Parenting and child care in rural environments

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Parenting and child care in rural environments

by

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Introduction

The purpose of this study is to identify parental beliefs, attitudes and values, parental perceptions of ideal child care, and decisions parents make about child care as described by rural, low-income parents. Using data collected through this project, the investigator describes parenting beliefs of central Iowa families involved in an Early Head Start program. Parents were asked to describe their parenting beliefs and identify ideal child care and how they make decisions about child care.

For many parents, the availability, accessibility, affordability and quality of child care determine whether they can move from welfare to work successfully. However, feelings about infant child care are strong, and researchers have documented that much of infant child care is of poor quality (Cost, Quality & Outcomes Study Team, 1995; Cryer & Burchinal, 1997; Hegland, Peterson, Jeon, & Oesterreich, 2003; Kontos, Howes, Shinn & Galinsky, 1995). Some of this research indicates that parents judge quality differently from professionals, and rate the quality of settings their children attend higher than evaluators do (Cost, Quality & Outcomes Study Team, 1995; Cryer & Burchinal, 1997). These differences in judgments between parents and professionals sometimes leave us wondering what factors influence parental choices regarding child care; what are the beliefs that lead to the choices parents make? In their review of the literature on maternal choice of care for infants and toddlers, Pungello and Kurtz-Costes (1999) cited a need for studies that assess how a variety of contextual factors influence parents' search for and choice of child care.

Examination of parental beliefs about child development, parenting, and child care helps identify ecological factors that influence the development of these beliefs, parental attitudes and opinions about ideal child care and decisions about using available child care (Britner & Phillips, 1995; Pungello & Kurtz-Costes, 1999). Understanding parents' beliefs about child development and their role as parents, as well what they identify as ideal child
care for their situation could be key in the development and refinement of comprehensive services and prevention/intervention strategies intended to enhance parenting effectiveness and child outcomes. Because low-income families and rural families are often those with fewer community resources available (including child care options) and rural families may have geographically dispersed personal and social networks, this information is of particular use to programs serving low-income families in rural areas.

Information and insights provided by parents have implications for programs (e.g. Early Head Start) serving low-income families in rural areas. Objectives for this project were to describe (a) parenting beliefs of rural parents involved in Early Head Start programs, as determined through their descriptions of the most important things they can do for their child, (b) what ideal child care would look like for these families as per their own report, and (c) what factors influence parents' decisions about child care. The study is qualitative in nature; the investigator conducted focus group interviews with parents involved in a rural Midwestern Early Head Start program.

Persons who plan and develop programs for low-income parents of infants and toddlers will benefit from the information provided by this study. Understanding what parents believe about how their children grow and learn can help program planners build on what parents know and value, and can help them determine what services and supports they may need to include to help parents meet their children's and family's needs. Having some systematic knowledge about rural parents' attitudes about child care can help programs design and market alternatives that reach out to and engage parents, while at the same time providing valuable support services. Disparities between what program planners think parents know, want or need, and what parents actually know, want or need can lead to low participation and limited effectiveness. Having information about rural parents' knowledge, attitudes and preferences should help program planners combine the elements known to
enhance child and family development with elements necessary to facilitate maximum participation.

Serving children and families more effectively is a premise of many accountability efforts and has long been a desire for many social service programs. It is hoped that this information will help programs such as Early Head Start serving low-income, rural families do just that.
Reflections on the Literature

Parental Belief Systems

The phrase "parental belief systems" is used to identify thoughts parents have about parenting and their children (Sigel, McGillicuddy-Delisi & Goodnow, 1992). McGillicuddy-Delisi and Sigel (1995) described parenting beliefs as knowledge or ideas regarding parenting that are accepted as true. One explanation of parental belief systems is the following:

The knowledge and the representation adults have concerning the world around them do not consist merely of a succession of impressions and heterogeneous beliefs, but possess an internal organization that gives them coherence. A similar idea may be said of parents' ideas about their children. (Palacios, González & Moreno, 1992, p. 88).

The idea of internal organization suggests a system of beliefs that has potential to influence parents' actions consistently over time, including their thoughts about and behaviors toward their children. McGillicuddy-Delisi and Sigel (1995) argued that parents' beliefs "...permeate parents' actions" and "provide a means of generating behaviors ... in response to parenting demands" (p. 333).

However, as Sigel (1992) reported, empirical data do not support making a strong connection between parental beliefs as predictors of parent actions. The expression of parental beliefs may be influenced by a variety of factors, at a variety of levels, both internal and external. Sigel argued that parents integrate these internal (psychosocial) and external (sociocultural) influences to guide their actions; that instead of a one-to-one correspondence between beliefs and behaviors, the relationship is between beliefs and an assortment of strategies. In his study of parents of preschoolers beliefs and teaching actions, Sigel noted that there was no basis for expecting a one-to-one correspondence between parental beliefs and teaching actions. He advocated that the various strategies parents use are related to the context in which beliefs are expressed as well as the personal characteristics of the
subjects. Additionally, in this study self-reports by parents indicated stronger belief-action correspondence than observations of parental behavior demonstrated (Sigel, 1992).

In examining the development of parental beliefs, Okagaki and Divecha (1993) suggested several factors that may influence parents' beliefs: within-home influences (e.g. parental characteristics, marital relationship, child characteristics) and out-of-home factors (e.g. culture, socioeconomic status, work, friends and neighbors, experts). Within-home influences relate to the personal characteristics of parents and children, including mental state and temperament, emotional tone of the interactions within the home, age, past experiences, achievements and capabilities. Cultural influences include societal expectations, as well as the needs children satisfy for parents. Socioeconomic status provides an indicator of the kinds of experiences and opportunities available to children and families. The workplace may influence parental beliefs through exposure to different ideas regarding management, human relations, and job performance. Friends and neighbors are part of a less formal social network that may expose parents to a variety of ideas regarding childrearing. Expert advice includes printed materials available to parents, as well as advice from a variety of professionals. Together, these experiences shape how parents see themselves, and the decisions they make about their parenting.

According to Bronfenbrenner (1989), these influences form a taxonomy of contexts at differing levels of proximity to parents. The microsystem level encompasses contexts and settings defined as those that involve the person most directly in a pattern of activities, roles and interpersonal relationships, and that include other persons. The mesosystem is construed as a system of (interactions between) microsystems, while the exosystem is a level of settings that influences developing persons, in this case parents, without allowing reciprocal influence. The macrosystem houses the pattern of other systems specific to a
given culture, including parental beliefs. It can be visualized as a blueprint for the broader social context.

Because parents interact so directly with early childhood programs, it's possible they influence parental beliefs, either unintentionally or by design (Booth, 1997). Reviewing the research, Booth described examples of parental beliefs seeming to change as a result of early intervention programs. Booth cites a study by Taylor and Beauchamp in which new mothers enrolled in a hospital-based program designed to address child maltreatment either adopted interventionists' beliefs, or had their beliefs validated by the interventionists. Booth also cited examples from other studies, including a study by Field et al. of adolescent African-American mothers and their preterm infants demonstrating that beliefs about parenting changed positively after mothers participated in parenting intervention programs designed to teach them about development, child rearing, and mother-child interactions. Programs that provide information regarding strategies for parenting or promote observable changes in children's behaviors may lead parents to modify their belief systems. Programs that provide positive support to parents may lead parents to adopt the behaviors and strategies of program staff through shared interactions, thereby changing their belief systems.

Just as parents' behaviors may influence their beliefs, parental beliefs likely influence parents' behaviors and provision for their children's development. Studying parental beliefs about child development and child care choices should lead to useful information for staff planning support, prevention, or intervention strategies for parents and children. Booth (1997) suggested that parental beliefs might be important factors for practitioners to consider in planning strategies to support and empower parents. Program planners might ask themselves these questions about how to use information about parental beliefs: (a) Should parental beliefs be addressed directly in the context of a comprehensive early
childhood (prevention/intervention) program, (b) should practitioners attempt to work within the framework of each parents' particular belief system for maximum effectiveness, and (c) should program staff attempt to modify parental belief systems in an effort to support optimal child outcomes (Booth, 1997)? For these reasons, exploration of the components of parental belief systems is important for informing program planning, implementation, and evaluation.

