

FALLING THROUGH THE CRACKS:
CHILD CARE DECISION-MAKING AMONG THE WORKING POOR

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Doctor of Philosophy

by
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The undersigned, appointed by the dean of the Graduate School, have examined the dissertation entitled

FALLING THROUGH THE CRACKS:
CHILD CARE DECISION MAKING AMONG THE WORKING POOR

presented by Amber Moodie-Dyer,

a candidate for the degree of doctor of philosophy,

and hereby certify that, in their opinion, it is worthy of acceptance.

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I would like to dedicate this work to my parents, Bob and Sharon Dyer, and Becky Moodie, who made me so much of what I am today. Thank you for instilling in me a curiosity for life, a dedication to social justice, and a passion for all creative pursuits.

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FALLING THROUGH THE CRACKS:
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ABSTRACT

This aim of this study was to discover how barriers influence working poor parents' child care selection criteria, satisfaction with child care choice, and continuity of care for their young children. In order to empower working poor families to make the best child care decisions for their young children, the barriers facing parents when choosing care must be better understood. Factors which may act as barriers include: lack of work, family and caregiver flexibility; transportation and affordability challenges; and lack of social support and financial assistance with child care.

Data were collected from parents by survey distribution at local community agencies in one Mid-Missouri county. Data from 154 surveys were analyzed using logistic regression and study hypotheses were supported: Parents with more barriers were more likely to report imperfect satisfaction and continuity of care, as well as a discrepancy in the importance of quality and logistical characteristics when choosing care in an ideal versus real world setting. The two barriers that most predicted negative outcomes were lack of social support and financial assistance. Implications for social work practice, policy and future research are discussed.

Chapter 1: Overview

Formulation of the Problem

Today's families are at a unique place and time because they must work to financially support the family unit and find affordable, quality child care during working hours. This distinct position exists because of evolving family structures, new ideas about the roles of men and women in the workforce and family, and a rapidly changing global economy. Whether single parent or dual earner, many working families struggle with balancing the provision of care for children and economic survival. This struggle is especially difficult during working hours, when either one or both parents are not able to look after their children (Boushey, 2009). Because of increasing pressures on families, service providers and policy makers, understanding the barriers and opportunities that families face in finding quality care for their children has become a growing focus of research (Vandenbroeck, De Visscher, Van Nuffel & Ferla, 2008).

Much of the responsibility for the caring of young children throughout history has been relegated to the female gender (Folbre, 2001; Williams, 2001). Whereas this responsibility in the past was carried out by women in the unpaid labor force, several factors have blended together over time to create a new reality. The issue of child care as a permanent social reality became most salient in the 1960s and 1970s when changing gender roles and family structure, along with the economic demands of a globalizing economy pushed more women into the workforce (Clark-Stewart & Allhusen, 2005). Since then, the number of working mothers has steadily increased, impacting the need for child care. For example, 71% of women aged 25 to 34 are in the labor force (U.S.

Department of Labor, 2006). This is the age group most likely to need early childhood care because of the presence of young children in the family. In addition, the percent of mothers in the labor force with children under six rose from about 40% in 1975 to about 63% in 2003 (U.S. Department of Health and Human Services, 2004). During that same period, mothers with children ages 6 to 17 increased from about 55% to 78%. Welfare reform during the 1990s also increased pressure on mothers to engage in full-time labor and therefore find child care for young children.

Beyond family structure changes, the economic realities of a globalized society have affected families' arrangements of care for young children. Child care is unaffordable for many working families. Most wages provided through our service dominated workforce are not adequate to pay for all the expenses working families incur (Magnuson, Meyers & Waldfogel, 2007). The cost of child care for some families is greater than expenses for food, housing or car payments and can exceed the investment of sending a child through college. According to a recent report, the price of full-time center-based care for an infant in the U.S. ranged from \$4,560 to \$15,895 a year, and for a 4-year-old, from \$4,055 to \$11,680 depending on state of residence (National Association of Child Care Resource and Referral Agencies [NACCRRA], 2009a). At the point when families are rearing young children, they do not have the benefit of savings across time, and are often at their lowest earning potential.

Government involvement in providing child care in the United States has evolved over time. Often federal funding for child care has been in response to crises. Some examples are (a) the creation of the emergency nursery school program under the New

Deal, (b) the establishment of the Lanham Act in response to women flooding the workforce during WWII, and (c) the establishment of Head Start during the War on Poverty (Clark-Stewart & Allhusen, 2005; Cohen, 1996). The development of the modern child care market dates back further to the late 19th and early 20th centuries when two separate goals stimulated the growth of out-of-home child care arrangements. For poor families, the goal was to care for children so that parents could seek and maintain employment, whereas for middle and upper income families, the goal was optimizing a child's early development. This dichotomy continues today; the public discourse frames the importance of childcare for poor parents as employment support, but for those in higher socioeconomic groups the emphasis is on quality early care's role in promoting school success (Clark-Stewart & Allhusen, 2005; Cohen, 1996).

The child care system today is a hodgepodge of programs because of the divergent goals and stop and start policy approaches to address these growing needs throughout the last century (Durfee & Meyers, 2006). The resulting fractured system leaves families in the difficult position of searching out quality, accessible, affordable care for children in an underdeveloped market. The child care system simply has not grown quickly enough to meet the growing need for services (Clark-Stewart & Allhusen, 2005; Durfee & Meyers, 2006; Leach, 2009). Several programs currently exist to assist families with child care. These programs include government funded comprehensive approaches like Head Start, and services in the private market such as family and center based licensed care and license-exempt care which could include private preschools and informal friend and relative care (Child Care Aware, 2009).

The largest government financial policy in place currently to assist families with child care is the child care subsidy program funded by the Child Care and Development Block Grant (CCDBG, 1990), administered by each state individually. With the passage of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 (P.L. 104-19), receipt of cash welfare became contingent on participation in the workforce under Temporary Assistance for Needy Families (TANF). This act also combined four separate child care subsidy programs into the Child Care Development Fund which was then delivered to the states with minimal guidelines to be administered based on distinct regional child care needs (Blau & Tekin, 2007). Because of the greater emphasis on work after welfare reforms of the 1990s, funding for child care subsidies increased to meet the growing demand of poor single working mothers who were required to find employment to continue receiving TANF benefits. However funding for child care leveled off due to a freeze in funding over the past six years by the Bush administration, while market prices for child care continued to rise (Ewen & Matthews, 2007).

Some major provisions of the CCDBG include: (a) states can provide assistance to families whose income is not greater than 85% of the state median income (SMI); (b) parents must be involved in work, education or training; (c) subsidies are provided for children aged 0 to 13, or up to 19 for children with special needs; (d) parents must have a choice in type of child care (i.e., a family child care provider, center based care, or an unlicensed provider); (e) a sliding fee scale for copayments must be established based on income (federal guidelines define 10% of income as a benchmark for affordability); and

(f) states must ensure equal access to child care for eligible children, with federal guidance that states set reimbursement rates so that care can be purchased with 75% of available providers in the market (Center for Law and Social Policy [CLASP], 2009a).

In reality, however, most states set maximum eligibility far below 85% of the SMI, with an average of approximately 59% SMI across states in fiscal year 2004-2005, a drop from the previous fiscal year (U.S. Child Care Bureau, 2005). Most states also set eligibility levels according to the federal poverty line (FPL), not the SMI, which does not reflect an accurate measure of cost of living for specific geographic areas. A further indicator of barriers in the child care subsidy system, according to several recent studies, is the fact that only 15-30% of those eligible for child care subsidies receive help (Herbst, 2008). Long waiting lists were the norm for half of states with Florida, Georgia, Texas and Tennessee all maintaining waiting lists of over 20,000 children (National Women's Law Center [NWLC], 2005). Low income families both receiving and not receiving subsidy, pay more than 10% of their income towards child care, and reimbursement rates are less than those charged by 75% of providers (Adams, Snyder & Banghart, 2008). Durfee and Meyers (2006) point out that families making under \$18,000 a year spend almost a quarter of their wages on child care. Many families are forced to make decisions based on affordability, not quality, and it is precisely the children in these families to whom quality child care is most critical to enhance cognitive development and social skills (Leach, 2009).

Child Care as a Social Work Issue

The high cost of child care and limitations relating to child care subsidies has resulted in unequal distribution of quality child care among differing levels of socioeconomic groups in society: Quality care is more accessible for higher income families and for a small percentage of lower income families who qualify for child care assistance and manage to obtain it. Recent research has pointed to the importance of quality early learning experiences and their impact on life outcomes (Lynch, 2004; Polakow, 2007). Long term benefits of quality early care encompass higher student achievement throughout primary and secondary education, better health outcomes, and increased productivity in adulthood (Polakow, 2007). A study conducted by the Economic Policy Institute found several cost benefit savings for investment in early childhood education (Lynch, 2004). Overall, investments in high-quality early childhood programs generate a cost benefit ratio in excess of 3-to-1, which, according to Lynch, far exceeds the 1-to-1 ratio justifying increased investments. The savings occur in several areas including less dollars spent dealing with future criminal activity, higher adult earnings leading both to decreased future welfare spending and increases in tax revenue produced, and decreased costs for special education (Lynch, 2004; Polakow, 2007).

Without the resources to choose good options, parents may even place children in situations that put them at greater risk for abuse and neglect, a concern of the child welfare system that is intricately tied to the field of social work. Since formal quality care is not as accessible for low income families, they often rely more on their social networks to provide care (Coohey, 2007). Although this can be a positive experience, it can also be

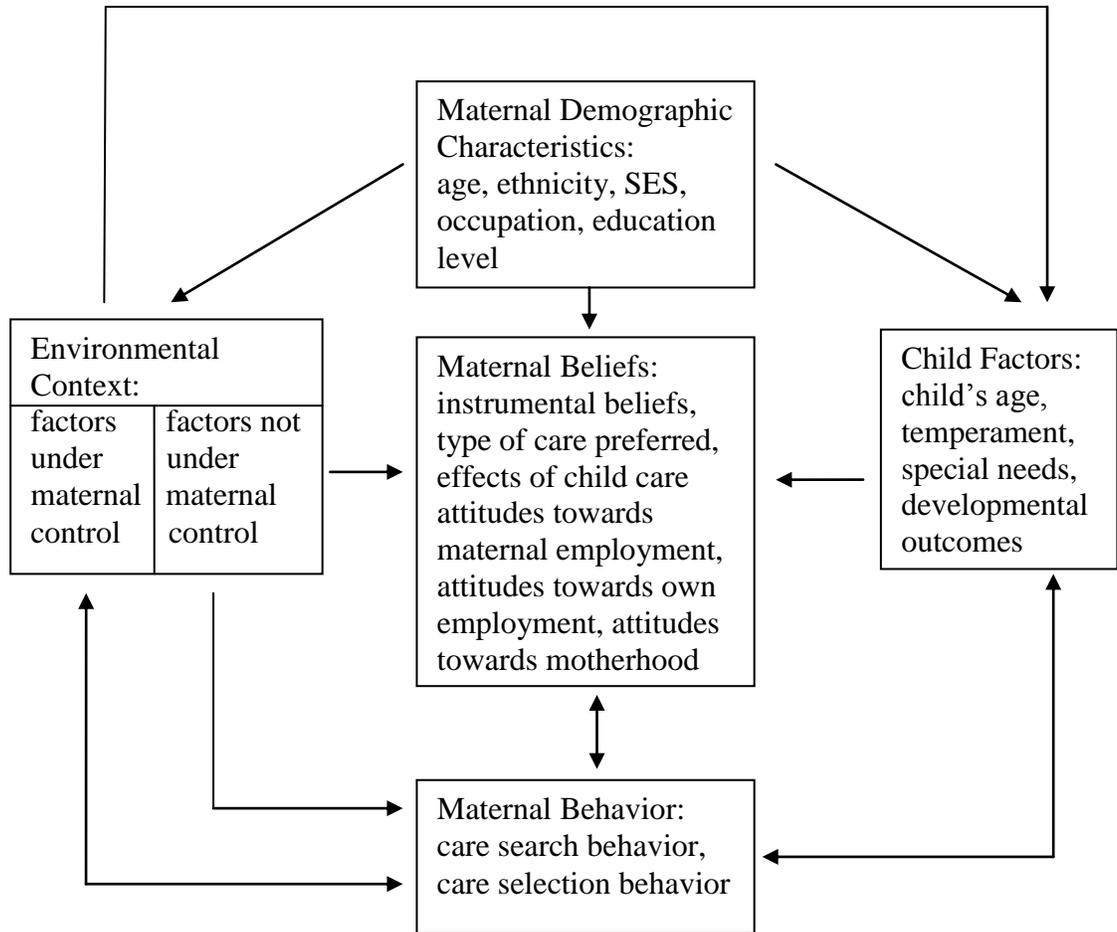
dangerous for children depending on the characteristics of the social network. For example Coohy found that a sample of predominantly low-income mothers who had been found neglectful by Child Protective Services had fewer relatives, less social contact, and fewer positive relationships when compared to a matched control sample. In addition, partners of mothers found to be neglectful were not as likely to be the biological parent. This is of concern because research by Schnitzer and Ewigman (2005) found that children under five who lived with an unrelated adult in the household were about 50 times more likely to be killed by inflicted injury than those in homes with two biological parents present. The vast majority of unrelated adults in these settings were the mothers' live-in male partners. This highlights a situation where parents facing multiple barriers in their environment, such as inability to pay for quality child care and inadequate social networks, are more likely to make decisions which put children at risk. The choice of informal care is also a concern due to the fact that unlicensed care settings are not monitored for basic safety requirements such as adult to child ratio and fire safety compliance. In many respects these children are simply off the radar in terms of monitoring quality and safety of early care.

Since some families may not have an opportunity to choose and maintain quality child care for their children an issue of social injustice is raised, which is a primary concern in the profession of social work. The National Association of Social Work (NASW) Code of Ethics (1999) identifies social justice as a core value in the field of social work and states that efforts to rectify social injustice should address issues of poverty, among others. Pursuing social justice can involve seeking equal opportunities

and access to resources and ensuring that people are able to meaningfully participate in decision making. The NASW Code of Ethics further defines one of social workers' responsibilities to society as engaging in "action that seeks to ensure that all people have equal access to the resources, employment, services and opportunities they require to meet their basic human needs and to develop fully" (NASW, 1999 para. 6.04a). In addition, "Social workers should act to expand choice and opportunity for all people, with special regard for vulnerable, disadvantaged, oppressed, and exploited people and groups" (NASW, 1999 para. 6.04b). In order to carry out these values and ensure equal access to quality child care among the vulnerable population of the working poor, an understanding of how barriers and opportunities in the family's environment interact with choice and decision making is imperative.

Conceptual Framework

One theoretical perspective that is designed uniquely to understand the influence of various systems on micro level processes, such as individual parental decisions about child care, is ecological systems theory as defined by Urie Bronfenbrenner (1989). Some researchers (De Marco, 2008; Pungello & Kurtz-Costes, 1999; Seo, 2003; Van Horn, Mulvihill, & Newell, 2001) investigating child care choice have already identified this theoretical perspective as a useful framework for understanding child care selection due to its attention to process and the relationship between variables in different systems influencing parental choice. Pungello and Kurtz-Costes (1999) developed a model adapting ecological systems theory to the child care decision making process which is presented in Figure 1.



*Figure 1. Parental child care selection. Reprinted from “Why and How Working Women Choose Child Care: A Review with a Focus on Infancy,” by E.P. Pungello and B. Kurtz-Costes, 1999, *Developmental Review*, 19, p. 38. Copyright 1999 by Academic Press. Reprinted with permission.*

Bronfenbrenner (1980, 1986, 1988) stressed the importance of going beyond the examination of processes within the family that influence child development, to understanding how broader factors such as supportive parental employers, the education system and societal beliefs affect family capacity to create good outcomes for children (Bronfenbrenner, 1988). He stressed the importance of producing research that investigates the interactions between various settings in an individual’s environment and

how these interactions can promote or detract from healthy development (Bronfenbrenner, 1977). Bronfenbrenner (1979) has also explored how combinations of barriers and opportunities faced by parents affect the family and child unit. In outlining ecological systems theory, Bronfenbrenner (1977, 1979) identified four levels of systems that individuals are situated within: micro-, meso-, exo- and macro-. Individual development exists and is affected by factors present in each level and the relationship between multiple factors in multiple systems.

The microsystem involves face-to-face interactions and includes relationships between immediate family members (i.e., parent and child) and others in a person's immediate environment (i.e., child and teacher). The mesosystem is defined by Bronfenbrenner (1989) as the relationships between microsystems, for example the relationship between a child's family and school or between a parent's home and work context. Exosystems also involve relationships between different settings, but one or more context is not a face-to-face interaction (i.e., from the child's perspective, the relationship between family and parental work environment). Macrosystems are characterized in broad terms such as culture and societal beliefs that include patterns of interaction among the other systems (Bronfenbrenner, 1989). The four systems are part of a broader orientation towards an ecology of human development which is

the scientific study of the progressive, mutual accommodation, throughout the life span between a growing human organism and the changing immediate environment in which it lives, as this process is affected by relations obtaining within and between these immediate settings (Bronfenbrenner, 1977, p. 514).

The relationship between settings in which a child grows highlights the importance of the concept of adaptation. For the child and parents, this can be applied to the relationship between the family and child care setting and the ability of parent and child to cope effectively with this transition over time (Bronfenbrenner, 1979). In many cases this is the first instance of a major transition period in the child/parent relationship and the experience of this transition sets the stage for many to come including transitioning into the school environment (Bronfenbrenner, 1979). Disharmony between these settings can create difficulties in healthy adaptation not only between the immediate environments of home and day care but in future relationships as well. This disharmony can be caused by a number of factors including the inflexibility of parental work schedules or care settings, discontinuity of the care setting, financial and transportation difficulties, and lack of a parental social support network (Bronfenbrenner, 1979, 1980, 1981, 1986).

In order to understand how these systems interact to influence parental decision making about the best care available for their young children, a theoretical orientation regarding how choices are made in this context is necessary. In a review of the literature regarding parental choice of child care, Meyers and Jordan (2006) point out the duality of theoretical orientations towards choice in investigating parental selection of child care. Some research looks only at rational decision making based on parental preference and does not take into account the context in which preferences develop. A better fitting conceptual framework for parental selection of child care highlights a perspective that moves beyond analyzing choice primarily as a result of preference. This alternative to

rational choice has been referred to in the literature as both contextualized patterns of action (Meyers & Jordan, 2006), and a structural developmental approach (Mensing, French, Fuller & Kagan, 2000). Mensing et al. developed their model by synthesizing rational choice, structural and cultural theories used to describe decision making. The value of the structural developmental model in analysis of parental selection of care can be understood in its equitable division of importance placed on individual beliefs, structural context and cultural norms.

Although studies sometimes make mention of the complex factors affecting parental choice, they often do not explicitly discuss a model of choice as a bounded decision making process. For example, parents may have a preference for a certain type of care based on the age of their child, but may also be limited in geographic area, cost and hours of operation. The ultimate care placement may reflect only one or all of those factors depending on availability of the preferred and logistically possible setting. Meyers and Jordan (2006) discuss three constructs that help elucidate a deeper understanding of parental decision making: “parents’ a priori preferences and tastes for quality, parents’ reliance on social networks for information, and parents’ perceptions of available supply and resources for obtaining care” (p. 60). Reframing these constructs more broadly, decision making can be a result of a combination of preferences, opportunities and barriers, any of which may operate at the micro-, meso-, exo- and macro-levels. Using ecological systems theory and a structural developmental approach towards choice, the interaction of how characteristics of parents, children, providers and the environment affect child care selection can be better understood. These intersections can then help

guide decisions at the practice, research and policy levels to better support America's changing family structure.

Purpose of the Study

The importance of quality early learning experiences and the fact that they are not equally distributed in society highlight the urgency of finding ways to help support families through increasing access and continuity of high quality child care opportunities. However in order to best support families, the need to understand the current processes families go through to choose care arrangements for their children is paramount. Perhaps what is least understood about child care is how parents navigate the system to decide on care settings while they are working. This navigation includes responding to both barriers and opportunities in the individual and family realm, the community and larger social systems (De Marco, 2008; Pungello & Kurtz-Costes, 1999; Seo, 2003).

In research about parental selection of child care, the samples have generally consisted of those in transition from welfare to work, those receiving child care subsidy (De Marco, 2008; Hirshberg, Huang & Fuller, 2005; Huston, Chang & Gennetian, 2002; Van Horn et al., 2001) or a combined sample of lower and middle income families choosing care (Leslie, Ettenson & Cumsille, 2000; Riley & Class, 2002; Rose & Elicker, 2008; Vandenberg et al., 2008). However, the parents caught in the greatest conundrum are those that must work to survive, and are either just above eligibility levels for subsidized care or do not receive subsidy regardless of eligibility. It is this population that has fallen through the cracks. Because they are difficult to access, this population, often referred as the working poor, has been underrepresented in the research and policy arena.

For the purpose of this study, working poor includes all those below the FPL who are employed, looking for work, or in school. In addition, because families that earn up to three times the FPL may still struggle to afford quality child care, the population earning at or below 300% of the FPL will be included. As previously stated, the federal maximum for helping families pay for child care is 85% SMI, which falls between 250-300% of the FPL in Missouri (American Community Survey, 2008; U.S. Department of Health and Human Services, 2008).

Complicating matters further for families that are above the poverty line but still economically vulnerable is the fact that they often become simultaneously ineligible for services such as child care subsidy, energy assistance, food stamps and free or low cost health care. Missouri has recently implemented a transitional child care subsidy program for families receiving assistance that move above 127% FPL, however this transition only extends up to 139% FPL (Citizens for Missouri's Children, 2008). An important point when discussing FPL eligibility limits for programs to assist low-income families with child care is the fact that the FPL is calculated based on a dated determination of poverty for American families which assumes families spend one-third of their income on food (Citro & Michael, 1995). This is not the case for working families today and the President's Advisory Council on Faith-Based and Neighborhood Partnerships has recently stated in a report that a new measure of poverty taking into account expenses which have emerged and expanded in the last four decades such as child care and health care is necessary (President's Advisory Council on Faith-Based and Neighborhood Partnerships, 2010). According to the report, this also has implications for establishing

more realistic eligibility levels for programs serving struggling families that reflect an accurate regional cost of living. Regardless of eligibility levels, there are many families who are eligible for these programs who for various reasons are not receiving assistance. With respect to child care assistance, barriers to assistance include work requirements, reluctance of providers to accept children on child care subsidy, the complicated paper work that is needed to apply and maintain assistance, and the potential stigma attached to receiving government assistance (Mensing et al., 2000; Paulsell et al., 2002; Pearlmutter & Bartle, 2003). Obtaining affordable child care in Missouri is even more difficult for parents who do not receive financial assistance with child care costs, especially for single parents. In the state of Missouri, the average cost for full-time center-based care is \$6,632 for an infant and \$4,532 for a 4-year old child which translates to 30% of the median income for a single parent (NACCRRRA, 2009b).

