Parents' perceptions of child care

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Parents’ perceptions of child care

by

Emily Ann Moriarity

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in partial fulfillment of the requirements for the degree of

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This is to certify that the master’s thesis of

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has met the thesis requirements of Iowa State University

Signatures have been redacted for privacy
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The purpose of the present study was to understand parents' perceptions of child care including their perceptions of their current caregiver, family characteristics that influenced the type of care selected, and the possible moderating influence of the age of the child between family income and type of child care. The sample included 1,210 families using full day, year around child care. A parent questionnaire was used to gather information regarding family demographics, parents' values, parents' perceptions of their caregiver, and the level of parent stress. Correlations revealed parents' perceptions of their caregiver were related to their child care values. Results of the logistical regression showed that family characteristics did influence the type of care selected. Compared to parents using family child care, parents using center care had higher levels of education, higher incomes, older children, and lower levels of stress. Results showed that the age of the child was a moderator between family income and type of child care selected. Higher income families with infants and toddlers were more likely to use center care than were lower income families with infants and toddlers. Implications for future research and policy implications are discussed.
CHAPTER 1: GENERAL INTRODUCTION

Numerous researchers (Buysee, Skinner, & Grant, 2001; Early & Burchinal, 2001; Johansen, Leibowitz, & Waite, 1996; Peyton, Jacobs, O'Brien & Roy, 2001) have shown that parents' perceptions of child care and their child care choices are influenced by many factors. Henly and Lyons (2001) found that factors such as cost and convenience influenced low-income parents when selecting child care. Researchers (Cryer & Burchinal, 1997, Early & Burchinal 2001; Fraser & Cadell, 1999; Peyton et al., 2001) have also found that parents, professionals, and researchers agree on quality characteristics such as a positive caregiver relationship, safety of environment, and group size.

Researchers (Van Ijzendoorn, Tavecchio, Stams, Verhoeven & Reiling, 1998; Early & Burchinal, 2001) have also examined if the parents will select a specific type of child care to create continuity between the home and child care environment. Based on the bioecological model (Bronfenbrenner & Morris, 1998), the interaction between the child and the environment over time shapes human development. In relation to child care, parents may be more likely to select child care that is similar to what would be provided at home. Van Ijzendoorn et al. (1998) measured the child's well-being in child care and found that continuity between the parents and caregivers was in the best interest of the child.

Type of care has also been found to influence parents' and professionals' definitions of quality. Previous researchers (Johansen et al., 1996; Peyton et al., 2001) have found parents want a good caregiver relationship and a high quality program. Parents' perceptions of child care are typically divided between center care, which has been associated with education and a high level of professionalism, or home or relative care, which fosters a feeling of nurturance and family. Taylor, Dunster, and Pollard (1999), found the
public/professional and private/family base are two approaches parents use when defining the quality of care.

Examining parents' perceptions of child care provides additional information about the type of child care parents tend to select; this information can influence the type of care professionals provide and the quality of the children’s environment. With various types of child care regulation and availability, parents have to make choices for their children. It is important to examine previous research to understand the complexity of parents' perceptions of child care.

The following are the specific research study questions of our study: (1) Is the current caregiver, as perceived by the parent, matching the parents' values for child care? (2) How are family characteristics related to the type of child care parents selected? (2a.) Does the children's age moderate the relationship between parent income and type of child care selected? (3) Are the parents' values for child care related to the type of child care selected, family child care or center care?

Thesis Organization

This thesis contains two papers suitable for publication: a review of literature on parents' perceptions of child care (Chapter 2), and an empirical study examining parents' perceptions of child care (Chapter 3). The papers are preceded by a general introduction (Chapter 1), and are followed by a general conclusion (Chapter 4) and an Appendix. Appendix A includes the parent questionnaire and results of the factor analysis. Appendix B includes tables summarizing descriptive variables, correlations, and logistic regression analysis.
References


CHAPTER 2: PARENTS’ PERCEPTIONS OF CHILD CARE

A paper to be submitted to Early Childhood Research Quarterly

Emily A. Moriarity and Susan M. Hegland

Introduction

Numerous researchers (Buysee, Skinner, & Grant, 2001; Early & Burchinal, 2001; Johansen, Leibowitz, & Waite, 1996; Peyton, Jacobs, O’Brien & Roy, 2001) have shown that parents’ perceptions of child care and their child care choices are influenced by many factors. Henly and Lyons (2001) found that factors such as cost and convenience influence low-income parents when selecting child care. Researchers (Cryer & Burchinal, 1997, Early & Burchinal 2001; Fraser & Cadell, 1999; Peyton et al., 2001) have also found that parents, professionals, and researchers agree on quality characteristics such as a positive caregiver relationship, safety of environment, and group size.

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Examining parents’ perceptions of child care provides additional information about the type of child care parents tend to select; this information can influence the type of care professionals provide and the quality of the children’s environment. With various types of child care regulation and availability, parents have to make choices for their children. It is important to examine previous research to understand the complexity of parents’ perceptions of child care.

Family Characteristics

Peyton, Jacobs, O’Brien, and Roy (2001) studied reasons for choosing child care in relation to family factors, quality, and satisfaction. Data from the study were extracted from a larger longitudinal study on child care and child development. Participants were 633 mothers who reported on their child care choice when their children were 36 months old. The majority of the mothers were European-American, married, and employed full-time. Mothers were interviewed over the telephone to discuss reasons for choosing a certain type of care (child care center, home environment-non-relative, or relative care) and their level of satisfaction with care. Mothers were asked to state the most important reason for choosing their present child care arrangements. Peyton et al. found 56% of mothers reported quality as the most important factor when selecting child care. Quality was defined as concern for care
providers, environment/equipment, and the program. Mothers were assigned into one of the following categories based on their criteria for quality, practical concerns, or preference for a certain type of care. A multinomial logistic regression with three models was used to compare the groups. Researchers found each group (quality, practical, and preference) differed significantly.

Trained observers used the Observational Record of the Caregiving Environment to measure the quality of care. Findings support the hypothesis that mothers who chose child care based on quality obtained higher quality of care (as assessed by trained observers) than mothers who chose for practical reasons. The group of mothers whose children received the highest quality of care made their decisions based on preference for a certain type of care (i.e., center based care). Furthermore, half of the mothers who reported choosing child care based on quality selected center care. The researchers did not conclude that center care was higher quality than relative or home care; only the relationship between parents’ choice and quality was obtained. In conclusion, mothers’ reasons for choosing a certain type of child care were related to quality, preference, and practicality. Each one of the criteria also impacted the level of satisfaction; mothers were most pleased when the decision was theirs and not limited by practical considerations such as affordability and convenience.

To further understand what influences parents’ child care choice, Early and Burchinal (2001) examined family characteristics and preferred care characteristics concerning early childhood care. Parents were asked to rank the importance of certain characteristics and similar to Peyton et al. (2001), parents reported the child caregiver relationship was of high importance and an indication of high quality. The researchers applied the bioecological model to predict if parents’ values influenced the type of child care selected. Data were
extracted from the National Education Survey of 1995. Random digit dialing was used to select participants to complete the telephone survey. Of the 45,465 households interviewed, 14,064 completed the early childhood portion of the survey; 90% of the respondents’ children were newborn to third grade. The parent or guardian with the most knowledge of the child was requested for the interview, generally the mother. The majority of the sample was non-Hispanic White. For preferred care characteristics, parents were asked to rank the importance of a series of items including: a place close to home, reasonable cost, caregiver who has special training, and others. A logistic regression was used to predict type of care for infants and preschoolers. Early and Burchinal found parents of both infants/toddlers and preschoolers opted for a caregiver who speaks English followed by a caregiver with special training. The researchers concluded that having an English speaking caregiver supports the notion that parents have a concern for their child’s school readiness. The researchers also suggested that a trained caregiver might be able to provide a more academic environment for the child. However, the results only indicated parents’ preferences for care characteristics; these results do not reflect the actual level of quality obtained or parents’ desired outcome for the child in a particular setting.

Johansen, Leibowitz, and Waite (1996) examined the intrinsic and extrinsic characteristics that influenced parents’ child care choices. Similar to previous studies, preference for a certain type of care and a strong caregiver relationship influenced the child care decisions. The researchers hypothesized the characteristics would be divided into the following categories: educational or developmental characteristics that influence the children’s experience and the extrinsic characteristics that influence others beside the child. The theoretical framework assumes the mothers will select a child care setting that has the
most values she desires for child care. The data were obtained from the National Longitudinal Study of the High School Class of 1972. The information was collected when the fifth follow-up survey was mailed in 1986. The final sample consisted of 710 employed mothers with at least one preschool-aged child. The majority of mothers were married and white; almost half of the mothers had a college degree. The survey contained information about the type of child care used and the importance of certain aspects of care. To analyze the results, a multinomial logit model was used; center care was the reference category and respondents’ child care choices were categorized into one of the following: family child care (relative or non-relative outside of the home), care at home (relative or non-relative), and center care.

The researchers found mothers with a higher level of education had higher expectations for the educational attributes for their children and were more likely to choose center care. Mothers who believed a strong child caregiver relationship was important were more likely to choose family child care. The impact of hours in care, location, and cost did not differ significantly between family child care and center care. When comparing in home care and center care, mothers who valued education were also more likely to choose center care. Location, hours, and cost did impact the choice between in home and center care. Mothers with higher wages were more likely to choose child care in their home rather than center based. Key determinants such as mothers’ education and wages were identified as factors that influenced mothers’ child care choices. The researchers concluded parents who valued developmentally appropriate practices for their child were more likely to choose center care; in contrast, care at home was selected by those who valued location, hours, and cost. Depending on the situation, in-home care may be the most cost-efficient, depending on
the availability of other adults or older siblings in the home. Parents wanted affordable care despite the type of child care. Including care at home provided a unique perspective in comparison to other studies that did not include own-home care as an option.

Specific child characteristics may also influence the parents’ child care choices. Defining quality that includes parents’ and practitioners’ perspectives of inclusive child care was the focus for Buysee, Skinner, and Grant (2001). Participants were parents of children with disabilities, parents of typically developing children, classroom teachers, specialists, and directors. The children’s ages ranged from two to seven years; most were girls. For those with disabilities, the majority had a physical impairment. The study was in conjunction with a follow-up evaluation of North Carolina’s Smart Start; all the programs were receiving funding from Smart Start. Face-to-face interviews were conducted with semi-structured open-ended questions seeking information about high-quality inclusion, benefits of quality inclusion, and challenges with resources. Buysee et al. found that quality for parents and practitioners was related to developmentally appropriate practices such as providing a variety of materials, qualified personnel, and parent support. The researchers concluded quality inclusion has two parts; the first includes qualified personnel and developmentally appropriate practices while the second component includes services that meet the individual child’s needs.