Child Development Knowledge

One component of parental belief systems is child development knowledge, or what parents hold as truths about child development. In a review of parental beliefs literature, McGillicuddy-DeLisi and Sigel (1995) articulated the assumption that knowledge of child growth and development underlies child-rearing methods in all societies. Child development knowledge contributes to parental belief systems and may influence choices parents make in parenting decisions. Rubin and Mills (1992) suggested that parents' understanding of developmental milestones, causes of development, importance of developmental events, and how children are best socialized are all likely to influence the child-rearing strategies parents use. For example, in a study of 243 mothers of infants between 15 and 30 months of age, Stevens (1984) indicated that for these mothers, knowledge of typical infant development and supportive environments was positively related to parenting skills. In fact, they did provide environments more likely to support their children's optimal development. Findings by Benasich and Brooks-Gunn (1996) are similar. In a longitudinal study of mothers and their low birthweight, preterm infants over a period of three years, these researchers found that the knowledge and concepts of child rearing that mothers possessed when their infants were 12 months old predicted the home environments these mothers designed for their children. These same maternal beliefs also predicted child behavior problems, and to a lesser extent, child IQ, at 36 months. Based on their research with 126 mothers of three socioeconomic levels, Parks and Smeriglio (1986), found parenting
knowledge (defined as the relationship between caregiving practices and child’s development), positively and significantly associated with stimulation provided in the home and with infant development. Okagaki and Divecha (1993) reviewed parental beliefs literature in an ecological context. They indicated that mothers who believed that (a) parenting influences child development, (b) infants need to be able to explore their environments, (c) parents should be responsive to infants, and (d) young children need verbal stimulation, provided the most supportive care to their infants. These beliefs may have strong influences on the choices parents make about child care. Indeed, many researchers (Britner & Phillips, 1995; Gable & Cole, 2000; Lein, 1979; Pence & Goelman, 1987; Pungello & Kurtz-Costes, 1999) support the idea that parents choose child care settings based on what they believe is important for their child.

Exploring influences on parents’ understanding of child development processes, Booth (1997) noted that parents may believe that children’s development and maturation is primarily determined by biological factors, or they may believe more strongly in the influence of the environment on children’s development. While Booth explored these beliefs in the context of parents of children with and without disabilities, it is logical to assume that either stance would affect parents’ attitudes about which aspect of their children’s behaviors could be susceptible to influences outside the family. While some parents may choose options for non-familial child care that they believe enhance their children’s development, other parents may feel that non-familial child care may provide influences that detract from or are in opposition to their beliefs about how children should grow and develop. As a result of their study of 111 parents (primarily middle and upper middle income Caucasian, with children 5 years old and under) and 27 (primarily Caucasian, somewhat experienced) child care providers, Britner and Phillips (1995) concluded that parents choose child care providers and settings with values, priorities, and expectations similar to their own.
Parents' perceptions of child development, influenced by parental life experiences, may play a part in any decisions parents make regarding the use of child care. Pence and Goelman (1987) reported that parents do consider outcomes for their children as they choose which type of child care to use. Parents' perceptions of the child care setting, such as activities and experiences, as well as characteristics of the caregiver (loving, approachable, well-trained) influence the choices they make for care. Parents who value social experiences with peers (Pence & Goelman, 1987) and parents who value early literacy and learning activities (Gable & Cole, 2000) for their children tend to choose center-based settings, while those who want a loving atmosphere (Gable & Cole, 2000; Pence & Goelman, 1987) often choose child care located in providers' homes. Additionally, parents who voice more concern about their child's well-being are more likely to choose licensed child care facilities. Galinsky (1992) reported that parents of infants and toddlers tend to prefer family care, either in their own homes or in the homes of relatives, whereas parents of children older than three tend to choose center-based care.

Why is this information important for program planners and practitioners? Parents who do not believe their parenting can influence their children's behaviors, who do not feel responsible for guiding their children's development, or who may not have accurate perceptions of their children's behaviors, may have criteria for making child care decisions that do not match those of program planners. For instance, parents may place a higher priority on previously established relationships and a lower priority on developmentally appropriate or cognitively oriented curriculum and activities than do professionals in the field. On the other hand, some parents may believe that environmental effects on children are strong. These parents may believe that parenting choices determine the environments and experiences their children are exposed to, thereby influencing their children's development and learning, and may consider that when choosing child care. These beliefs
allow parents to make decisions and parent their children in ways that could be expected to influence child outcomes positively, without threatening parents’ assessment of their own effectiveness.

**Parental Goals and Roles**

Parental goals for their children, the values they hold, and the roles they adopt influence parenting behaviors. Gordon (1980) stated that effective parents work to raise a child who is competent in relationships; an inquiring, thoughtful adult; comfortable with him/herself; open to the world; able to adapt; balanced; and with a sense of responsibility for his/her behavior. This definition is broad enough to apply to a wide range of parenting practices.

At a more basic level, LeVine (1988) suggested that all parents share three general goals for their children: health and survival, economic security, and a fit with the general society. LeVine argued that the way parents go about meeting these goals varies according to differing cultural expectations, as well as specific family circumstances. In a similar vein, Hoffman (1988) and colleagues, after studying thousands of mothers and fathers in eight countries, argued that the cultural context influences the needs children fulfill for adults in that culture, and that parental goals for children are a function of those needs. For example, in societies where children have economic utility, parents wanted their children to be obedient and conforming in order to accomplish their assigned tasks in a manner that would allow the family to sustain itself. In societies where children are valued for the love and affection they might provide, parents were more concerned with developing personal qualities in their children that help them become attentive, lovable, and loving human beings. In some instances, parents identified the need for achievement or creativity as a reason for having children. When parents identified this need, they most often had goals for their children such as being a good and decent person.
Brody and Stoneman (1992) echoed Hoffman’s (1988) findings. They defined parental goals as “the behaviors, skills and attitudes they (parents) want to foster in their children.” (p. 416). Families represent expectations for their children through these goals. Citing work by Young, these authors listed goals that southern, rural African-American families of school-aged children identified as central to the socialization of their children: self-independence, obedience, interpersonal focus, prosocial orientation, evaluating social situations, autonomy/self-responsibility, and success in school. They hypothesized that the resilience of children from these areas, typically categorized as adverse, could be, at least in part, due to these parental goals. Interestingly, the authors found that mothers’ and fathers’ first and second choices of goals for their children differed. Mothers tended to choose self-respect and honesty, while fathers chose being well educated. Caregivers used frequently by the family tended to identify being respectful as a goal they held for these children. Goals that parents selected for their children were related to teachers’ ratings of children’s success in school. Developmental goals aimed toward obedience and respect for authority were associated with lower teacher evaluations of child competence, higher levels of conduct and anxiety problems, and lower grades. Goals that supported individual development and education were correlated with higher academic achievement (Brody & Stoneman, 1992). Indeed, in this study, parental goals seemed to affect child outcomes directly both during school and later. In summarizing the research of these authors and others, Okagaki and Divecha (1993) concluded that cultural context exerts an influence on parenting beliefs and goals.

Dix (1992) differentiated between two main types of parental goals: self-oriented and child-oriented goals. Self-oriented goals are those that make parents’ lives easier or more pleasant (cleaning house, reading a book, getting children ready for school early). While many of these goals reflect normal social behaviors, they are not as directly related to
children's development. In contrast, parents using child-oriented goals guide their children in ways that keep children happy and/or promote their development. Child-oriented goals can be further broken down into goals aimed toward children's wants (empathic goals) and goals aimed toward benefiting children (socialization goals).

In fact, Dix (1992) stressed the importance of empathic goals in child rearing. Parents with an empathic orientation are more likely to be sensitive and responsive to cues from their children regarding emotional states and well-being. Parents with a weak empathic orientation are less likely to be concerned if their children indicate signs of distress or help-seeking behavior and less likely to be involved in child-oriented activities. Children may interpret this as a lack of availability on the part of the parent. Parental lack of availability or responsiveness has been associated with poorer child outcomes (Ainsworth, Blehar, Waters & Wall, 1978; Greenberg, Cicchetti & Cummings, 1990; Isabella & Belsky, 1990). As would be expected, Dix (1992) noted the importance of a balance between self-oriented goals, empathic goals, and socialization goals for effective parenting and optimal parent and child outcomes.