The decisions of the invisible and growing working poor offer a unique understanding of how both barriers and opportunities combine to affect parental preference and child care decision making. One scholar provides a poignant description of how understanding people in poverty goes beyond simply drawing an arbitrary line in the sand:

It may seem odd to examine poverty by looking at those who live barely beneath or a little above the federal government's official poverty line, as most of these families do. They dwell in a border zone that defies ready definition. But that makes them significant, for as they attempt to escape, we see vividly the obstacles they have to cross. From the edge of poverty, we have an illuminating view of poverty's depths (Shieler, 2005, p. x).

It is these families that are well situated to better inform policies for parents fighting for economic survival and attempting to obtain the best care for their children. It is this

population that should be examined to understand whether current levels of support for child care are adequate under today's economic and social realities.

Method of Inquiry

In order to gather information from the working poor population to create more well-informed child care practices and policies, data were collected through a survey informed by conducting targeted interviews with working poor parents and examining other surveys used for parental selection of child care. For the purposes of this study, eligible participants were defined as households with one or both parents working or engaged in job search activities and a total household income less than 300% of the FPL. Participants also had to utilize non-parental care for at least 10 hours a week. The NACCRA (2008) parent poll was used as a reference point in creating the 300% cut off point, as well as the federal maximum guideline for providing child care assistance to families earning up to 85% of the SMI, approximately 250-300% of the FPL for Missouri (American Community Survey, 2008; U.S. Department of Health and Human Services, 2008). When examining use of child care, NACCRA compared families below 200% of the FPL, between 200 and 300% and above 300%.

This survey was distributed using purposive and convenience sampling techniques, through three different avenues: the Women, Infant and Children (WIC) program, the public library, and Head Start. The use of each venue was designed to enhance the diversity of the sample so that families who span the continuum of income eligibility were included. Head Start provides services primarily to families below 100% FPL, while WIC extends eligibility up to 185% FPL. The public library was used to

recruit participants up to 300% FPL. The survey was designed to answer the following research questions: How do barriers influence working poor parents' child care selection criteria, satisfaction with choice, and continuity of care for their young children? The independent variable of barriers was measured using scales for parental work flexibility, transportation, affordability, caregiver flexibility, and social support (Emlen, Koren, & Schultze, 2000; Emlen & Weber, 2007). Percent of income spent on child care and whether participants received financial assistance with the cost of care were also included as independent variables. Although not included as an independent variable in the model, parental experience with the child care subsidy system was included in the survey through a series of questions developed by Raikes (2005).

The first dependent variable, parental child care selection criteria, was measured by comparing parental ratings of the importance of both quality and logistical indicators in the context of an ideal situation versus parents' actual child care choice. The second dependent variable, satisfaction with choice, was measured by a four item scale relating to a global measure of satisfaction with child care. The final dependent variable, continuity of care, was measured by a three item continuity of care scale (Emlen et al., 2000).

Hypothesis 1: Parents with greater perceived barriers (less work flexibility, less affordability, no assistance with child care cost, higher percent of income spent on child care, more transportation problems, less caregiver flexibility, and lower social support) will be more likely to have a discrepancy between selection criteria when choosing an

ideal child care setting versus criteria used in choosing their current child's care setting than parents with fewer perceived barriers.

Hypothesis 2: Parents with greater perceived barriers will be less satisfied with their child care choice than parents with fewer perceived barriers.

Hypothesis 3: Parents with greater perceived barriers will rate their child as having less continuity of care than parents with fewer perceived barriers.

Significance of Study

Understanding how the working poor population accesses the child care system has important implications for policy and practice with regards to child care accessibility and quality in Missouri. When researching child care, state context is particularly important as child care is provided in the private market and states are allowed vastly different interpretations of federal guidelines in providing child care assistance. It is within the state context of the child care reality that selections are made for type of care. The eligibility cutoff to receive child care assistance in Missouri has consistently ranked in the bottom five states and currently stands at 127% FPL (Citizens for Missouri's Children, 2008). This translates to less than 50% of the SMI, which is significantly lower than the maximum federal guidelines (Schulman & Blank, 2009). Also, even though Missouri currently does not maintain waiting lists, less than 15% of eligible families receive subsidy suggesting that barriers to access exist (C. Shapton, personal communication, October 29, 2009). Perhaps even more troubling is the fact that the percentage of children living in poverty in Missouri has risen from 15.3% to 18.3% between 2000 and 2007 while the number of children receiving child care subsidy has

decreased from 45,071 in 2007 to 42,224 in 2008 (Citizens for Missouri's Children, 2010). This trend highlights that a greater percentage of families are facing the barriers brought on by poverty and at the same time fewer families are receiving financial assistance with child care services. It is possible that there were fewer families eligible for child care subsidy services, but it is also possible that the need for help has risen and the services provided have not matched that need. By comprehending which barriers harm parents' abilities to choose quality settings, policy makers and providers can better target services in a limited fiscal environment to meet families' pressing child care needs.

Chapter 2: Literature Review

Understanding how parents weigh the decision of child care placement for their young children is paramount to improving a system which has become increasingly important to the development of children in early childhood. How parents decide on a child care setting is driven by multiple factors. Several different constructs have been identified in the literature as influencing selection which can be viewed through the lens of Bronfenbrenner's (1989) ecological perspective. The constructs that influence parental decision making about child care can be grouped according to broad subject categories and different system levels. Several studies present a variation on four major constructs which have been correlated with child care choice in the literature (a) child (micro), (b) parental characteristics (micro and meso), (c) provider characteristics (meso), and (d) environmental (meso/exo/macro) barriers and opportunities (De Marco, 2008; Gable & Cole, 2000; Meyers & Jordan, 2006; Pungello & Kurtz-Costes, 1999).

Each of the four constructs—child, parent, and provider characteristics, and environmental barriers and opportunities— overlap to affect child care preference and choice of care (Meyers & Jordan, 2006). For example age of child and ability of parent to pay may affect the type of care chosen in terms of quality and provider characteristics. Another example may be that a parent prefers a care placement with a high level of provider education and curriculum, but because the parent works non-traditional hours, this type of care is not available, so the next best choice is selected. It is within Ecological Systems Theory's four levels that barriers, opportunities and preferences

relevant to the four constructs result in parental decisions about child care. These intersections may complement or compete with each other and understanding which characteristics take top priority when multiple issues are present and how parents select care when preferred characteristics are not available is critical in improving service provision and policy related to early childhood development.

This review will focus primarily on the construct of environmental barriers as they relate to each other and the other three constructs of child, provider and parent characteristics in affecting choice since environmental constructs are the independent variables of study. Specifically the following areas of barriers will be discussed: work, transportation, income, child care cost and affordability, assistance with cost, caregiver flexibility, and social support. Finally, the results of parental choice will be discussed in terms of child care selection criteria, parental satisfaction and continuity of care since these are the dependent variables of focus.

Parental Work Flexibility

Although parents may show preference for providers based on child characteristics such as age, temperament and special needs of the child (Pungello & Kurtz-Costes, 1999), parents do not make decisions about child care in a vacuum. Rose and Elicker (2008) found that parents of infants placed lower importance on center-based care enrollment and higher importance on relative care and warmth of the caregiver than parents of preschoolers. Similarly, Seo (2003) found a preference among mothers with infants for family-based providers over center-based providers. It is also evident that characteristics of the child, such as age, often combine with parental work characteristics.

For example, Pungello and Kurtz-Costes (2000) found that women who reported a necessity to work for income were more likely to use nonparental care whereas mothers not reporting such a need relied solely on parental care more often. Although parental or informal care may be the preference in terms of infant child care choice (Early & Burchinal, 2001; Pungello & Kurtz-Costes, 1999; Riley & Glass, 2002; Rose & Elicker, 2008; Seo, 2003), more women are working out of necessity with little offered in the way of maternal leave leading to more conflicts between work and home (Boushey, 2009). One recent development attributed to the current economic recession, is the fact that rising unemployment has affected male workers more than female workers. According to the recently released Shriver Report, about three quarters of total jobs lost have been male jobs (Boushey, 2009). This amplifies the child care burden for families in that women are increasingly becoming the primary breadwinner, yet their wages are significantly less than their male counterparts and their jobs are less likely to provide sufficient maternal leave and flexibility with child care issues (Boushey, 2009). Also, women are more likely to hold part-time jobs, which can be difficult to negotiate around standard child care arrangements. For example, Walker and Reschke (2004) found that single mothers more often placed children in regulated care, however when single mothers were working part-time, informal care became more prevalent. In addition, Fagan (2001) found that women working part-time were more likely to experience difficulty in child care scheduling.

Regardless of preference, these barriers may constrain choice and force women to place infants in a setting that is not ideal given the shortage of quality, affordable infant

and toddler care (CLASP, 2009b; De Marco, 2008). Further, Paulsell et al. (2002) points out that the reported parental preference for infants being placed in informal care may in part be a reflection of the lack of formal regulated infant care in the market. In this scenario, the market may shape preferences as much as preferences shape the market. Herbst and Barnow (2008) found a relationship between women's labor supply and child care supply in that neighborhoods with higher priced child care often were associated with a decline in workforce participation by women. The use of high quality care has also been found to be related to greater support in the workplace such as more flexibility, supportive colleagues and higher wages (De Marco, Crouter, Vernon-Feagans, & The Family Life Project Key Investigators, 2009).

It is in this context that workplace flexibility becomes important to facilitating a better match between parental preferences in an ideal world versus reality. Workplace flexibility, according to Emlen et al. (1999), encompasses work requirements, policies, and schedules. Some studies have found that when mothers have a nonstandard workday schedule, they rely more on care from the father or other family members, whereas mothers who move into a job with standard working hours are more likely to place their child in family child care homes or center-based care (Han, 2004; Phillips & Adams, 2001; Riley & Glass, 2002). What about single mothers with nonstandard work schedules who do not have help from a partner? How do these families negotiate care and how does this barrier contribute to overall satisfaction with quality of care and continuity of care? Low-income families are particularly likely to be forced to piece together a number of low-wage jobs with nonstandard and inconsistent hours (National Scientific Council on

the Developing Child, 2005; Phillips & Adams, 2001). Further, some evidence suggests that non-standard work schedules negatively impact child well being (Han, 2005). For example, Han discovered that toddlers were more likely to exhibit negative cognitive outcomes if they had mothers who worked nonstandard hours. However, this may also be a result of the type of care available to mothers with nonstandard schedules (Han, 2005; Phillips & Adams, 2001).

Dodson, Manuel and Bravo (2002) found that child care difficulties are the most prevalent reason for parental anxiety and work conflict. For example, half of the parents in their study of working poor families had faced a job sanction as a result of meeting familial needs which included “lost wages, denied promotions, and written and verbal warnings” (p. 1). Parents may struggle to keep a job they enjoy that pays the bills but has low flexibility in terms of family and child care needs. For example, Himmelweit and Sigala (2004) reported that some mothers enjoyed swing shift work because they could be more present in their children’s lives, but mothers also reported difficulty in finding childcare that allowed for a different schedule each week. One factor that may possibly mitigate work flexibility problems is child care subsidy use (Press, Fagan, & Laughlin, 2006). Press et al. found that mothers who received subsidies did not experience work/child care conflicts as often while on the job.

Transportation Barriers

Transportation can be a barrier for working parents in choosing the type of care they want as well. These difficulties are often exacerbated for parents who work nonstandard hours. For example a parent without a car may look only at providers near

bus routes. Working poor parents may live in a neighborhood that does not offer the type of care they are looking for and may be forced to find a setting that is far from home, work or both, creating long commute times. If parents do not have the means to obtain or maintain care without creating difficulty regarding transportation, they may be put in a position to choose a care setting that is closer to them, but not ideal in terms of quality. Henly and Lyons (2000) found that parents reported transportation, in terms of convenience, as a top child care decision-making factor. In several instances, parents reported choosing care that was near either work or home despite expressing desire for a different type of care setting (Henly & Lyons, 2000). De Marco (2008) also found that choices were often reported as being constrained by transportation barriers. Some parents in De Marco's (2008) study reported exclusionary search criteria relating to transportation such as only looking for a child care setting that provided transportation to and from home, or settings that were nearby. Still other parents from De Marco's (2008) qualitative examination reported problems in transportation between formal programs such as preschool and informal settings used to provide care during nontraditional working hours.

Being unable to transport children between formal and informal settings can also lead to constrained choice by parents which may limit quality options. The maneuvering of transportation between multiple care arrangements, home and a parent's workplace has been referred to as "coordination points" and can create challenges to choosing and maintaining ideal care (Skinner, 2005). Skinner found that parents often relied on social

support to manage multiple coordination points. However in the absence of support from others, parents can be left in a bind.

In further support of the important role transportation can play in decision making, Shlay, Tran, Weinraub and Harmon (2005) found that parents assessing child care setting vignettes were more likely to rate facilities with short commute times as more desirable while longer commute times were rated as significantly more undesirable. Parents with a current setting that is difficult to maneuver in terms of transportation therefore may be more dissatisfied and seek out other types of care, even if the quality and characteristics of the provider are viewed positively. This is especially difficult for working poor families since high quality providers are not often located in low-income neighborhoods. Working poor families are also less likely to have a working vehicle. Over half of parents in a study conducted by Dodson et al. (2002) did not have consistent access to a vehicle. For these parents, public transportation becomes a necessity in arranging child care. Huston et al. (2002) found that parents with access to a vehicle reported fewer child care problems. Working poor families who work off-hours shifts are also more likely to have difficulty in utilizing public transportation as they may not be operating early morning or late night (Dodson et al., 2002). Working poor families in rural areas may also be burdened in that commute times are likely longer and public transportation is non-existent (Paulsell et al., 2002).

Income, Affordability, Assistance with Cost and Child Care Subsidy

As previously mentioned, the cost of child care for some families is greater than expenses for food, housing or car payments and can exceed the investment of sending a

child through college. This pressure can create an impossible situation for family budgets. For example, if a family of three was supported on one full-time minimum wage income, this would yield an annual income of \$15,080 (U.S. Department of Labor, 2009).

Assuming center-based care is needed for one infant, the cost would range anywhere from 30% to over 100% of income (depending on the state of residence). Even earning 300% of the FPL, a family would still be spending between 8.6% and 26.5% of their income on child care, with an average of 17% across the country (NACCRRRA, 2009a). Federal recommendations stipulate that no more than 10% of a family's income should be spent on child care (CLASP, 2009a).

Affordability of different types of care in the market can influence the choice parents make. Parents who rate affordability as a top concern have been found to choose informal care more often both because of cheaper costs and greater flexibility in payment schedules (Henly & Lyons, 2000). In Missouri, the average cost of full-time infant child care in family child care homes is 27% cheaper than center care—\$4,828 and \$6,632, respectively (NACCRRRA, 2009b). Relative care is considerably cheaper, often even cost-free for many families (Phillips & Adams, 2001). When examining the effects of price of center care on maternal child care choice, Hofferth, Chaplin, Wissoker and Robbins (1996) found that as price of center-based care increases mothers are more likely to use family home-based or relative care. Additional research indicates that as family earnings increase, children are more likely to be placed in center care and in higher quality care (De Marco et al., 2009). These findings indicate that although center care may be preferred for some parents, they must settle for a different type of care if it is out of their

price range. For example, Himmelweit and Sigala (2004) found that almost all mothers they interviewed reported a statement similar to “I couldn’t have afforded to do anything else” (p. 461). This “settling” process may have detrimental effects such as stress associated with low satisfaction of child care placement or exposing children to chaos in the form of frequent changes of providers and low stability in care arrangements.

There are avenues that exist for families struggling to afford quality care which include Head Start, tax credits, employer contributions, child care program scholarships, child support, and child care subsidy assistance, among others. Regardless of the source of aid, a reduction in out-of-pocket cost from families already strained financially may make it easier for those families to obtain and keep the child care they desire. Families who receive child care subsidies have been found to spend a smaller percent of their income on child care (Smith & Gozjolko, 2010) and more often choose center based care (Walker & Reschke, 2004; Wolfe & Scrivner, 2004). Parental perceptions of child care subsidies have also indicated that subsidies increase access to child care (Washington & Reed, 2008) and allow for more flexibility in family budgets in terms of the ability to save and pay other bills (Forry, 2009).

However there can also be difficulties with receiving financial assistance for child care. One of the more largely utilized forms of help is the Dependent Care Tax Credit, but often low income families don’t pay income taxes and are not able to receive it because the tax credit is non-refundable (Phillips & Adams, 2001). With regards to child care subsidies, application and recertification processes can be tedious and burdensome, perhaps creating additional barriers to low-income parents (Mensing et al., 2000;

Pearlmutter & Bartle, 2003). Paulsell et al. (2002) identified barriers to receiving and keeping child care subsidies that include insufficient funding, lack of knowledge about the program, administrative complexities, over burdensome co-payments, and a lack of providers that accept subsidy. Often reimbursements to providers who have families utilizing subsidies do not cover the full cost of care and don't cover vacation periods and summer breaks creating care discontinuity (Washington & Reed, 2008). Ha and Meyer (2010) examined the conditions surrounding subsidy exits and found that a significant number of mothers exiting the child care subsidy program were actually still eligible. Further, many of the mothers were leaving the subsidy program with low-earning jobs or due to job loss.

Despite the fact that the child care subsidy system can be difficult to negotiate for parents, the assistance provided still often puts low-income parents receiving subsidy ahead of families who are just above eligibility or are eligible but not receiving subsidy. Ha (2009) found that mothers who used child-care subsidies for longer periods of time showed more earning potential. Mothers who received higher subsidy amounts were also found to be less likely to exit the program (Ha & Meyer, 2010). In addition to improving earnings, receipt of child care subsidy has also been linked to higher employment (Blau & Tekin, 2007) and keeping low income parents off welfare (Matthews, 2006). Increased public funding for child care assistance also has been connected with higher enrollment in formal care among low-income families (Magnuson et al., 2007), which at least is more regulated and subjected to tests of quality than informal care (Phillips & Adams, 2001).

Inquiry into the effects of child care subsidy receipt on child well-being outcomes is still in its infancy. Some early evidence points to the possibility that subsidy receipt may create behavioral and learning deficits upon school entry, which disappear by first grade (Herbst & Tekin, 2010a). Caution must be taken in interpreting recent findings, because it is possible that certain conditions of subsidy receipt, such as interruptions in subsidy creating instability in child care arrangements, may have more to do with child outcomes. However it is important to note that the child care subsidy program has, since its inception, promoted maternal employment as its primary goal and child care quality as secondary, opting to allow parents choice and flexibility in choosing care (Adams & Rohacek, 2002; Herbst & Tekin, 2010b). Child care providers are also not required to accept subsidy, so access to quality care may still be a problem for parents receiving child care subsidies.

Caregiver Flexibility

Emlen et al. (1999) identify caregiver flexibility as one of the key points of support and/or barriers depending on the particular flexibility mix that emerges in parents' lives. Caregiver flexibility is defined as the ability of a provider to make accommodations in the face of schedule changes and emergency circumstances, which could be critical if work or transportation barriers are present. The overall flexibility profile is indicative of the type of care parents choose and how they feel about their choice. For example, parents may be able to choose a high quality provider even though it offers low flexibility if they have more flexibility and less barriers in their workplace and social network (Emlen et al., 1999). Vincent, Braun and Ball (2008) found that

parents expressed a sense that child care providers were unchangeable in operation and had difficulty communicating their needs and opinions. However, caregiver flexibility is especially important given the fact that flexible work policies are not the norm in the current U.S. job market, especially for jobs held by working poor parents (Boushey, 2009). Flexibility in terms of hours of operation can be one indicator of caregiver flexibility. For example, a caregiver can be flexible by making accommodations for changing work schedules and emergencies perhaps by accepting children earlier or letting them stay later. Rose and Elicker (2008) measured flexibility as the degree of match between the hours of the care provider and the parents' schedule and found that flexibility emerged as important when parents considered other variables simultaneously. Parents may also view a caregiver as more flexible if the provider is able to assist with transportation, which tends to be more common with informal care arrangements (De Marco, 2008; Henly & Lyons, 2000; Skinner, 2005). However informal care arrangements such as use of extended family or a family home provider are not necessarily the first choice of parents and may be chosen out of default because of transportation and work inflexibility obstacles (De Marco, 2008; Henly & Lyons, 2000). Although some parents have family members and friends that they trust to watch their children on a regular basis, others do not and have reported feeling trapped into selecting a family member or other informal situation because of constraints such as nontraditional work schedules (De Marco, 2008).

Social Support

Relationships with family members, as well as with other members of a social support network, can act as a buffer to the challenges parents face in finding and keeping the child care of their choosing. Emlen and Weber (2007) point out that family flexibility and social support are closely related, but that social support also includes relationships between a parent and non-household members. In studying the differences between middle and working class families, Vincent et al. (2008) found that working poor parents had fewer social contacts with other families, especially those with young children, and this had implications for their ability to rely on their social network for child care help. For example, Dodson et al. (2002) discovered that parents who had a partner or several family members close by to provide flexibility in child care arrangements were more likely to be satisfied. However there were also cases when mothers discussed conflict in having care provided by a family member because it might be out of obligation as opposed to a desire to contribute to the child's development (Dodson et al., 2002). Henly and Lyons (2000) also found that parents identified potential conflicts to utilizing their informal support networks, including geographic distance from family and friends, possible relationship conflicts, and other obligations that family and friends may have that prevent them from helping provide child care. The obstacles parents identify reflect the possibility that family care may be trusted and more convenient for parents, but that parents also understand it may not be the best quality care they can find (De Marco, 2008; Dodson et al., 2002). In some cases, familial care is selected even when parents don't completely trust a relative to provide care because parents feel they have no other

options (De Marco, 2008). Perhaps the best scenario might be being able to select a primary care arrangement in a formal high quality setting, and having family members available to provide back-up care and flexibility. Another important role of a parent's social support network in facilitating preferred child care arrangements, is provision of transportation from a care facility to another location if, for example, a parent's workplace is not located close to home or the child care setting (Skinner, 2005). The role of transportation assistance that social networks can provide is particularly important because many families have multiple care arrangements for children throughout the day while the parents are employed for the entire time (Skinner, 2005).

In terms of social support, both communication of child care options by family, friends and community, as well as actual availability of relatives, friends and neighbors to provide care play a role in influencing parental choice (Meyers & Jordan, 2006). Katras, Zuicker, and Bauer (2004) discovered through interviews that low-income families relied heavily on both informal and formal social networks in choosing child care. In further analysis, families who were lacking in informal networks, utilized formal resources more. The reverse was also true in that when extended family members were available, they were often utilized. When studying immigrant families, Wall and Jose (2004) found that the absence of familial networks created significant difficulties in finding child care. This could have implications for families' abilities to keep good primary care as well. For example if parents have other family members available to provide back-up care when their child is sick and can't attend his/her center or if the primary provider closes for various reasons, parents may be more likely to keep their child in the preferred primary

arrangement. Regardless of how parents utilize social support networks, the social support provided by family and friends can give parents more options for child care.