Family characteristics influenced the type of child care selected. Researchers in the previous studies agree that parents do desire high quality care for their children. Preference for a certain type of care, such as center or home care was influenced by family characteristics such as parental income and education. A strong caregiver/child relationship was associated with a higher quality of care and important to parents when choosing child
care. The Buysee et al. (2001) study included families in need of a specific type of inclusive child care. In the other studies, there is not a clear picture of families' specific needs for a certain type of care. Individual factors such as convenience, affordability, and other family characteristics were lumped together in categories; therefore, discussion about the complexity of the family situation is difficult. At the time the choice was made, the parents, if they were new consumers, may not have had the knowledge about what they desired from child care. In contrast, by the time the data were collected, parents had experience with care and the time to assess quality. It may be these reactions are being captured by the results instead of the actual family situations that influenced the initial child care choices.

Looking at another specific group of parents, Henly and Lyons (2000) studied low-income parents' child care choices when negotiating employment demands. Researchers hypothesized low-income parents may adjust their quality rating based on what is available and culturally consistent. Informal care may have characteristics low-income parents need, such as flexibility. Data were obtained from the Workplace Environment Study in Los Angeles County. Fifty-seven mothers receiving and not receiving welfare benefits were interviewed. The children of the mothers had to be younger than 13 years. The semi-structured interview gathered qualitative and quantitative information about job characteristics, workplace dynamics, household structure and income, family and work demands, child care and transportation arrangements, and other formal and informal sources of support. Participants were between the ages of 22 and 50, Hispanic, and married or cohabitating. The non-welfare sub-sample had more children on average. The child care characteristics were comparable to those in a national sample of low-income mothers. Most mothers reported having regular child care; the arrangement was most often informal with an
unregulated caregiver. A majority of the mothers paid for their child care with no support from other sources. The researchers found the main criteria for quality assessment among the mothers was provider trustworthiness, safety of the physical location, and adequate structure and services. Unlike cost and convenience, quality concerns were not linked to informal care. In relation to low-income mothers' perspectives on quality child care, a need for affordability and convenience typically resulted in the selection of informal child care. Informal care had the desired flexibility and convenience low-income parents needed.

Low-income parents were similar to other parents when it came to selecting child care; however, they showed some important differences. Once again, the criteria for quality included a positive and trustworthy caregiver. Ranking the caregiver relationship as important and choosing home care is similar to the Johansen et al. (1996) study where mothers who believed this relationship was important were more likely to choose family care. Parents using informal care such as in-home and family care did not report similar quality concerns as mentioned in previous studies. In the low-income sample, cost and availability had a greater weight on the child care choice. Informal care had the desired characteristics low-income parents need. Studying low-income populations helps reveal the impact of their unique family characteristics on their child care choices.

Based on the previous studies, the age of the child and family income have been identified as a possible moderators for child care choice. Baron and Kenny (1986) define a moderating variable as a preexisting condition that impacts the influence of the independent variable on the dependent variable. Previous researchers (e.g., Early & Burchinal, 2001; Johansen, et al., 1996; Peyton, et al., 2001) have examined if the age of the child influences the type of care they want for their child. If the child’s age is moderating the child care
choice, then the age of the child will impact the type of child care selected. Parents with older children may place high importance on educational programming and be more likely to select center care. Early and Burchinal (2001) found children over the age of three were more likely to be in center care. Researchers (Henry & Lyons, 2001; Peyton et al., 2001) have included income as a possible moderator for child care choice. If income is moderating the child care choice, parents with lower income may prefer more affordable and convenient child care.

Parents’ Perspectives and Cross-National Comparisons

Cryer, Tietze, and Wessels (2002) completed a cross-national comparison of parents’ perceptions of child care. The participants were 2,407 parents in the United States and 392 in Germany. Preschool classrooms were randomly chosen from the centers involved in the study. For the United States participants, the majority of respondents were mothers, European-American, married, middle to upper income, and were 25-35 years. The German demographics were comparable to their national averages for income, maternal employment, and percentage of single mothers. Trained observers assessed classroom quality using the ECERS in the two countries with two versions (German and United States). Parents’ perceptions of quality were measured by the ECERS parent questionnaire (ECERSPQ). Parents were asked to indicate the level of importance they placed on certain items in the setting such as greeting/departing, eating, using language, personal grooming, and others. Parents were also asked to report if the aspects they believed were important were present in the child’s classroom. Cryer et al. found parents’ ratings were generally high for importance scores in both countries. Parents who placed high value on the importance of a specific characteristic also tended to assess their child’s program as doing better on that characteristic. Although there was some variation in the countries’ scores, the parents agreed on a majority
of the 10 highest and lowest items on the quality scale. The parents’ educational background accounted for only 1.5% of the variance in ECERSPQ quality scores. Parents in both countries rated quality higher than did trained observers. The variables of parental education, family income, parents’ ECERSPQ importance scores, observers’ ECERS scores, and country explained a relatively small amount of variance (8% Germany, 11% USA) in parents’ quality scores. Researchers concluded the two countries had similar parental perspectives of quality child care. Furthermore, parents in both countries assessed the absolute levels of quality more highly than trained observers.

Liu, Yeung, and Farmer (2001) studied what Australian parents wanted from child care services in relation to child minding and/or education. In contrast to the previous study, there was no comparison between other countries; however, the findings reveal that Australian parents value similar aspects of care compared to other countries such as the United States and Germany. Participants were 100 parents from 15 centers in Sydney, Australia. The majority of the respondents were mothers, who represented a variety of income and education levels. Parents were categorized as either having children younger than three years or children older than the age of three. The survey had 20 questions; responses were based on an eight-point scale. The questions asked about perceptions of education, child minding, and staff qualifications. The responses were favorable for most questions. Parents indicated education for the child and qualified staff was important. A majority of parents also reported that child care should focus on child minding and prepare the child for future schooling. Child minding in Australia is similar to child care, and is defined by the caregivers’ role in children’s eating habits, resting habits, and play patterns while in care.
The researchers concluded that, regardless of the child’s age, parents expected both child minding and education for their child.

Besides comparing parents from different countries, researches have examined the influence of the location of the family residence on the child care choice. Several researchers (e.g., Atkinson, 1996; Ispa, Thornburg, & Venter-Barkley, 1998) discovered parents held similar desires for child care despite their locations of residence. Atkinson (1996) studied parents’ perceptions of child care among rural mothers. Married mothers were randomly chosen from marriage certificates in 11 rural communities; a total of 199 mothers participated. Almost all of the mothers were white and married; they reported an annual income between $10,000-15,000. The children’s ages ranged from newborn to 12 years. Mothers were interviewed over the phone; they provided demographic information, described when child care was used, rated the caregivers, and provided strong and weak points of child care. Seventy percent of rural mothers rated the caregivers as “excellent” and 27% as “good.” Many of the positive comments and higher ratings were about the caregiver and the caregiver/child relationship. These rural mothers primarily used family care. Those mothers who used family care rated the warmth of caregiver relationship and overall caregiver rating higher than mothers who used center based care. Mothers using center based care were more likely to comment on program characteristics including, “the caregiver teaches the child” and “reads to him.” The rural mothers in the study were compared to urban mothers from another larger study; no significant differences were found. Both rural and urban mothers expressed similar concerns with process characteristics, such as relationships with the caregiver for family care, and with structural characteristics (e.g., environment) for center care.
Ispa, Thornburg, and Venter-Barkley (1998) found similar results when they compared the perceptions of parents in metropolitan and nonmetropolitan communities. Parents were selected after child care settings were chosen in metropolitan and nonmetropolitan communities. Both parents participated in the study; this strategy allowed researchers to compare parents' perceptions as well. All parents were married, dual employed, had a child between the ages of six months and five years. The children had to be in child care at least 25 hours a week to have been in the arrangement at least three months. Parents (N = 120) completed a Child Care Selection Questionnaire with items related to health/safety, practical considerations, daily program, friends' recommendations, and warmth. The child care environments were measured using the ECERS, ITERS or FDCRS. Ratings by mothers and fathers correlated highly; therefore, their responses were combined into one parent score to examine the difference between metropolitan and nonmetropolitan communities. The ordering of the criteria for both sets of parents was identical; provider warmth was ranked at the top followed by health and safety, daily programming, practical considerations, and friends' recommendations. Parents who valued daily programming were more likely to have their child enrolled in care rated more highly by observers. The researchers concluded mothers and fathers as well as parents in metropolitan and nonmetropolitan communities have similar values regarding child care quality.

Comparing parents' perspectives across cultures and location of residence revealed similarities. Parents generally agree on how quality child care is defined. Parents in each of the studies reported that the caregiver relationship is important and an indication of quality. In addition to the caregiver relationship, there is a consensus among parents that a safe and healthy environment as well as some educational components indicates higher quality.
Atkinson (1996) found rural mothers were more concerned with process variables than structural variables when choosing child care; however, these differences were similar to urban mothers.

Parents’ and Professionals’ Perspectives on Quality

In contrast to studying parents’ perspectives of child care, Van Ijzendoorn, Tavecchio, Stams, Verhoeven, and Reiling (1998) examined the consistency and continuity of beliefs between parents and professionals. The participants were extracted from a larger study of professional care in the Netherlands. Participants (N = 1,485) included mothers, fathers, and professional caregivers. The types of child care represented were after-school care, child care centers, family child care, and babysitters. The socioeconomic status and education level of the parents was above the Dutch average. Participants completed several self-report measures including the Childrearing Practices Report, Nijmegen Childrearing Questionnaire, Parent Caregiver Relationship Inventory, as well as questionnaires about satisfaction, contentment, communication, and child well-being. After controlling for the child care setting, hours of care, socioeconomic status, and caregivers’ years of experience, they found significant differences between parents and professional caregivers concerning authoritative control, quality of child-caregiver relationship, and the quality of the parent-caregiver relationship. The researchers found the mothers and fathers agreed more with each other than either did with the caregiver. Parents reported being more satisfied with the quality of the child-caregiver relationship than the caregivers, who were more content with the parent-caregiver relationship. The child’s well-being was measured to assess how at ease the child felt in a professional care setting. Children felt less at ease when caregivers were less supportive and more authoritarian than their mothers. Choosing child care that provides
continuity between parents and caregivers may be in the best interest of the child; this conclusion supports the ecological systems theory and the need for continuity between microsystems.

