed adults and at least one child in care are needed to examine whether findings from a larger sample would be similar to this study, or to determine if the findings are limited to this Midwest sample. This interesting group that emerged as unique in the study signals a need for further research to be done to discover whether or not these findings are consistent with a larger sample in a similar study. Representation of Group Three in the general population was unknown because available statistics reflected household status groups by married/not married, presence of other adults in the household with no information about employment status, and presence of children in male versus female heads of households but not linked to childcare usage (U. S. Census Bureau, 2003).

The findings from this group of mothers with unemployed adults in the household raised further questions about the uniqueness of this particular group. Future studies will need to include specific information that identifies the role of the unemployed adult in the household, particularly in relationship to age, gender, and role with the children in care. A larger sample of this group is needed to examine whether or not this group has significantly different characteristics or traits from other single-income groups. More comprehensive interviewing will be needed in future research studies to give a better

understanding about factors influencing maternal and paternal criteria for childcare choices.

Provision for quality childcare is critical for the well being of working families and especially for low-income and single-parent families. As evidenced in the Carolina Abecedarian Project when viewed from a general systems approach for modifying risk factors in development (Ramey & Gowen, 1986), each system level includes negative and positive influences. “A factor, such as an infant with a difficult temperament, places a strain on the system and is considered a stressor. A resource, such as infant daycare, can bolster the system’s coping power. A favorable ratio of resources to stressors enables the system to function well” (p. 19). However, by examining unidirectional effects at only one point in time, it is not possible to extrapolate findings to the general population. External validity was not established because the representation of the three household groups in the larger society was unknown.

It is hoped that ongoing dialogue between policy makers, program providers, community constituents, and working parents continues with the purpose of identifying connections between the labor force participation and access to quality childcare for all families regardless of family structure, income, ages of children in care, or schedule of parents’ working hours. Further research with larger samples is needed to identify the ever-changing family structures, and to focus on the supports needed to create synergy between systems affecting families.

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Appendix A

Cover Letter and Questionnaire



SYRACUSE UNIVERSITY

COLLEGE OF HUMAN SERVICES AND HEALTH PROFESSIONS
DEPARTMENT OF CHILD AND FAMILY STUDIES

February, 2004

To Mothers of Children in Childcare:

My name is Lois Truman and I am a graduate student in the Department of Child and Family Studies at Syracuse University. I am inviting you to voluntarily participate in a research study which will take approximately 20 minutes of your time. You must be an employed mother, 18 years of age or older, and have been actively involved in the selection of childcare for your child(ren). You may choose to participate or not with no consequence to you for opting out of the study at any time. Risks to you have been minimized by not using your name (all information is anonymous) and your answers will be used for statistical purposes ONLY. The data will be kept confidential by me and I will properly destroy all questionnaires upon completion of this study. The benefit of this research is that you will be adding to the knowledge of researchers and early childhood professionals interested in the things that influence childcare selection.

The questionnaire has 4 types of questions. You will check categories that apply to you and your child(ren). You will be asked questions where you circle whether you agree, somewhat agree, somewhat disagree, or disagree and to check boxes showing items of more or less importance to you. The last section asks you to give short answers in your own words. Some questions may not exactly fit your ideas, but in each question, you should try to answer the closest to your views. This is not like a test where you have right and wrong answers, so please take your time to give the most precise answer for YOUR situation.

By completing this questionnaire, you signify you have read these terms and voluntarily agree to participate. If you have questions about your rights as a participant in the study, you may contact the Syracuse University's Institutional Review Board at (315) 443-3013. You may contact me at (314) 831-5799, or via email: loistruman@sbcglobal.net, and/or you may contact my advisor, Alice Sterling Honig, Ph.D. at (315) 443-4296.

Your help in increasing the understanding of parent choices for childcare is deeply appreciated. Thank you for returning your completed questionnaire in the self-addressed stamped envelope no later than one week from today.

A handwritten signature in cursive script that reads "Lois Truman".
Lois Truman202 Slocum Hall / Syracuse, New York 13244-1250
315-443-2757 / Fax: 315-443-9402 / <http://hshp.syr.edu>

Questionnaire

MOTHER'S INFORMATION

State of residence _____

Your ethnicity _____

Please check the box in each item that best describes your answer.