Parental Selection Criteria

Assessing what is important to parents about providers when selecting care has often yielded different answers in the literature because of differences in the context that parents are asked to evaluate (Riley & Glass, 2002; Rose & Elicker 2008). Riley and Glass (2002) attempted to overcome this methodological problem by asking parents about preferred type of care during the third trimester of their pregnancies and asking about type of care used at six months after the birth of their child. They did indeed find a mismatch between care preferred and care chosen. However they focused only on type of care, whereas the characteristics of care can be even more telling of a parental preference and use mismatch. The provider characteristic associated with parental child care selection that often emerges in the literature is type of care, which is usually defined as either center-based care, licensed family home providers, or care provided by family, friends and neighbors that is unlicensed (Child Care Aware, 2009). NACCRRA (2008) conducted a survey of over 1,000 parents in the U.S. and found that 49% of children under age 6 were either enrolled in a center or full-day preschool. Thirty-four percent of respondents were in part-day preschool and 16% utilized a family child care home. However they also found that one third of parent respondents utilized more than one type of arrangement for care of children. Although parents may have a preference for a particular setting, other factors can also be important in choosing care. Van Horn et al. (2001) found that convenience and structural characteristics such as cleanliness and

adult-to-child ratio emerged as most important, closely followed by safety concerns. Shlay et al. (2005) found that characteristics of the provider, such as experience and behavior, were more likely to matter than the type of facility.

According to early childhood education and care (ECEC) experts, quality also transcends type of care and focuses more on characteristics of providers and settings. One of the best ways to understand the quality benchmarks now agreed upon in the ECEC field is to examine Quality Rating and Improvement System (QRIS) criteria. QRIS criteria are grounded in research that has been carried out over the last several decades to determine what constitutes high quality ECEC (NACCRRA, 2009c). QRIS programs have been implemented statewide in 19 states and are currently being piloted in 10 states, including Missouri. Several other states have QRIS designs in progress and two states have implemented it locally in different areas of the state. Only five states currently have no efforts to enact a QRIS. The National Association for the Education of Young Children (NAEYC) serves as the ECEC accrediting body and 17 states with a QRIS recognize this accreditation process for centers as meeting high quality standards (NACCRRA, 2009c). NAEYC includes 10 quality standards for parents to look for in choosing care including (a) relationships between children and adults in the care setting, (b) curriculum that promotes early learning, (c) developmentally appropriate teaching, (d) child progress assessment, (e) a healthy and safe environment, (f) qualified and knowledgeable teachers and staff, (g) collaborative relationships between families and the setting, (h) strong relationships in the community, (i) an appropriate physical environment including facilities and materials, and (j) effective leadership and

management (NAEYC, n.d.). It is important to compare these quality standards with the standards parents use to assess quality in the child care market to determine if parents understand how to judge high quality care.

NACCRRRA's (2008) National Parent Poll found the safety and learning environment of a child care setting to be the top two factors in influencing child care choice. The third factor that emerged in NACCRRRA's poll as influencing choice was cost. However, the NACCRRRA poll drew a random sample from Zogby International's data base of adults with children under age 6. The income levels of parents were not reported and it is unknown whether parents felt they were able to choose the care they wanted based on ideal qualities of a provider or environmental constraints.

In addition to type of curriculum or activities provided for the child, another provider characteristic found to affect choice is warmth and experience of the caregiver (Rose & Elicker, 2008). For example Rose and Elicker found that warmth of caregiver, education level of the provider and use of play-based curriculum were the most influential in terms of affecting parent choice. It is interesting to note, however, that when using conjoint analysis to understand choice, a procedure that combines characteristics into different scenarios, hours of operation emerged as a top factor as well (Rose & Elicker, 2008). Himmelweit and Sigala (2004) also reported opening hours of child care settings, as well as location, to be predominant factors in decision making. However Shlay, et al. (2005) did not find care being offered on evenings and weekends to affect preference. In yet other findings, parents report affordability, convenience and safety as most affecting their decisions which often lead to placements in informal settings (Henly

& Lyons, 2000). Leslie, Ettenson and Cumsille (2000) described differences among types of parents in what emerges as most important. For example, single mothers were most strongly influenced by cost, while child/staff ratios emerged as most important to married mothers. Peyton, Jacobs, O'Brien and Roy (2001) also found differences by income, number of work hours, and level of stress: For higher income families and parents working less hours, quality was the top priority, whereas higher stressed families chose care more often based on logistical factors. Therefore results in understanding the importance of certain provider characteristics in parental decision making are mixed.

Parents' responses regarding what factors are important in choosing child care often depend on how the question is asked. For example, some findings relate more to parental ratings of hypothetical vignettes or ideal world scenarios (Leslie, Ettenson, & Cumsille, 2000; Rose & Elicker, 2010; Shlay, 2010), while more attention has been paid to decision making factors related to the parents' actual choice (Henly & Lyons, 2000; Himmelweit & Sigala, 2004; Huston, Chang, & Gennetian, 2002; Peyton et al., 2001; Pungello & Kurtz-Costes, 2000; Van Horn et al., 2001; Vincent, Braun, & Ball, 2008, 2010). Although quality indicators factor into parents' decision making, it is apparent that logistical concerns such as cost, hours and location emerge as important factors as well. When examining the importance of logistical and quality characteristics, lower educated parents attached less importance to both than highly educated parents (Vandenbroeck et al., 2008). This finding could be indicative of lower educated parents (and perhaps lower income groups) feeling that they have no choice and therefore ranking both factors lower than their higher SES (socio-economic status) counterparts. However, Kim and Fram

(2009) found contradictory evidence in that parents in the lowest SES groups rated all aspects of care as very important including quality, affordability and convenience measures.

Since different factors emerge as important to parents depending on how the context is specified (i.e., in an ideal situation versus the choice the parent was actually faced with) it is important to compare how parents rate selection criteria in both contexts to obtain an understanding of the discrepancy that exists. In the present research parents will be asked to rate both quality and logistical characteristics that have emerged as important to parents and experts in the literature including staff ratios, staff training and education, provider facilities, education activities, licensure/accreditation, cost, hours and location (NACCRRRA, 2008; NAEYC, n.d.; Rose & Elicker, 2008; Shlay et al., 2005). Parents will be asked to rate the importance of these characteristics twice—once in the context of their ideal situation and once in the context of their actual choice making.

Parental Satisfaction

Emlen and Koren (2000) found that higher flexibility with caregiver, workplace and family (i.e., the presence of fewer barriers) was associated with greater satisfaction of care and less likelihood to report use of lower quality care. They also found that parents using one particular high quality setting were able to do so because of higher work and family flexibility. A lack of flexibility can lead parents to make decisions based more on logistical characteristics rather than quality, which also has been linked to lower satisfaction (Peyton, Jacobs, O'Brien & Roy, 2001). Other factors such as whether parents receive financial assistance in paying for child care, can also influence

satisfaction. Brooks (2002) found that parents receiving subsidy reported higher satisfaction with their care arrangements compared to a matched sample of parents on a waiting list to receive child care subsidy. Another finding that has emerged when comparing groups of parents who use different types of care is that parents using Head Start report higher satisfaction than those using other types of child care (Fantuzzo, Perry & Childs, 2006). However other research findings have indicated that no significant differences exist between parents who use child care centers and other types of early education programs such as Head Start (Teleki & Buck-Gomez, 2002). In comparing informal and formal settings, research suggests that parents using informal child care providers report higher satisfaction than parents using formal family child care or center-based care despite findings that informal, unregulated settings are more likely to be lower quality (Coley, Chase-Lansdale, & Li-Grining, 2001; Holod, Johnson, Martin, Garner & Brooks-Gunn, 2010). In general, descriptive information regarding parental satisfaction with care has been found to be reported favorably by a large majority of parents across all types of settings in several studies (Ceglowski, 2006; Emlen & Koren, 2000; Holod et al., 2010; Teleki & Buck-Gomez, 2002; Van Horn et al., 2001). However what is less understood is the relationship between satisfaction and environmental barriers such as social support, transportation, work flexibility, affordability, financial assistance and caregiver flexibility.

Parental satisfaction with their child's care is important because higher satisfaction may lead to parents who are less stressed and more able to balance work and family responsibilities (Bronfenbrenner, 1979). Parents' assessment of quality in child

care in general often aligns with experts, but their assessments of the quality of the setting their own children are in may be quite different than those of expert evaluators (Leach, 2009). This latter discrepancy has been attributed either to methodological weaknesses in comparing parental and expert assessment of quality of early care, or to the differences in what parents and professionals view as important with relevance to a particular child in a specific setting (Emlen et al., 1999; Emlen, 2010). Parents must maintain an ongoing relationship with their child's provider and entrust the daily care of their children to a chosen provider. Professional evaluators, on the other hand, rate a setting for a short period of time and may therefore have a different set of values not directed towards the interaction of a specific child within the care setting being rated.

Although the quality of care defined by research as producing good outcomes for children is important, parental satisfaction with the child care their children receive is also important. After all, parents and children are the client and consumer. It is these parental judgments about quality, more so than expert assessments, that provides insight into the intersection between the care and home environment. After examining parental satisfaction with care in Minnesota, Ceglowski (2006) recommended that researchers and practitioners develop a definition of child care quality that encompasses both early childhood experts' and parents' perspectives on quality, including measures of trust and satisfaction. Parental satisfaction with care is also predictive of the likelihood of care retention (Keiningham, Aksoy, Andreassen & Estrin, 2006) which is related to continuity of care, an important element of stability for both children and families.

Continuity of Care

If children are in a high quality setting, continuity of that quality care becomes important in maintaining developmental achievement in children aged 0 to 5. Consistency in relationships between children and caregivers, often termed caregiver stability, has an influence on their developmental progress and social competence as well:

Babies and toddlers show richer patterns of social interaction when they are securely attached to their caregivers, and they are usually more strongly and securely attached to well-known and regular care providers than to those who are occasional or less familiar, so stability of care is clearly an important aspect of quality from children's viewpoints (Leach, 2009, p. 219).

Theilheimer (2006) defines continuity of care as a child and caregiver being paired for the first one to three years of the child's life and conveys the difficulty that can occur for both children and families when this is not maintained. Negative outcomes associated with too much turnover in a child's non-parental primary care provider may include delayed language development (Howes, Phillips & Whitebook, 1992), more aggression and less cooperation (Leach, 2009). Also, given that many working families arrange multiple concurrent child care settings, one important research finding suggests that when children undergo consecutive moves between settings over a short time in addition to being enrolled in multiple concurrent arrangements, there is a decline in feelings of well-being and an increase in problem behavior (Clasien de Schipper, Van IJzendoorn & Tavecchio, 2004).

According to Leach (2009), caregiver stability includes elements such as staff turnover, amount of care settings children are exposed to and changes in the primary caregiver. Although barriers that parents face in their micro and meso system may not

influence staff turnover in their child's care setting, they may have an effect on the number of care settings parents cycle through to make accommodations for changing work and home environments. A cycle of detachment and reattachment to primary child care providers could lead to developments of emotional distress and problematic outcomes for children (National Scientific Council on the Developing Child [NSCDC], 2004). Biophysical implications also arise when examining the stability and continuity of child-caregiver relationships in that children who experience more secure relationships have more regulated stress hormone production (NSCDC, 2005). The continuity of care measure identified by Emlen and Koren (2000) accounts for the stability of caregiver relationship, continuity of caregivers, and continuity in the setting itself. Factors that cause a parent to change caregivers might include dissatisfaction with the provider, a change in work status, or interruption of financial assistance. What is less understood however is what happens to children after parents lose financial assistance in the form of child care subsidies. For example, are parents able to maintain care with the previous provider at increased cost or for a reduced number of hours, or do parents have to find a new care setting that is more affordable, or multiple arrangements to make up for lost hours?

Different types of care may also influence continuity of care setting for children. For example, some evidence points to the possibility that informal care may be more associated with instability since informal providers such as friends and relatives often have other time and work commitments (Henly & Lyons, 2000). Wolfe and Scrivner (2004) found indications that parents with children in formal center care were less likely

to report a desire to change providers, lending support to the idea that parents in center care may be more satisfied with the setting, and thus likely to continue its use.

Conclusion

The literature illustrates that factors operating at various system levels may act as either barriers or opportunities with regards to child care decision making. These factors include work flexibility, caregiver flexibility, transportation, affordability, assistance with child care costs, and social support. Parental experiences with the subsidy system may also act as a barrier or opportunity to receiving a preferred type of child care. When barriers interfere with parents' making decisions that best meet family child care needs, negative outcomes can occur, including dissatisfaction with care, discontinuous care for the child and higher family stress levels (Bronfenbrenner, 1979). The child care choice literature is in need of further development. Although individual and demographic factors such as income, ethnicity, education and preference have been well developed, the knowledge of how environmental factors contribute to parental choice, satisfaction and child outcomes is less understood. More information about which barriers lead to negative outcomes and which opportunities foster positive outcomes can convey important knowledge to policy makers and providers so that current family needs are better addressed.

Chapter 3: Methods

This cross-sectional exploratory study examined how environmental barriers influenced working poor parents' child care selection criteria, satisfaction with choice, and continuity of care for their young children. This study collected data from working poor parents in one Mid-Missouri county using a survey. The variable "barriers" included parental work flexibility, transportation, affordability, percent of income spent on child care, assistance with cost, caregiver flexibility, and social support. Measures for these barriers were derived from two previous surveys (Emlen et al., 1999; Raikes, 2005) and a guide for developing parental child care surveys (Emlen & Weber 2007). Three environmental context covariates were also incorporated into the analysis including employment status, type of child care, and whether a spouse or significant other was present in the home. The independent variables and covariates were included in three binary logistic regression models, one for each dichotomous dependent variable of child care selection criteria, satisfaction with choice, and continuity of care. The following section describes the participants, survey instrument, procedures, analysis and data screening procedures.

Participants

The target population for this research was working poor parents of children under age 6 who had not yet entered kindergarten and were in non-parental care at least 10 hours per week. A working poor parent was defined as being a member of a household with one or both parents working, in school or engaged in job search activities and

earning less than 300% of the FPL. Purposive and convenience sampling of the target population were carried out through three different recruitment points in one Mid-Missouri county, including the Women, Infant and Children (WIC) program, the public library, and Head Start. Diversity was sought in terms of participants' race, ethnicity, income within the eligibility criteria, type of primary child care, and use of financial assistance. As survey data were collected, frequencies and descriptive statistics of the demographic variables were monitored to ensure that diverse representation of the population was obtained. Each participant received a \$10 Target gift card for completing the survey.

Instrument

One survey administered at a single point in time collected demographic data and measured parental barriers, child care selection criteria, satisfaction with child care choice and continuity of care (see Appendix A for complete survey). Demographic data collected included age, gender, race/ethnicity, education, household composition, household income, total child care expenses, employment and marital status of the participant. Using an online federal poverty level calculator (FPL Calculator, 2009) based on household size and income, the percent of FPL for each respondent was determined. As the FPL calculator required information regarding the gross household income rather than the net income, an estimate of gross household income was created by adding 10% of the monthly net income the participants reported as a conservative estimate of the amount of taxes withdrawn.

The number and ages of children in the household and the type and cost of the non-parental care the youngest child was currently enrolled in were also collected. Participants were asked to respond to the survey for one child who had not yet entered kindergarten who was currently in at least 10 hours of non-parental child care. Participants with more than one child meeting those criteria were asked to consider the youngest child (where applicable) when filling out the survey. This criterion ensured clarity in understanding which child the parent was referring to when filling out the survey, and that children reported for across the sample were more similar in age.

The independent variable of parental barriers was measured by the survey through scales for parental work flexibility, affordability, caregiver flexibility, transportation and social support (Emlen et al., 1999; Raikes, 2005). Two other independent variables were included—percent of income spent on child care (measured as a continuous variable), and whether the parent received financial assistance with child care costs (dichotomous measure). Parents with higher scores on each scale were considered as having more barriers, whereas parents with lower scores on each scale were considered as having fewer barriers. Emlen et al. (1999) provided Cronbach's alpha levels for each scale in their study to support reliability. Initial validation for the scales was also supported by Emlen et al. through face and content validity, factorial validity and convergent validity. The scales were pretested with parents and early childhood experts in the field to support face validity. Factorial validity was determined by using factor analysis to ensure that subsets of items correlate more strongly with each other than with other subsets. The results were replicated in several subsample analyses, including low-income populations.

Construct validity was determined between the parental satisfaction with quality scale and expert rated high and low quality child care facilities.

Work flexibility scale. The parental work flexibility scale, was developed and tested by Emlen et al. (1999) and was composed of five items designed to measure work flexibility as it relates to child care and work family balance, including (a) my work schedule keeps changing, (b) my shift and work schedule cause extra stress for me and my child, (c) where I work it's difficult to deal with child-care problems during working hours, (d) my life is hectic, and (e) I find it difficult to balance work and family. For each item the participant was asked to indicate a response on a five-point scale ranging from never (coded 0) to always (coded 4). The original Cronbach's alpha for this scale was .74, which is considered in an acceptable range (George & Mallery, 2003). The Cronbach's alpha obtained in the current study was .80, which is slightly better than the original alpha.

Affordability scale. The affordability scale contained three items designed to measure the difficulty parents had in paying for child care and allowed responses on a five point scale ranging from never (coded 0) to always (coded 4) (Emlen et al., 1999). The questions on the affordability scale included (a) I have difficulty paying for child care, (b) I worry about making ends meet, and (c) the cost of child care prevents me from getting the kind I want. The original Cronbach's alpha for this scale was considered acceptable at .78 (George & Mallery, 2003). The Cronbach's alpha for the current study was .75, slightly less than the alpha obtained in the original survey development.

Child care cost/income ratio. In addition to the affordability scale, participants were asked to report their total out-of-pocket expenses for child care for all children in the household so that the percent of household income parents spend on child care could be calculated as a measure of affordability. To create the variable of percent of income spent on child care, the total amount parents reported spending on child care for all children for a month was divided by the parents' self-reported net monthly income. This variable was continuous and the higher the percent of income spent on child care, the greater the barrier present.

Caregiver flexibility scale. The caregiver flexibility scale was developed and tested by Emlen et al. (1999) with an original Cronbach's alpha of .81, which fell within a good range (George & Mallery, 2003). The current study obtained almost an identical Cronbach's alpha of .82. The scale contained four items with possible responses on a five point scale ranging from never (coded 0) to always (coded 4). Caregiver flexibility was assessed by the following statements (a) my caregiver understands my job and what goes on for me at work, (b) my caregiver is willing to work with me about my schedule, (c) I rely on my caregiver to be flexible about my hours, and (d) I can count on my caregiver when I can't be there. Since all items on this scale were stated in the positive, they were reverse coded so that higher scores indicated higher presence of barriers whereas lower scores indicated lower presence of barriers.

Social support scale. The social support scale was designed to measure elements of a social support network that may be available to help with child care. This scale contained three items. Two of the items were suggested by Emlen and Weber (2007) as

measures of social support and included (a) I have a relative available to help with child care on a regular basis, and (b) I have a friend to help with child care on a regular basis (both on a five point scale ranging from never to always). A third item on this scale was developed by Emlen et al. (1999) and asked parents to respond to five statements on a five point scale ranging from never (coded 0) to always (coded 4): I have good back up care in case of emergency. All items on this scale were also stated in the positive and therefore were reverse coded so that higher scores indicated higher presence of barriers whereas lower scores indicated lower presence of barriers. Although the reliability of this scale has not previously been established, the Cronbach's alpha obtained for the scale in this study was considered in the acceptable range at .71 (George & Mallery, 2003).

Transportation. The transportation scale, also developed by Emlen et al. (1999), contained four items and asked parents to respond on a five point scale ranging from never (coded 0) to always (coded 4). The level of transportation barriers was assessed by the following statements (a) my child care is too far from home, (b) transportation is a big problem for me, (c) getting to work is a long commute, and (d) getting my child places is difficult for me. The Cronbach's alpha of .71 obtained in the current study was slightly better than the original survey development alpha of .61 (Emlen et al., 1999), both falling within an acceptable range (George & Mallery, 2003).

Financial assistance. Financial assistance with cost was assessed by asking parents if any person or agency outside the household currently helped pay for child care (Raikes, 2005). The response options allowed parents to indicate the source of assistance (e.g., child care subsidies), including a response for no assistance. Parents who had some

form of financial assistance with cost were considered as not having a barrier (coded 0), while parents who did not receive assistance were considered as having a barrier (coded 1).

Covariates. Three environmental context covariates were also included in the model including (a) employment status, (b) type of child care, and (c) whether a spouse or significant other was present in the home. Each covariate was chosen because of its theoretical association with the environmental context of the family/child care setting/parental employment mesosystem. Evidence in the literature also points to possible association between the covariates and the dependent variables (Coley et al., 2001; Fantuzzo et al., 2006; Holod et al., 2010; Peyton et al., 2001). Therefore to accurately assess the influence of the independent variables regardless of employment status, partner presence in home, and type of child care, these covariates were controlled for in the model. Each covariate was transformed into a dichotomous variable based on evidence in the literature and logical deduction of their potential influence. For partner status, participants who reported having either a spouse or significant other in the home were coded as zero and participants who did not have spouse or significant other in the home were coded as one. Employment status was dichotomized so that full-time workers were in one group (coded 1) and all others were in a second group (coded 0). The distinction was made in this way due to previous research which has found that parents who are employed full-time are less satisfied with their child care (Fantuzzo et al., 2006), less likely to choose child care based on quality concerns and more likely to choose care because of practical concerns (Peyton et al., 2001). Type of child care utilized was also

dichotomized so that participants with care provided by a relative were in one group (coded 0) and those with care provided by a non-relative were in a second group (coded 1). This covariate was dichotomized in this way because it was primarily intended to control for the potential confounding effects of having a relative primary caregiver on the independent variables.

Parental child care selection criteria. The first dependent variable, parental child care selection criteria, was measured by comparing parental ratings of the importance of quality and logistical considerations in the context of an ideal situation versus the actual child care choice. The logistical indicators considered by parents included flexible or convenient hours, convenient location, and cost. The quality indicators parents considered were number of children per provider, training or credentials of the provider, physical facilities and equipment for play and learning, the types of activities or programs, and licensure or accreditation. The absolute value of the difference between the importance of quality and logistical considerations in an ideal world versus the parents actual choice was summed to create a total discrepancy score. This variable was dichotomized so that parents who reported no discrepancy in the importance of logistics or quality playing a role in decision making in an ideal versus real choice scenario were in one group (coded 0). Parents who had a value greater than zero on the scale, indicating a discrepancy was present in logistics and/or quality criteria in decision making during an ideal world versus real choice, were in the second group (coded 1). Although not included in the model, parents were also asked whether they had to make sacrifices to find care when they needed it, and were given an opportunity to

answer an open ended question about what they had to compromise regarding characteristics of a child care provider to find care. This open ended question was added to further explore and clarify how environmental barriers played a role in the tradeoffs parents made to find child care.