Sameroff and Fiese (1992) provided strong support for the influence of parental roles and goals in children's development. These researchers used data from the Rochester Longitudinal Study, a study of development from birth through adolescence. In this study, at four years of age, children with few environmental risks scored more than 30 points higher on a measure of intelligence than children with eight or nine risk factors. While they expected these children from demographically high-risk families to continue to score below average on measures of cognitive achievement, at age 13, one fifth of these children scored better than average on measures of cognitive outcome. Attitudes and practices of these children's parents were related to the provision of a safe environment that allowed these children to thrive.
The goals parents have for their children (i.e. the social and cognitive skills and achievements they would like to promote) seem likely to be dependent upon child development knowledge (how and when parents think children can learn a particular skill or behavior), and reflected in the parenting strategies parents believe are most effective in helping children meet these goals (Rubin & Mills, 1992). According to McGillicuddy-DeLisi (1992), it is important to ask why parenting strategies might differ between individuals if we want to be able to support parents in providing optimal experiences for themselves, as well as for their children.

Class, Culture and Community Influences

According to Lightfoot and Valsiner (1992), cultural norms and expectations have a substantial influence on the roles parents adopt. “...The role of the parent is guided by social institutions that function to ensure the internalization of role-relevant values, meanings, and action plans” (pg. 412). However, parents are not passive recipients of these messages. They construct their roles through the messages they are exposed to, those they choose to embrace, and their experiences with children, in an emerging role belief system. Social communications provide the meanings and messages parents select from and choose to convey to their children. In so doing, they continually create and recreate their own personal belief structures. Parents organize their roles through information provided by individuals (e.g., other parents, teachers, doctors, family members, caseworkers, religious leaders), as well as through media such as parenting magazines, newspapers, and television.

McGillicuddy-DeLisi (1992) explained that parental beliefs are embedded within a cultural ethic. Cultural assumptions about children form the framework for beliefs about child development. Cultural norms provide the basis for experiences people have with children, both as a child, and as a parent. Within a culture, individual differences should occur because of individual experiences and the individual construction of beliefs as a result of
those experiences. However, culture provides a baseline for experiences that can be reflected as common beliefs. Intra-cultural differences may exist because pools of individuals share common assumptions or norms (i.e. those related to social class or income) that differ from more dominant, or more widely communicated, expectations.

Culture encompasses a variety of human conditions such as values and beliefs, communication styles, patterns of thinking, ethnicity, physical characteristics, income, geographical location, and experiences. Parents' beliefs, along with their goals, values, and roles are subject to the influence of a number of social, economic and culturally related factors. Parents' social class may affect their views regarding what influences their children's development. In a study involving suburban middle-class fathers and mothers of elementary children from two parent families, McGillicuddy-DeLisi (1992) discovered that these parents' were most likely to view their children as active participants in their environment, who formulate their own ideas as explanations for events, and who form judgments based on information from the responses of others (defined as a constructivist view of child development). As summarized by Booth (1997), the normative belief that middle class parents hold of typically developing children is that child development is a result of children's experiences.

Socioeconomic status (SES) is often correlated with parents' views of their roles; parents of lower socioeconomic standing are more likely to believe their roles in helping their child achieve valued outcomes are that of authoritarian teacher and strict disciplinarian (Luster, Rhoades & Haas, 1989; Rubin & Mills, 1992). Luster et al. (1989) argued that there are class-related differences in parental values, and these values influence parents as they raise their children. In their study, conformity was negatively related to income. Mothers who valued conformity indicated that their roles were to provide restraint and limit aversive behavior by limiting their children's exploratory behavior and by using physical punishment.
These mothers also were less likely to respond to their babies' fussing and crying, as they were concerned about spoiling their children. In contrast, mothers who valued self-direction in their children put more emphasis on their roles as facilitators and engaged in supportive behaviors with their children. They concluded that parental values are related to social class, and both parental values and knowledge about child development and what influences them play a part in the roles parents take with their children.

Low-income families likely experience some stress related to their income and class status. Parental stress (due to economic hardship or other factors) may have some impact on parental goals (Booth, 1997; Crnic & Acevedo, 1995). Stress may interfere with parents' ability to act in congruence with the goals they hold. Dix (1992) suggested that parents under stress tend to value self-oriented goals more than child-oriented goals. That is, they placed more value on gaining benefits for themselves rather than for their children. Crnic and Acevedo (1995) seem to support this idea. Stress influences parents' perceptions of their children's behavior. It may also cause parents to have more self-oriented goals as they struggle to cope with all the demands they face. When children's needs or behavior obstruct these goals, and draw the energy parents need to meet their other demands, they may perceive children's behavior as more negative. If this hypothesis is true, the implication is that to be successful, early prevention/intervention programs serving lower-income parents would need to find a way to reduce parental stress if they are to support parents in making decisions that include child-oriented goals.

Flora, Flora, Spears and Swanson (1992) indicated that little is actually known about parental goals or values (defined as aspirations) of low-income families. Many low-wage jobs may leave parents without a sense of hope for economic mobility or better career opportunities. When employment depends more on economic conditions or employer motivation than skill or contributions, parents at lower-income levels find it hard to believe
that working hard will lead to promotions, higher wages, or higher self-esteem. Many parents at lower SES levels believe they can do little to help their children get ahead, and are less than optimistic about their children’s futures. As Flora et al., (1992) stated: “The legacies they desire to give their children are modest: finding steady work and staying out of trouble” (p. 91).

Just as parental roles and beliefs may vary across socio-economic levels they also differ across cultures. These differences may come to light through child-rearing practices. Harkness and Super (1992) provided an example of this in their discussion of parental ethnotheories. When studying families in western Kenya, and families in Cambridge, Massachusetts, these researchers found substantial differences in parental roles based on their goals for the children, although both sets of families were living in similar conditions of community prosperity. Kokwet families in Western Kenya, particularly mothers, saw their roles as that of the providers of training that would produce children who are useful contributors to their families and their community. At a very young age, children were encouraged to help with chores and to be involved in the efforts of household maintenance. In contrast, parents in Cambridge felt it was important for them to be involved in structuring the play of their children as well as creating “quality time.” Both groups of parents, however, engaged in these behaviors in order to support the development of their children’s intelligence and independence. Both groups of parents valued these characteristics in their children, and chose ways congruent with the customs and routines of their cultures to promote these characteristics.

*Rural Culture, Rural Families*

To some extent, families who live in rural areas may have developed their own cultures based on their communities’ resources and needs, as well as the family values, customs, and traditions present within those communities. Knowing about the culture of a
particular rural area, or understanding rural lifestyles in general, may help define more clearly the program models, supports and strategies likely to be most helpful to and accepted by families in rural areas. Ramey and Ramey (1998) asserted that successful interventions recognize and build on the cultural beliefs, traditions, and practices of the families they hope to serve. In doing so, programs are likely to be more heavily used and more readily assimilated into the belief systems of the parents who participate, leading to desired, and perhaps, lifelong outcomes.

Brody and Flor (1998) speculated on some of the differences that might exist between urban and rural poor families. Challenges to rural families might include a lack of support services and amenities; fewer job, educational, and extracurricular opportunities; greater distances to travel to participate in the activities of community institutions; and more difficult child care arrangements. However, gang activity and crimes tend to be lower in rural areas, poverty is less concentrated, and the proportion of two-parent families is higher. Recently tracked increases in substance abuse and crime rates in rural areas may be reason to expect increasing similarity between urban and rural areas. These authors identified a need for research that analyzes the particular resources and risks of both urban and rural settings.

Descriptions of life in rural areas tend to be paired with descriptions of risk in the literature. Describing African-American families in the rural south, Brody and Stoneman (1992) commented about “the adverse environmental conditions” and risk factors such as unemployment, low wages, low educational levels, substandard housing, high infant and maternal mortality rates, low adult education levels and school failure. In a similar vein, Spoth and Conroy (1993) commented that the lack of information regarding influences on the participation of rural residents in parenting programs is noteworthy. These authors hypothesized that motivation for participation for rural families may differ from that of urban
families, in that rural families may prefer programs integrated through more personal helping networks. As Spoth and Conroy noted, values and beliefs that rural families hold may influence their use of and participation in services and programs. Results from this study gave some indications of variables that affect the participation of rural, low-income parents of sixth and seventh graders in prevention/intervention programs. Parents’ education levels were positively related to perceptions of their effectiveness, information seeking, and previous use of parenting programs. Income was positively related to information seeking, and negatively related to beliefs that children were susceptible to problems, and to support-seeking.