Taylor, Dunster, and Pollard (1999) studied what child care providers, parents, and other stakeholders in Canada wanted from family child care provider training. Having the stakeholders identify key aspects of training would help the researchers understand how each are defining quality in family child care. Two approaches to defining the quality of family child care were discussed: the public/professional and the private/family based.

Understanding the difference between these two approaches helped identify where parents and professionals agreed or disagreed. Having a preference for a certain type of care or providing a certain type influenced how each defined the quality of care. Researchers spoke with 298 Canadians using family child care and 258 organizations that offered family child care training. Information from the participants was collected in one of the following ways: phone interview, focus group, or survey. Twenty-eight parents participated in four focus group discussions. Parents’ most frequent responses to what skills, qualifications, and qualities they desired for their children’s caregivers were child development, knowledge of community resources, experience raising children, and first aid. Trainers and caregivers had different responses including more business management skills, behavior management, and communicating with parents. Caregivers’ perspectives on quality reflected their desires to provide a secure home environment associated with family child care. In the focus groups, parents and caregivers emphasized the importance of a partnership and clear communication. The researchers concluded that training should support the family caregivers’ efforts to
obtain their own level of professional development by utilizing their experiences as parents and helping them distinguish their roles as caregivers and parents.

Fraser and Caddell (1999) also found providers and parents want similar benefits from preschool, early care and education. The framework for the research was centered on Epstein’s (1987) model of the overlapping spheres of influence between home and school environments. Four preschool centers in a Scottish city were included in the study: a nursery school, day nursery, preschool play group, and a nursery class attached to a primary school. Forty parents (25% of the full population) were interviewed in person or over the phone. Over half the children were first born or the only child; consequently, parents had little experience establishing relationships with provider staff. The staff believed that parents had limited choices for center care; this limit was confirmed by parent comments. The most common reason given by parents for choosing the current arrangement was hearsay, such as positive comments from others about the center. Staff in all the centers reported the child’s needs for both education and care was the primary focus, not the parents’ needs. Staff offering full-day care reported they were meeting parents’ needs to a greater extent than half-day programs. When asked the most important thing a center should do, parents and staff both indicated that the child’s happiness and sense of security were most important. Parents gave priority to the social and emotional domain. The majority of parents were satisfied with their current arrangements; the staff also believed this to be true. Despite the similarities in the comments of parents and staff, not all parents believed centers wanted the same things for preschool. The researchers concluded the discrepancy between centers might be due to a different educational agenda of the staff. The researchers compared the findings to Epstein’s model (1987) and concluded the parent side of the model may have a force that is resisting
the educational force of the staff. The researchers believed the staffs’ desires to improve the level of education and quality was predictable; furthermore, the ‘it’s good enough’ message of the parents was optimistic.

The researchers concluded that it is possible parents and professionals do want similar qualities in preschool. Professionals may have to understand the educational and social/emotional component parents desire for their children; at the same time, parents may need to understand the professional aspect and how it may enhance their children’s development. Professionals do agree with the parents’ high priority of the social-emotional emphasis in early education and understand the implications for cognitive development and educational achievement. During a time when there is increasing pressure for educational attainment and assessment in early education, parents and professionals may feel pressure for an educational environment. A partnership between parents and professionals may provide the most beneficial environment for children by establishing an environment with both early care and education.

Parents and professionals in the previous studies had different views on child care as well as similarities. As stated in the Van Ijzendoorn et al. (1998) study, this discrepancy does influence the type of child care selected. The influence of these discrepancies is where previous research comes to consensus, agreeing that these differences help parents select child care that is a match for their family and professionals are able to provide the type of care parents’ want. The variation in child care can be positive for families because they may select child care that provides the most continuity of care that is similar to their own family. Fraser and Caddell (1999) stated if parents and professionals work to understand what each wants from child care, the most beneficial environment for the child would be provided. The
parents and professionals disagreed on expectations of the caregiver, characteristics of the care arrangement, and focus of the training. The discrepancies between populations may be a result of the different stakeholders and professionals sampled, as well as the different goals of each study.

Parents’ Consumer Behaviors

Examining parents’ consumer behaviors related to child care is another approach to studying parents’ perspectives of quality child care. Fuqua and Labensohn (1986) conducted a study to gain insight about parents as child care consumers. Five hundred and forty parents from a Midwest state using child care outside their home participated in the study. The majority of the respondents were mothers in two-parent families employed full time. A 44-item questionnaire was developed to collect the data. Parents selected items from categories to describe their child care selection process and also rated importance of and satisfaction with child care on a five-point Likert scale. Information obtained included the current type of child care, preference for type of care, ratings of importance and satisfaction with certain aspects of child care. Results indicated the major reason for using child care was the mother’s employment. Parents reported that a safe and healthy environment was highly important in a child care setting; for logistical considerations a convenient location was most important followed by cost of care. Problems parents identified with child care included inadequate child care, poor supervision, physical abuse, verbal abuse, and an unsafe setting. Parents’ consumer ability was also limited due to affordability and availability issues. Researchers concluded that many parents lacked the skills and resources to be good consumers of child care.
Understanding that parents may lack the necessary skills, Fuqua and Schieck (1989) studied families who may have used a child care resource and referral agency and the influence of the agency on the level of quality parents chose. The focus was on parents’ consumer behaviors rather than perception of quality. Participants were 107 parents using family child care in two urban areas in a Midwest state. Availability of the type of care was similar in both areas as well as the access to a child care resource and referral agency. In the sample, 56 parents had used a child care resource and referral agency and 51 had not. The majority of the respondents were mothers in two-parent families. Both groups were similar in background; the majority was between 20 and 30 years old, had a family income above $25,000, and had a college education. A questionnaire developed by Fuqua and Labensohn (1986) was used to gather information about parents’ child care consumer skills. Questions were divided into four areas: demographics, how parents obtained information about child care, how parents searched for care, and their present child care arrangements. Questions were answered on a five-point Likert-type scale. Fuqua and Schieck found no significant differences between the two groups. Parents who used a child care resource and referral agency visited providers more often and spent more hours looking for care. The researchers concluded that resource and referral agencies assisted parents by giving them more options; however, the use of a child care resource and referral agency did not guarantee that parents would be better informed consumers or would utilize higher quality of care because both groups of parents were similar in their beliefs and choices.

Cryer and Burchinal (1997) also studied parents’ consumer behavior for child care in four states (California, Colorado, Connecticut, and North Carolina). Information was gathered from the larger Cost, Quality and Child Outcomes Study. Seven hundred twenty
parents of infant/toddlers and 2,407 parents of preschoolers completed the questionnaires. The majority of participants were mothers, European American, middle-class, college educated, and between 25-35 years old. Parents who completed the questionnaire spent significant amounts on infant care with most spending over $61 dollars a week. For preschool groups, most parents were paying between $61-100 per week. A parent questionnaire was developed using the ECERS and ITERS scales. Parents completed the survey that corresponded with their child's age. Similar to Cryer, Tietze, and Wessels (2002), Cryer and Burchinal found parents gave child care quality a higher rating than the trained observers. Scores between parents and observers had the greatest discrepancy when the items were difficult for the parent to observe. After controlling for aspects of care, state, family income, mother's age, and race, the researchers found that parents rated health and safety items and positive staff interactions of higher importance than all the other aspects of care. Parents and caregivers agreed on the aspects of quality care. Compared to trained observers, parents tended to overestimate the quality of care. Cryer et al. suggested that reasons for inflated ratings included the influence of parental values and desires as well as the limited ability to monitor the child care setting.

Parents' consumer behavior also influences the child care choice. As previous researchers have found, despite the availability of resource and referral agencies, some parents sampled still lacked the skills to be good consumers. Having the appropriate knowledge or skills may not be utilized if there are other factors influencing the choice, such as cost and convenience. Even if parents do use a resource and referral agency there is no guarantee that more will chose higher quality care. Parents are still limited due to affordability and availability issues. Parents may also be at a disadvantage compared to
professionals due to challenges in monitoring the child care setting. Consumer behavior along with the other factors influenced parents' child care choices.

Summary and Direction for Future Research

Parents' perceptions of child care and their child care choices are influenced by many different factors, as the previous research supports. Understanding how parents select child care is key for researchers, providers, and the child. Researchers are a link between parents and providers; they inform parents and providers of the impact of child care on the child. Providers use this information to provide developmentally appropriate care and the type of care that parents want. The type of child care parents select and caregivers provide influences the child.

Previous researchers have found that parents, professionals, and researchers agree that characteristics such as a positive caregiver relationship, safety of environment, group size, and aspects that meet the basic needs of the child are important components of quality (Cryer & Burchinal, 1997; Fraser & Cadell, 1999). Researchers have also examined the influence of family characteristics and parent preferences. Parents reported a strong caregiver-child relationship was highly important when choosing child care (Early & Burchinal, 2001; Peyton et al., 2001). Cost, location, and educational programming also influenced parents' choices. Henly and Lyons (2000) found that cost influenced low-income parents' preference for affordable informal care.

Researchers have also examined whether parents' decisions matched their desires/values when selecting child care. Previous researchers have used the bioecological theory to examine if parents select a child care setting that creates continuity between home and the place of care. Bronfenbrenner and Morris (1998) define the properties of the
bioecological model. The model involves four components: process, person, time, and environment. The interaction between the organism and the environment over time shapes human development. In reference to child care, the child's interactions within the child care environment impacts the child's development. Van Ijzendoorn et al. (1998) measured the child's well being in child care and found that continuity between parents and caregivers was in the best interest of the child. The researchers were able to show discontinuity between microsystems was associated with the child's well-being. Children felt less at ease when caregivers were less supportive and more authoritarian than their mothers. Early and Burchinal (2001) used the bioecological theory to examine the extent parent characteristics such as income, ethnicity, and child's age predicted the type of child care used. The family characteristics did influence the type of child care selected.