Parental satisfaction with child care choice. The second dependent variable, satisfaction with choice, was measured by a global satisfaction with child care scale (Emlen et al., 1999). The scale had an original Cronbach's alpha in the good range with .89 (Emlen et al., 1999) and asked parents to answer four items under the heading "all things considered:" (a) the care I have is just what my child needs, (b) I feel good about this arrangement for my child, (c) this has been a good experience for my child, and (d) if I had to do over, I would choose this care again. Parents were asked to indicate their degree of agreement to each of the statements using "yes," "mixed feelings," or "no." The Cronbach's alpha of the satisfaction scale in the current study was .83, slightly less than in the original survey development but still considered in the acceptable range (George & Mallery, 2003). This variable was also dichotomized so that parents who answered yes to all questions were considered in one group (coded 0), whereas parents who answered either no or mixed feelings to at least one question were in the second group (coded 1). Given high rates of satisfaction reported by parents in the literature, any departure from total satisfaction is viewed as important (Ceglowski, 2006; Emlen & Koren, 2000; Holod et al., 2010; Teleki & Buck-Gomez, 2002; Van Horn et al., 2001).

Continuity of care. The final dependent variable, continuity of care, was measured by a three item continuity of care scale with an acceptable original Cronbach's

alpha of .67 (Emlen et al., 1999), and a comparable alpha obtained in the current study of .68. These items allowed participants to respond on a five-point scale ranging from never (coded 0) to always (coded 4) and included (a) my child has been in a familiar place with people he (she) knows, (b) my child has had stability in her (his) child-care relationships, and (c) there has been too much turnover in my child's caregivers. The first two items were reverse coded since they were stated in the positive. This variable was also dichotomized so that parents were coded zero if they indicated always to the first two statements and never to the third statement (indicating perfect assessment of continuity). Parents with a scale total of greater than zero (indicating a departure from perfect continuity) were in the second group (coded 1).

Subsidy experience. Exploratory analysis was also conducted for a subset of the sample that reported having ever received child care subsidies. The questions that assessed parents' relationships with the child care subsidy system included a series of questions developed and administered by Raikes (2005). The subsidy experience questions were not included in the model because it only applied to a limited number of participants, however exploratory analysis helps to further understand whether subsidy participation was serving as a barrier or opportunity for families to receive continuous, high quality child care. For parents who received subsidy, parental assessment of the subsidy system was assessed through a set of 10 statements with the dichotomous response option of yes (coded 1) or no (coded 0), including: (a) child care subsidies are a tremendous boost to our family's ability to work and make a living; (b) child care subsidies are easy to apply for; (c) child care subsidies are easy to keep; (d) I feel that I

have more child care choices because of the subsidies; (e) even though my child's care is paid for by subsidies, I feel my child is treated as well as all the other children at the child care facility; (f) some child care providers I have approached will not care for my child because of the subsidies; (g) I do not have as many choices for child care because of using subsidies; (h) I feel my child did not have access to the highest quality care because my child care is paid/partly paid by subsidies; (i) my caseworker cares about my family and works with me to help cover my child care needs; and (j) over all of your time receiving child care subsidies, have you ever had a period of interrupted or lost subsidy payment. Further, parents who indicated having had a period of interrupted or lost subsidy, were also asked a series of six yes/no questions about the results from that period including: (a) I had to take my child out of child care, but was able to get him/her back in; (b) I had to take my child out of child care, and I was not able to get him/her back into that program—had to find a new provider; (c) the child care provider kept my child at no cost or reduced cost; (d) I covered the cost of child care to keep my child with the same provider; (e) my child received fewer hours of care; and (f) nothing changed.

Procedures

A pilot study was conducted from December 2009 through May 2010 which involved building relationships with the early child care community to recruit 11 working poor parents to obtain qualitative data from in-depth interviews about their child care experiences with children under age 6. The pilot study obtained University of Missouri Campus Institutional Review Board (IRB) approval and recruited participants through the posting of fliers at local businesses and social service organizations (see Appendix B for

recruitment flier). Participants in the interview pilot study signed an informed consent letter which is attached in Appendix C. Analysis of parent interview transcripts from the pilot study were used to help inform the development of the research questions and survey for the current study. Two other data sources that were used to inform the development of the current survey instrument were discussion with professionals in the early childhood research, policy and practice community, and a review of the child care choice literature. These data sources yielded the production of a research question, hypotheses and survey that asked relevant questions that built on previous knowledge about child care choice. After the survey was developed it was critiqued by child care administrators and professionals in the community before being distributed to parents. The survey was then pilot tested with 12 eligible parents before participant recruitment began. Conversations with participants who participated in the pilot testing and results from their surveys indicated that no major changes to the survey were needed, and the survey was ready for distribution.

To recruit parents for the study after completion of pilot testing, permission to enter WIC, the public library and Head Start was obtained through contact with key stakeholders. Both WIC and Head Start served as recruitment agents for the interview pilot study and the current study. These sites were chosen because of their willingness to help with recruitment and their access to the working poor parent population. Utilizing multiple recruitment point also increased the diversity of the sample with regards to income and child care type. Written letters of permission that discussed the recruitment plan, researcher role, and participating agency responsibilities, were developed for each

recruitment site and signed by a representative of the participating agency (see Appendix D for a sample letter). The survey instrument was disseminated and collected in paper form at each recruitment site by the researcher during September, October and November 2010 (see Appendix E for a detailed recruitment timetable). This data collection strategy was chosen because of the permission granted to recruit participants at the public library and at WIC and Head Start classes, as well as the benefit of producing a higher return rate than with mail, email or phone surveys.

The researcher collected data at the county WIC office located within the public health department on days that parent nutrition classes were offered to WIC recipients. The WIC office offers 22 nutrition education classes taught by a nutrition educator each month for families who participate in the WIC program at various days and times throughout the month including: 9:00 a.m., 10:00 a.m., 11:00 a.m., 2:00 p.m., 3:00 p.m., 4:00 p.m. and 5:30 p.m. WIC regulations require that at least two nutrition education contacts are made available per certification period of six months. The researcher recruited parents waiting for appointments and recertification in the waiting room, and parents attending scheduled nutrition classes. Although all participants were considered income eligible because of WIC's 185% FPL eligibility cutoff, parents were prescreened by asking if they had a child who had not yet started kindergarten and was in some form of non-parental child care at least 10 hours per week. If the parent met these criteria s/he was asked to complete the survey in exchange for a \$10 Target card. Several parents that were approached did not meet the criterion of having children who received non-parental care at least 10 hours a week. However, of those who did meet this criterion, one parent

refused to participate after looking at the survey and stated that she did not feel like doing the survey. A total of 132 surveys were collected from the WIC office, however 119 were entered because 13 were ineligible despite prescreening procedures. Seven of the participants were ineligible because they utilized less than 10 hours of non-parental care a week as reported on their surveys. The remaining six participants were eliminated for the following reasons (a) one participant reported that the father of the child was the caregiver (thus not utilizing non-parental care), (b) one participant ran the daycare their child was in, (c) one participant only filled out half of the survey, (d) two participants were not the parent/guardian of the child, and (e) one parent was only age 17 (thus not meeting the eligibility criterion of adulthood).

Data were also collected at the public library at a table outside the entrance yielding 56 surveys, 49 of which were usable. Seven of the surveys collected from the library were unusable because, despite prescreening, they were found to be over the income eligibility threshold. Prescreening was conducted by asking parents with children who appeared to be in the age range of 0 to 5 years if they would like to participate in a survey of parents in exchange for a \$10 Target card. About one third of parents refused because of lack of time, or did not acknowledge the researcher's query. If the parent agreed, the researcher explained that the survey was about child care and asked the parent if they had a child who had not started kindergarten yet and also was in some form of non-parental child care (i.e., relative, day care center, family child care home, sitter, etc.) at least 10 hours per week. If the parent met these criteria, s/he was shown a table with household size in one column and the yearly income for a family of corresponding size

earning 300% of the FPL (see Appendix F for income screening table). Parents were asked if their combined household income fell below the amount listed for their household size. If parents met this criterion, they were given a consent form, survey, and pen to take into the library and complete. Several parents either did not utilize non-parental child care at least 10 hours per week, or were over the income threshold. Parents who met all criteria were told the survey would take about 10-15 minutes to complete and were instructed to bring the survey back to the table outside the entrance when finished and that they would then receive the \$10 Target card. One parent did not return a completed survey and returned a blank survey saying she did not have time to finish the survey.

Finally, data were collected at one Head Start parent meeting for which the researcher arranged to have time on the agenda to explain the research, distribute surveys, and allow parents to take the survey. A total of 12 surveys were collected from the parenting class, two of which were Head Start employees, bringing the total number of usable surveys collected to 180. It is important to note that some of the parents recruited from the Head Start parenting class did not report Head Start as the primary type of non-parental child care for their youngest child as their youngest child may have been in a different type of non-parental care. In addition, a few parents from WIC and the public library reported Head Start as the primary type of non-parental child care. Therefore the recruitment point was not necessarily indicative of the primary child care type. An attempt was also made to contact local churches to conduct participant recruitment. However, after repeated attempts, calls were not returned by gatekeepers to allow access

to collect data, and the other three recruitment strategies fulfilled the required participant number needed, so this recruitment strategy was abandoned.

Protection of Human Subjects. This study obtained approval from the University of Missouri Campus IRB and guaranteed respondents' confidentiality. No identifying information was collected by the survey and results are reported in aggregate. Respondents were informed verbally and in a signed consent form that the survey was voluntary and could be discontinued at any time (see Appendix G for a complete consent form). A description of participant protections and rights were included in a paragraph on the consent form. Participants were also told in the consent form that completing the survey could provide helpful information to policy makers and early childhood providers on how to make accommodations to facilitate parental choice in child care. Participants were provided with a \$10 gift card as an incentive to complete the survey, which was also specified in the consent form. Finally, the consent form collected participant names and addresses as a record of receipt of the \$10 Target gift card, these forms were kept in a locked office separate from the surveys so participant surveys could not be connected with names and addresses of the participants.

Analysis

Once data were collected the surveys were coded and entered into the IBM SPSS 18.0 statistical analysis software. Frequency distributions and descriptive statistics were used to screen for missing data and sample diversity (i.e., ethnicity, type of care, financial assistance, income within eligibility guidelines). Strategies to address missing data included listwise deletion, logical replacement, and mean substitution (Tabachnick &

Fidell, 2007). Twenty cases were listwise deleted because they were missing data on variables included in the model that could not be logically replaced or imputed. These cases were deleted as follows (a) two participants skipped a page which included monthly income and employment status, (b) two participants were missing values on the quality/logistics selection criteria, (c) two participants were missing information regarding primary child care type, (d) one participant was missing several items on the affordability and care flexibility scales, and (e) 13 participants were missing monthly income. After eliminating these cases, the total sample included 160 participants.

Fourteen participants of the remaining 160 had at least one missing item on one or more of the scales. Of these 14 participants, three participants were able to be addressed using logical replacement, two participants circled multiple answers (i.e., 3 and 4) so a midpoint was entered, and nine participants were addressed through mean substitution using each participants' own mean score from completed items on the respective scale. Each of these nine participants had only one item missing for the scale, and only one participant was missing one item on two scales.

Data were missing on the following scales: (a) one participant had missing data from both the caregiver flexibility and social support scales, (b) two participants were missing data from the work flexibility scale, (c) four participants were missing data from the caregiver flexibility scale, (d) one participant was missing data from the social support scale, and (e) two participants were missing data from the continuity scale. There was no pattern that emerged regarding the questions that were missing on these scales, and therefore mean substitution was deemed appropriate in these cases. As participants

were missing data in an apparently random pattern, missing data was deemed as not being a serious problem for the study (Tabachnick & Fidell, 2007).

After examining frequencies and descriptive statistics of complete cases within the data set, binary logistic regression was used to address the study hypotheses by assessing the relationship between the independent variables and each of the dependent variables in three separate analyses. Although the dependent variable values would have theoretically allowed for analysis as continuous variables using an ordinary least squares (OLS) regression model, data screening procedures identified highly skewed data on each of the three dependent variable scales. On the satisfaction scale, the full range of 0-8 was observed but 66% of participants reported the highest possible satisfaction, which raised serious questions regarding both the assumptions of normal distribution and variance within the dependent variable that OLS regression requires (Tabachnick & Fidell, 2007). Similar patterns emerged for the continuity of care and the quality/logistics selection criteria discrepancy variables. For example, 43% of parents rated their child care as being perfectly continuous. For the quality/logistics selection criteria discrepancy variable, 46% of the sample reported no discrepancy between an ideal world versus actual choice scenario. Because of the seriousness of violations to the assumptions of OLS regression, the use of this model was not possible, and each variable was dichotomized so that binary logistic regression could be used. The dichotomization of the three dependent variables can further be defended when looking at the literature examining how parents assess and rate their child's care setting. For example several studies have identified a response bias of parents toward rating the quality of their child's care and their satisfaction with that

care very highly, perhaps not reflecting an accurate assessment (Ceglowski, 2006; Emlen & Koren, 2000; Holod et al., 2010; Teleki & Buck-Gomez, 2002; Van Horn et al., 2001). Explanations for this phenomenon have ranged from measurement weaknesses (Emlen, 2010), to parents who either don't understand how to measure quality or don't want to admit that their children are in questionable child care situations (Van Horn et al., 2001). Regardless of the reasons for this bias, any parent who breaks from a perfect assessment of their child's care setting can be seen as noteworthy. Therefore, for each dependent variable, participants who rated the highest possible satisfaction with child care, perfect continuity of that care, and no discrepancy in quality and logistics between ideal and real choice situations, were coded as zero, while all other participants were coded as one.

Binary logistic regression, also referred to as logistic regression, is similar to linear regression, except the dependent variable is dichotomous (Orme & Combs-Orme, 2009). This distinction creates results in which the influence of independent variables on each dependent variable are expressed as odds ratios (OR) with confidence intervals (CI). While linear regression uses a least squares technique, logistic regression uses maximum likelihood to create a function that maximizes the likelihood of observed data (Hosmer & Lemeshow, 2000). This process is done by comparing the observed values of the response variable to its predicted value (Hosmer & Lemeshow, 2000).

Binary logistic regression is advantageous in this case because it allows for a mix of discrete and continuous predictor variables, and does not require that assumptions be met with regards to predictors such as normal distribution, linear relationships or equal variances within categories (Tabachnick & Fidell, 2007). With regards to the present

study, binary logistic regression is advantageous because it allows for multiple environmental context barriers to be included as predictor variables to assess both the model's prediction power as a whole, but also the individual prediction power of each environmental context predictor, yielding a wealth of possible implications for policy and practice. However, logistic regression does require correct model specification in that all relevant predictor variables are included and irrelevant variables are excluded. Two approaches can be used when selecting variables. One approach calls for including all variables that may be theoretically and scientifically relevant, while another approach is to include variables based on univariate analysis and statistical outcomes of the data set using techniques such as stepwise procedures (Hosmer & Lemeshow, 2000). For this research, the former strategy was chosen since the latter strategy runs the risk of creating an over fitted model which may produce a model which only describes the particular data set being analyzed (Hosmer & Lemeshow, 2000). The problem of over fitting a model creates a situation in which findings do not generalize well to other situations.

Using both Pungello and Kurtz-Costes' (1999) theoretical model and evidence from the literature, nine predictor variables were included: work flexibility, affordability, child care cost to income ratio, caregiver flexibility, social support, presence of financial assistance, employment status, partner status and type of child care. With nine predictors and a general rule that each predictor requires at least 10 cases, a sample size of 160 was determined to be adequate (Orme & Combs-Orme, 2009; Tabachnick & Fidell, 2007). In logistic regression it is also important that expected frequencies relevant to the combinations of dichotomous variables are not too small in each cell. Cross tabulations

including all discrete variables in the equation were calculated to confirm that all expected frequencies were greater than one, and that fewer than 20% of cells had less than five (Tabachnick & Fidell, 2007).

Logistic regression also assumes independent observations, which were insured by the data collection strategy employed, and independent variables that are measured without error. Although it is difficult to prove that the assumption of absence of measurement error was met, methods were employed to reduce the likelihood of error, including validation of items by pretesting and expert review, as well as using scales with good Cronbach's alpha levels. Similar to other regression models, an absence of multicollinearity among predictors is important. This was tested by examining correlations between dependent variables to check that no correlation existed between any two predictors at .6 or higher (Tabachnik & Fidell, 2007). As another test of multicollinearity, standard errors for the beta coefficients were examined to ensure that none of the standard errors exceeded 2.0 (Tabachnik & Fidell, 2007).

Data were also examined for outliers in the model by examining standardized residuals using a cutoff point of ± 3.0 (Tabachnik & Fidell, 2007). Cook's Distance was utilized as well to determine the influence of the outlier. If the influence exceeded $D > 1$ (Hosmer & Lemeshow, 2000), the participant was list wise deleted from the analyses. A final assumption of logistic regression is that a linear relationship is present between continuous independent variables and the logit of the dependent variable (Tabachnick & Fidell, 2007). This was tested by utilizing the Box-Tidwell approach, which adds the interaction of each continuous variable with its own log to the model. If none of the

interaction terms are significant, the linearity of the logit assumption is met (Hosmer & Lemeshow, 2000).

Finally, the use of three dichotomous dependent variables yielded three separate logistic regression equations. To correct for the increased likelihood of making a Type I error by running multiple analyses, a corrected Bonferroni test statistic was calculated; predictors had to meet an adjusted alpha level of .017 ($.05/3$) for each test in order to be considered statistically significant at an overall alpha of .05 (Simple Interactive Statistical Analysis, 1998).

Chapter 4: Results

This chapter will examine the results of data analysis respective to the three hypotheses presented in chapter three. Results of data screening procedures will first be discussed, followed by a presentation of frequencies and descriptive statistics of demographic data. Next, the variables included in the logistic regression equation will be explained, and the experiences and perceptions of participants who have ever received child care subsidies highlighted. Finally, the results of each logistic regression equation will be presented, relevant to the three dependent variables in the hypotheses: child care selection criteria, parental satisfaction with child care and continuity of child care.

Prior to testing each of the hypotheses using binary logistic regression, data screening procedures revealed that six cases exceeded the criterion for outlier detection by having a residual beyond ± 3.0 or $D > 1$ on Cook's Distance and were list-wise deleted, leaving a total sample of 154. Further data screening procedures revealed adequacy of expected frequencies using cross tabulations and no violations of the linearity of the logit requirement in logistic regression. In addition, multicollinearity was not overly problematic because no independent variables or covariates were associated at a correlation above .6, and all of the standard errors for the beta coefficients were less than 2.0. However it is important to note that statistically significant correlations did exist among the independent variables. Parents without financial assistance were significantly more likely to have more barriers on the work flexibility and affordability scales. Parents with higher barriers on the work flexibility scale were significantly more likely to have

barriers on the affordability, caregiver flexibility scale and social support scales. Parents with higher barriers on the affordability scale were also significantly more likely to have barriers on the caregiver flexibility and social support scales. Finally, parents with higher barriers on the caregiver flexibility scale were also likely to have more barriers on the social support scale. The correlations between the dichotomized dependent variables provide another rationale for using three separate regression equations. All of the correlations were significantly positively correlated, but were also less than .4, revealing that although there are some shared elements, the variables still warrant separate treatment to understand the different effects of each predictor on each of the dependent variables. Significant bivariate relationships exist between many of the independent and dependent variables. For example, participants with higher barriers on the work flexibility, affordability and social support scales were significantly more likely to have imperfect satisfaction and continuity, and to have a discrepancy in child care selection criteria. Participants without financial assistance with child care were also significantly more likely to reflect a discrepancy and be less satisfied with care. However these relationships will be further explored in a multivariate context using logistic regression (see Table 1 for complete correlation analysis of independent and dependent variables).

Table 1

Correlations for Independent and Dependent Variables

Variable	1	2	3	4	5	6	7	8	9	10	11	12
1. No financial assistance	—	-.27**	.10	.16*	.16*	.03	-.04	.12	-.21**	.23**	.30**	.04
2. Non-relative care	-.27**	—	-.06	-.03	-.04	.24**	.15	.19*	.02	.08	-.01	.22**
3. Employed full-time	.10	-.06	—	.10	.06	-.10	.21**	.17*	-.04	.16*	-.02	.08
4. Work flexibility	.16*	-.03	.10	—	.52**	.28**	.33**	.10	.10	.28**	.43**	.39**
5. Affordability	.16*	-.04	.06	.52**	—	.16*	.31**	.16*	-.03	.29**	.53**	.34**
6. Caregiver flexibility	.03	.24**	-.10	.28**	.16*	—	.34**	-.04	-.09	.12	.11	.30**
7. Social support	-.04	.15	.21**	.33**	.31**	.34**	—	.08	-.01	.32**	.18*	.51**
8. Percent income spent on child care	.12	.19*	.17*	.10	.16*	-.04	.08	—	-.03	.05	.04	.12
9. No partner in home	-.21**	.02	-.04	.10	-.03	-.09	-.01	-.03	—	-.10	-.16*	.02
10. Discrepancy in selection criteria	.23**	.08	.16*	.28**	.29**	.12	.32**	.05	-.10	—	.27**	.35**
11. Parental satisfaction	.30**	-.01	-.02	.43**	.53**	.11	.18*	.04	-.16*	.27**	—	.25**
12. Continuity of child care	.04	.22**	.08	.39**	.34**	.30**	.51**	.12	.02	.35**	.25**	—

Note. N = 154.

* $p < .05$. ** $p < .01$

Frequencies and Descriptive Statistics

A total of 154 parent surveys out of 200 collected were included in the model after addressing missing data and prescreening issues. Frequencies and descriptive statistics are presented within five categories: household composition, demographics, child care characteristics, variables included in the model, and the subsidy subsample. Descriptive statistics for data regarding household composition, demographics and child care characteristics are presented in summary in Table 2.

Table 2

*Descriptive Statistics: Household Composition, Demographics, and Child Care**Characteristics*

Variable	<i>N</i>	Minimum	Maximum	<i>M</i>	<i>SD</i>
Spouse in household	154	0 (no)	1 (yes)	.42	NA
Significant other in household	154	0 (no)	1 (yes)	.14	NA
Relative in household	154	0 (no)	1 (yes)	.17	NA
Age of participant	153	18	69	28.65	6.94
Age of youngest child in care	154	.12	5.00	2.00	1.33
Number in household	153	2	8	3.69	1.33
Net monthly income (\$)	154	0.00	5,000.00	1,726.43	1,029.89
FPL (%)	153	0.00	299.32	112.39	64.56
Total spent on child care (\$)	154	0.00	1750.00	327.42	346.62
Amount spent on child care for youngest child (\$)	152	0.00	1,000.00	248.85	247.33
Hours in care per week for youngest child	151	10	75	32.66	12.95
Months in child care for youngest child	152	0	48	8.73	9.79

Note. *N* varies because of missing or ambiguous data. *M* = Mean; *SD* = Standard deviation; NA = Not Applicable.