Resources as Parental Supports

Identification of Resources

What resources do parents draw on to support their system of goals, values and roles? Most professionals working with families and family issues recognize parents’ needs for support in today’s society, no matter where families live, or what their income levels. For example, in a study of rural, low-income African-American families, Brody and Flor (1998) identified religious affiliation as an important resource for single mothers, linked to an adaptive (“no-nonsense”) style of parenting geared toward protecting their 6- to 9-year-old children, as well as encouraging self-responsibility. It was also linked with higher quality mother-child relationships and greater maternal involvement in their child’s school. These authors reasoned that parents valued and depended upon the support and recommendations from their religious/spiritual connections. In fact, it seemed that for these parents these influences had a greater impact on parenting style than stress due to lower levels of income or maternal education. The childrearing norms for these rural African-American families were apparently important in shaping parental beliefs and practices.
Social support (available, accessible individuals and institutions offering goods or services) is generally assumed to be a resource for many parents. Hashima and Amato (1994) using data from the National Survey of Families and Households reported that, mainly when income was low, parents of children under five who perceived that they received social support also reported lower incidences of punitive behaviors toward their children. The perception of adequate social support during a crisis appeared to be beneficial to these parents. This finding was not true for parents from other income levels.

Crnic and Acevedo (1995) argued that parenting is filled with challenges and demands that occur routinely, and sometimes repeatedly, during a day. These daily hassles created a different kind of stress for parents than crises, and influenced the resources parents found helpful. Crnic and Acevedo cited evidence to suggest that support systems help parents cope with the daily hassles of parenting that create stress. Support from a spouse or partner moderated the effects of major stresses on maternal well-being and helped support more positive maternal-child interactions. Support from friends appeared to be more helpful as a buffer for daily parental hassles. Daily hassles related to parenting were associated with parents’ well-being and affected parents’ interactions with their children. Parents who reported more parenting hassles tended to interact more negatively with their children, or perceived their children’s behaviors as more deviant than parents who reported fewer hassles. Elaborating further on social support as a parental resource, Crockenberg (1988) defined four possible benefits: (a) reduction in the number of stressful events (relief from daily burdens, such as help with child care), (b) prevention of adverse effects from a stressful situation (maintenance of generally successful childrearing despite stressors such as job loss or divorce), (c) construction of active coping strategies (support, praise, and suggestions from a more experienced network member) and (d) provision of emotional support (through which the parent maintains her/his self-image as a useful,
valued individual, thereby being more likely to nurture the child). Indeed, it seems that rural, economically stressed parents do use sources of social support in their parenting. Atkinson (1994) found that rural families used friends and relatives as sources of information about child care, as well as to provide care and Spoth and Conroy (1993) reported that 92.1% of the rural families (n=203) they studied indicated that friends were sources of parenting information. These parents also used newspapers and magazines, books, community parenting programs, family counselors, and support groups.

Cochran (1993) discussed both the positive and negative influences of personal social networks in parents' lives, in terms of the support and stress inherent in the relationships. Cochran and Niego (1995) define personal social networks as “networks anchored to a specific individual” (p. 396). These networks consist of people outside the household involved in supportive interpersonal or material interactions or exchanges with the family. This definition distinguishes between personal social networks and social supports. The focus of social support is typically on the type of help that is provided (emotional support, lightened workload, and/or advice or information about children and parenting); personal social networks take into account the reciprocity in the system of linkages and exchanges that occur. Cochran (1993) believes this expanded definition gives a truer picture of the balance between the supports and the stressors, demands or obligations involved in the relationships parents maintain. In this model, parents choose from a pool of possible individuals those who will be part of their personal network. Educational experience, income, occupation, number of parents in the household, race and culture establish the boundaries for this pool. The pool of network resources varies considerably depending on these characteristics, over which parents frequently have little control (Cochran & Niego, 1995). However, parents can influence the design of their networks through the members they choose and the way they maintain relationships with
those members. Experience, self-esteem, time and energy, and developmental and personality characteristics all shape the way parents maintain their relationships. In using this model, Cochran (1993) cautions that generalization across ecological niches is inappropriate; that is, how parents in a certain section of society (urban, middle class) construct their personal networks may not be how parents in other sections of society (rural, low-income) build theirs. In fact, Cochran notes that for parents with lower income and educational levels, initiatives in constructing personal social networks can be severely limited by life circumstances, including the ecologies of the home, neighborhood and workplace, public policies that require or limit certain actions, and personal and family ideologies.

What other factors may help or hinder parents as they build their personal social networks? Nuclear and extended family members in parents' personal social networks helped them define their parental roles (Cochran, 1993). Relatives encouraged parents to hold on to certain roles, nonkin members provided models and/or support for parents wishing to change their roles or perceptions of themselves or vice versa. The presence of kin in the network of less educated mothers was related to more positive perceptions of their children. “Difficult” kin (more demanding or judgmental or less cooperative) were also perceived more positively by mothers with less education, indicating that these mothers may have been more willing to accept the stress associated with these relationships, due to the support they also provided. Relatives seemed to be especially linked to perceptions of parenting roles, while nonkin members were more relevant to other roles parents assume (Cochran, 1993).

In fact, social networks may affect parenting by influencing changes in parenting beliefs, attitudes, and behaviors. Years ago, Whiting (1974) suggested that the transmission of knowledge regarding parenting occurs through and is influenced by the social
environment. Whiting noted that parents were relying on sources of information other than their extended family members to build their knowledge of child development and inform their parenting. Instead of learning from family and community members, parents, especially those in industrialized societies, tended to rely on printed materials for their information. Whiting cited four possible causes for this change: (a) lack of contact between new mothers and their mothers or other older female relatives, (b) intermarriage between members of groups with differing customs, (c) rapid social change, and (d) lack of experience caring for children prior to the arrival of one's own child. Comprehensive early childhood programs aimed at prevention and early intervention that bring parents and other adults together can serve to increase the pool of potential network members for parents and expand the amount of support parents and their children receive.

Influences on the Use of Resources

Dunst, Leet, and Trivette (1988) examined factors influencing parent participation in early intervention for children with special needs. Forty-five mothers from lower to middle income backgrounds participated in the study. Financial resources, food and shelter, intrafamily support, informal support, child care, specialized child resources, and luxuries were identified as resource variables. Financial resources and support from within the family were the most important factors influencing mothers' commitment to intervention. Informal support, adequate child care, and desired luxuries were lesser influences on commitment. In this study, those mothers who reported family resources as inadequate were less likely to see child-related services as immediately important, and less likely to participate in program-prescribed interventions. Curiously, for these mothers, financial resources were not as related to absolute income as to the income to needs ratio. If mothers felt able to meet family financial obligations with their family income, they were more likely to show a commitment to intervention, as well as higher levels of well-being. Dunst et al. concluded
that the greater parents' perceived needs in non-childrearing areas (such as finances), the less likely they were to make a commitment to participate in intervention program activities. This parallels findings regarding family stress by Crnic and Acevedo (1995) described earlier. Supporting families as they work to achieve and maintain adequate resources for meeting family needs is likely to enhance their level of commitment to child-related interventions, including consistent participation in child care.

Parker, Baker, et al., (1997) examined factors related to parent use of resources available through Head Start programs. They discovered that parents who worked during the day, had a baby or toddler at home, had inadequate child care, or who had a child with a health problem were least likely to become involved in Head Start activities aimed at parents. The more stressful life events parents experienced, such as sadness or depression, conflicting schedules, moving, or experiencing a family disaster such as a flood or fire, the less likely parents were to participate (Parker, Baker et al., 1997; Parker, Piotrkowski et al., 1997). Parents in these studies expressed a desire to participate in programs that would provide education and training leading to paid employment. These findings support those of Dunst et al., (1988) suggesting that financial resources adequate to meet family needs are strongly associated with willingness to participate.