One key issue to consider is if parents have specific characteristics they desire from a certain type of care. From previous research, parents generally desire a good caregiver relationship and also a high quality program (Johansen, et al., 1996; Peyton et al., 2001). For parents, the choice for child care is typically divided between center care, which has been associated with education and a high level of professionalism, or home or relative care, which fosters a feeling of nurturance and family. Taylor et al. (1999) discussed the public/professional and private/family base as two approaches parents may use when defining the quality of child care. The researchers found the type of care is related to both the parents' and professionals' definitions of quality.

Family characteristics also influenced the type of child care chosen. The age of the child, maternal education, and the level of income have been found to moderate child care choices. Parents with a higher level of education had higher expectations for educational
attributes in the child care setting and were more likely to select center care (Johansen, et al., 1996). When examining how parents rated important aspects in a child care setting, the parents' educational attainment accounted for only 1.5% of the variance in parents' quality scores (Cryer et al., in press). Parents, despite their level of education, generally had the same definition for the quality of care. Educational attainment of the parents, due to affordability, did influence the type of child care selected. Henly and Lyons' (2000) research demonstrates that low income mothers have similar criteria, including provider trustworthiness, for quality of care; however, affordability and convenience influence their selections. The age of the child has also been considered as a possible moderator; previous research has examined if age influences the amount of educational programming parents' desire. Parents with children over the age of three, generally reported a desire for an educational component in child care. Early and Burchinal (2001) found children over the age of three were more likely to be in center care.

Researchers have identified key factors that should be included when examining parents' perceptions of child care. Family income and children's age have been identified as possible predictors for the type of child care parents are currently utilizing. Specifically, the number of hours the mother works and subsidy use may influence the cost of child care. Henly and Lyons' (2000) research on low-income parents included a sample of mothers receiving and not receiving welfare benefits. The researchers concluded that cost factors did influence the type of child care parents utilized. Including the influence of family income has important policy implications as well. Most child care assistance programs involve providing financial assistance to make child care more affordable for parents. Besides family income, the age of the child has also been found to influence the parents' child care choices. Future
Researchers should continue to examine if the child’s age is influencing the type of care parents want for their child.

Researchers (e.g., Atkinson, 1996; Ispa, et al., 1998) who examined the impact of location of residence (urban and rural) on the child care choice found parents generally agree on how quality child care is defined. Without any significant differences between the groups studied, the results support the consensus of urban and rural parents’ perspective on child care. Previous research does not support including the location of residence as a possible predictor for the type of child care parents select.

Peyton et al.’s (2001) study concluded that future research is needed to assess the quality of child care settings parents are utilizing. Few studies have compared the parents’ values for child care with the care parents report being provided by their current caregiver. Previous researchers (e.g., Cryer & Burchinal, 1997; Van Ijzendoorn et al., 1998) have found parents tended to overestimate the quality of care compared to trained observers. Comparing parents’ child care choices and the quality of child care they perceive they are receiving will help researchers identify if the child care arrangements have the important characteristics parents reported. Future researchers may also want to include a measure for cognitive dissonance. Cognitive dissonance was defined by Leon Festinger as “feelings of unpleasantness” that are unconscious; the individual may not even be aware of the reasons for such feelings (Chow, 2001). Parents could be overestimating the quality of care to cover up the lower quality care. Previous research has also minimized the complexity of the parents’ decision by grouping together characteristics such as quality, practicality, and education. Future researchers should give equal weight to the factors that may influence the parents’ decision to understand the multiple influences.
Including parents' perspectives and using them to shape child care provides researchers and caregivers with additional information about the type of care parents' want for their child. The ideal situation would be that the choices for parents would be simple and the child care options would be optimal for the children and parents. Different types of child care have both different costs and different practices; these contrasts force parents to prioritize what is best for their family.
References


CHAPTER 3: PARENTS' PERCEPTIONS OF CHILD CARE

A paper to be submitted to Early Childhood Research Quarterly

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Introduction

Parents have choices to make when selecting child care for their children. Each child care arrangement has unique characteristics concerning caregiver training, quality of the child-caregiver relationship, and the child care environment. Practical considerations such as cost and location also influence the parents’ child care choices. Many factors influence parents’ perceptions of child care.

Research supports that parents prefer similar characteristics in quality child care. Peyton, Jacobs, O’Brien, and Roy (2001) found 56% of mothers reported quality was the most important factor when selecting child care. Mothers who selected child care based on quality obtained higher quality of care (as assessed by trained observers) than mothers whom chose for practical reasons. The group of mothers whose children received the highest quality of care made their decisions based on the preference for a certain type of care (i.e., center based care). Peyton et al. examined if mothers’ reasons for choosing a certain type of care were related to quality, preference, and practicality; each one was found to impact the level of the mothers’ satisfaction with their child care.

To further understand what influences parents’ child care choices, Early and Burchinal (2001) also examined family characteristics and preferred care characteristics. Parents reported the child-caregiver relationship was highly important and an indicator of quality. Parents ranked the importance of a series of items and preferred a setting that had a
caregiver with special training. The researchers also suggested parents' perceive a trained
caregiver might be able to provide more of an academic environment for the child. The
results of the study indicate parents' preferences for certain care characteristics not the actual
level of quality parents selected.

Johansen, Leibowitz, and Waite (1996) examined how intrinsic and extrinsic
care characteristics influenced parents' preferences for certain types of care. As in previous
studies, preference for a certain type of care and a strong caregiver relationship influenced
child care decisions. The researchers hypothesized the characteristics would be divided into
the following categories: educational or developmental that influenced the children's
experience and the extrinsic characteristics that influence others besides the children. The
researchers found mothers with higher levels of education had expectations for educational
attributes for their children and were more likely to choose center care. Mothers who
reported that a strong caregiver relationship was more important were more likely to choose
family care.

Taylor, Dunster, and Pollard (1999) also examined the different perceptions parents
had when defining the quality of care and also included family child care providers and key
stakeholders. Two approaches to defining the quality of care were discussed: the
public/professional and private/family based. Having a preference for a certain type of care
or providing a certain type of care influenced how respondents defined the quality of care.
Parents' most frequent responses to what skills, qualifications, and qualities they desire for
their children were knowledge of child development, knowledge of community resources,
experience raising children, and first aid. Trainers and caregivers had different responses
including more business management skills, behavior management, and communicating with
parents. Caregivers’ perspectives on quality reflected their desires to provide the secure home environment associated with family child care. The type of care caregivers provide demonstrates an understanding that parents have certain expectations for a certain type of care.

Parents and professionals in previous research had different views on child care as well as similarities. Van Ijzendoorn, Tavecchio, Stams, Verhoeven, and Reiling (1998) examined the consistency of beliefs between parents and professionals. The researchers found significant differences between parents and professionals concerning authoritative control, quality of child-caregiver relationship, satisfaction with relationship, and the quality of the parent-caregiver relationship. The influence of these discrepancies is where previous research comes to consensus, agreeing that these differences help parents select child care that is a match for their family and professionals are able to provide the type of care parents want. The variation in child care can be positive for families as they may select child care that provides the most continuity of care. Fraser and Caddell (1999) stated parents and professionals agreed on the importance of early care and education in preschool; however, a few discrepancies were identified. The parents and professionals disagreed on expectations of the caregiver, characteristics of the care arrangement, and focus of the training. The discrepancies between populations may be a result of the different stakeholders and professionals sampled as well as the different goals of each study. One explanation for the discrepancy could be parents’ cognitive dissonance. Cognitive dissonance was defined by Leon Festinger as “feelings of unpleasantness” that are unconscious, the individual may not even be aware of the reasons for such feelings (Chow, 2001). Parents could be
overestimating the quality of care to cover up that they have their child in the quality of care that does not match their expectations.

Researchers have also examined if the parents’ decisions will match their desires/values selecting child care. Previous researchers have used the bioecological theory to examine if parents select a child care setting that creates continuity between home and the place of care. Bronfenbrenner and Morris (1998) define the properties of the bioecological model. The model involves four components: process, person, time, and environment. The interaction between the organism and the environment over time shapes human development. In reference to child care, the child’s interaction within the child care environment impacts the child’s development. Van Ijzendoorn et al. (1998) measured the child’s well being in child care and found that continuity between parents and caregivers was in the best interest of the child. Children felt less at ease when caregivers were less supportive and more authoritarian than their mothers. Early and Burchinal (2001) used the bioecological theory to examine the extent family characteristics such as income, ethnicity, and child’s age predicted the type of child care used. The demographic characteristics did correlate with the type of child care selected.

Family characteristics also influenced the type of child care chosen. The age of the child, maternal education, and the level of income have been found to moderate the child care choice. Parents with a higher level of education had higher expectations for educational attributes in the child care setting and were more likely to select center care (Johansen, et al., 1996). When examining how parents rated important aspects in a child care setting, the parents’ educational attainment did not explain much of the variance (Cryer, Tietze, & Wessels, in press). Parents, despite their level of education, generally had the same definition
for the quality of care. The parents' level of education did influence the type of child care selected; this relationship may be a result of differing levels of affordability. Henly and Lyons' (2000) research demonstrated that low income mothers had similar criteria, including provider trustworthiness, for quality of care; however, affordability and convenience influenced their selection. The age of the child has also been considered as a possible moderator; previous researchers have examined if age influences the amount of educational programming parents' desire. Parents, with children over the age of three, generally reported a preference for an educational component in child care. Early and Burchinal (2001) found children over the age of three were more likely to be in center care, which is often perceived as more educational.

Parents' consumer behavior also influenced the child care choice. As previous researchers (e.g., Fuqua & Labensohn, 1986; Fuqua & Schieck, 1989) have found, despite the availability of resource and referral agencies, some parents still lacked the skills to be good consumers. Appropriate knowledge or skills may not be utilized if there are other factors influencing the choice, such as cost and convenience. Even if parents do use a resource and referral agency there is no guarantee that more will select a higher quality of care. Parents' choices are limited due to affordability and availability issues. Parents may also be at a disadvantage compared to professionals due to challenges in monitoring the child care setting. Consumer behavior along with other factors influenced the parents' child care choice.

Researchers have identified key factors that were included in the present study of parents' perceptions of child care. Children's age was identified as a possible moderator for family income and the type of child care parents selected. The number of hours the mother
works and subsidy use influences the cost of child care. Henly and Lyons' (2000) research on low-income parents included a sample of mothers receiving and not receiving welfare benefits. The researchers concluded that cost factors did influence the type of child care parents selected. Including the influence of family income has important policy implications as well. Most child care assistance programs involve providing financial assistance to parents. Besides family income, the age of the child has also been found to influence the parents' child care choice. Parents with children over the age of three generally report wanting an educational component for their child.