Household composition. In terms of household composition, slightly over half of the sample reported that either a spouse or significant other lived in the home and 16.9% ($n = 26$) reported that another relative lived in the home. When compared to the Emlen et al. (1999) sample in which 34% of parents had no spouse or partner, the number of participants without a spouse or significant other in the current sample was slightly more. The majority of relatives living in the home of participants were parents of either the participant or the participant's spouse (see Table 3 for a description of relatives living in the household).

Table 3

Relatives in Household

Relationship to Participant	<i>n</i>	Valid %
Mother/Father (including in-laws)	14	53.8
Sibling(s)	7	26.9
Grandchild(ren)	3	11.5
Cousin(s)	3	11.5
Niece(s)/Nephew(s)	2	7.7
Grandparent(s)	1	3.8
Aunt(s)/Uncle(s)	1	3.8

Note. $N = 26$. Total percent exceeds 100% because some participants had multiple types of relatives living in the household.

Demographics. With regards to demographic characteristics, 92.9% of the sample was female ($n = 143$), which is typical in the literature exploring child care

decision making among parents. The average age of participants was 28.65 years, which was slightly less than the Emlen et al. (1999) median of 33 years. The average age of the youngest child in the household reported to be in non-parental child care at least 10 hours a week was 2 years old, also slightly younger than the median of 3 years old obtained by Emlen et al. In terms of ethnicity, 6.5% of the total sample identified as Hispanic or Latino/a ($n = 10$). In addition, 64.9% of the sample was White ($n = 100$), 23.4% were African-American ($n = 36$), 6.5% were Asian ($n = 10$), and 5.2% reported being other ($n = 8$). Of those identifying as other, four were Hispanic or Latino/a, two were Native American, and two did not specify. In terms of marital status, 44.8% reported never being married ($n = 69$), 43.5% were married ($n = 67$), and 11.7% were separated or divorced ($n = 18$). The highest level of education achieved by the sample was most commonly reported as some college (including technical and associates degrees, $n = 64$, 41.6%). About an equal number of participants reported a high school diploma/GED or a bachelor's degree as their highest education. Slightly fewer participants reported less than a high school degree or a graduate degree as their highest education. Complete education data for participants are presented in Table 4.

Table 4

Education Characteristics

Type	<i>n</i>	Valid %
Less than high school	16	10.4
High school diploma/GED	28	18.2
Technical training	4	2.6
Some college	46	29.9
Associate's degree	14	9.1
Bachelor's degree	26	16.9
Graduate degree	20	13.0

Note. *N* = 154.

In terms of employment, about half of the sample was employed full time, while approximately one quarter was employed part-time and the remaining participants were unemployed (see Table 5). This employment level was only slightly less than what was reported in the Emlen et al. (1999) sample at 85% employment.

Table 5

Employment Status

Type	<i>n</i>	Valid %
Employed full-time	84	54.5
Employed part-time	37	24.0
Unemployed and looking for work	18	11.7
Unemployed and not looking for work	15	9.7

Note. *N* = 154

About half of those employed worked traditional day hours (8:00 a.m. – 5:00 p.m.) and almost one third reported that they worked a day shift other than traditional hours. The remaining participants worked either evening, overnight or rotating shifts. For data regarding employment characteristics of participants, see Table 6 (a complete list of employment shifts specified by participants can be found in Appendix H).

Table 6

Employment Characteristics

Shift Type	<i>n</i>	Valid %
Traditional day (8:00a.m. – 5:00 p.m.)	59	48.8
Other type of day shift	36	29.8
Evening	10	8.3
Overnight	6	5.0
Rotating	10	8.3

Note. *N* = 121

Participants were also asked to approximate their household monthly income after taxes including the income of all household members who help pay monthly bills. The average net monthly income was reported as \$1,726.43 and when calculated with an online FPL calculator (FPL Calculator, 2009) including household size, the average was 112.39% FPL. The average income of the current sample is lower than the Emlen et al. (1999) study given that the current research targeted lower earning families while the Emlen et al. study intentionally sampled families across the income spectrum. Also of interest, is the number of participants who fell below the eligibility level of 127% FPL for child care subsidies in Missouri. The majority of parents ($n = 102$, 66.7%) were income eligible for child care subsidies based on the FPL estimate, while only 48 participants reported currently using subsidies (31.2%).

Child care characteristics. Parents were then asked a series of questions about their child care arrangements. Parents reported spending an average of \$327.42 for childcare each month, and an average of \$248.85 for the youngest child. The amount spent on child care is less than NACCRRA figures which report yearly costs for child care in Missouri (NACCRRA, 2009b), however this is likely due to the inclusion of parents who use relative caregivers. In addition, the sample intentionally targeted low income families who were more likely to receive financial assistance with child care costs. However when compared to the median amount of money spent monthly for child care on all children in the Emlen et al. (1999) sample, the current sample average was slightly higher. Parents were also asked about the type of primary non-parental child care for the youngest child in a checklist format and about one quarter of the sample reported

center based care. Relative child care provision was the next most common arrangement followed by preschool, a licensed home provider, and Head Start. A small number of parents reported other arrangements such as an unlicensed provider or nanny/babysitter. Included in this group are three participants which reported other for type of care, specified as follows: friend ($n = 2$) and registered baby-sitter ($n = 1$; see Table 7 for child care setting data). Child care type obtained in the current sample was very different from that obtained by Emlen et al. and much of the child care literature given that parents using a relative provider were overrepresented in the current sample.

Table 7

Child Care Settings

Setting	<i>n</i>	Valid %
Center based care	38	24.7
Relative	35	22.7
Preschool	26	16.9
Licensed home provider	19	12.3
Head Start	16	10.4
Unlicensed home provider	10	6.5
In-home sitter/nanny	7	4.5
Other	3	1.9

Note. $N = 154$

Participants reported the average number of months the child had been in the arrangement to be 8.7 with an average number of hours a week in care of 32.67. While

the number of hours in care a week was similar to the Emlen et al. sample of a median of 30 hours, children in the current sample had a shorter average number of months in the arrangement (8.7 versus 16.5).

Related to child care characteristics, participants were also asked a yes/no question regarding whether they had to make sacrifices to find child care when they needed it, and 39.6% of participants responded that they did make sacrifices ($n = 61$). Participants who reported making sacrifices were then asked to respond to the following statement, "Please describe the sacrifices you made in terms of the child care provider and care setting you chose, to find care when you needed it." A total of 59 respondents answered this question and six common themes were identified (two of the 61 participants who answered yes to the sacrifices question did not respond, therefore valid percents are used). The most common issue mentioned was financial difficulties ($n = 31$, 52.5%), followed by concerns about quality ($n = 22$, 37.3%), flexibility of hours ($n = 21$, 35.6%), location/transportation ($n = 8$, 13.6%), difficulty finding care ($n = 3$, 5.1%), and cultural/language issues ($n = 2$, 3.4%). Four other participants listed reasons which could not be classified into a category. For a complete list of participant responses by theme, see Appendix I.

Variables included in the model. Six independent variables were included in the model: work flexibility, child care cost/income ratio, affordability, financial assistance, caregiver flexibility and social support. Descriptive statistics for the independent variables (using scale totals where applicable) can be found in Table 8.

Table 8

Descriptive Statistics for Independent Variables

Variable	Minimum	Maximum	<i>M</i>	<i>SD</i>
Work flexibility scale	0	19 ^a	6.93	4.57
Ratio of income spent on child care (%)	0	80	18.15	16.61
Affordability scale	0	12	5.24	3.31
Caregiver flexibility scale	0	16	5.30	4.48
Social support scale	0	12	6.07	3.51

Note. *N* = 154. *M* = Mean; *SD* = Standard deviation. Higher scores indicate greater barriers.

^aLimited range occurred.

The work flexibility scale had a possible range of 0-20, however the range of the data was limited to 0-19 with an average of 6.93 (*SD* = 4.57). Descriptive statistics for each of the five items on the work flexibility scale can be found in Table 9.

Table 9

Descriptive Statistics for the Work Flexibility Scale

Variable	Minimum	Maximum	<i>M</i>	<i>SD</i>
My work schedule keeps changing.	0	4	1.11	1.23
My shift and work schedule cause extra stress for me and my child.	0	4	1.16	1.26
Where I work it's difficult to deal with child care problems during working hours.	0	4	1.19	1.30
My life is hectic.	0	4	2.07	1.25
I find it difficult to balance work and family.	0	4	1.40	1.12

Note. *N* = 154. *M* = Mean; *SD* = Standard deviation.

The affordability scale had a possible range of 0-12 which was also reflected in the data. The average score for the affordability scale was 5.24 ($SD = 3.31$). Descriptive statistics for each of the three items on the affordability scale can be found in Table 10.

Table 10

Descriptive Statistics for the Affordability Scale

Variable	Minimum	Maximum	<i>M</i>	<i>SD</i>
I have difficulty paying for child care.	0	4	1.51	1.30
I worry about making ends meet.	0	4	2.27	1.29
The cost of child care prevents me from getting the kind I want.	0	4	1.46	1.46

Note. $N = 154$. *M* = Mean; *SD* = Standard deviation.

The caregiver flexibility scale had a possible range of 0-16, which was reflected in the data. The average caregiver flexibility score was 5.30 ($SD = 4.48$). Descriptive statistics for each of the four items on the caregiver flexibility scale can be found in Table 11.

Table 11

Descriptive Statistics for the Caregiver Flexibility Scale

Variable	Minimum	Maximum	<i>M</i>	<i>SD</i>
My caregiver understands my job and what goes on for me at work.	0	4	2.71	1.42
My caregiver is willing to work with me about my schedule.	0	4	2.98	1.21
I rely on my caregiver to be flexible about my hours.	0	4	2.21	1.54
I can count on my caregiver when I can't be there.	0	4	2.80	1.36

Note. $N = 154$. *M* = Mean; *SD* = Standard deviation.

The social support scale had a possible range of 0-12, which was also reflected in the data. The average social support score for participants was 6.07 ($SD = 3.5$). Descriptive statistics for each of the three items on the social support scale can be found in Table 12.

Table 12

Descriptive Statistics for the Social Support Scale

Variable	Minimum	Maximum	<i>M</i>	<i>SD</i>
I have good backup child care arrangements in case of emergency.	0	4	2.24	1.43
I have a relative available to help with child care on a regular basis.	0	4	2.28	1.53
I have a friend to help with child care on a regular basis.	0	4	1.42	1.44

Note. $N = 154$. $M =$ Mean; $SD =$ Standard deviation.

A four item transportation scale with a possible range of 0-16, and a limited range of 0-14 reflected in the data was also included in the survey. However after initial analysis it was determined that the data were extremely skewed towards transportation not being a barrier for participants ($M = 3.13$, $SD = 3.25$), and it was eliminated from the model. As evidenced in Table 10, the mean for each question on the transportation was less than one on a scale from 0-4 indicating the highly skewed nature of the data and the fact that transportation, in large part, was not a barrier for participants in the sample, and therefore not appropriate to include in the model. Descriptive statistics for each of the four items on the transportation scale can be found in Table 13.

Table 13

Descriptive Statistics for the Transportation Scale

Variable	Minimum	Maximum	<i>M</i>	<i>SD</i>
My child care is too far from home.	0	4	.59	1.06
Transportation is a big problem for me.	0	4	.73	1.07
Getting to work is a long commute.	0	4	.95	1.29
Getting my child places is difficult for me.	0	4	.86	1.02

Note. *N* = 154. *M* = Mean; *SD* = Standard deviation.

Two of the six independent variables were not scale items. Financial assistance was a dichotomous variable and was determined by asking participants if they received help paying for their child's current non-parental caregiver. Slightly less than half of the sample reported receiving help paying for their child's care ($n = 69, 44.8\%$). For the 69 participants who did receive help paying for child care, there was a checklist available to mark the sources of assistance. Although responses from the checklist were not included in the model, seven types of financial assistance were reported. In addition, four participants reported that someone else helped to pay for child care that was not available in the checklist, three of which specified the assistance was provided by the child's father, and one specified vocational rehabilitation. Although there was an option to check that a private agency helped provide financial assistance, no participants checked this option (see Table 14 for types of assistance reported).

Table 14

Financial Assistance with Child Care

Type of Assistance	<i>n</i>	Valid %
Child care subsidies	48	69.6
Head Start	16	23.2
Friend or relative	11	15.9
Child care provider scholarship	5	7.2
Other	4	5.8
Employer	3	4.3
Church/Faith based organization	2	2.9
Spouse/partner's employer	1	1.4

Note. *N* = 69.

Also relating to financial assistance, but not included in the model, 106 participants were asked whether they were currently eligible for a government child care subsidy if they were not currently receiving it (the 48 participants receiving child care subsidies were directed to skip this question). Slightly less than half of this subset of the sample reported not being eligible for government child care subsidies ($n = 47$; 44.8%), while 15.2% reported being eligible despite not using subsidies ($n = 16$). Forty percent of participants reported that they didn't know if they were eligible ($n = 42$), and one participant did not respond. Finally, the 58 participants who reported being eligible or not knowing if they were eligible and not receiving subsidies were presented with a checklist of possible reasons for why they do not use subsidies. The most common response

marked was other ($n = 22$, 38.6%), with a variety of reasons specified. For a complete description of participant responses within thematic categories, see Appendix J. The next most common response was, “I don’t know how to apply” ($n = 17$, 29.3%; see Table 15 for a full account of participant responses).

Table 15

Reasons for Not Using Child Care Subsidies

Reason	<i>n</i>	Valid %
Other	22	38.6
I don’t know how to apply	17	29.3
I am unemployed, laid off or temporarily ill	11	19.0
I don’t want to mess with the hassle	11	19.0
It is too difficult to apply	6	10.3

Note. $N = 58$. Total percent exceeds 100% because some participants checked multiple reasons.

The last independent variable was continuous and measured the child care cost/income ratio. The average percent of total income parents spent on child care was 18.15%. Additional covariates included in the model and transformed into dichotomous variables were partner status, employment status and type of care. Sixty-nine parents or 44.8% were living without a partner (either spouse or significant other) in the home. In terms of employment status, a total of 84 participants were employed full time (54.5%) while 70 participants were employed either part-time or unemployed (45.5%). Regarding type of child care, slightly under a quarter of the sample received primary non-parental

child care from a relative ($n = 35$, 22.7%), while the rest received another type of care (center based, licensed or unlicensed family provider, preschool, Head Start, etc.).

The dependent variables included satisfaction with child care, continuity of child care, and the quality/logistics ideal versus real child care selection criteria discrepancy. Because of the skewed nature of the data on each of these three variables, they were converted into dichotomous variables, as previously described. However frequencies for the each item on the satisfaction scale are available in Table 16 and descriptive statistics for each item on the continuity scale and discrepancy variable are available in Table 17.

Table 16

Frequencies for Satisfaction Variable

Scale Item	Yes (%)	Mixed Feelings (%)	No (%)
The child care I have is just what my child needs	70.8 ($n = 109$)	26.6 ($n = 41$)	2.6 ($n = 4$)
I feel good about the current child care arrangement for my child	81.8 ($n = 126$)	17.5 ($n = 27$)	.6 ($n = 1$)
My child's current child care arrangement has been a good experience for my child	87 ($n = 134$)	12.3 ($n = 19$)	.6 ($n = 1$)
If I had it to do over, I would choose this child care again	77.9 ($n = 120$)	16.9 ($n = 26$)	5.2 ($n = 8$)

Note. $N = 154$

Table 17

Descriptive Statistics for Continuity and Discrepancy Variables

Variable	Minimum	Maximum	<i>M</i>	<i>SD</i>
Continuity of child care scale	0	9 ^a	1.81	2.21
My child has been in a familiar place with people he/she knows.	0	4	3.40	.91
My child has had stability in her/his child care relationships.	0	4	3.47	.84
There has been too much turnover in my child's caregivers.	0	4	.68	1.07
Child care selection criteria discrepancy: total	0	14 ^a	1.93	2.66
How important was quality to your choice?	1	10	8.90	1.64
How important is quality when choosing in an ideal world?	5 ^a	10	9.48	1.10
How important were logistics to your choice?	3 ^a	10	8.68	1.70
How important are logistics when choosing in an ideal world?	1	10	8.65	2.17

Note. *N* = 154. *M* = Mean; *SD* = Standard deviation.

^aLimited range occurred.

With regards to the satisfaction variable, participants were most likely to have mixed feelings when assessing whether the child care is just what their child needs (26.6%). Participants seemed to be most in agreement with the statement about the child care arrangement being a good experience for the child (87%). After transforming satisfaction with child care into a dichotomous variable, 66.9% of participants reported perfect satisfaction (*n* = 103), indicating that for each of the four items on the scale,

participants answered yes. The remaining participants answered either no for mixed feelings to at least one of the four items ($n = 51$; 33.1%).

Continuity of child care was dichotomized in a similar way. Forty-three percent ($n = 66$) of participants reported perfect continuity of care ($n = 66$), while all other participants indicated imperfect continuity of care. Finally, with regards to the selection criteria discrepancy variable, 53.2% of participants reported a discrepancy between real choice and an ideal world scenario on either logistics or quality playing a role in their child care decision ($n = 82$). In both the continuity and selection criteria variables a limited range of responses occurred.

Subsidy subsample. Because of the limited number of participants in the sample that had ever received child care subsidy in their lifetime ($n = 74$), subsidy experience was not included in the model. Of the 74 participants, 64.9% reported currently receiving subsidies ($n = 48$). Although only 48 participants were currently receiving child care subsidies, 66.7% of the entire sample met the eligibility criteria of 127% FPL ($n = 102$). Of the 26 participants who used to be subsidy recipients, but were not currently receiving subsidies, 11 reported not being financially eligible (42.3%), nine reported being financially eligible even though they didn't use subsidies (34.6%), five didn't know if they were eligible (19.2%) and one participant was missing a response. Slightly over half of all participants who had ever used subsidies in their lifetime received them for less than one year ($n = 36$, 52.7%); 21.6% of participants used subsidies for one year up to two years ($n = 16$); 12.2% used subsidies for two years up to three years ($n = 9$); and 13.5% of participants used subsidies for three years or longer ($n = 10$).

The subsample of subsidy participants were then asked a series of 10 yes/no questions about their experiences with child care subsidies. Overall responses to these questions indicated a more positive than negative assessment of experience with child care subsidies. However participants were less likely to respond affirmatively to the statement that they had more choices because of child care subsidies, and that child care subsidies were easy to keep. Also, over one third of participants indicated a negative experience in that some child care providers would not provide care because of subsidies, and that they had experienced interrupted or lost subsidies. For a complete analysis of responses, see Table 18.

Table 18

Child Care Subsidy Experiences

Experience	<i>n</i> (responding yes)	Valid % (responding yes)
Child care subsidies are a tremendous boost to our family's ability to work and make a living	65	87.8
Child care subsidies are easy to apply for	53	71.6
Child care subsidies are easy to keep	38	52.1
I feel that I have more child care choices because of subsidies	46	63.0
Even though part of my child's care is paid for by subsidies, I feel my child is treated as well as the other children at the child care facility	66	90.4
Some child care providers I have approached will not care for my child because of the subsidies	28	38.4
I do not have as many choices for child care because of using subsidies	22	30.1
I feel my child did not have access to the highest quality care because my child care is paid/partly paid by subsidies	17	23.0
My caseworker cares about my family and works with me to help cover my child care needs	54	75.0
Have you ever had a period of interrupted or lost subsidy payment	27	36.5

Note. *N* = 74.

For the 27 parents who experienced interrupted or lost subsidy, 40.7% had this happen one time ($n = 11$), and 40.7% reported having experienced lost or interrupted subsidy more than one time ($n=11$; the remaining five participants did not answer).

The 27 participants who experienced lost or interrupted subsidy were then asked six additional yes/no questions about what happened during the time of lost subsidy. Over half of participants reported having to cover the cost to keep their child with the same provider, while slightly less than half of the participants reported that the provider covered the costs (see Table 19 for a complete analysis of responses).

Table 19

Subsidy Interruption

What Happened	<i>n</i> (responding yes)	Valid % (responding yes)
I covered the cost of child care to keep my child with the same provider	15	55.6
The child care provider kept my child at no cost or reduced cost	12	44.4
I had to take my child out of child care, but was able to get him/her back in	10	37.0
I had to take my child out of child care, and I was not able to get him/her back into that program; had to find a new provider	6	22.2
Nothing changed	5	19.2
My child received fewer hours of child care	4	15.4

Note. $N = 27$. Total percent exceeds 100% because participants checked multiple responses.

Hypothesis 1

The first hypothesis, along with the following two hypotheses, was tested using separate binary logistic regression models. The first hypothesis was: parents with greater perceived barriers (less work flexibility, less affordability, no assistance with cost, higher percent of income spent on child care, less caregiver flexibility, and lower social support) will be more likely to have a discrepancy between selection criteria when choosing an ideal child care setting versus criteria used in choosing their current child's care setting than parents with fewer perceived barriers. Six independent variables (work flexibility, affordability, assistance with cost, percent of income spent on child care, caregiver flexibility, and social support) and three covariates (partner status, employment status and type of primary child care) were included in the model with the presence of a discrepancy in selection criteria between an ideal versus real choice as the outcome.

The full model was statistically significant against the constant-only model $\chi^2 (9, N=154) = 37.73, p < .001$, which indicates the variables together reliably distinguish between no discrepancy in selection criteria in an ideal versus real choice and the presence of a discrepancy. In terms of classification, 73.2% of participants were correctly classified into the discrepancy group, while 66.7% were correctly classified into the non-discrepancy group, producing an overall successful classification rate of 70.1%. In addition, a Nagelkerke R Square value of .29 indicated that 29% of the variance in the logit of the dependent variable (presence of discrepancy) can be explained by the predictors. The Hosmer and Lemeshow Test for Goodness-of-Fit indicates that the model

fits the data since well-fitting models indicate that model prediction is not significantly different from observed values, $\chi^2 (8, N=154) = 12.67, p = .124$.

Based on the Wald criterion, two of the nine variables reliably predicted the presence of discrepancy at a significant level: social support scale score, $\chi^2 (1, N=154) = 6.52, p < .017$, and presence of financial assistance with cost of child care, $\chi^2 (1, N=154) = 7.39, p < .01$. The odds ratio (OR) of 1.17 for the social support scale (95% CI: 1.04 – 1.33) indicates that as the presence of barriers in social support rise by one unit, the likelihood of being classified in the discrepancy group increases by .17 times. The OR of 3.10 for the presence of financial assistance (95% CI: 1.37 – 7.00) indicates that if participants do not receive financial assistance, the likelihood of being classified in the discrepancy group increases by 3.10 times. The type of care variable was approaching significance, $\chi^2 (1, N=154) = 3.22, p = .073$. For parents who had non-relative care providers, an OR of 2.48 (95% CI: .92 – 6.67) indicates that the likelihood of being classified in the discrepancy group increases by 2.48 times. Results of the logistic regression model for the first hypothesis, including regression coefficients, Wald statistics, odds ratios, and the 95% confidence interval for each odds ratio are presented in Table 20.