Spoth and Redmond (1993) investigated the participation of rural low-income parents in a family-focused intervention program. Parents in the study described meeting time, program duration and location as important influences on their likely participation. While this program differs substantially from programs such as Early Head Start or child care, program planners might imply from this information that they need to assess the demands parents already have on their time, as well as the perceived benefit of the services to parents, if they want to encourage parents to participate. In a more pragmatic vein, Parker, Piotrkowski et al., (1997) discovered that Head Start parents who reported being shy, or who were without
basic needs (e.g. heat, hot water, or electricity) were more likely to participate in Head Start activities. These authors speculate that gaining needed support and meeting basic needs spurred parents to higher levels of participation.

In contrast to the work by Spoth and colleagues (Spoth & Conroy, 1993; Spoth & Redmond, 1993; 1996a), Ramey and Ramey (1998) argued that the very things that parents may not desire in a prevention/early intervention program are the things associated with higher levels of effectiveness in terms of child outcomes. For example, while Spoth and Redmond noted that some parents may not prefer to participate in a long and intensive program, Ramey and Ramey described programs that start earlier, continue longer, and are more intense as those programs that are most effective at reducing or eliminating possible problems related to child outcomes. However, Ramey and Ramey also discussed the fit between programs and participants as being critical to obtaining the most effective child outcomes. That is, different levels or types of programming with similar underlying foundations may be necessary to promote similar outcomes for different participants. The identification by Spoth, Ball, Klose and Redmond (1996) of three clusters of rural parents surveyed about participating in family intervention programs identifying differing preferences for program content, facilitator expertise and effort required to participate provides some support for this idea. One cluster of parents in this study preferred to put forth little time and effort to participate in these programs, a second cluster had a stronger preference for longer and more frequent meeting times facilitated by an expert. The third cluster exhibited preferences for expending moderate effort and a focus on family communications. While there are substantial differences between the objectives of these programs and parental use of Early Head Start or child care, these findings may have implications for the types of services parents see as the best fit for their needs and their lifestyles.
In their study of two New York agencies, Parker, Piotrkowski et al., (1997) discovered that Head Start staff members indicated that community barriers to effective service delivery included a lack of community resources. This lack was defined as no resources available, extensive waiting lists, unfriendly policies, cultural barriers, parents’ mistrust of organizations, and distances between homes and programs/services. All were seen as barriers preventing optimal parent involvement in Head Start. In addition, staff felt less effective in their jobs due to these same barriers.

Using parental beliefs and perceptions to guide intervention designs may encourage parents to become more involved. Unfortunately, if these beliefs do not promote optimal child outcomes, and programs still use them as a framework for the services they offer parents, little effect may be seen in child outcomes. Attempting to help parents change less optimal behaviors or beliefs may lead to outcomes that are more beneficial for both children and parents. However, from the research described above, we can see that programs are likely to be ineffective if parents resist making changes due to lack of perceived need, or fail to participate in the program because program design does not take into account a variety of needs.

Many of these same identified issues may apply to parents’ participation in or use of child care. Parents weigh thoughts about their child, their family, their employment or education needs, and their personal needs, when making choices about child care.

**Child Care as a Resource**

**Support**

At some point in time, most parents rely on non-parental care for their children, in order to meet family goals for economic viability, support children’s socialization, or allow accomplishment of other tasks. Within the current framework of welfare reform, it is reasonable to expect that low income parents will need, at some point, to make child care
arrangements for their children (Kisker & Silverberg, 1991). What kind of a resource is child care for low-income families? Using data from the National Study of Families and Households that included families with one or more children under age 5 in the household, but no children over age five, Hashima and Amato (1994), looked at types of help families received. Of five kinds of help (help with babysitting or child care; transportation; repairs to home or car; work around the house; and advice, encouragement or support), across all income levels, receiving help with child care was the only item significantly negatively associated with parents’ unsupportive behaviors toward their children.

Child care influences the family system, and may affect parents’ stress level, satisfaction, and ability to hold a job (Britner & Phillips, 1995; Kontos et al., 1995). Pence and Goelman (1987) asked parents to indicate which types of child care related services would be most beneficial to them. Preferences differed according to which type of care parents were using at the time. Families using licensed family child care chose after-school care and part-time child care; those using unlicensed family child care indicated work-place child care and extended maternity leave as their highest preferences; and parents using center-based care indicated a combination of work-place child care, after-school care, and group care for infants as their highest preferences. All these preferences indicate that parents view a variety of child care options as support in meeting their family needs.

In terms of care that best fits the family’s needs, mothers receiving welfare who used out-of-home relative care and family child care were most likely to need care after 6:00 p.m. and before 7:00 a.m. (Sonenstein & Wolf, 1991). When children were ill, mothers using center-based care were more likely to miss work or school than were mothers using all other types of care. Surprisingly, if mothers paid for their child care, non-relative, in-home providers were rated as the most reasonable, even though they had the highest weekly and hourly costs. Out-of-home care by relatives or family child care providers was rated least
reasonable in terms of care provided for the cost. These ratings indicate that these mothers, despite their participation in AFDC, considered factors other than direct costs when determining a reasonable charge (Sonenstein & Wolf, 1991). Weinraub and Gringlas (1995) indicated that one of the factors associated with effective childrearing in single-parent families is the quality of alternate sources of child care.

Child care can be critical to parents’ ability to engage in work or training programs. In a demonstration project with teenage mothers, Kisker and Silverberg (1991) discovered that at least half the mothers in their program who had not been active in seeking work or training opportunities cited lack of available, affordable, quality child care as their primary reason. For teenage mothers who were active in seeking work or training opportunities, child care assistance was critical in increasing their participation in work, school, or training. Indeed, current policies requiring adults to move rapidly from welfare to work, even when parenting infants, make child care essential (NICHD Early Child Care Research Network, 1997).

*Friends, Family and Child Care*

Additional information confirms the idea that child care is an important resource for parents. Some researchers (Cochran, 1993; Cochran & Niego, 1995) have indicated that the number of people available to help with child care was more important to mothers (especially single mothers) than numbers of, proximity to, or frequency of contact with members in their personal social networks. Single, low-income mothers identified both stress and support associated with persons available to provide child care, but attested that the benefit of the support outweighs the cost of the stress. Having support for child care available was related to more positive mother-child interactions for these families. Parents reported more satisfaction with both center-based and family child care arrangements when they identified the caregiving setting as a source of social support (Britner & Phillips, 1995).
These authors suggested that the child care setting may be taking the place of the extended family in socializing children, and may actually increase overall levels of parental satisfaction and decrease stress.

In a study examining married, middle-class, well-educated parents’ use of child care support, Fortner-Wood (1995) found that mothers indicated that friends provided child care support more often than relatives and service providers. In contrast, fathers listed relatives as providing support most often, with friends and service providers less often. These parents also indicated a combination of stress and support, and seemed to suffer when child care support was patched together. Both parents indicated that as the size of the child care network increased, perceptions of the quality of care children were receiving decreased.

Friends and relatives may influence a parent’s perception of child care quality, or the desirability of using child care. Spoth and Redmond (1996b) indicated that the attitudes of influential others may sway parent perceptions of the usefulness or worth of a program or service. As described above, parents do use family and friends as sources of information about child care, as well as to provide care (Atkinson, 1994; Gable & Cole, 2000; Kontos et al., 1995; Pungello & Kurtz-Costes, 1999). In their study of family child care and relative care, Kontos et al., (1995) found that of mothers who used unregulated care, 80% said they knew the provider or were referred by a friend, neighbor or relative. This was also true for one third of the mothers using regulated care. Fuqua and Labensohn (1986) found that 77% of their samples used friends and neighbors to help locate care. Reviews of the literature (Atkinson, 1994; Gable & Cole, 2000; Pungello & Kurtz-Costes, 1999) indicated that most mothers begin their search for child care by using informal sources of information, such as friends, relatives, neighbors, or co-workers. Rural families depended more on friends and relatives than urban families for information about child care (Atkinson, 1994) and compared
to families with higher incomes, low income families tended to rely more on word-of-mouth
to locate child care providers (Gable & Cole, 2000; Pungello & Kurtz-Costes, 1999).