The present study examined the complexity of the parents' perceptions of child care. Previous researchers included key factors; however, few have allowed for the influence of multiple factors. Examining the mean scores of items such as quality, practicality, and preference in previous research demonstrated that parents reported each of these factors as highly important. Previous researchers have used one of these items per family to predict the type of care parents selected. Key studies (e.g. Peyton et al., 2001; Early & Burchinal, 2001) have used logistical regression to predict the type of child care parents will select. Peyton et al. (2001) acknowledged that quality, practicality, and preference were all important to parents; however, parents were placed into one of the categories for statistical analysis not allowing for the complexity and importance of each to be represented in the results. The present study attempted to explain in greater detail how each of the factors influenced parents' perception of child care.

Few studies have included the impact of the level of parent stress related to child care. Peyton et al. (2001) included an overall parenting stress score using a parent-role questionnaire; however, these items were not directly related to the child care choice. The
present study included a parenting stress factor that accounted for the influence of family and work factors to provide a more dynamic understanding of parents’ perceptions of child care. Lamer (1996) stated all families want child care that is good for their children, allows parents to work, and supports their child-rearing efforts, but almost no child care arrangement is ideal according to the parents’ perspective. Each factor that parents identified as important as well as family characteristics were included in the present study to build on research and understand what would make child care ideal for parents.

The parents’ choice is limited to the child care available. As consumers, parents are not being protected. Parents are limited in their ability to monitor the child care environment they have chosen. As previous research supports (e.g., Fuqua & Lamensohn, 1986; Fuqua & Schieck, 1989), even with agencies to help parents make appropriate child care choices, parents still selected the care that was most conducive to their family situation. Parents have the right to choose child care without having to be concerned if basic quality standards are being met. Even though they desire high quality, cost, location, and availability required them to select the child care that meets their needs. Parents should not have to select poor quality child care based on family factors.

The results of the present study have policy implications. Currently, one of the most common policies that assist parents with child care is financial assistance or subsidies. If the present study finds family characteristics are related to the type of child care utilized, yet parents, despite their family characteristics, desired education, nurturance, and flexibility from child care then there is support for policies that regulate the quality of care as well as making it affordable. The previous finding would also support that having child care policies and regulations are necessary to assist all parents not just those that need financial assistance.
The impact of parent stress will bring additional insight into the factors influencing parents’ choice. If parents can afford care but have a non-traditional work schedule the level of stress could be higher. If the age of the child is moderating the child care choice, it is important to consider if these academic environments are available to support the parents need for care when they are at work. Parents may experience more stress if they have to arrange for their child to be in child care for a portion of the day and in a preschool type center another portion of the day.

Researchers, caregivers, and policymakers will benefit from understanding the complexity of parents’ preferences for child care and the family factors that may influence their choice. Emlen, Koren, and Schultze (2000) describe parents as creating a flexibility solution when selecting child care. Each family has a unique combination of work, family, and caregiver flexibility. Emlen et al. (2000) argues parents’ need many types of flexibility including caregiver flexibility, but also quality jobs and family-friendly taxes to allow greater financial flexibility. To further understand the type of flexibility parents need and the complexity of their decision the following research questions have been developed.

Research Questions

1. Is the current caregiver, as perceived by the parent, matching the parents’ values for child care?

2. How are family characteristics (i.e., children’s age, family income, and stress level) related to the type of child care parents selected?
   a. Does the children’s age moderate the relationship between parent income and type of care selected?
3. Are the parents’ values for child care related to the type of child care selected, family child care or center care?

Method

The present study was part of a larger research study conducted by the Midwest Child Care Research Consortium. The research consortium has members from universities and organizations in Iowa, Kansas, Missouri, and Nebraska. The U.S. Department of Health and Human Services Child Care Bureau, and the Ewing Marion Kauffman Foundation funded the research project. Goals of the research study for the first three years included: year 1 (providers) indicators of quality and characteristics of the child care workforce, year 2 (parents) perceptions of quality and child care availability, year 3 (providers) help states find ways to assess the quality and proxies for quality on an on-going basis.

Participants

Participants in this study were part of a larger study examining child care quality in the Midwest. The sample selection began by obtaining the names of all licensed providers and all providers receiving subsidy as of October 2000; 40,000 names were collected across all four states. The providers were then stratified according to type of care, subsidy use and whether the provider was in an Early Head Start or Head Start partnership. Letters were then sent to 10,000 providers informing them that they may be called to participate in the study. Providers (2,022) were telephoned by Gallup and participated in a 12.5 minute interview. Respondents were asked if they would be willing to be contacted again and 88% said “yes.” Universities observed 365 providers in the summer and fall of 2001.

Providers were re-contacted to distribute the parent questionnaire. The goal was to contact 2,000 parents, 500 per state, following the random assignment design used to select
providers for observation. To reach the parents, 80-100 providers were contacted to each
distribute surveys to all their parents. To be eligible, parents had to have at least one child
who was under the age of five receiving care from the provider. The present study focused on
children from birth to five and a half. Perceptions of child care may well be different for
parents with school-age children.

The sample for the present study consisted of 1,210 parents who had a child under the
age of five and half, currently enrolled in full-day, year around child care. The children were
attending a center or family child care program participating in the Midwest Child Care
Research Study. The mean age of the children was 3.03 years ($SD = 1.56$). Seventy-seven
percent of the families were two-parent families. Most families (89.7%) had more than one
child in care. At the time of the study, the parents averaged two years of post high school
training ($M = 14.4$ years, $SD = 2.05$). At the time of the survey, 23% had an income below
200% of the poverty guideline, 13.7% were receiving public funds to subsidize child care.
Most of the parents (72.2%) were employed outside the home full-time for pay; most of these
parents also worked a regular day shift (77.9%).

**Materials**

The parent questionnaire was developed as part of the larger study. The questionnaire
was 12-pages long and included 48 questions. (See Appendix A for the portion of the parent
questionnaire used in this study). The questionnaire obtained demographic information about
the parents and the children. Parents were asked about the criteria they used when selecting
the current provider, characteristics of the current caregiver, and the impact of child care on
their employment. The survey concluded with questions about the utilization and
nonutilization of child care subsidy. The researchers adapted some questions after Emlen et
al.’s (2001) scales measuring the dimension of quality from a parent’s point of view. The specific scales used in this study that followed Emlen et al.’s scales include the parenting stress and parents’ perceptions of the caregiver.

The present study used the questionnaire to describe respondents and examine the factors parents valued when they selected the present type of care. The parents were asked to respond to a list of reasons why they chose a particular type of child care. The statements included questions about the facilities, programs, and the individual provider. Parents were asked to indicate how important each one of the 23 statements was when choosing the current child care arrangement, statements included “a convenient location,” “the provider is someone you know and trust,” and “the provider offers stimulating activities or programs.” The parents responded using a five-point Likert scale with “5” being “Extremely Important” and “1” being “Not At All Important.” Maximum likelihood factor analysis with varimax rotation was used to analyze parent value items. After examining the scree plot, we chose three factors ($R^2 = .36$): warmth (11 items, $\alpha = .72$), flexibility (9 items, $\alpha = .65$), and learning (3 items, $\alpha = .75$). For a full description of the scales see Table 1 in Appendix A for rotated factor loadings.

Parents’ perceptions of their current caregiver were also obtained from the parent questionnaire. Parents were asked to rank their current caregiver and the current setting by indicating how much they agreed or disagreed with 32 statements, for example: “the caregiver is warm and affectionate toward my child,” “the children seem out of control,” and “there are a lot of creative activities going on.” The parents responded using a five-point Likert scale with “5” being “Strongly Agree” and “1” being “Strongly Disagree.” The factor analysis of parents’ perceptions with maximum likelihood criteria with varimax rotation was
used to analyze the caregiver items. After examining the scree plot, we chose three factors ($R^2 = .45$): 13 items for caregiver relationship ($\alpha = .91$), 10 items for learning environment ($\alpha = .81$), and 9 items for risk ($\alpha = .79$). See Appendix A, Table 2 for a full description of the scales and rotated factor loadings.

A parenting stress scale was computed from items on the parent questionnaire, see Appendix A. Parents were asked to what extent ten items about child care were true for them, including “my shift and work schedule cause extra stress for me and my child,” “I am on my own in raising my child,” and “I have difficulty finding the child care I want.” The parents responded using a five-point Likert scale with “5” being “Almost Always True” and “1” being “Almost Never True.” The stress scale has seven items ($\alpha = .60$). See Appendix A for a full list of the items on the scale.

An income-to-needs ratio was calculated for a clearer interpretation of the impact of income while accounting for the size of the family. The 2002 poverty guidelines from the U.S. Department of Health and Human Services were used for the calculation (www.aspe.dhhs.gov/poverty/02poverty.htm). An income-to-needs ratio was calculated by dividing the total family income by the poverty guideline for the size of the family. The annual income limit for a family of four at 100% of the poverty guideline was $18,100. The natural logarithm of the income to needs ratio was used to study the impact of percentage change rather than dollar change in income.

**Procedure**

The data were collected as part of the larger study. The providers were re-contacted to facilitate the distribution of the parent questionnaire. Packets were given to the providers at the beginning of the data collection period. Parents completed the pen and pencil surveys and
returned them in a sealed envelop to the Gallup Organization. Parents and providers received a $10.00 gift certificate for participating.

Results

Descriptive statistics for all variables are included in Table 1. The parents’ value scores for warmth and learning environment did have a ceiling effect with mean scores above 4.0 on a scale of 1-5. Parents agreed on the importance of warmth ($M = 4.28, SD = .43$), learning ($M = 4.31, SD = .67$), and flexibility ($M = 3.18, SD = .68$) and valued each in child care. Parents also perceived their caregiver relationship ($M = 4.52, SD = .48$) and learning environment positively ($M = 4.35, SD = .54$). To address the first research question, whether parents’ perceptions of the caregiver were related to their values, Pearson product correlations were run (see Table 2). Parents who valued warmth perceived the caregiver relationship more positively ($r = .26, p < .001$). Parents who valued learning perceived the learning environment more positively ($r = .31, p < .001$). Parents tended to perceive their caregiver more positively in the areas that they valued, such as warmth and learning.