Table 20

Predictors of Discrepancy in Child Care Selection Criteria

Variable	<i>B</i>	<i>SE</i>	Wald	<i>p</i>	<i>OR</i>	95% CI
Non-relative care	.91	.51	3.22	.073	2.48	[.92, 6.67]
Employed full-time	.44	.39	1.33	.250	1.56	[.73, 3.32]
No financial assistance	1.13	.42	7.39**	.007	3.10	[1.37, 7.00]
Work flexibility	.07	.05	1.84	.175	1.07	[.97, 1.18]
Affordability	.10	.07	2.39	.122	1.11	[.97, 1.18]
Caregiver flexibility	-.03	.05	.55	.459	.97	[.88, 1.06]
Social support	.16	.06	6.52*	.011	1.17	[1.04, 1.33]
Percent income spent on child care	-1.11	1.17	.90	.344	.33	[.03, 3.29]
No partner in home	-.33	.39	.73	.393	.72	[.34, 1.53]
Constant	-2.87	.73	15.53	.000	.06	

Note. $N = 154$. *SE* = standard error; *OR* = odds ratio; CI = confidence interval.

* $p < .017$. ** $p < .01$. Bonferroni adjustment, $p < .017$

Hypothesis 2

Parents with greater perceived barriers will be less satisfied with their child care choice than parents with fewer perceived barriers. The full model for the second hypothesis was statistically significant when compared to the constant-only model $\chi^2(9, N=154) = 75.70, p < .001$, which indicates the variables together reliably distinguish between perfect satisfaction, and imperfect satisfaction (classified by an answer on at least one of four items of either no or mixed feelings). With regards to classification,

89.3% of participants were correctly classified into the perfectly satisfied group, while 70.6% of participants were correctly classified into the imperfect satisfaction group, producing an overall successful classification rate of 83.1%. Also, a Nagelkerke R Square value of .54 indicated that 54% of the variance in the logit of the dependent variable (level of satisfaction) can be explained by the predictors. The Hosmer and Lemeshow Test for Goodness-of-Fit was again non-significant, indicating good model fit, $\chi^2 (8, N=154) = 6.67, p = .573$.

Based on the Wald criterion, three of the nine variables reliably predicted the level of satisfaction at a significant level: presence of financial assistance with the cost of child care, $\chi^2 (1, N=154) = 9.82, p < .01$; work flexibility scale score, $\chi^2 (1, N=154) = 7.95, p < .01$; and affordability scale score, $\chi^2 (1, N=154) = 18.92, p < .001$. The OR of 5.82 for the presence of financial assistance (95% CI: 1.94 – 17.53) indicates that if participants do not receive financial assistance, the likelihood of being classified in the imperfect satisfaction group increases by 5.82 times. The OR of 1.20 for the work flexibility scale (95% CI: 1.06 – 1.34) indicates that as the presence of barriers in work flexibility rise by one unit, the likelihood of being classified in the imperfect satisfaction group increases by .20 times. The OR of 1.51 for the affordability scale (95% CI: 1.25 – 1.81) indicates that as the presence of barriers in affordability rise by one unit, the likelihood of being classified in the imperfect satisfaction group increases by .51 times. The partner status variable was also approaching significance, $\chi^2 (1, N=154) = 5.19, p = .023$. With an OR of .30 (95% CI: .11 – .85), parents without a partner in the home were less likely to be classified in the imperfect satisfaction group. Results of the logistic

regression model for the second hypothesis, including regression coefficients, Wald statistics, odds ratios, and the 95% confidence interval for each odds ratio are presented in Table 21.

Table 21

Predictors of Parental Satisfaction with Child Care

Variable	<i>B</i>	<i>SE</i>	Wald	<i>p</i>	<i>OR</i>	95% CI
Non-relative care	1.10	.67	2.67	.102	2.99	[.80, 11.16]
Employed full-time	-.79	.52	2.32	.128	.45	[.16, 1.26]
No financial assistance	1.76	.56	9.82*	.002	5.82	[1.94, 17.53]
Work flexibility	.18	.06	7.95*	.005	1.20	[1.06, 1.35]
Affordability	.41	.09	18.92**	.000	1.51	[1.25, 1.81]
Caregiver flexibility	-.08	.06	1.63	.202	.92	[.82, 1.04]
Social support	.05	.08	.41	.521	1.05	[.91, 1.22]
Percent income spent on child care	-2.47	1.75	1.98	.159	.09	[.00, 2.63]
No partner in home	-1.19	.52	5.19	.023	.30	[.11, .85]
Constant	-4.94	1.04	22.46	.000	.01	

Note. *N* = 154. *SE* = standard error; *OR* = odds ratio; *CI* = confidence interval.

p* < .01. *p* < .001. Bonferroni adjustment, *p* < .017

Hypothesis 3

Parents with greater perceived barriers will rate their child as having less continuity of care than parents with fewer perceived barriers. The full model for the final hypothesis was statistically significant when compared to the constant only model χ^2 (9,

$N=154$) = 63.47, $p < .001$, indicating the variables as a group reliably distinguish between perfect continuity of care and imperfect continuity of care (classified by an answer on at least one of three items other than the maximum score of four). In examining success of classification, 71.2% of participants were correctly classified into the perfect continuity of care group, while 79.5% of participants were correctly classified into the imperfect continuity of care group, producing an overall successful classification rate of 76.0%. Also, a Nagelkerke R Square value of .45 indicated that 45% of the variance in the logit of the dependent variable (level of continuity of care) can be explained by the predictors. The Hosmer and Lemeshow Test for Goodness-of-Fit was again non-significant, indicating good model fit, $\chi^2 (8, N=154) = 2.47, p = .96$.

Based on the Wald criterion, only the social support scale score reliably predicted the level of continuity of care at a significant level, $\chi^2 (1, N=154) = 16.10, p < .001$. An OR of 1.33 for the social support scale (95% CI: 1.16 – 1.52) indicates that as the presence of barriers in social support rise by one unit, the likelihood of being classified in the imperfect continuity of care group increases by .33 times. However two other variables were approaching significance including work flexibility and type of child care. For work flexibility, the predictability was as follows, $\chi^2 (1, N=154) = 3.98, p = .046$, with an OR of 1.12 (95% CI: 1.00 – 1.26). This indicates that as barriers on the work flexibility scale rise by one unit, the likelihood of being classified in the imperfect continuity of care group increased by .12 times. Parents who utilized non-relative child care were approaching significance as well, $\chi^2 (1, N=154) = 3.63, p = .057$, with an OR of 2.89 (95% CI: .97 – 8.64). Therefore parents who had non-relative care providers were

2.89 times more likely to be classified in the imperfect continuity of care group. Results of the logistic regression model for the third hypothesis, including regression coefficients, Wald statistics, odds ratios, and the 95% confidence interval for each odds ratio are presented in Table 22.

Table 22

Predictors of Continuity of Child Care

Variable	<i>B</i>	<i>SE</i>	Wald	<i>p</i>	<i>OR</i>	95% CI
Non-relative care	1.06	.56	3.63	.057	2.89	[.97, 8.64]
Employed full-time	-.09	.44	.05	.831	.91	[.39, 2.14]
No financial assistance	.32	.46	.46	.496	1.37	[.55, 3.41]
Work flexibility	.12	.06	3.98	.046	1.12	[1.00, 1.26]
Affordability	.11	.07	2.10	.147	1.11	[.96, 1.29]
Caregiver flexibility	.05	.05	.95	.331	1.05	[.95, 1.17]
Social support	.28	.07	16.10*	.000	1.33	[1.16, 1.52]
Percent income spent on child care	.44	1.33	.11	.738	1.56	[.12, 20.97]
No partner in home	.08	.43	.04	.849	1.09	[.47, 2.52]
Constant	-3.99	.85	22.09	.000	.02	

Note. *N* = 154. *SE* = standard error; *OR* = odds ratio; *CI* = confidence interval.

**p* < .001. Bonferroni adjustment, *p* < .017

Chapter 5: Discussion

This chapter first discusses the results of each of the variables included in the models, the logistic regression analyses, as well as the descriptive findings of data not included in the regression models. These findings will then be placed in the context of studies which have examined related phenomenon, and similarities and differences will be described. Finally, strengths and limitations of the study will be presented, along with social work practice, policy and research implications.

Results

Before presenting discussion about the models, descriptive and frequency data will be discussed for each of the variables, along with other information collected in the survey. To understand the context of the environmental barriers parents were exposed to that were measured in this study, the child care profile for the sample must be taken into consideration. One unique aspect of the sample in this study with regards to child care type is the representation not only of formal child care such as child care centers and preschools, but the number of parents who reported using relatives as the primary non-parental caregiver. About a quarter of the sample used center based care, but an almost equal number of participants reported using relative care. In other studies, relative caregivers have not been as well represented because of the sampling strategies. In much of the previous research regarding working poor families' child care decision making, samples have been drawn from sources which over represent formal child care settings such as child care subsidy participants (De Marco, 2008; Hirshberg et al., 2005; Huston

et al., 2002; Van Horn et al., 2001). However this study sample was drawn primarily from non child care settings so the diversity of child care type more closely resembled the actual child care utilization pattern of the population. The correlations between other variables measured with type of child care also reveal information about the sample and perhaps more broadly allude to why parents choose certain types of child care.

Significant correlations existed between parents who do not receive relative care and three other variables—caregiver flexibility, percent of income spent on child care and financial assistance. Specifically, parents with non-relative care were likely to have higher barriers on the caregiver flexibility scale and spend a greater percent of their income on child care. However, these parents were also more likely to receive financial assistance. This could indicate that parents may choose relative caregivers because they need more flexibility and more affordable care. Also, since relative care is often provided at little or no cost, financial assistance is not needed. This finding also emerged when parents were asked why they did not use subsidies in that some parents mentioned they didn't need it or had relative caregivers.

In addition to understanding the child care profile, the employment profile of parents is also important to consider when examining environmental barriers. The majority of the sample was employed and more than two thirds of those employed worked full time. Over three quarters of those employed worked a day shift, while the remainder worked evening, night or rotating shifts. Results from the work flexibility scale in comparison to other environmental barriers seem to support these data in that work flexibility was not the highest barrier parents reported in the survey. Both social support

and affordability had higher barrier scores for the sample overall. This is likely due to the fact that most parents reported working a day shift when child care is more readily available. Parents who were unemployed either because of school or job search activities are also apt to have more flexibility in their schedules, and therefore not report high work flexibility barriers. When examining correlations, parents that were employed full-time were significantly more likely to have higher barriers on the social support scale and to spend a higher percent of their income on child care. Full-time employment likely allows for greater income and therefore more money to be budgeted towards child care expenses. It is also possible that full-time employment makes it more difficult for parents to receive social support from friends and relatives with regards to child care needs, and therefore reliance on more formal methods of care is necessary.

Caregiver flexibility also had a relatively low barrier score when compared to social support and affordability, indicating that parents did not face as many barriers on this environmental context variable. However the correlations reveal a troubling finding in that parents with higher barriers on the caregiver flexibility scale are significantly more likely to also have higher barriers with regards to affordability, social support and work flexibility. Parents that face multiple barriers of this nature may struggle to find good child care that meets their families' and schedules' needs due to an accumulation of difficult circumstances. In terms of affordability, there were two separate measures included in the model, a parental assessment of affordability scale and a ratio of the percent of income spent on child care. Although the two variables were significantly correlated, the income ratio variable did not emerge as significant in any of the models.

The statement on the affordability scale that received the highest mean barrier score was the only question of the three which did not relate directly to child care, “I worry about making ends meet.” This implies that when assessing a parent’s ability to pay for child care, the entire household budget should be taken into account. Overall, participants reported an average net monthly income of about \$1700 a month, which means families in the study likely struggle financially, regardless of what they’re paying for child care. The barrier level on the affordability scale was second only to the barriers present on the social support scale, signifying that social support was the environmental context variable which served as the greatest barrier to parents overall in this study. The statement that reflected the highest barrier for parents with regards to social support was “I have a friend to help with child care on a regular basis,” with a mean falling between rarely and sometimes, while the mean for the other two questions regarding the availability of a relative and back up care fell between sometimes and often. High barriers on the social support scale were also significantly correlated with higher barriers on the affordability scale. Finally, high affordability barriers were significantly correlated to the lack of financial assistance with child care, pointing to the importance of financial assistance in reducing affordability barriers.

The most common type of financial assistance with child care reported among the sample was the government child care subsidy. Although the presence of financial assistance was included in the models, parental experiences with the subsidy system were not due to the limited number of participants who received subsidy in the entire sample. However these results still warrant a discussion since experiences with the subsidy

system can point to potential practice and policy changes. Parents were asked if they had ever received subsidies over their lifetime, and about two thirds of those who had were also currently receiving subsidies, while the remainder was no longer receiving assistance. Further, parents were most likely to have received subsidies for shorter spells of less than one year perhaps indicating that families do not necessarily need subsidies for long periods of time, or they do not rely only on subsidies throughout their child's prekindergarten years. It is also interesting to note that the percent of parents eligible for subsidy based on income was greater than the number actually receiving help indicating that parents either don't know in some cases, or don't believe they are eligible even if they are. However, some parents reported being eligible but still not utilizing subsidies for various reasons. When parents were asked why they did not use subsidies even if they were possibly eligible, the most common reason was not knowing how to apply, followed by unemployment and not wanting to "mess with the hassle." A small number of parents also believed it was too difficult to apply or that they'd be likely to lose the subsidy soon after receiving it. A number of other participants reported other reasons for not using subsidy that indicated perceived barriers in the subsidy system such as having a provider that didn't accept assistance and not being able to afford care even with assistance. This finding indicates that there is room for improvement both in administration of child care subsidies, but also in educating parents about how to apply and the eligibility rules in receiving and maintaining child care assistance.

Parents' experience with transportation was also not included in the model, although it was originally intended to be based on previous research indicating the

potential for transportation to serve as a barrier. The means for each of the four questions on the transportation scale as well as the overall scale total for parents were extremely low indicating that transportation was not acting as a barrier for most of the parents in this study. There are several possible reasons that this was the case. First, parents in the sample were in a concentrated population area in Mid Missouri and one that is also geographically small. This fact points to distances between home, work and child care being shorter than those in both rural and urban areas that are more spread out. Because the sample was from a more highly populated area, there is also likely a higher concentration of child care providers nearby. Also, the public transportation system is weak in the sample area which could mean that many parents are forced to have their own vehicle simply to survive, and therefore they do not fall victim to difficulties in navigating public transportation between work, home and child care.

The results of the logistic regression models supported each of the three hypotheses in this study: As environmental barriers accumulated, parents were more likely to be less satisfied with their child's non-parental care setting, to experience less continuity of child care, and to report a discrepancy between how they would choose their child's care in an ideal world versus when they actually made their choice. These results point to the significance of the environmental context in understanding how parents choose child care, how they feel about their child's care, and whether the family experiences continuity in a child's non-parental care settings. Parent choices about child care are often framed by research as uninformed or misinformed. This framing is supported by findings that seem to indicate that parents rate their child's care very highly,

while external evaluators' ratings are less favorable. However, this research sought to challenge that assumption by looking not at parental preferences and beliefs, but exploring how the environmental context can influence satisfaction with choice, care continuity and whether parents report a discrepancy in their child care decision making priorities in an ideal versus real world scenario. By understanding the environmental barriers that limit decision making and negatively influence family and child outcomes, practitioners and policy makers can develop better policies and practices that are more relevant and meaningful in family's lives. Families and communities can definitely benefit from information aimed at improving parents understanding of what quality child care looks like, but perhaps even more important is reducing environmental barriers for parents who are trying to make the best child care choices for their families.

Although each model was significant on the whole, not all environmental context barriers within each model were significant. With regards to parental satisfaction with child care, the absence of financial assistance, and higher barriers on the work flexibility and affordability scales were most predictive of some level of dissatisfaction. Caregiver flexibility, social support and the percent of income spent on child care did not emerge as significant within this model. This could possibly be understood by considering that parents who have inflexibility at work, who do not have financial assistance and who also struggle to pay for child care may not be able to choose the care they would most like for their child. Parents in this scenario may end up being left with only a few viable options and consequently not be satisfied with the choice they are forced to make. It is interesting to note that the affordability scale, which measures parent's perceptions of their own

affordability, did emerge as significant while the percent of income spent on child care did not. However, this could possibly be explained by the notion that income and child care expenses alone do not necessarily encompass the full picture of a family's budget, while a parental affordability assessment allows for consideration of more factors such as other monthly bills and the parents own experience with family budgeting. Another finding contrary to logical assumption is the fact that parents without a partner were actually less likely to be in the imperfect satisfaction. However this covariate was only approaching significance after the Bonferroni adjustment.

For the discrepancy dependent variable, parents were more likely to report different levels of importance of child care selection criteria between a real and ideal choice when there was an absence of financial assistance, and social support barriers were high. Again, financial assistance played a role, however affordability and work flexibility did not emerge as significant in this model, whereas they were significant when related to levels of parental satisfaction. Parents who had non-relative care were also more likely to reflect a discrepancy in quality and logistical considerations between an ideal and real world choice, however this variable was only approaching significance. It is important to note that this dependent variable has not been measured this way in the literature, which directly compares parental assessment of the importance of both quality and logistical characteristics in an ideal world, against when they actually had to make their choice. Although as a group, parents did not distinguish much between the importance of logistics in these two scenarios, parents did rate quality as less important when they actually made their choices compared to the importance it would receive in an

ideal world scenario. This brings to light that parents understand the importance of quality, but perhaps feel they are forced to sacrifice a level of quality because of environmental barriers such as the lack of financial assistance and social support. By asking participants to rate the importance of quality characteristics in making their child care choices compared to an ideal scenario, it allows parents a safer way to answer this question, perhaps allowing more honest responses, than simply asking them to rate the quality of their child's care setting. These questions were intentionally structured in an attempt to deconstruct the positive bias found by previous researchers who have measured parental assessment of quality. Social support has also not been measured in previous studies in the way this study operationalized the variable. Social support in this case encompassed the availability of a relative, friend and back up child care arrangements in case of emergency. Perhaps this type of social support allows parents to realistically consider a quality setting that may have less flexibility, such as a highly rated formal child care center, in light of also having relatives and friends able to help during times when both the center and parents are not available to provide care. Parents who are able to maintain higher quality settings through supportive friends and family may have higher satisfaction levels with their primary non-parental child care arrangement and an overall better experience.

Similar to the satisfaction variable, caregiver flexibility and percent of income spent on child care also did not emerge as significant with regards to the discrepancy variable, nor did they emerge as significant in the final model when related to continuity of care. The only variable that did emerge as significant in terms of continuity of child

care was social support. Higher barriers on the social support scale predicted some level of discontinuity of child care at a significant level. This also supports the idea that social support, such as having a relative or friend available, and backup care in case of emergency, may promote continuity of a primary child care setting which may be more inflexible. Both the work flexibility and type of child care variables were approaching significance in this model, indicating that parents with higher work flexibility barriers and with non-relative care providers may be more likely to have some level of discontinuity in child care.

Continuity in child care has been measured and referred to in different ways, however the scale provided by Emlen et al. (1999), also utilized in this study, specifically defined continuity as whether the child had been in a familiar place with people he/she knew, whether the child had stability in child care relationships and the level of turnover in caregivers. One might consider the fact that some parents had as their primary child care provider a family member, however even when including the covariate of type of care, social support emerged as significant, while the relative as primary caregiver variable did not. This suggests that there is something more to the relationship between social support and continuity beyond having a relative as the primary non-parental child care provider. More broadly, when considering all of the models as a whole in predicting either positive or negative outcomes with regards to parental assessments of child care, lack of financial assistance and social support barriers seem to be the environmental context variables that played the biggest role in predicting a less than perfect child care outcome, emerging as significant in two of the three models.

Research in Context

The significance of financial assistance in predicting satisfaction and discrepancy in child care decision making is not surprising and validates previous research with similar results. For example, several studies found that parents report that child care subsidies increase access and affordability of quality child care (Forry, 2009; Magnuson, et al., 2007; Smith & Gozjolko, 2010; Walker & Reschke, 2004; Washington & Reed, 2008; Wolfe & Scrivner, 2004). Although child care subsidies were the source of financial assistance for the majority of participants, other sources of financial assistance were reported for slightly less than a third of the sample which included Head Start, help from a friend or relative, program scholarships, faith based organizations, help from an employer, and help from a non-custodial parent. It is important to note that all forms of financial assistance can potentially help decrease the financial burden on families. A section of the survey also focused on the experiences and perceptions of parents within the child care subsidy system and can be compared to research done by Raikes (2005). A greater percent of parents in the current study reported using subsidies than was reported by Raikes, although this is likely because the current study specifically recruited low-income populations. For parents who did not use subsidies, but were still possibly eligible, the reasons reported for not using subsidies were comparable with Raikes with regards to unemployment and not knowing how to apply. However a much smaller portion of participants in the current study reported difficulty applying and not wanting to mess with the hassle. This finding may be due to a larger portion of the sample who

reported using relative care and was confirmed when participants responded as such by specifying other reasons for not using subsidies.

Parents in the current study also reported a slightly more negative experience with subsidies than those in the Raikes (2005) study given that fewer participants reported that subsidies were easy to apply for, easy to keep, and boosted parents' ability to make a living. More parents in this study also reported having fewer child care choices, less access to quality care and greater interruptions to subsidy receipt when compared to the Raikes sample. One possible reason for differences in the results could be attributed to different geographic communities being sampled which may indicate differences in administration procedures, or differences in size of the communities. Another explanation for this discrepancy may be due to the fact that Raikes only surveyed parents currently receiving subsidies about their experiences, whereas this study allowed parents who had ever received subsidies to respond, even if they currently were not receiving them. This discrepancy may be due to the possibility that a greater number of participants who had negative experiences are included. Allowing participants who once received subsidy but do not now receive them was an intentional change to the skip pattern of the questionnaire so that the perceptions of this population of parents could also be accessed.