1. Current Household Status:

- Mother is employed and lives with **other employed** adult(s) in household with child(ren)
- Mother is the **only employed adult** living in household with other **unemployed** adult(s) and child(ren)
- Mother is employed and the **only** adult living in household with child(ren)

2. Annual income of household (Total Family Income)

- \$0 - \$21,000
- \$21,001 - \$45,000
- \$45,001 - \$100,000
- \$100,001 – higher

3. Size of Community Where Living:

- Population of fewer than 20,000 people
- Population between 20,000 and 150,000 people
- Population larger than 150,000 people

4. Mother's education/training:

- Not completed high school
- Have high school diploma or GED
- Have some college or training *other than* Early Childhood (no degree or certificate)
- Have college or specialized training degree or certificate *other than* Early Childhood
- Received Early Childhood training (college and/or attended workshops)

5. Sources you have used (if any) to learn more about early childhood issues:

- read books/articles
- talked with relatives (Mother/Grandmother, etc.)
- talked with friends/coworkers

- talked with pediatrician or staff
- talked with early childhood professionals

6. What source did you find MOST helpful of these or other sources?

CHILD’S INFORMATION

7. Number of your children in childcare:

- 1 children
- 2 children
- 3 or more children

8. Age of your youngest child in childcare:

- Birth - 5 months
- 6 months -12 months
- 13 months – 24 months
- 25 months - 35 months
- 3 years or older

9. Gender of your youngest child in childcare:

- Male
- Female

(Please check the best answer for the YOUNGEST child in care)

10. How would you best describe your child in most situations?

- Slow to warm up, cautious or shy
- Easy going, flexible, adaptable
- Feisty, irritable, sometimes difficult

11. Age of child when placed in childcare for the FIRST time: _____ months

CHILDCARE INFORMATION

12. Have you changed childcare arrangements since your youngest child’s been in care?

- NO** If “NO”, skip to next page (# 13)
- YES** (Please list changes below.)

1st CHANGE:	FROM: (Circle type of care)	TO: (Circle type of care)	Age of child at change:
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	Home Center Ministry Other	Home Center Ministry Other	____years ____months
Reason for change: _____ _____			

2nd CHANGE:	FROM: (Circle type of care)	TO: (Circle type of care)	Age of child at change:
	Home Center Ministry Other	Home Center Ministry Other	____years ____months
Reason for change: _____ _____			

3rd CHANGE:	FROM: (Circle type of care)	TO: (Circle type of care)	Age of child at change:
	Home Center Ministry Other	Home Center Ministry Other	____years ____months
Reason for change: _____ _____			

Check box if more than three changes have been made.

13. Type of childcare currently being used

- Family Childcare (may include child’s home)
- Childcare Center (group care NOT in church/temple, etc.)
- Registered Ministry Group Care (in church/temple, etc.)
- Other (explain)

14. How did you learn about your current childcare setting?

15. What were the top two (2) reasons you chose this care?

a.) _____

b.) _____

16. Certification of child’s current daycare setting:

- State Licensed
- Legally Licensed Exempt (includes Registered Ministries in churches/temples)
- NAEYC Accredited
- Unknown to parent

17. Use of childcare: (weekly average)

- Less than 20 hours per week
- 20 or more hours per week

18. Check any problems you had in finding childcare:

- Available vacancies
- Cost
- Provider characteristics (personality, level of training, etc.)
- Location (type of neighborhood/area, etc.)
- Transportation
- Hours of operation
- Program characteristics (daily routine/activities, curriculum, etc.)
- Accommodation for special-needs/disabilities
- Age of child(ren) needing care
- Other (explain)

Comments: _____

Please circle the answer which is closest to your thinking for the following items:

Note: There is no RIGHT or WRONG answer ... just answer from YOUR experience.