To answer the second research question, how family characteristics influenced type of child care selected, a logistical regression was used (see Table 3). The family factors included were the children’s age, family income, level of stress, value of warmth, learning, and flexibility. The current model accounted for 89.1% of the families using center-based care and 3.0% of family child care. Descriptive statistics for each type of care are included in Table 4. Older children were more likely to be in center care ($M = 3.10$ years, $SD = 1.56$), ($t(545) = -2.89, p = .004$) than family care ($M = 2.81$ years, $SD = 1.56$). Families with higher incomes were more likely to use center care ($M = 1.02$, $SD = .72$), ($t(479) = 3.75, p < .001$) than family child care ($M = .83$, $SD = .81$). Parents under more stress were more likely to use
family child care ($M = 2.09, SD = .76$), ($t (474) = 3.55, p = < .001$) than center care ($M = 1.91, SD = .65$). To answer the third research question, whether parents’ values for child care were related to the type of child care selected, a logistical regression was used. Parents who valued learning were more likely have a child in center care, ($\beta = .375, p = .001$). Compared to parents using family child care, parents using center care had higher levels of education, higher incomes, older children, and lower levels of stress.

To test whether the age of the child was moderating the relationship between parent income and type of care selected, an interaction between children’s age and income was computed and included in the logistical regression. The interaction was significant, ($\beta = -.12, p = .031$). To further understand the interaction, a chi-square was computed ($\chi^2 (N = 39, df = 1$), splitting age into two groups (infants/toddlers and preschoolers) and income into high income (above 200% of the poverty level) and low income (below 200% of the poverty level). Infants and toddlers from higher-income families were more likely to be in center care (45%, $n = 838$) than were infants and toddlers from lower-income families (24%, $n = 312$). The age of the child influenced the relationship between income and type of child care selected.

Discussion

The purpose of the present study was to understand the complexity of parents’ perceptions of child care. The current study focused on family characteristics, what parents reported as important in child care, and parents’ perceptions of the child care provider.

Family characteristics were examined to determine whether demographics were related to the type of child care being used. The participants were relatively affluent and mostly two-parent families. The demographics of the families were related to the type of care
utilized. Compared to parents using family child care, parents using center-based care had higher levels of education, higher incomes, older (preschool) children, and lower levels of stress. Henly and Lyons (2001), reported families with lower incomes were more likely to select informal family child care that was more affordable and convenient. These findings are consistent with those reported by previous researchers who found two approaches to defining the quality of care were typically divided between center care (professional) and family child care (private) (Taylor, Dunster, & Pollard, 1999). The center care definitions were more focused on child outcomes, while the family child care definitions were focused on the role of caring and a “family setting.” Center based and family child care appeared to be meeting different family needs. Family characteristics are related to the type of child care used. Having a family need (e.g., family income) or a preference for a certain type of care was related to the type of child care used.

Cryer et al. (2002), reported that, compared to professionals’ perceptions of quality, parents overestimated the quality of care. Peyton, et al. (2001) also found that parents reported most aspects as important. As in previous research, the present study demonstrated parents generally rated their caregiver and child care arrangement very positively. The present study examined whether the parents’ positive perceptions regarding care were related to their perception of their caregiver. Parents’ values were related to their perceptions. Parents who valued warmth selected caregivers perceived as warmer. Parents who valued the learning environment are using caregivers perceived as providing more learning. Parents may be describing the type of care they perceive their child is receiving based on what they see during a brief visit and not the actual quality of care. Parents have a limited ability to monitor their child care arrangement; therefore, comprehensive assessments could be more difficult
for parents than for trained observers who have the opportunity to monitor the setting for an
extended part of the day. Another explanation for the difference between parents and
professionals could be cognitive dissonance (Chow, 2001); parents may be unconsciously
influenced by their values and perceptions and, with a limited ability to change the situation,
their perception of child care may reflect those values. Cryer et al. (2002), found parents who
placed high value on the importance of a specific characteristic also tended to perceive their
child’s program as doing better on that characteristic.

After identifying the influence of key family characteristics on the type of child care
selected, the relationship between parents’ values and the type of child care selected was
examined. Parents using center-based and family child care both valued warmth. Parents who
valued a learning environment were more likely to be using center care. This finding is
similar to previous research findings that reported parents with higher expectations for
education were more likely to use center care (Johansen, et al. 1996). If flexibility was highly
valued, parents were likely to use family child care. The characteristics parents valued were
related to the type of care being used; compared to parents using family child care, parents
using center care more highly valued a learning environment. It is important to note that the
range of responses were restricted; parents highly valued both warmth and learning
environment. In the present study no parents reported warmth as not at all important. Unlike
Peyton et al. (2001), in the present study each, of the values and family characteristics
parents reported were included in the analysis; this design allowed for a more complex view
of the influences on the type of child care used. Previous researchers placed families into
categories based on the most important value, this design did not account for the families
who identified multiple values as important. The present study created scales based on
parents’ responses to multiple statements. Parents’ high value ratings for each of the
statements were included in the statistical analysis, capturing the complexity of parents’
perceptions.

One key factor that was found to influence the type of child care used was the level of
specifically related to child care, including the caregivers’ flexibility, the convenience of
care, and the available child care choices. Peyton et al. (2001) found practical concerns were
more important to highly stressed mothers than were their preference for a certain type of
care. The results of the present study demonstrated that parents with lower levels of stress
were more likely to use center care. The implications for these results are consistent with
those made by previous researchers (e.g., Henly & Lyons, 2000): low-income parents were
more likely to select family child care based on their need for flexibility, lower cost, and
accommodations for their family needs. Even though parents, despite the level of income,
valued similar child care characteristics, their family characteristics, including the level of
stress, were related to the specific child care provider being used.

Children’s age was found to moderate the relationship between family income and the
type of child care used. Families with higher incomes and older (preschool) children were
more likely to use center care, while families with lower incomes and younger children were
more likely to use family child care. Parents wanted a different type of child care for their
older preschoolers. These results are similar to findings by previous researchers, parents with
children over the age of three were more likely to select center care (Early & Burchinal,
2001).
Limitations of Present Study

One possible limitation to consider is the limited representation of family child care in the logistical regression model. The current model was more successful predicting the use of center care than family care. One explanation could be that the family child care and center care parents' responses both fell in a restricted range; this restricted range made it difficult to distinguish the groups. Additional variables may be needed to distinguish between the groups (e.g., availability, work schedules).

The current sample included only families using full-day, year-around child care. The families were also relatively affluent and primarily two-parent families. The majority of parents were also employed full-time and worked during the day. Parents who worked evenings, weekends, or part-time had limited representation in the present study. Parents may have been limited in the type of child care available to them; therefore, their responses reflected the type of care used, and not the type of care they desire for their child. The present study only represents a portion of the parents using child care.

Not having a separate assessment of a professionals' assessment of quality limited the scope of the present study. Knowing the quality of the centers would bring additional information about parents' perceptions of child care. Challenges when assessing parents' perceptions of child care include social desirability, cognitive dissonance, parents' limited monitoring time, and the parents' focus on family outcomes rather than the professional focus on child outcomes. Social desirability and cognitive dissonance may be influencing the restriction of range on values and perceptions. Future researchers also may want to consider using a measure of cognitive dissonance along with a questionnaire to assess if parents' perceptions of child care are consistent with the care they are receiving. One challenge to
accurately determining parents’ perceptions is that parents who are reporting high quality and satisfaction may be in the child care arrangement that is meeting their family needs. Parents have made a choice, and researchers may have a difficult time gaining information about parents who are dissatisfied because dissatisfied parents change arrangements.

Parents are also limited in their ability to monitor their child care arrangements. In this self-report, parents could be reporting the child care they desire for their child; their desires influence what they see and report. Parents are more likely to report qualities that are consistent with their values and overlook aspects that are discrepant with their values. Having a separate assessment of professionals’ definition of quality would allow researchers to compare parents’ perceptions to professionals. Professionals have an advantage because they can monitor the child care setting for a longer period of time compared to parents. Professionals who assess the quality of care may also be focused on specific child outcomes such as reading and math scores rather than family outcomes. Professionals may need to broaden their definition of quality to include family outcomes. Regardless of materials and the caregiver interaction in the setting, child care that increases parents’ stress due to limited access influences the family interactions. Family stress will influence the child outcomes at home and school. When parents assess the quality of child care, they consider factors such as cost and convenience that meet the needs of the whole family. Parents’ perceptions of child care are complex and influenced by many factors beyond child outcomes.

Parents’ responses may also be influenced by the number of children they currently have in child care. Even though the questionnaire focused on the youngest child, having experience with child care influences the parents’ criteria for child care and gives parents more time to assess the current caregiver. Most families, 89.7%, had more than one child in
care. The influence of children's age on parents' perception of child care could be confounded by parents' current and previous child care experience.

_Implications for future research_

Future researchers should avoid artificial contrasts between center-based and family child care. Overall, parents using center and family child care shared similar values and perceptions of their current caregiver. Previous researchers have limited the understanding of parents' perceptions by placing them into categories for the purpose of analysis. Parents were categorized based on one value instead of multiple values, that were each important to parents, including quality, practicality, and flexibility. Selecting child care can be a complex decision; each of those factors influenced the parents' choice. Parents' criteria and family characteristics influenced the type of child care selected and their perceptions of their caregiver. Measures without the restriction-of-range are needed to understand parents' perceptions more accurately. The range of scores for values (warmth, flexibility, and learning environment) had a ceiling effect. Future researchers should consider what may be influencing parents' responses (for example, social desirability or cognitive dissonance) or if parents are satisfied with their care arrangement and are assessing their child care based on the needs of their whole family.

Future researchers should also focus on child care availability. Parents with few or no choices when selecting the current arrangement had a limited selection process. Researchers should use caution when referring to parents' selection of child care, which assumes parents, had choices. To understand the selection process, parents need to be studied during the decision making process. Most of the current research is reflecting the parents' evaluation of
the current care arrangement. Researchers must assess the complexity of parents’ perceptions to understand how to meet their child care needs.

*Implications for Policy*

The results of the present study demonstrate that parents, despite differences in income and education, share similar values for warmth, flexibility, and learning environment in child care. Child care policy supports all parents, not just those in financial need using public subsidy. Policy needs to enable quality child care environments that have both warmth and learning. Child care policy also needs to foster flexible care to meet parents’ needs (e.g. evening hours). Child care policy that ensures quality child care provides parents with child care that has the characteristics they value.