The finding which highlights the importance of social support in both continuity of care and discrepancy in child care decision making is a unique contribution to the current body of research, due to the fact that this variable has not been studied as thoroughly as financial assistance. Although social support did not emerge as significant when predicting child care satisfaction in this study, Dodson et al. (2002) found that

parents who had family members in close proximity were likely to be more satisfied with child care arrangements. Continuity of child care and decision making criteria were not included in the Dodson et al. study and therefore cannot be compared to results from the current study. In other research, (Katrass et al., 2004; Meyers & Jordan, 2006; Wall & Jose, 2004) the importance of social networks in helping to find child care has been identified, but less is known about how social support may influence whether parents are able to choose a setting based on characteristics that would exemplify their choice in an ideal world and also maintain that care setting. Understanding the association between social support, continuity and selection criteria could be more indicative of long term and overall satisfaction with child care settings. While Emlen et al. (2000) included a measure of family flexibility in their packet of scales and survey testing, a broader measure of social support was not tested. Although later work by Emlen and Weber (2007) suggested possible questions to include in a social support scale relevant to child care, which informed the social support scale in this research, a scale had not yet been utilized in research previous to this study.

In addition to financial assistance, two other environmental context barriers emerged as important in the model predicting satisfaction with care—affordability and work flexibility. Emlen et al. (1999) also found that parents who had high barriers on the affordability and work flexibility scales reported slightly less quality of care, which can be considered to make up part of the overall satisfaction scale used in this study.

Affordability is tied to financial assistance and indeed there was a significant correlation between the two variables. However other elements play a role in affordability of child

care regardless of whether families receive financial assistance with care. The affordability scale utilized in this study developed by Emlen et al. addresses broader issues that may still exist despite financial assistance being provided to partially pay for child care such as, “I worry about making ends meet.” The other questions which reflect more of an affordability barrier as it specifically relates to child care cost could still be relevant for families who receive assistance given that many parents who receive subsidies are still responsible for a copayment, and much of the child care market charges above what subsidies will pay. The fact that the affordability variable emerged as important in predicting satisfaction is supported by previous research which found that as earnings increase, the likelihood of being able to choose a higher quality setting also increased (De Marco et al., 2009). Parents who feel better about the quality of care their children receive are likely to be more satisfied overall with that care. Himmelweith and Sigala (2004) found that mothers felt limited in their child care choices by what they could afford which also could be indicative of overall satisfaction.

The last variable to emerge as significant within any of the models was work flexibility. Greater work flexibility has been found in previous research to be related to higher quality child care (De Marco et al., 2009) and less flexibility has been found to be related to increased parental anxiety and work conflict (Dodson et al., 2002). The satisfaction scale developed by Emlen et al. (1999) that was used in this study considers parental assessment of both the child’s needs (The child care I have is just what my child needs; My child’s current child care arrangement has been a good experience for my child) and the parent’s concerns (I feel good about the current child care arrangement for

my child; If I had to do it over, I would choose this child care again). It is not surprising that work flexibility was a significant predictor of satisfaction in light of previous research which associated work flexibility with parental assessment of quality.

Variables that did not emerge as significant predictors in any of the models include caregiver flexibility, percent of income spent on child care, whether a partner was present in the home, type of care utilized and employment status. Partner presence, care type and employment were included as covariates to control for possible confounding effects with the environmental context barriers, and were not hypothesized to be significant predictors. However the fact that the caregiver flexibility and child care expenditure variables did not emerge as significant within the model is interesting to note as they were hypothesized to influence each of the three dependent variables. Mixed results have emerged from previous research when examining the influence of income on child care outcomes. For example Emlen et al. (1999) did not find correlations between any measures of income, except the affordability scale measure, and parental perception of care quality, whereas De Marco et al. (2009) did find a relationship between increased income and higher quality care. The current study attempted to gather more exact data about monthly income than Emlen et al. which used midpoints of income categories. Still this variable did not emerge as significant, due in part to reasons previously mentioned about income itself not reflecting the full affordability picture, but also because parents may be underreporting their income. It is also quite possible the proportion of income spent on child care tells a mixed story for parents about their satisfaction, choice making and care continuity. For example some parents may be spending a higher portion of their

income and receiving higher quality care, but still be dissatisfied with some of the logistical concerns, such as travel time and cost. To understand the relationship of child care expenses to satisfaction, parental assessments of quality and logistical aspects of care may have to be considered separately in the future.

Caregiver flexibility also did not emerge as significant in any of the models. Higher levels of caregiver flexibility were important in predicting higher parental perceptions of quality in the Emlen et al. (1999) study when combined with other elements of flexibility such as work and family, however the current study did not create an overall flexibility score, but rather looked at each flexibility element independently. When considering that caregiver flexibility also had the lowest mean barrier score of the predictor scales, it is possible that because it was not as much of a problem for participants overall, it also was not a significant predictor for any of the dependent variables. Emlen et al. also suggested that parents may make up for low levels of flexibility in one area (i.e. work), with higher levels of flexibility in another area (i.e. caregiver flexibility). However, if this was the case for the current study, correlations would be expected to be negative between flexibility measures, and this did not occur. In fact, 13 of the 15 significant correlations that existed between the predictors were positive, indicating a cumulative effect. The only exception to this was that parents who did not receive financial assistance were significantly more likely to have a relative caregiver and a partner living in the home. This finding suggests that working poor parents who have higher barriers in one area tend to have higher barriers in others, and likely face even more difficult situations and constrained choices when finding care.

Strengths and Limitations

Some limitations of the current study are based on the sampling strategy. The sample was a purposive convenience sample which targeted agencies who served working poor parent populations who were also willing to allow the researcher to recruit participants, therefore the sample was not random. The sample was also limited to one county in Mid Missouri and may not be generalized to other communities, given the fact that child care markets and policies differ greatly from state to state, and in some cases county to county. It is also possible that factors other than the predictors of study could have influenced the outcomes with regards to parental satisfaction, child care continuity and the choice making discrepancy. Based on theory and previous research, employment status, partner status and type of child care were included as covariates. However it is possible that certain personal experiences and beliefs which were not measured in the survey may have affected continuity, satisfaction and choice making. Another factor which could influence these dependent variables that was not examined was the presence of multiple concurrent non-parental care arrangements, which would be important to study in further research. In addition, although correlations between the predictors were not problematic enough to eliminate any variables from the model, there were several significant correlations, therefore some degree of multicollinearity existed and may have affected the individual influence each predictor exhibited in the models.

Although the sample was diverse in terms of race relative to the population in central Missouri and type of child care utilized, it was more highly educated than expected, perhaps due to the fact that people who utilize WIC, Head Start, and the public

library may be more educated than their working poor counterparts who do not utilize these services. Another challenge to diversity was the higher presence of participants on the lower end of the eligible income spectrum. Although attempts were made to recruit participants up to 300% of the FPL by utilizing the public library as a recruitment site, there were still a significant number of participants from that site that were below 200% of the FPL. Therefore the higher end of the eligibility criteria with regards to income was not equally represented. There was also no distinction between mild dissatisfaction, continuity and discrepancy and higher levels of each because of dependent variable dichotomization which limits the conclusions that can be drawn.

Despite limitations, this study also demonstrated several strengths. Although the sample size was small, because data were collected in a survey developed by the researcher and administered to parents, certain variables could be explored which are not necessarily captured through the use of secondary analysis of large data sets, such as parental perceptions of environmental barriers including work flexibility, affordability, social support and caregiver flexibility. Since these variables are measured from the perception of the parent, they may be more telling of the family, work, school and home dynamics than simply reporting on the parents work schedule, income and type of care utilized which is typical in larger data sets. Another strength of the study is the fact that the data collection strategy of face-to-face collection by the research yielded a high return rate when compared to mail, phone, and internet surveys. This collection strategy also provided an opportunity to thoroughly prescreen potential participants for eligibility to minimize unusable surveys. Also, the presence of the researcher allowed for each survey

to be quickly scanned to check that the survey had been completed, which minimized missing data. The smaller geographic area of the study sample made it possible for the researcher to collect data in person at the local county library, WIC office and Head Start parenting class, while a larger metropolitan area may require a different type of sampling strategy. A final strength of the study is based on the fact that several of the variable scales had been previously tested and validated and had comparable Cronbach's alphas to the original scales. The only scale which had not previously been tested, social support, also exhibited an acceptable Cronbach's alpha in this study.

Social Work Practice, Policy and Research Implications

Results from the study can provide guidance in terms of social work practice, other service practices and policies related to child care, as well as implications for future research. First, in relation to child care policy, this study clearly adds support to previous research which found that families who receive financial assistance with the cost of child care are able to choose child care based more on quality, and feel more satisfied with their child care choices. This finding, combined with the fact that the sample in this study contained many participants that were possibly eligible for assistance but who did not receive it, brings to light the need to work harder to ensure that more eligible families receive financial assistance with child care, either through subsidies, Head Start, or other means. Providing more eligible families with assistance would entail more resources both on the demand side, but also the supply side. There needs to be enough high quality providers in a community to support needs, but the Child Care Assistance Program (CCAP), which administers child care subsidies in Missouri, also needs to be funded to

meet the capacity of eligible parents in the state to fully pay for that quality care. One of the problems identified in Missouri was the fact that not all of the funding dedicated to CCAP was being utilized, despite low numbers of eligible parents receiving assistance. Based on results of the study, this may partly be due to parents' perceptions of administrative barriers in the subsidy system such as difficulty keeping subsidies, more of a reliance on relative caregivers, and parents not necessarily being fully aware of the application process. In addition, one of the top reasons parents reported for not using subsidies was their unemployment status. In today's economy when unemployment has been on the rise, it is important to consider the implications for parents with young children in child care. If, for example, a family receives child care subsidies to pay for a high quality care setting while employed then loses their job and loses eligibility for assistance, the parent may be forced to take a child out of care, or to dedicate more of an already strained family budget to pay for child care expenses. This could have negative implications for child and family stress levels, especially if this pattern is repeated over time. Eligibility criteria within the child care subsidy program regarding employment status may need to be reevaluated with a focus instead on continuity for the child and not employment support for the parent. Some parents may also be misinformed about their eligibility for child care assistance and may assume that if they are an unemployed student, for example, that they are not eligible.

More families can be informed in the community through various social service access points, as well as other agencies, about the assistance that is available for child care and the eligibility criteria for child care subsidies, Head Start and other local

resources. According to the Executive Director of the Missouri Child Care Resource and Referral Network (MOCCRRN), the state level affiliate of NACCRRRA, a new approach is being piloted to reach parents which encompasses a “doing business as” (DBA) name change to Child Care Aware, and a revamped website geared to be more parent friendly in finding child care (L. Carol Scott, personal communication, February 11, 2011). However it is unclear how many families who need the most help are aware of this resource. Funds have been made available to market the website and centralized call referral office and attempts have been made over the last few years to increase the visibility and awareness of MOCCRRN. The CCDBG funding to states stipulates a dedication of a certain percentage towards improving quality, which helps to fund MOCCRRN’s operation, however funds are still limited, which affects the ability of the organization to expand its reach.

When families access a service, this creates another potential point of contact in which parents can be screened for eligibility for child care financial assistance services. However, a referral can also be made for child care, so that families are not simply told they can receive help and then turned out blindly to navigate an increasingly complex child care market. One example of this strategy can be seen in a unique arrangement in Missouri in two urban areas in which a child care resource and referral agency was physically located within a child care assistance office. However funding cuts forced this collaboration to end and now all referrals are made statewide through a central call center by phone.

Other findings from this research support the need to expand the information that is gathered from families when they contact referral agencies and apply for child care assistance. For example, social support barriers were found to increase the likelihood that parents would have a greater discrepancy between selection criteria in an ideal world versus real choice, and that there would be more discontinuity in child care. However assessing the health of a family's social support network is not formally part of the process a family goes through when receiving a referral for child care or being screened for eligibility for child care subsidies. Tools could be developed to assess social support, and perhaps even connect families with weak social support systems to different networks such as ParentLink, Parents as Teachers (PAT), or other parent and community groups that might help meet the needs of families so they can make and maintain the best child care choices for their children. ParentLink brings together different organizations in Missouri to help connect parents with parenting resources and support (Mertensmeyer & Fine, 2000), but little is known about the level of awareness of this resource among working poor parents, especially those with already weak social support networks. In addition, PAT, another support network for parents, recently received funding cuts in Missouri and was forced to dramatically reduce its service provision. Resources that strengthen social support networks of parents may need more funding and to be more strongly connected to organizations such as MOCCRRN, government child care subsidy offices, and other agencies where working poor parents of children seek services. The social support scale in the current research focused specifically on sources of child care support, so networks such as MOCCRRN and ParentLink, or others, may need to help

neighborhoods and communities develop a backup child care support system when primary child care settings fall through, especially when parents have weaker ties to their own family and friends. A backup child care support system in a neighborhood may take the form of a network of residents who can be available to watch children during off-hours, or who could help transport a child from one care setting to another when a parent is working. Family, friend and neighbor care (FFN) and kith and kin care are terms that have been applied to situations in which parents utilize an informal, unlicensed provider for child care (Susman-Stillman & Banghart, 2008). This type of care is one of the most prevalent choices of care among working poor parents, but perhaps the most demonized in child care quality literature. However it is often the only realistic choice parents have. Given the reliance families have on FFN care as either a singular arrangement, or part of a multitude of non-parental care arrangements, more resources could be dedicated to improving the quality and networking capacity of these types of caregivers. Although initiatives have been started in a number of states' Child Care Resource and Referral offices to improve upon FFN care (Porter, 2007), Missouri is not one of them due to limited financial resources (L. Carol Scott, personal communication, February 11, 2011).

An additional piece that may need to be added to assessment tools in child care assistance and referral agencies is a better way to measure families' affordability barriers and opportunities with regards to child care. Given the finding from this study that a parent's assessment of affordability was a significant predictor of satisfaction but that percent of income spent on child care was not, parent perception becomes at least equally important as other quantitative measures of a family's financial situation. For example, it

may be more effective to examine a parent's entire budget and what the parent believes they will be able to afford monthly for child care, not simply what income and a copayment formula reveals. Child Care Resource and Referral agencies and child care subsidy offices may need more technical support and development around assessment to help make a better fit between families and child care settings. Also related to satisfaction was parental work flexibility. This finding is more difficult to apply to social work practice because parents often do not have much of a choice in the flexibility of their work schedule. However if parents are required by TANF and CCAP to obtain and maintain employment, helping parents to find employment that allows more flexibility could be critical to alleviating some of the dissonance in a families' meso system. Communities could also create a campaign to educate local employers about the benefits of providing more workplace flexibility to working parents. Large scale policy efforts to expand workplace leave policies and incentivize corporations to provide more flexibility, on-site child care, or relationships with child care providers in communities could also be a target of macro social work efforts.

A final implication about future assessment strategies for families' with child care needs was noted by the researcher while recruiting participants for the study from the WIC office over the course of three months. Several parents who were approached asked about how to find child care and were unaware of various services that existed. A strategy to consider at various contact points with the social service system is to include a child care needs assessment for each family that attempts to receive help in the form of WIC, TANF, and food stamps. This child care needs assessment could look not only at a

family's budget, employment status and preferred type of child care, but also consider other aspects of the family's logistical life, environmental context and belief systems to facilitate a good child care fit. Further, more marketing efforts could be put in place at local businesses that are likely to serve families with young children and public libraries which provide numbers to call in clearly visible areas for families who need help finding or paying for child care.

It is also critical to ensure that the type of child care families want and need is in high enough supply to meet the demand, which implies that the development of a child care market in various communities should be informed by the local needs of families. For example, relative care may be the most viable option for a family. Instead of adopting punitive rhetoric about parents who choose relative caregivers, more attention could be paid among local, state and federal policy makers and service providers to establish a support network for relative caregivers similar to those that have been established for licensed family child care providers and centers. Regional child care advocacy groups could be established in communities which connect different organizations working around child care issues that can assess the fit of parental demands with child care market supply. Funding streams could be made available to facilitate a better fit between child care supply and demand when necessary through the augmentation of existing child care services or the creation of new providers whose characteristics match the needs of local communities.

Several implications for future research can also be drawn from results of this study. For example, the scales and questions which measured the variables may need

further refinement. The social support scale contained three questions, which are likely not all there is to understanding social support in parents' lives as it relates to child care, and further research should continue to expand this measure and explore the social support dynamic. Similarly, further refinement of the questions that were developed to measure the discrepancy variable is likely needed to insure that participants are interpreting the questions consistently, given the fact that these questions were newly developed for this study. Future research also needs to examine the applicability of some questions within the scales to English as second language speakers. A small number of participants in the sample spoke English as a second language and approached the researcher in confusion about the colloquial wording of some of the questions such as, "my life is hectic" in the work flexibility scale, "I worry about making ends meet" in the affordability scale, and "I can count on my caregiver when I can't be there" in the caregiver flexibility scale.

Further research could also explore how communication between the network of community organizations and services that deals with child care affects parent's experiences and child care outcomes. When agencies such as Child Care Resource and Referral, Department of Social Services, Children's Division, child care providers, parent groups, and other non-profits assisting families are more connected, does that improve outcomes for families in terms of child care? Strategies to connect these groups could be part of a research project which seeks to understand how building better community networks affects parents experiences and child care placements. Quasi-experimental studies could compare groups of parents that go through a more in-depth assessment

process or an intentional intervention to connect parents to social support networks with parents who receive the standard eligibility and referral process. Research could also be conducted with FFN providers to assess the types of support they need to create higher quality settings and perhaps even pursue licensure.

One final note about research, policy and practice relevant to families who need child care is the importance of being more cognizant and respectful of working poor families' realities. Instead of repudiating parents for the decisions they make, researchers, policy makers and practitioners should work toward making best practices more accessible to families so that quality child care is a reality for working poor families. This involves work on several fronts, including developing a quality child care market that meets the needs of all families, creating policies that allow parents to access quality care in a realistic way, reducing administrative barriers to service utilization, and helping parents access support networks which may be vital to their ability to maintain quality care.

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Appendix A

Parent Child Care Survey

These first 3 questions are about your children and others who live with you.

1. Who lives in your house with you? (mark all that apply)
 - No one else lives with me
 - My child/children
 - My spouse
 - My partner/significant other (unmarried)
 - Friend(s)
 - Relative(s): Specify relationships _____
 - Other children not related to me
 - Other people: Please specify _____

2. How many people are members of your household? (Include your spouse/partner, your children, other family members and yourself. Do NOT include people who live in your house that are not related to either you or your spouse/partner) _____

3. List the ages of your child(ren) that live(s) with you (if you have more than 6 children, list the ages of the youngest 6 children):
 - Child 1: _____ (age)
 - Child 2: _____ (age)
 - Child 3: _____ (age)
 - Child 4: _____ (age)
 - Child 5: _____ (age)
 - Child 6: _____ (age)

The next 10 questions are about you and your education and work experience. For each question please mark the response that best applies to you and fill in the blank where applicable.

4. What is your age? _____

5. What is your gender?
 - Male
 - Female

6. Do you consider yourself Hispanic/Latino?
 - Yes
 - No

7. Do you consider yourself primarily:
 - White/Caucasian
 - Black/African American
 - Asian/Pacific Islander
 - Other: _____

8. Which of the following best describes your current marital status?
- Never married
 - Married
 - Separated/divorced
 - Widowed
9. What is the highest level of education you completed:
- Less than High School
 - High School Diploma or GED
 - Technical Training (e.g. culinary school, cosmetology school, etc.)
 - Some College
 - Associates Degree
 - Bachelor's Degree
 - Graduate Degree
10. What is your employment status, are you currently:
- Employed full-time (35 hours a week or more) → go to question #11
 - Employed part-time → go to question #11
 - Unemployed and looking for work → go to question #12
 - Unemployed and not looking for work → go to question #12
11. What is your work schedule like in a typical week? (please specify the hours of your shift)
- Traditional day hours (Between 8am – 5pm)
 - Other type of day shift _____ (specify hours)
 - Evening shift _____ (specify hours)
 - Night shift _____ (specify hours)
 - Rotating shifts _____ (specify hours)
12. What is the approximate monthly income for your household after taxes (include income of all household members who help pay monthly bills)? \$ _____
13. How much do you spend monthly on child care for all of your children? \$ _____

*Please answer the remaining questions in the survey as they pertain to your child in child care who has not yet entered kindergarten (where applicable). **If you have more than one child who has not yet entered kindergarten that uses non-parental child care, please answer these questions as they pertain to your youngest child in child care.***

The next 5 questions ask about your current child care arrangements.

14. What is the age of the child you are answering the following questions for? _____
15. What is the primary type of non-parental child care that you use for your child (please check the **ONE** that best fits your situation):
- Preschool
 - HeadStart
 - Center based care
 - Unlicensed home provider
 - Licensed home provider
 - Relative
 - In-home sitter/nanny
 - Other _____

16. How many hours a week does your child spend with the caregiver you checked above? _____

17. How many months has your child been in this current arrangement? _____ months

18. How much do you pay monthly for your child with this caregiver?
\$ _____

For the following 22 statements, I would like to know how often each statement applies to you. Please circle the number that best describes how often the statement applies to you.

	Never	Rarely	Sometimes	Often	Always
19. My work schedule keeps changing.	0	1	2	3	4
20. My shift and work schedule cause extra stress for me and my child.	0	1	2	3	4
21. Where I work it's difficult to deal with child care problems during working hours.	0	1	2	3	4
22. My life is hectic.	0	1	2	3	4
23. I find it difficult to balance work and family.	0	1	2	3	4
24. My child care is too far from home.	0	1	2	3	4
25. Transportation is a big problem for me.	0	1	2	3	4
26. Getting to work is a long commute.	0	1	2	3	4
27. Getting my child places is difficult for me.	0	1	2	3	4
28. I have difficulty paying for child care.	0	1	2	3	4
29. I worry about making ends meet.	0	1	2	3	4
30. The cost of child care prevents me from getting the kind I want.	0	1	2	3	4
31. My caregiver understands my job and what goes on for me at work.	0	1	2	3	4
32. My caregiver is willing to work with me about my schedule.	0	1	2	3	4
33. I rely on my caregiver to be flexible about my hours.	0	1	2	3	4
34. I can count on my caregiver when I can't be there.	0	1	2	3	4
35. I have good backup child care arrangements in case of emergency.	0	1	2	3	4

	Never	Rarely	Sometimes	Often	Always
36. I have a relative available to help with child care on a regular basis.	0	1	2	3	4
37. I have a friend to help with child care on a regular basis.	0	1	2	3	4
38. My child has been in a familiar place with people he (she) knows.	0	1	2	3	4
39. My child has had stability in her (his) child care relationships.	0	1	2	3	4
40. There has been too much turnover in my child's caregivers.	0	1	2	3	4

For the next four statements, please circle the word that best describes how you feel about your child's current child care arrangement: Yes, No or Mixed Feelings.

All things considered:

41. The child care I have is just what my child needs.	Yes	No	Mixed Feelings
42. I feel good about the current child care arrangement for my child.	Yes	No	Mixed Feelings
43. My child's current child care arrangement has been a good experience for my child.	Yes	No	Mixed Feelings
44. If I had it to do over, I would choose this child care again.	Yes	No	Mixed Feelings

Now I would like to know how important different items are in choosing child care. For the next four questions, please circle a number between 1 and 10 that best describes how important that item is to you: 1 = Not at all Important and 10 = Absolutely Essential.