19. It is difficult to find good, reliable childcare that matches well with my work schedule.

AGREE SOMEWHAT AGREE SOMEWHAT DISAGREE DISAGREE

20. Good-hearted, loving providers, with or without early childhood training, usually do well caring for young children.

AGREE SOMEWHAT AGREE SOMEWHAT DISAGREE DISAGREE

21. “Years of experience” serves as a better predictor of a good provider than their amount of education/training.

AGREE SOMEWHAT AGREE SOMEWHAT DISAGREE DISAGREE

22. I expect a childcare provider to offer counsel and advice to parents on appropriate parenting skills.

AGREE SOMEWHAT AGREE SOMEWHAT DISAGREE DISAGREE

23. I think providers with religious beliefs usually show more kind and caring attitudes for children.

AGREE SOMEWHAT AGREE SOMEWHAT DISAGREE DISAGREE

24. Having several different providers for infants/toddlers helps them overcome such fear of strangers.

AGREE SOMEWHAT AGREE SOMEWHAT DISAGREE DISAGREE

25. It is difficult to work a full time job and still attend child care functions or do drop-in visits.

AGREE SOMEWHAT AGREE SOMEWHAT DISAGREE DISAGREE

26. If my employer offered parent information and/or parent workshops at lunchtime, I would attend.

AGREE SOMEWHAT AGREE SOMEWHAT DISAGREE DISAGREE

27. Even though all of the following items are important, please choose ONE item that is more important and ONE item that is less important to you in the box below.

(Check **ONE** for **MORE IMPORTANT** and **ONE** for **LESS IMPORTANT**.)

MORE	LESS	
<input type="checkbox"/>	<input type="checkbox"/>	There is plenty of space available for children to play inside and outside.
<input type="checkbox"/>	<input type="checkbox"/>	The cost is reasonable and affordable.
<input type="checkbox"/>	<input type="checkbox"/>	The place of care is conveniently located.
<input type="checkbox"/>	<input type="checkbox"/>	Safety is maintained (no dangerous/hazardous materials; smoke-free).
<input type="checkbox"/>	<input type="checkbox"/>	Balanced meals and snacks are provided by the childcare provider.

28. Even though all of the following items are important, please choose ONE item that is more important and ONE item that is less important to you in the box below.

(Check **ONE** for **MORE IMPORTANT** and **ONE** for **LESS IMPORTANT**.)

MORE	LESS	
<input type="checkbox"/>	<input type="checkbox"/>	Program activities teach about different races and cultures
<input type="checkbox"/>	<input type="checkbox"/>	Friends and/or family of child attend same childcare program
<input type="checkbox"/>	<input type="checkbox"/>	Program includes daily reading time with lots of books available
<input type="checkbox"/>	<input type="checkbox"/>	Program teaches children their ABC's (or reading), and numbers (or math skills)
<input type="checkbox"/>	<input type="checkbox"/>	Program emphasizes using good manners, courtesy and politeness.

29. Even though all of the following items are important, please choose ONE item that is more important and ONE item that is less important to you in the box below.

(Check **ONE** for **MORE** IMPORTANT and **ONE** for **LESS** IMPORTANT.)

MORE	LESS	
<input type="checkbox"/>	<input type="checkbox"/>	Provider is affectionate and nurturing to children
<input type="checkbox"/>	<input type="checkbox"/>	Methods for correcting behaviors do not embarrass children
<input type="checkbox"/>	<input type="checkbox"/>	Childcare providers have special training in child development
<input type="checkbox"/>	<input type="checkbox"/>	Provider gives information to parent about child's daily activities
<input type="checkbox"/>	<input type="checkbox"/>	Providers spend most of their time playing and talking with children

Please fill in the blanks on the next 6 items:

30. If you could change anything about your current childcare arrangement what would it be?

31. What do you think counts most toward your child's positive learning experience in childcare?

32. What are some hassles you have (if any) from using childcare while working a job?

33. You know your child has had a good day at childcare when:

34. What do you do if you are unable to drop off or pick up your child for care?

35. What characteristics do you want to see in a childcare provider?

❖ OTHER COMMENTS YOU WANT TO MAKE ABOUT CHILDCARE

(optional):

Thank you *very much* for helping to further early childhood research!

VITA

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