Sonenstein and Wolf (1991) sampled mothers receiving AFDC in Boston, Charlotte,
and Denver in an effort to learn more about the child care choices of low-income mothers.
Almost two-thirds of these mothers indicated that they had used child care during the
fourteen months of the study while they were employed, seeking employment, or involved in
school or training. Relatives were the primary providers of the child care mothers used, just
as they were for the teenage mothers Kisker and Silverberg (1991) studied. While the
monetary cost of receiving child care from relatives may be low, there may be hidden costs
in terms of the stress of obligation because of these arrangements (Cochran & Niego, 1995;
Waite, Leibowitz, & Witsberger, 1991). There may be costs for children as well. In their study
of family child care and relative care, Kontos et al., (1995) reported that relative providers
were less sensitive and responsive in their interactions with children, and the care they were
providing was most likely to be rated inadequate as compared to other nonrelative or
regulated care. Parents using family child care reported more frequent breakdowns in child
care arrangements than parents using center-based care (Pence & Goelman, 1987). In
contrast, mothers receiving AFDC reported more breakdowns in center-based care because
of child illness, than in any other type of care (Sonenstein & Wolf, 1991). In Iowa, family
child care and center-based care for infants and toddlers was rated lower in quality than
center-based preschool classrooms; nearly 40% of family child care homes were rated as
poor quality, and none of the observed infant-toddler classrooms were rated as providing
good quality care (Hegland, Peterson et al., 2003).

Parental Beliefs, Values and Child Care Choices

Beliefs that parents hold about parenting may determine the child care supports they
find most in-tune with their beliefs and the choices they make about using care. Over a
decade ago British Colombian parents of 2½ to 5-year-olds based their child care choices on specific characteristics of the care setting they determined to be most compatible with their goals for their children (Pence & Goelman, 1987). Parents using family child care homes (licensed and unlicensed) preferred this type of care for its homelike, caring atmosphere. These parents also felt they had closer personal relationships with their children’s caregivers. Parents using center-based care preferred it due to socialization opportunities for their child presented by same-age peers and the intellectual stimulation a center-based setting was perceived to offer.

In contrast, Kisker and Silverberg (1991) found that 40% of the low-income teenage mothers in their study indicated that, no matter what type of care they were using, they would prefer different child care arrangements than their current ones. However, they did not feel their preferred type of care was available to them. Studying child care available to Midwestern families, Fuqua and Labensohn (1986) found that, although parents generally expressed satisfaction with their current child care arrangements, 56% of parents using family child care, and 44% of families using center-based care indicated that they would choose some other type of care, if it were available. While these authors found no difference in preferences for center-based care or family child care based on the age of the child, some researchers have indicated that parents of children under three prefer a home-like setting for their infants and toddlers (Pence & Goelman, 1987; Pungello & Kurtz-Costes, 1999; Waite et al., 1991). Many parents have difficulty believing that a stranger can be trusted to provide care for their child (Fuqua & Labensohn, 1986; Kisker & Silverberg, 1991).

Several studies reinforce this finding. In one study of family child care and relative care, mothers who emphasized that knowing their child care provider was important were those most likely to use relatives (Kontos et al., 1995). Characteristics of the child care provider are important to many parents. While parents using relative care or family child care
settings have often indicated that knowing the provider is important, parents using center-based care for their infants and toddlers rated the interactions between the caregiver and child as most highly valued (Cryer & Burchinal, 1997). For families using either center-based and family child care settings, satisfaction with care was predicted by the shared agreement between the child care provider and parents on the important characteristics of child care, including shared values (Britner & Phillips, 1995; Lein 1979). These families also indicated that the quality of the interaction between the provider and their child (under age six) was important to their satisfaction with the caregiving arrangement.

Pence and Goelman (1987) found that parents using family child care homes tended to worry more about their children's well being, and expressed more parental guilt than parents using center-based care. Parents using center-based care, while seeing the availability of peers as positive, were also concerned about the possible negative influences of peers on their children.

Sonenstein and Wolf (1991) found that the mothers in their study had no particular preference for type of child care (in-home or out-of-home relative care, family child care, non-relative in-home care, group care). These mothers gave group care the worst ratings for the number of children per adult, and the best ratings for specially trained caregivers. They also rated group care as better at providing children more opportunities to learn new things. Non-relative, in-home care was rated lowest in opportunities for children to learn new things, discipline and safety, how well the children liked the caregiver and how happy the children were. Mothers indicated that children were happiest, and liked the caregiver best, when she/he was a relative. This study indicates that parents realize that child care choices are complex and they weigh many factors in making their child care choices.

Parents want what is best for their children, but several recent studies contain disturbing findings regarding quality in early childhood programs. The National Child Care
Staffing Study (Whitebook, Howes & Phillips, 1989) reported less favorable adult-child ratios in center-based care as compared to the National Day Care Study conducted 10 years earlier. The Cost, Quality, and Child Outcomes Study Team (1995), using the Infant/Toddler Environments Rating Scale (ITERS; Harms, Cryer & Clifford), reported that in a sample of 255 infant/toddler classrooms, only 8% were rated as developmentally appropriate, while 92% were rated as poor to mediocre. A full 40% of classrooms scored in the poor range. Similarly, in the study of family child care and relative care, 35% of the providers were rated as providing inadequate care, while only 9% were observed to provide good quality care (Kontos et al., 1995).

This has direct implications for children's development and well-being. As the Cost, Quality and Child Outcomes Study Team (1995) found, quality of experience is related directly and positively to children's cognitive and social development across all levels of maternal education, child gender, and ethnicity. The Midwest Child Care Study (Hegland, Peterson et al., 2003) indicated that the quality of infant centers and family child care homes was lower in Iowa than in Kansas, Nebraska, or Missouri, and was rated, on average, in the mediocre range. Nearly 40% of the family child care homes that were observed, and 20% of observed centers, offered care that was rated as poor. In Iowa, affordable, quality child care remains a great obstacle for families classified as "working poor" (Salemy, 1999).

Parents base their child care choices on what they believe is important for their children. Over time, researchers have noted that parents identify characteristics of quality in a child care setting somewhat differently than professionals do. Over 20 years ago, Lein (1979) found that parents valued settings that support their children's cognitive development, reliability of care, warmth and love, quality of the physical environment, physical safety for their child, protection from values differing from their own, convenient location, parent-caregiver communication, and discipline. While professionals measure child
care quality by structural characteristics such as group size, adult-child ratio, and caregiver qualifications, criteria for health, administrative practices, family partnerships, and relationships between children and their caregivers (Gable & Cole, 2000); parents may be more likely to emphasize characteristics such as a secure, loving environment and support for children's social-emotional and intellectual development. However, Gable and Cole (2000), citing Holloway (1997), indicated that low income mothers may choose child care environments that stress cognitively oriented experiences such as literacy and numeracy, believing that education can result in social mobility.

Cryer and Burchinal (1997) asked both parents of children under age 6 and professionals to rate the center-based care parents were currently using for their children. These authors found that, while parents highly valued all aspects of care as described on the instrument they were given (adapted from a research-based tool for assessing quality indicators), they rated that care as much higher in quality than professional observers did. It may be that because parents are not able to monitor these settings closely, they don't have all the information they need to rate quality in the same way professional observers do. Moreover, if parents hold strong values about certain aspects of care, it may be difficult for them to assess those aspects of care objectively (Cryer & Burchinal, 1997).

Although parents and professionals may define quality differently, parents do not completely disagree with these definitions. They still look for healthy, safe environments for their children that offer opportunities for social-emotional as well as cognitive learning and development (Cryer & Burchinal, 1997; Gable & Cole, 2000; Hegland, Oesterreich et al., 2003; Kontos et al., 1995). For a variety of reasons, it may be difficult for parents to find care that meets all their identified needs. When considering the supply of care and including relative and non-regulated care as well as regulated care settings, the number of spaces that exist to serve children may be close to meeting the need. However, shortages exist
when the quality of those settings are considered (Cryer & Burchinal, 1997; Gable & Cole, 2000; Pungello & Kurtz-Costes, 1999).