45. When you chose your child's current child care setting, how important were **quality characteristics** such as the training of the provider, facilities and equipment for playing and learning, and stimulating activities or programs, in choosing this setting?

1	2	3	4	5	6	7	8	9	10
Not at all									Absolutely
Important									Essential

46. When you think about selecting child care in an **ideal world**, how important would **quality characteristics** such as the training of the provider, facilities and equipment for playing and learning, and stimulating activities or programs, be in choosing a child care setting?

1	2	3	4	5	6	7	8	9	10
Not at all									Absolutely
Important									Essential

47. When you chose your child's current child care setting, how important were **logistical characteristics** such as cost, flexible hours, and convenient location, in choosing this setting?

1 2 3 4 5 6 7 8 9 10
 Not at all Absolutely
 Important Essential

48. When you think about selecting child care in an **ideal world**, how important would **logistical characteristics** such as cost, flexible hours, and convenient location, be in choosing a child care setting?

1 2 3 4 5 6 7 8 9 10
 Not at all Absolutely
 Important Essential

49. Think about what you feel is best for children in child care in the ideal world. Now think about the things you had to consider when you chose the current child care setting for your child. Do you feel that you had to make sacrifices to find child care when you needed it?

- Yes → go to question #50
- No → go to question #51

50. If yes, please describe the sacrifices you made in terms of the child care provider and care setting you chose, to find care when you needed it.

For the remaining questions please check the best answer.

51. Does any person or agency outside your household help pay for your child's care with the current caregiver?

- Yes → go to question #52
- No → go to question #53

52. Check whether each of the following individuals, groups or programs currently helps you pay for your child's care with the current caregiver.

- 53.
- | | | |
|------------------------------------|------------------------------|---|
| Private Agency | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Your Employer | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Spouse or Partner's Employer | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Head Start Program | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Program Scholarships | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Church or Faith-based Organization | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Friend or Relative | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Someone Else | <input type="checkbox"/> Yes | <input type="checkbox"/> No → If yes, who helps? _____ |
| Government child care subsidy | <input type="checkbox"/> Yes | <input type="checkbox"/> No → If yes go to question #55 |

54. Are you currently financially eligible for a government child care subsidy?

- Yes→go to question #54
- No→go to question #55
- Don't Know→go to question #54

55. If you are currently eligible OR don't know if you are eligible to get government child care subsidies, and you don't use them now, please check each of the following if it is a reason for **not** using subsidies. Mark all the responses that apply to your situation.

- Unemployed, laid-off, or ill temporarily.
- I don't know how to apply.
- It is too difficult to apply.
- I don't want to mess with the hassle.
- I'd probably just lose the subsidy soon anyway.
- Other: _____

56. How long have you received government child care subsidies for any child in your family either continuously or off and on?

- I have never received subsidies→ (If checked, you are finished with the survey. Thank You!)
- Less than 1 year → go to question #56
- 1 year up to 2 years→ go to question #56
- 2 years up to 3 years→ go to question #56
- 3 years or longer→ go to question #56

The next 10 items include statements about your experience with child care subsidies that may or may not be true for you. Please mark yes if the statement is true for you or mark no if the statement is not true for you.

57. Child care subsidies are a tremendous boost to our family's ability to work and make a living.

- Yes
- No

58. Child care subsidies are easy to apply for.

- Yes
- No

59. Child care subsidies are easy to keep.

- Yes
- No

60. I feel that I have more child care choices because of subsidies.

- Yes
- No

61. Even though part of my child's care is paid for by subsidies, I feel my child is treated as well as the other children at the child care facility.

- Yes
- No

62. Some child care providers I have approached will not care for my child because of the subsidies.
 Yes
 No
63. I do not have as many choices for child care because of using subsidies.
 Yes
 No
64. I feel my child did not have access to the highest quality care because my child care is paid/partly paid by subsidies.
 Yes
 No
65. My caseworker cares about my family and works with me to help cover my child care needs.
 Yes
 No
66. Over all of your time receiving child care subsidies, have you ever had a period of interrupted or lost subsidy payment?
 Yes→go to question #66
 No→ you are finished with the survey. Thank You!
67. How many times has this happened to you?_____

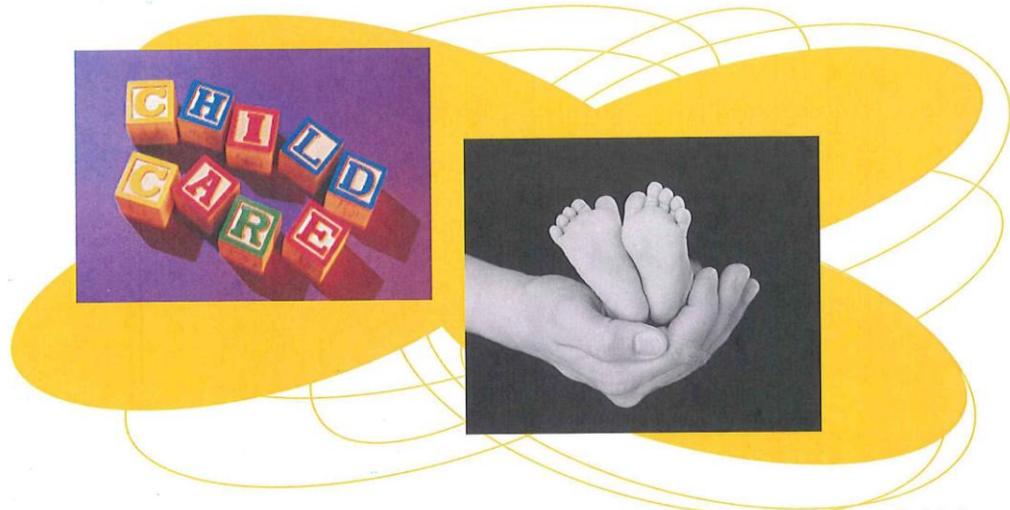
These last 6 questions contain statements about things that may have happened to you when your subsidy payments were interrupted or lost. Please mark yes if the statement describes something that happened to you and no if it the statement is not something that happened to you.

68. I had to take my child out of child care, but was able to get him/her back in.
 Yes
 No
69. I had to take my child out of child care, and I was not able to get him/her back into that program; had to find a new provider.
 Yes
 No
70. The child care provider kept my child at no cost or reduced cost.
 Yes
 No
71. I covered the cost of child care to keep my child with the same provider.
 Yes
 No
72. My child received fewer hours of child care.
 Yes
 No
73. Nothing changed.
 Yes
 No

You have finished the survey. Thank you for your participation!

Appendix B

Pilot Study Recruitment Flier



Do you struggle to find affordable quality child care for your infant, toddler, or preschool aged child? Please consider participating in a research study about this issue.

\$10 Gift Cards Provided

If you have a child under school age and would be willing to participate in a one hour interview about how you select child care, please call Amber Moodie-Dyer at 573-882-8171 OR email at amm6y2@mail.missouri.edu

Amber Moodie- Dyer 573-882- 8171 amm6y2 @mail.mis souri.edu							
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Appendix C

Pilot Study Informed Consent Form

Title of study: Falling through the cracks: Child care selection among the working poor

Principal investigator: Amber Moodie-Dyer

Institute: University of Missouri-Columbia

Introduction:

My name is Amber Moodie-Dyer and I am a doctoral student in the Department of Social Work at the University of Missouri-Columbia. I am conducting a study to explore what factors contribute to parents' choices about child care for children under five who have a household income of less than 300% of the Federal Poverty Line. Since you fall into this category based on income guidelines and age of child(ren), I would like to invite you to join this research study.

Purpose of this research study

The purpose of the study is to understand how parents make choices about child care for their young children. In addition, this study will explore how constraints in the environment such as difficulties with transportation and affordability may affect choice of care.

Procedures

In this study I will conduct one 90-minute interview with each participant. I will ask questions about your life history that may hold relevance to this research topic. I will also ask questions about your children, yourself and your environment related to the research topic. The interviews will be recorded.

Possible risks or benefits

The risks involved in this study include the loss of your time and possible uncomfortable feelings in discussing certain topics. Great care will be taken to minimize these risks by the researcher. If requested, referrals will be provided for counseling if you feel it necessary to resolve any issues that arise during the interviews. A \$10 gift card will be provided to thank you for your time. Although there is no other direct benefit to you, the results of the study may be of interest to you in that it may provide direction for policy makers and practitioners to improve the child care system to better meet the needs of families. In addition, upon request, a resource guide for selecting child care will be provided to you.

Right of refusal to participate and withdrawal

You are free to choose to participate in the study. You may refuse to participate without any loss of benefit which you are otherwise entitled to. You may also withdraw at any time from the study without any adverse effects. You may also refuse to answer some or all the questions if you don't feel comfortable with those questions.

Confidentiality

The information provided by you will remain confidential. Nobody except the principal investigator, the researcher's advisor and the course instructor supervising the class project will have access to it. Your name and identity will also not be disclosed at any time. When necessary, direct quotes from your interview may be used, but care will be taken not to disclose your identity in the provision of this information. In addition, a pseudonym of your choosing will be used in the study when referring to the content of your interviews. Your information will stay confidential unless we have to reveal it based on the law (for example: mandatory reporting of child abuse or immediate danger to yourself or others).

Dissemination

This study is being performed to fulfil course requirements in the doctoral program of study for the principal investigator. The results of the study will be submitted to the instructor of the course and may be submitted for publication in a professional research journal.

Available Sources of Information

If you have any further questions you may contact the researcher, Amber Moodie-Dyer at the following phone numbers, 573-882-8171 or 314-368-9561, or email address, amm6y2@mail.missouri.edu. Alternatively, you may contact the researcher's advisor, Dr. Colleen Galambos with questions or concerns at galambosc@missouri.edu or by calling 573-882-3701.

Additionally, if you have questions or concerns about your rights as a research participant, you may contact the University's Campus Institutional Review Board: 483 McReynolds Hall, Columbia, MO 65211. Telephone: 573-882-9585. Email: umcresearchcirb@missouri.edu

1. AUTHORIZATION

I have read and understand this consent form, and I volunteer to participate in this research study. I understand that I will receive a copy of this form. I voluntarily choose to participate, but I understand that my consent does not take away any legal rights in the case of negligence or other legal fault of anyone who is involved in this study. I further understand that nothing in this consent form is intended to replace any applicable Federal, state, or local laws.

Participant's Name (Printed or Typed):

Date:

Participant's Signature:

Date:

Principal Investigator's Signature:

Date:

Appendix D

Recruitment Site Letter of Permission

September 2, 2010

Amber Moodie-Dyer
University of Missouri- Columbia
School of Social Work
620 Clark Hall
Columbia, Missouri 65211

Dear Amber:

I am writing to grant you permission to recruit participants and distribute surveys at the Boone County Women, Infant and Children (WIC) program for your research study entitled, "Falling through the Cracks: Child Care Decision-Making among the Working Poor."

As we have discussed, you may attend the parenting classes at the WIC offices of Boone County and distribute and collect surveys to parents attending the classes throughout the duration of your project.

I look forward to lending my support to you in the survey pilot testing and data collection phases of your project.

Sincerely,

Erin Harris
Women, Infant and Children Program
P.O. Box 6015
Columbia, MO 65203

Appendix E

Recruitment Timeline

Data Collection Sites	Recruitment Days (2010)	Hours	Surveys Collected	Usable Surveys
Public library	October 9, 23, 24, 30, 31 November 3	26	56	49
Women, Infant and Children Office	September 10 (pilot testing) September 14, 15, 23, 28 October 8, 12, 28 November 1, 12	35	132	119
Head Start	November 10	2	12	12

Appendix F

Recruitment Income Table

Family size	Gross Yearly Income
1	32,490
2	43,710
3	54,930
4	66,150
5	77,370
6	88,590
7	99,810
8	111,030

Appendix G

Informed Consent Form

Dear parent:

I am here today to ask for your help with a research study. The goal of this research is to help people understand how parents with young children use child care. I would also like to better understand things that influence your child care choices. I hope to use the results of this research to improve child care services in your community.

I hope you will participate in this research study. Participation is voluntary and involves simply completing the survey. The survey is anonymous; it does not ask you to record your name or other information that could be used to identify you. There is no anticipated risk to you in filling out this survey.

If you have any questions or comments about the research please contact me at 573-882-8171, or at amm6y2@mail.missouri.edu. You may also contact my faculty advisor, Dr. Colleen Galambos at 573-882-3701, or at galambosc@missouri.edu.

Sincerely,

Amber Moodie-Dyer, MSW
Social Work Doctoral Student

To consent to taking this survey and acknowledge receipt of the \$10 Target gift card for participating, please print and sign your name below. Also, please provide your current address. Your name and address will not be connected to the survey nor will it be reported. Your participation is voluntary and confidential. You may also choose to stop taking the survey at any time.

Printed Name

Signature

Current Address (Street) (City) (State) (Zip code)

Appendix H

Shift category checked	<i>n</i>	Shifts specified (participants grouped if responses are within 30 minutes)
Traditional day hours	59	Between 8:00 a.m. and 5:00 p.m.
Other type of day shift	36	6:30 a.m. – 3:30 p.m. (10 participants) 8:00 a.m. – 3:00 p.m. (3 participants) 6:30 a.m. – 6:30 p.m. (3 participants) 10:30 a.m. – 5:30 p.m. (2 participants) 7:30 a.m. – 12:30 p.m. (2 participants) 9:00 a.m. – 3:30 p.m. (2 participants) 9:00 a.m. – 7:00 p.m. (2 participants) 8:00 a.m. – 4:00 p.m. or 8:00 a.m. – 1:00 p.m. 12:00 p.m. – 8:00 p.m. 8:45 a.m. – 12:45 p.m. 3:00 p.m. – 7:00 p.m. 9:00 a.m. – 1:00 p.m., weekends 9:00 a.m. – 11:00 p.m. 9:00 a.m. – 2:00 p.m. 1:00 p.m. – 5:00 p.m. or 3:00 p.m. – 6:00 p.m. 6:45 a.m. – 2:45 p.m. or 10:45 a.m. – 6:45 p.m. Varies, 9:00 a.m. – ? 10 hours a week Flexible, 28 hours a week
Evening shift	10	3:00 p.m. – 11:30 p.m. (3 participants) 1:30 p.m. – 10:30 p.m. (2 participants) 1:00 p.m. – 7:00 p.m. 2:00 p.m. – 9:00 p.m. 2:30 p.m. – 11:00 p.m. or 2:30 p.m. – 7:00 p.m. 4:00 p.m. – 9:00 p.m. 5:00 p.m. – 9:00 p.m. or 9:00 a.m. – 5:30 p.m.
Night shift	6	10:30 p.m. – 7:00 a.m. (3 participants) 9:30 p.m. – 6:30 a.m. (2 participants) 6:00 p.m. – 4:00 a.m.
Rotating shifts	10*	8:30 a.m. – 5:30 p.m. or 1:00 p.m. – 9:30 p.m. (2 participants) 1:00 p.m. – 9:00 p.m. or 5:00 p.m. – 1:00 a.m. 10:00 a.m. – 6:00 p.m. or 11:00 a.m. – 7:00 p.m. or 12:00 p.m. – 8:00 p.m. or 2:00 p.m. – 8:00 p.m. 11:00 a.m. – 4:00 p.m. 5 days a week or 4:00 p.m. – 2:00 a.m. 2 days a week 6:00 p.m. – 2:00 a.m. or 6:00 p.m. – 10:00 p.m. or 1:45 p.m. – 6:30 p.m. or 9:45 a.m. – 6:00 p.m. 8:00 a.m. – 5:00 p.m. and/or 5:00 p.m. – 10:00 p.m. Traditional day during week, 8:00 p.m. – 4:00 a.m. Saturday Varies

Note. When participant number not specified, only one participant reported shift.

* one participant did not specify

Appendix I

Theme	Responses: “Describe the sacrifices you made in terms of the child care provider and care setting you chose to find care when you needed it.”
1	Coming up with a way to pay for child care
1	Cost
1	Don’t like it, but have to think about money; fast food soda lifestyle
1	I have multiple in-home sitters where only one would be ideal. I’d like to pay them more but can’t afford to so must adjust expectations in that way
1	I would like to be able to afford 3 day a week professional care, but it isn’t possible
1	It’s hard when you don’t have money for it, but you need it
1	More expensive
1	Ultimately cost was a factor. We were very lucky to find a reasonably affordable facility with the programming and curriculum we were hoping for
1	We don’t really have a choice where we want to send the girls. Because of financial reasons we have to send them to my boyfriend’s mothers house
1	We have limited finances if any, so we have to choose the cheapest options.
1	Yes it was hard. The cost of child care because my provider wanted the money early when we came to an agreement for me to pay on a certain day
2	I had to cut work hours and switch my hours
2	I had to leave work and go home to make sure my child was being taken care of properly
2	I prefer longer time of care than they can provide. Title I is only 3 hours/M-Th
2	Not going to work because I need a caregiver
2	Taking to doctors appointments; babysitter when sick because can’t take off
2	When school is out I have to make sacrifices to find other providers for those days
3	Individual care, learning needs
3	I would prefer child care with more one on one attention, a focus more on learning than just someone to babysit.
3	It’s convenient because she’s with family and safe, but she doesn’t learn the extra stuff she would if I paid a teaching day care
3	The other kids she’s around
3	Their training, how my son acts towards them

Theme	Responses: “Describe the sacrifices you made in terms of the child care provider and care setting you chose to find care when you needed it.”
5	Having to drive so far for child care
5	I had to move close to my sitter
5	I have to find a car to take them to day care and everywhere else they need to go
5	It will be yes when the school moves, when it’s in its current location it is more convenient for me
5	Location, far from work, but top of the line care
6	English language skill development
6	I come from different culture and community so find a good child care which can understand my child culture is extremely difficult
1, 3	Cost, I couldn’t find the quality daycare my son deserves at a cost I can afford
1, 2	Financial, work hours
2, 4	Had to look 1 month because I didn’t like what I saw in some day cares I went to. Finally I find one but they did not have evening program then I had to look another month until I find a good one for her
1, 3, 5	I chose location and cost over quality, I can’t afford both
2, 5	I cut back on my working hours and I drive 20 minutes from my home and work to get my child there
1, 3, 4	I didn’t have time to find a caregiver whose rates were more affordable without compromising quality of care
1, 3, 5	I drive very far to a non-licensed daycare because it is affordable
1, 2	I haven’t been able to take the job I would like to because the cost of the child care I want when I am not available to my child exceeds the financial benefits of the job
1, 2	I really needed something flexible and that would not cost too much
1, 2, 4	It took a long time to find a setting I could afford and feel good about. He is in a great preschool, but the hours are not ideal
1, 3	It would have to be not getting the best care or most qualified teachers because I can’t afford the cost
1, 2	Less work time; less money for bills at home
2, 3	Mixes kids ages too much, hours not flexible, not enough like school
1, 2	Not working, not surviving, not paying bills, this list could go on forever

Theme	Responses: “Describe the sacrifices you made in terms of the child care provider and care setting you chose to find care when you needed it.”
1, 3	Quality for cost
2, 3	Quality, hours that my child attends
1, 3	Sacrificed quality of education for a less expensive daycare
1, 3	She is not licensed but she is cheap
2, 3	Wasn’t going to take a job if I didn’t find care I felt comfortable and challenging for my child
1, 3	We can’t afford child care, so we only had the one choice really with government aid. We got pretty lucky, but we could have preferred a preschool with more one on one learning and creative arts, etc.
1, 3	We first picked a center and found they neglected my child in areas of clothing. I sent socks and shoes and they didn’t put them on and she sometimes didn’t get changed out of her PJs so we searched for an in-home and pay more
1, 2, 3	We found a provider that was very high in quality but only could take the baby part time and she was more expensive. We would have gladly paid extra but we couldn’t afford to have my salary reduced to part time. The provider we chose luckily was also of very high quality
2, 3	We use college age girls to provide afternoon care once my husband leaves for work. The “sacrifice” is really the stress of trying to find girls we like and the kids like that fit the needs of our schedule. We have had great luck using networking. We feel extremely lucky.
1, 3	When I need child care I have to sacrifice the educational stimulant level to be able to afford the child care
1, 2, 3, 5	Work hours, location, available sitter when not in session, paying extra money for good care
1, 2	Work hours to pay for much higher day care. Took time away from my child
7	I’m a single parent, there’s always sacrifices for everything
7	Allowing people to come into the house
7	When she was going to child care I really liked the lady that was taking care of her
7	I do it myself

Note: 61 participants reported making sacrifices, 59 of those specified a particular sacrifice: 1 = Cost; 2 = Work/Caregiver hour flexibility; 3 = Quality; 4 = Difficulty finding care; 5 = Location/Transportation; 6 = Culture/Language; 7 = Other.

Appendix J

Theme Assigned	Responses
1	Family care
1	Grandmother is caregiver
1	I have my mother to care for my child
1	My mother watches my child when she's not at Head Start
2	Doing okay without, so haven't considered it. If situation changed, would research options more in depth
2	I am making it alright
2	No need at the moment
3	Don't have time
3	Got to find time to apply
3	Not enough time in day
4	My day care doesn't take government pay
4	My day care doesn't take it
4	Subsidy doesn't support paying for babysitters
5	Cost
5	I have applied but even after assistance I still can't afford it
6	Applied in past, but state doesn't consider full time grad students as full time employees so getting help hasn't been an option. That why we can't get food stamps too
6	Don't know
6	Got to find one for my schedule
6	If I received subsidies I would then be working and would most likely no longer be able to receive them
6	The day care they pay for was rude and racist so we switched to home care
6	We're in the application process

Note: 22 participants reported the reason for not using subsidies despite possible eligibility as "other." 21 of those specified a particular reason: 1 = Relative provider; 2 = Don't need it; 3 = Don't have time; 4 = Day care doesn't accept or subsidy won't pay for type of care; 5 = Financial; 6 = Other.

VITA

Amber Moodie-Dyer was born in Boonville, Missouri and graduated from Boonville High School in 1997. In May 2001, she graduated from Missouri State University with a Bachelor of Science degree in Psychology and minors in Crime and Society and Creative Writing. Following her undergraduate work, Amber attended The George Warren Brown School of Social Work at Washington University in St. Louis where she received her Master of Social Work degree in May of 2003. Amber then worked as a community organizer for four years in both St. Louis, Missouri, and in Minnesota. Her practice experience covered many areas including neighborhood stabilization, substance abuse prevention, and child care advocacy. In 2008, Amber began her doctoral training at the University of Missouri School of Social Work and she successfully defended her dissertation on March 24th, 2011. She graduated from the University of Missouri with a Doctor of Philosophy degree in May of 2011 and accepted a tenure track faculty position at The Ohio State University College of Social Work. Amber plans to teach and continue her research agenda to explore how best to support families in balancing different roles and needs throughout the life cycle. This exploration will involve understanding the relationship between early care and education, gender roles and care work, social service delivery, social welfare policy, and family and community intervention.