Previous researchers have created false distinctions between center care and family child care as well as between parents’ values for warmth, learning, and flexibility. The findings from the present study demonstrated that parents shared similar values; therefore, policy should strive to provide parents with child care that has the characteristics they need. Even though previous researchers (Henley & Lyons, 2000) have shown low-income parents have similar perceptions, the child care they selected was influenced by affordability and flexibility, not their preferences for warmth and learning. Even when parents use resource and referral agencies, parents still selected the child care that was available and affordable. Parents are aware of what they want from child care and value characteristics of a quality environment. Therefore, resource and referral agencies are limited if there is not enough quality child care to meet the needs of families. Families should have the opportunity to access quality child care. Child care policy also needs to go beyond financial assistance for families and invest money into quality child care. Child care policies that ensure a basis for
quality allow parents to select quality child care. A variety of child care arrangements and programming should be able to meet a basic standard of quality that meets the needs of children and families.

Parents' preferences for child care and family characteristics that were related to their choice should shape child care policy. The policy implications should go beyond child care to meet the needs of families; family-friendly policies are necessary. Emlen, et al. (2000) stated that parents need many types of flexibility including the caregiver, but also quality jobs and family-friendly taxes. As the present findings demonstrated, parents share similar values for child care; family characteristics did influence the type of child care they selected. Larner (1996) stated that almost no child care arrangement is ideal, according to the parents' perspective. Researchers and policymakers need to continue to strive to understand the complexity of parents' efforts to provide child care that meets their needs and the needs of their children.
References


CHAPTER 4: GENERAL CONCLUSION

Many factors influence parents' perceptions of child care. Researchers have examined the family characteristics and practical considerations that influence parents' child care choices. The purpose of the current study was to understand the complexity of parents' perceptions of child care.

Our results showed parents' perceptions of their caregiver were related to their values. We suggest that future researchers examine the possible influences on parents' perceptions including cognitive dissonance, parents' limited monitoring time, and the difference between parents focus on family outcomes and the professional focus on child outcomes.

Our results showed despite the type of child care, parents' valued warmth, flexibility, and learning environment. Overall, parents using center and family child care shared similar values and perceptions of their current caregiver. Future researchers should avoid artificial contrasts between center-based and family child care.

Our results showed parents using center-based care had higher levels of education, higher incomes, older (preschool) children, and lower levels of stress. Families with lower incomes were more likely to select family child care. The results of the present study demonstrated, despite differences in income and education, parents' shared similar values for warmth, flexibility, and learning environment in child care. The implications for policy include enabling child care environments that have both warmth and learning. Policy that supports parents' needs and values is also necessary.
Children’s age was found to moderate the relationship between family income and type of child care being used. We suggest future researchers and policymakers consider that parents may want a different type of care for their older (preschool) children.

The current study identifies the need to understand the complexity of parents’ efforts to select the child care that meets the needs of their whole family.
APPENDIX A: SURVEY INSTRUMENT
Midwest Child Care Parent Questionnaire

Question 5: How important was each of these for you in choosing your current provider?

The following is a list of reasons why parents or guardians might choose a particular child care facility, program, or provider. We use the term provider to refer to facilities, programs, or an individual provider. Please indicate how important each one was for choosing the program or provider you child currently attends or uses (the one listed at the start of this survey). Please answer 1-5 scale, with “5” the highest and “1” the lowest rating. Marking an “x” in the 5-box, would mean the reason for choosing the current program was “Extremely Important” to you, while marking it in the 1-box, would mean that is was “Not at all Important” to you. Marking as “x” in the “4,” “3,” or “2” box would mean a middle rating somewhere between the high and low points of the scale. (Please mark one “x” for each item below).

How important was each of these for you in choosing your current provider?

a. The number of children per provider
b. A warm and loving provider style
c. Flexible or convenient hours
d. Training or credentials of the provider
e. Rate of provider turnover or changes in staff
f. Physical facilities and equipment for play andleg

g. The provider has similar values to yours
h. A convenient location
i. The cost
j. The provider is someone you know and trust
k. Race, ethnicity, or language of the provider matches yours
l. The provider’s discipline and guidance styles match yours
m. The provider offers stimulating activities or programs
n. The provider emphasizes school academics, for example reading and math skills
o. The provider emphasizes creativity in art, music, theater and pretend play
p. The provider accepts child care subsidy payments
q. The provider has a reputation’s for good care
r. The provider was recommended by a family member or friend
s. The provider enrolls children with special needs
t. Already had another child enrolled with this provider
u. The provider accepts infants
v. The type of provider, such as child care center, a family child care home, or care by a relative
w. The provider is accredited
Question 8: How much do you agree or disagree that each of the following applies to your current caregiver or the setting she/he provides?

Now, please rate your current caregiver and the setting he or she provides for your child by indicating how much you agree or disagree with each of the following statements. Please do this by marking an “x” in one of the boxes on the 1-5 scale. Marking a “5” means you “Strongly Agree” and marking a “1” means you “Strongly Disagree” that the statement applies to your current caregiver or the setting he or she provides your child. Marking an “x” in the “4,” “3,” or “2” box indicates a middle level of agreement somewhere between the high and low points of the scale. *(Please mark one “x” for each item below).*

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. The caregiver is warm and affectionate toward my child</td>
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<tr>
<td>b. My child is treated with respect</td>
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<tr>
<td>c. My child is safe with this caregiver</td>
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<td>d. My child gets a lot of individual attention</td>
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<td>e. My caregiver and I share information</td>
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<tr>
<td>f. My caregiver is open to new information and learning</td>
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<td>g. My caregiver shows she/he knows a lot about children and their needs</td>
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<tr>
<td>h. The caregiver has difficulty with discipline matters and sometimes is harsh</td>
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<tr>
<td>i. My child feels safe and secure with this caregiver</td>
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<td>j. My child dislikes the caregiver</td>
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<td>k. My caregiver is supportive of me as a parent</td>
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<td>l. There are a lot of creative activities going on</td>
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<td>m. It’s an interesting place for my child</td>
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<td>n. My provider is happy to see my child</td>
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<td>o. If I had to do it over, I would choose this caregiver again</td>
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<td>p. Caregiver reads or looks at picture books with my child ever day</td>
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<td>q. This has been a good experience for my child</td>
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<td>r. Caregiver has formal conference with me every year about my child’s development</td>
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<td>s. My child has stability in her/his child care relationships</td>
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<tr>
<td>t. There has been too much turnover among my child’s caregivers</td>
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<tr>
<td>u. There are too many children being cared for at the same time</td>
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<td>v. My caregiver gets impatient with my child</td>
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<td>w. The children seem out of control</td>
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<tr>
<td>x. The conditions are dirty</td>
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<tr>
<td>y. The children watch too much TV</td>
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</tbody>
</table>
z. Every day my child and I are greeted when we arrive
aa. I worry about bad things happening to my child in care
bb. Dangerous things are kept out of reach
c. There are areas set up to encourage different forms of learning and play
dd. The child care facility (home or center) has good indoor spaces for children
ee. The child care facility (home or center) has good outdoor space for children
ff. My child has daily access to a good supply of toys and materials

Question 33: How true are each of the following statements?

To what extent are the following items about child care true for you? Please answer on a 1-5 scale with “5” meaning “Almost Always True” and “1” meaning “Almost Never True.” A “4,” “3,” or “2,” means flexibility somewhere between these extremes. (Please mark an “x” in only one box for each item).

How true for you are each of the following statements?

1 2 3 4 5

a. My shift and work schedule cause extra stress for me and my child
b. In my work schedule, I have enough flexibility to handle family needs
c. My caregiver is willing to work with me about my work schedule
d. I rely on my caregiver to be flexible about my hours
e. I have someone I can share home and care responsibilities with
f. I am on my own in raising my child
g. My evening or work schedule limits my child care choices
h. There are good choices for child care where I live
i. I have had difficulty finding the child care I want
j. Getting to child care is a long commute for me
Table 1

*Factor Loadings from Maximum Likelihood Criteria with Varimax Rotation*

<table>
<thead>
<tr>
<th>Item</th>
<th>Factor Loading</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Factor 1: Parental Value of Warmth</strong></td>
<td></td>
</tr>
<tr>
<td>5A. The number of children per provider</td>
<td>.44</td>
</tr>
<tr>
<td>5B. A warm and loving provider style</td>
<td>.39</td>
</tr>
<tr>
<td>5D. Training or credentials of the provider</td>
<td>.46</td>
</tr>
<tr>
<td>5E. Rate of provider turnover or changes in staff</td>
<td>.50</td>
</tr>
<tr>
<td>5F. Physical facilities and equipment for play and learning</td>
<td>.48</td>
</tr>
<tr>
<td>5G. The provider has similar values to yours</td>
<td>.53</td>
</tr>
<tr>
<td>5J. The provider is someone you know and trust</td>
<td>.33</td>
</tr>
<tr>
<td>5L. The provider's discipline and guidance styles match yours</td>
<td>.50</td>
</tr>
<tr>
<td>5Q. The provider had a reputation for good care</td>
<td>.44</td>
</tr>
<tr>
<td>5R. The provider was recommended by a family member or friend</td>
<td>.26</td>
</tr>
<tr>
<td>5W. The provider is accredited</td>
<td>.32</td>
</tr>
<tr>
<td><strong>Factor 2: Parental Value of Flexibility</strong></td>
<td></td>
</tr>
<tr>
<td>5C. Flexible or convenient hours</td>
<td>.36</td>
</tr>
<tr>
<td>5H. A convenient location</td>
<td>.39</td>
</tr>
<tr>
<td>5I. The cost</td>
<td>.50</td>
</tr>
<tr>
<td>5K. Race, ethnicity, or language of the provider matches yours</td>
<td>.30</td>
</tr>
<tr>
<td>5P. The provider accepts child care subsidy payments</td>
<td>.58</td>
</tr>
<tr>
<td>5S. The provider enrolls children with special needs</td>
<td>.53</td>
</tr>
</tbody>
</table>
Table 1 cont.