Parents may or may not have the information they need to make choices regarding child care. When Fuqua and Labensohn (1986) asked families currently using child care about their decision making regarding that care, almost three quarters of these two parent, middle income families indicated that they were not adequately prepared to choose child care, and had difficulty locating appropriate information. Many of these parents also felt the care their children were currently receiving was inadequate. Specific difficulties included finding care for infants, school-agers, all of their children, ill children, and children with special needs; finding affordable care; knowing where to look for care; no room in their first choice of care settings; the distance of the program from home or work; and hours of operation that did not meet all their child care needs. Even though parents may receive information about providers from resource and referral entities, that information does not usually include specific ratings of quality (Gable & Cole, 2000; Pungello & Kurtz-Costes, 1999). These authors suggested that providing better information about quality to parents could help parents make child care choices; however, the supply of high quality child care likely falls short of the need.

There may be additional constraints on the choices parents make, particularly for low-income or rural parents. In an intensive study of 25 working families with preschool children, Lein (1979) noted that finances presented one constraint for families. For these families, the decision wasn't how much to pay for child care services, but whether to pay at all. Kisker and Maynard (1991) concurred, indicating that cost of child care is an important dimension of supply, and child care fees consume a large portion of some families' incomes, especially for low income parents. Sonenstein and Wolf (1991) discovered that mothers receiving AFDC were more concerned with certain characteristics of care such as
convenient hours and location, fewer children per adult and good adult supervision, opportunities for learning, and the child's happiness in the arrangement. These characteristics, more than type or cost of care, influenced mothers' satisfaction with their child care arrangements. Families in rural areas may be constrained by the type of care that is available; their only choices may be relatives, friends, or family child care (Atkinson, 1994; Pungello & Kurtz-Costes, 1999). Finally, parental leave laws that provide for minimal leave income, and general attitudes regarding public support and public funding for child care may constrain parents' choices (Gable & Cole, 2000; Kontos et al., 1995; Pungello & Kurtz-Costes, 1999, Tam, 2001). Some parents may believe that being at home with their child is the best choice (Pungello & Kurtz-Costes, 1999). In looking at the variety of criteria and constraints parents consider as they make choices about child care, Lein (1979) indicated that parents must balance a number of criteria: cost, convenience, family demographics such as income and distance from relatives, and child rearing standards to make a choice that allows them to spend as much time with their children as possible.

Through their choices, parents attempt to obtain care that provides the best fit for their families' needs. Health and safety, the learning environment, and convenience (including location and hours of care available) are all factors related to quality parents weigh as they are making their decisions about child care (Gable & Cole, 2000; Kisker & Maynard, 1991; Lein, 1979; Pungello & Kurtz-Costes, 1999). As Sonenstein and Wolf (1991) argued, public policy that supports the development of a variety of types of child care is most likely to offer parents choices and encourage their satisfaction. However, Kontos et al., (1995) noted that while families using center-based care might use child care subsidies (one public policy measure that is intended to support parent choice and increase access to quality to offset cost), those using relative care and family child care rarely accessed child care subsidies. In contrast, Pence and Goelman (1987) found that caregiving philosophies
and values are more likely to distinguish users of certain types of child care than are socio-economic factors. Because of their findings, these authors indicated the need to define child care choices as the best fit for the family rather than the best arrangement. Child, parent, caregiver, neighborhood, community, beliefs and values all influence child care choice, and parents are often the mediators of the best fit between these interconnected settings (Britner & Phillips, 1995; Feagans & Manlove, 1994; Pence & Goelman, 1987; Pungello & Kurtz-Costes, 1999). This interconnectedness demands that parents' voices regarding child care choice be heard (Pence & Goelman, 1987). Knowing which child care characteristics are deemed important by rural families can help comprehensive child development programs such as Early Head Start partner effectively with families and child care providers to meet both family and program needs for early care and education services for children as well as family support services for parents.

**Early Head Start**

Early Head Start is a program for low-income families with infants, toddlers, and/or pregnant women. Established in 1994, Early Head Start is designed as a high quality early intervention program that “enhances children’s physical, social, emotional and cognitive development; enables parents to be better caregivers and teachers to their children; and helps parents meet their own goals, including economic independence” (Administration for Children and Families, [ACF], 2002).

Early Head Start programs meet their federal mandates, in part, by partnering with parents and child care providers to ensure that parents' child care needs are adequately met while they are engaging in economic self-support or other related activities for their families. “Services are designed to reinforce and respond to the unique strengths and needs of each child and family” (ACF, 1999). For families in rural areas, child care resources are often scarce or of questionable quality. Programs such as Early Head Start often struggle to help
families identify appropriate care for their children, and sometimes meet resistance in their efforts to partner with child care providers. In addition, families’ attitudes about child care often lead them to choose placements for their children that do not meet the standards of quality promoted by the field of early care and education (K. Readout, personal communication, September 12, 2000). Understanding parental choices regarding child care can help Early Head Start programs, especially in rural areas, partner appropriately with families and providers to develop and support high quality child care that meets families’ needs.
Approach

Objectives

The purpose of this project was to identify how child development knowledge and parental beliefs and roles influence rural, low-income parents of infants and toddlers perceptions of child care as a resource. Researchers (Britner & Phillips, 1995; Clarke-Stewart, 1987; Gable & Cole, 2000; Lein, 1979; Pence & Goelman, 1987; Pungello & Kurtz-Costes, 1999; Tam, 2001) indicate that parents choose to use various types of child care based on certain family characteristics related to their ideas about what they as parents want for their children. Specifically, the research question addressed was, "How does parents' understanding of child development and parental roles influence their use of existing child care supports?" The following objectives provide a basis for the exploration of this question:

1. To describe parenting beliefs of rural parents living in poverty, as determined through their descriptions of child development knowledge and parenting beliefs and roles.
2. To describe the place child care has as a resource in the lives of these rural parents.
3. To describe parents' perceptions of what child care options best fit their needs and enhance their parenting roles.

Exploration of these issues could provide information useful to those persons responsible for developing policies and implementing programs intended to support families in their parenting roles. Examining rural parents' beliefs about parenting their children, and use of child care resources that might support or increase their effectiveness is an essential component of shaping early childhood interventions effective for a variety of families.
**Design**

This study was conducted following a naturalistic, or phenomenological, paradigm. This paradigm assumes multiple realities, that all parts of reality are interrelated, and that the interaction between the investigator (inquirer) and participant (respondent) has the possibility to influence responses (Guba, 1981). This qualitative approach is best used when describing the meaning of lived experiences for several individuals, and when attempting to understand the essence of those experiences. Lincoln and Guba (1985) state that qualitative methods “are more sensitive to and adaptable to the many mutually shaping influences and value patterns that may be encountered” (pg. 40). Qualitative methods allow for the collection and description of themes or strands of understanding within the context of participants’ lives (Patton, 1990).

Qualitative information allows program developers to better understand the essence of particular life experiences for participants, and focus clearly on the single, unifying meaning of those experiences (Patton, 1990). Understanding unifying themes of the population allows program planners to design programs that fit families’ experiences and stay focused on what is important or defining in their clients’ lives. Using knowledge of families can help support the design of a truly family centered approach.

This qualitative study is a descriptive investigation of the understanding of parental beliefs, values and roles influencing child care choices, as rural, low-income parents of infants and toddlers hold them to be personally true and useful. Collecting qualitative data allowed exploration of the richness of detail about parents’ knowledge and beliefs. Focus group interviews were chosen to allow for facilitation of the discussion of multiple perceptions (Brotherson & Goldstein, 1992), as well as to offer opportunities for consensus. Documenting these multiple points of view allows insight into goals parents have for their children, and ideas they have about child care as a useful resource. Eliciting more
information about multiple perspectives can be an important component for more thoroughly informing early intervention programs about the beliefs and desires of the families they serve (Brotherson & Goldstein, 1992).

Focus groups also encourage a rich discussion among participants. One of the questions of this study is whether rural culture might have any particular influence on parents' beliefs or choices. A rich discussion of beliefs, feelings and experiences allows some insight into this question. The focus group format allows participants to question each other and explain themselves, agree or disagree, and it allows the researcher to clarify points (Morgan, 1996). Other investigators have used a similar focus group approach. Gilkerson and Scott (1997) used focus group discussions to understand the beliefs of low-income urban parents. Using a comparable method allows us to compare this group of rural parents with the findings of Gilkerson and Scott (1997) regarding more urban families.