5T. Already had another child enrolled with this provider .35
5U. The provider accepts infants .34
5V. The type of provider, such as child care center, family child care, or care by a relative .29

<table>
<thead>
<tr>
<th>Factor 3: Parental Value of Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>5M. The provider offers stimulating activities and programs .49</td>
</tr>
<tr>
<td>5N. The provider emphasizes school academics for example, reading and math skills .77</td>
</tr>
<tr>
<td>5O. The provider emphasizes creativity in art, music, theater and pretend play .75</td>
</tr>
</tbody>
</table>

Note: Factor 1 $\alpha=.72$, Factor 2 $\alpha=.65$, Factor 3 $\alpha=.75$
Table 2

*Factor Loadings from Maximum Likelihood Criteria with Varimax Rotation*

<table>
<thead>
<tr>
<th>Item</th>
<th>Factor Loading</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Factor 1: Parental Perception of Caregiver Warmth</strong></td>
<td></td>
</tr>
<tr>
<td>8A. The caregiver is warm and affectionate toward my child</td>
<td>.73</td>
</tr>
<tr>
<td>8B. My child is treated with respect</td>
<td>.71</td>
</tr>
<tr>
<td>8C. My child is safe with this caregiver</td>
<td>.51</td>
</tr>
<tr>
<td>8D. My child gets a lot of individual attention</td>
<td>.58</td>
</tr>
<tr>
<td>8E. My caregiver and I share information</td>
<td>.62</td>
</tr>
<tr>
<td>8F. My caregiver is open to new information and learning</td>
<td>.61</td>
</tr>
<tr>
<td>8G. My caregiver shows she/he knows a lot about children and their needs</td>
<td>.66</td>
</tr>
<tr>
<td>8I. My child feels safe and secure with this caregiver</td>
<td>.55</td>
</tr>
<tr>
<td>8K. My caregiver is supportive of me as a parent</td>
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<td>8O. If I had it to do over, I would choose this caregiver again</td>
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<td>8S. My child has stability in her/his child care relationships</td>
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<tr>
<td>8Z. Every day my child and I are greeted when we arrive</td>
<td>.44</td>
</tr>
<tr>
<td>8N. My provider is happy to see my child</td>
<td>.65</td>
</tr>
<tr>
<td><strong>Factor 2: Parental Perception of Caregiver Risk</strong></td>
<td></td>
</tr>
<tr>
<td>8H. The caregiver has difficulty with discipline matters and sometimes is harsh</td>
<td>.40</td>
</tr>
<tr>
<td>8J. My child dislikes the caregiver</td>
<td>.40</td>
</tr>
<tr>
<td>8U. There are too many children being cared for at the same time</td>
<td>.47</td>
</tr>
<tr>
<td>8V. My caregiver gets impatient with my child</td>
<td>.56</td>
</tr>
</tbody>
</table>
Table 2 cont.

8W. The children seem out of control  .62
8X. The conditions are dirty  .64
8AA. I worry about bad things happening to my child in care  .46
8T. There has been too much turnover among my child's caregivers  .42
8Y. The children watch too much TV  .58

<table>
<thead>
<tr>
<th>Factor 3: Parental Perception of Learning</th>
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<tbody>
<tr>
<td>8L. There are a lot of creative activities going on</td>
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<tr>
<td>8M. It's an interesting place for my child</td>
</tr>
<tr>
<td>8P. Caregiver reads or looks at picture books with my child</td>
</tr>
<tr>
<td>8R. Caregiver has a formal conference with me every year</td>
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<tr>
<td>8Q. This has been a good experience for my child</td>
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<tr>
<td>8BB. Dangerous things are kept out of reach</td>
</tr>
<tr>
<td>8CC. There are areas set up to encourage different forms of learning and play</td>
</tr>
<tr>
<td>8DD. The child care facility has good indoor spaces for children</td>
</tr>
<tr>
<td>8EE. The child care facility has good outdoor spaces for children</td>
</tr>
<tr>
<td>8FF. My child has daily access to a good supply of toys</td>
</tr>
</tbody>
</table>

Note: Factor 1 \(\alpha=.91\), Factor 2 \(\alpha=.79\), Factor 3 \(\alpha=.81\)
Parental Stress Scale
\( \alpha = .60 \)

33A. My shift work schedule causes extra stress for me and my child
33B. In my work schedule, I have enough flexibility to handle my family needs.
33E. I have someone I can share home and care responsibilities with.
33F. I am on my own in raising my child
33G. My evening or weekend work schedule limits my child care choices
33H. There are good choices for child care where I live
33I. I have had difficulty finding the child care I want
APPENDIX B: TABLES
Table 1

Descriptive statistics for family factors

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>M</th>
<th>SD</th>
<th>Min</th>
<th>Max</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Education (years)</td>
<td>1202</td>
<td>14.39</td>
<td>2.05</td>
<td>11.00</td>
<td>18.00</td>
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<tr>
<td>Income-to-Needs</td>
<td>1170</td>
<td>3.26</td>
<td>1.63</td>
<td>.21</td>
<td>7.33</td>
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<td></td>
</tr>
<tr>
<td>Children’s Age (years)</td>
<td>1210</td>
<td>3.03</td>
<td>1.56</td>
<td>.02</td>
<td>5.74</td>
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<tr>
<td>Parent Stress</td>
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<td>1.96</td>
<td>.68</td>
<td>1.00</td>
<td>4.86</td>
<td>1.00</td>
<td>5.00</td>
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<td>Value Scales</td>
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<td></td>
</tr>
<tr>
<td>Warmth</td>
<td>1208</td>
<td>4.28</td>
<td>.43</td>
<td>2.55</td>
<td>5.00</td>
<td>1.00</td>
<td>5.00</td>
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<tr>
<td>Learning</td>
<td>1207</td>
<td>4.31</td>
<td>.67</td>
<td>1.67</td>
<td>5.00</td>
<td>1.00</td>
<td>5.00</td>
</tr>
<tr>
<td>Flexibility</td>
<td>1205</td>
<td>3.18</td>
<td>.68</td>
<td>1.67</td>
<td>5.00</td>
<td>1.00</td>
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<td>Perception Scales</td>
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<tr>
<td>Caregiver Relationship</td>
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<td>1.00</td>
<td>5.00</td>
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<td>4.35</td>
<td>.54</td>
<td>1.20</td>
<td>5.00</td>
<td>1.00</td>
<td>5.00</td>
</tr>
<tr>
<td>Risk</td>
<td>1208</td>
<td>1.54</td>
<td>.58</td>
<td>1.00</td>
<td>5.00</td>
<td>1.00</td>
<td>5.00</td>
</tr>
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</table>
Table 2

Correlations between Parents’ Value Scores and Parents’ Perception of Caregiver

<table>
<thead>
<tr>
<th></th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
<th>6.</th>
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<tbody>
<tr>
<td>1. Value of</td>
<td>--</td>
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<td>.45**</td>
<td>.26 **</td>
<td>-.01</td>
<td>.23 **</td>
</tr>
<tr>
<td>Warmth</td>
<td>(1205)</td>
<td>(1207)</td>
<td>(1207)</td>
<td>(1207)</td>
<td></td>
<td>(1207)</td>
</tr>
<tr>
<td>2. Value of</td>
<td>--</td>
<td>.19**</td>
<td>.09**</td>
<td>.08*</td>
<td>.06</td>
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</tr>
<tr>
<td>Flexibility</td>
<td>(1204)</td>
<td>(1204)</td>
<td>(1204)</td>
<td>(1204)</td>
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<td></td>
</tr>
<tr>
<td>3. Value of</td>
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<td>.16**</td>
<td>.02</td>
<td>.31**</td>
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<tr>
<td>Learning</td>
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<td>(1206)</td>
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</tr>
<tr>
<td>4. Perception</td>
<td>--</td>
<td></td>
<td>-.51**</td>
<td>.63**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>of</td>
<td>(1208)</td>
<td></td>
<td>(1208)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Warmth</td>
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<tr>
<td>5. Perception</td>
<td>--</td>
<td></td>
<td></td>
<td>-.43**</td>
<td></td>
<td></td>
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<tr>
<td>of</td>
<td>(1208)</td>
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<tr>
<td>Risk</td>
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<td></td>
</tr>
<tr>
<td>6. Perception</td>
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<td>of</td>
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<tr>
<td>Learning</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. Values in parentheses is N.

* p < .05. **p < .001
Table 3

*Logistic Regression Predicting Type of Child Care Selected*

<table>
<thead>
<tr>
<th>Predictor</th>
<th>$\beta$</th>
<th>SE</th>
<th>Odds ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s age</td>
<td>0.07</td>
<td>0.05</td>
<td>1.07</td>
</tr>
<tr>
<td>Income-to-needs</td>
<td>0.15</td>
<td>0.11</td>
<td>1.16</td>
</tr>
<tr>
<td>Stress</td>
<td>-0.20</td>
<td>0.11</td>
<td>0.82</td>
</tr>
<tr>
<td>Value Scales</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warmth</td>
<td>-0.36</td>
<td>0.20</td>
<td>0.70</td>
</tr>
<tr>
<td>Learning</td>
<td>0.37*</td>
<td>0.12</td>
<td>1.54</td>
</tr>
<tr>
<td>Flexibility</td>
<td>-0.19</td>
<td>0.12</td>
<td>0.83</td>
</tr>
<tr>
<td>Children’s Age x Income</td>
<td>-0.12*</td>
<td>0.06</td>
<td>0.88</td>
</tr>
</tbody>
</table>

*Note: Center care coded as 1, family child care coded as 0.*

*p < .05.*
Table 4

Descriptive Statistics for Predictor Variables as a Function of Type of Care (Center vs. Family)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Center Child Care</th>
<th>Family Child Care</th>
<th>t (df)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s Age (years)</td>
<td>3.10 (897)</td>
<td>2.81 (313)</td>
<td>-2.89* (545)</td>
</tr>
<tr>
<td>Income-to-needs (Natural logarithm)</td>
<td>1.02 (868)</td>
<td>0.83 (302)</td>
<td>-3.75** (479)</td>
</tr>
<tr>
<td>Stress</td>
<td>1.91 (887)</td>
<td>2.09 (310)</td>
<td>3.55** (474)</td>
</tr>
<tr>
<td>Value Scales</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warmth</td>
<td>4.27 (895)</td>
<td>4.31 (313)</td>
<td>1.15 (517)</td>
</tr>
<tr>
<td>Learning</td>
<td>4.34 (894)</td>
<td>4.22 (313)</td>
<td>-2.87* (504)</td>
</tr>
<tr>
<td>Flexibility</td>
<td>3.14 (894)</td>
<td>3.30 (311)</td>
<td>3.45** (525)</td>
</tr>
</tbody>
</table>

*Note. Values in parentheses equals N, except the t-tests.

*a Equal variances not assumed for t-test.

*p < .05. ** p ≤ .001