Trustworthiness

Trustworthiness refers to the manner in which a study is conducted so as to be sufficiently rigorous to be believable. According to Guba (1981), there are four major questions to be addressed relating to trustworthiness in naturalistic studies. These questions are concerned with truth value (establishing confidence in the truth of the findings), applicability (how generalizable the findings are to other contexts), consistency (the possibility of replicating the findings with similar subjects under similar conditions), and neutrality (the degree to which findings are objective rather than based on biases of observer and/or instrumentation). Guba (1981) suggested several ways to address these questions, some of which were used in this study.

Truth value. Several strategies are available to address the issue of truth value or credibility, including prolonged engagement at a site, persistent observation, peer debriefing, triangulation, collecting referential adequacy materials, and member checks.
Peer debriefing addresses truth value. The principal investigator worked with other professionals in the field, including co-workers and members of the dissertation committee, to solicit comments and critical appraisal. These professionals provided multiple perceptions regarding the questions to be asked as well as attitudes and knowledge held by participants. In addition, a form of persistent observation at the site existed, as the principal investigator also provided training and technical assistance to this program over time.

Audio recordings and transcribed data provide referential adequacy materials. Audio recordings were made of each focus group, and were retained after data transcription. Original transcripts were checked repeatedly against data categories during data analysis and have been archived for retrieval. The principal investigator and researchers assisting with coding all had access to original transcripts during data analysis.

Member checks, the single most important action inquirers can take (Guba, 1981) were conducted throughout the focus groups, as well as at the end of the focus groups, through a review of the focus group discussion. Member checks help researchers check for any misperceptions they may have acquired and help ensure that data are reported in a way that accurately reflects participants’ lives.

Through use of on-going member checks, participants were provided opportunities to clarify and verify interpretation of their responses to grand tour questions and probes. After all focus groups were completed, participants responded to a diagram the principal investigator prepared to depict themes present in the focus group discussions. The diagrams were distributed via the Infant Toddler Development Specialists (ITDSs) with self-addressed stamped envelopes to be mailed back to the primary researcher. Three participating parents (25% of all families and two of three counties) returned diagrams with comments indicating that they believed the central themes of the discussions were captured.
Applicability (transferability). Focus groups were open to any pregnant mother or family with a child currently enrolled in the participating Early Head Start program. Creswell (1998) noted that in a phenomenological study, it is essential that all participants represent people who have experienced a certain phenomenon. In this case, at the time of recruitment into this study, all families lived in rural areas of central Iowa, were parents of children ages birth to three, and were receiving Early Head Start services.

Information regarding participating families (Table 1) and county demographics (Table 2) is provided enabling readers to compare contextual similarities and differences for purposes of generalization. Information from the Program Information Report, demographic information about each county, and survey information collected from respondents combined with responses to the focus group questions provides a description of the context for this study. Because all Early Head Start programs share some essential similarities (Head Start Program Performance Standards, target population, developmental timeframe) findings from this study may be generalized to many Early Head Start programs, at least to some degree.

Dependability (consistency). The principal investigator kept records of decisions made regarding study progress (questions to ask during focus groups, data transcripts, instrument administration, etc.), establishing an audit trail. One of the primary functions of the major professor, to assure that procedures fall within the parameters of generally accepted practice, provides one dependability audit. Holding separate focus groups organized around the same grand tour questions, rather than using only one focus group, supports consistency by allowing comparison of responses between similar groups.

Neutrality (confirmability). In this study, triangulation was achieved by including an additional researcher during each focus group interview and debriefing after each interview to examine any predispositions that may have existed. Additionally, documentation from
both the principal investigator and the researcher assisting with coding supports data categorization. The dependability audit described above also serves as the confirmability audit. The researcher accompanying the principal investigator at each site, the volunteers who coded the data, the major professor, and the presence of audiotapes can all be used to confirm that the data were generated during the focus groups. Data exist to support every interpretation; the assisting researcher and major professor can attest that interpretations were made in ways consistent with the available data (Guba 1981).

Participants

Participants included families living in rural counties of the Early Head Start program’s service delivery area. Families in this study include parents of children birth through three years old and pregnant mothers. Parents were invited to participate in focus groups to discuss parenting beliefs and perspectives on child care. Parents participating in focus groups were all current recipients of Early Head Start services

Recruitment

Participants were recruited from families receiving Early Head Start services in the identified counties in central Iowa. All parents receiving Early Head Start services were invited to participate in the focus groups. Based on professional experiences providing training and technical assistance to Head Start and Early Head Start programs, the investigator was interested in working with Early Head Start programs due to the requirement they have to partner with child care providers and help families find appropriate child care. For many parents having an infant is the first time they have to think about non-parental care and how it might enhance or detract from their parenting and their goals for their children. The principal investigator was interested in exploring how parents at this point in their lives consciously evaluate what it is they want for their children. Recently researchers from around the nation (Cost, Quality & Child Outcomes Study Team, 1995;
Hegland, Peterson et al., 2003) have indicated that much of the care infants experience is rated so low in quality by professionals that it has been described as abysmal, although parents tended not to rate it so poorly. Midwest researchers (Hegland, Peterson et al., 2003) also found that infant care in this area of the country is not good quality, especially in Iowa.

To recruit families to participate in focus groups, the principal investigator worked with the ITDSs employed by the Early Head Start program. Following the guidance of the ITDSs, the principal investigator created a brief overview to explain the study and invite parents to participate in focus groups. Infant Toddler Development Specialists delivered these announcements on home visits and posted them at county offices. All parents participating in the Early Head Start program were invited to participate in the focus group interview in their county. Parents who willingly volunteered to participate were accepted. Following this initial contact, parents who agreed to participate received a follow-up reminder from their ITDS. At the beginning of each focus group, each participant received a letter that included a more detailed explanation of the study and an informed consent form. At the conclusion of the focus groups, participants could choose a small gift item appropriate for an infant or toddler (children’s book, toy, baby bath items) to thank them for their participation.

All families participating in Early Head Start include at least one child younger than three or a pregnant mother. Head Start Performance Standards require that 90% of families participating in Head Start or Early Head Start programs must have an income at or below 100% of federal poverty level, and at least 10% of the available space must be used to serve children with disabilities. For the 2001–2002 program year, a family of four could earn no more than $17,650 annually (ACF, 2001). This Early Head Start grantee is funded to serve 66 children at any one time. The Program Information Report submitted by this Early
Head Start grantee to the U.S. Department of Health and Human Services for the 2001-2002 program year (Head Start PIR 2001-2002) showed that 117 children were enrolled over the course of the year. It is common for grantees to show enrollment exceeding funded enrollment due to attrition of children. Approximately 40% of families receiving Early Head Start services during the 2000-2001 program year lived in single parent households headed by a female, 23% were employed, and 60% had at least a high school diploma or GED. The PIR also indicated that 65% of families served were White, 22% were Hispanic or Latino origin, 10% were Multiracial, 2% were Black or African American, and the remainder were American Indian/Alaska Native, Asian, or Native Hawaiian/Pacific Islander. In addition, the PIR indicated that this grantee operated three Early Head Start classrooms, with space for a total of 24 children. Twenty four children also received services in other child care settings, including family child care homes (6), child care centers or classrooms (2), or care at home or at another home with a relative or unrelated adult (16). Thirteen children received child care subsidy. The PIR does not specify whether these are unduplicated counts, or if, due to a variety of arrangements, the same child may be counted in more than one category. Table 1 contains characteristics of the families who participated in the focus group interviews for this study.

Setting

This investigation took place in a rural area of central Iowa. Prior to data collection, county data obtained from Iowa PROfiles Public Resources Online (1999) indicated that three of the five counties served by this Early Head Start program were classified as rural. Those data are no longer accessible. The Economic Research Service (ERS) of the United States Department of Agriculture (USDA) (2004), using the US Census Bureau definitions, described rural areas as those comprising “open country and settlements with fewer than 2,500 residents.” ERS on-line publications indicated that the Office of Management and
Budget (OMB) defined metro areas as either central counties with one or more urbanized areas, or outlying counties economically tied to core counties through work commuting. Urbanized areas contain an urban center of at least 50,000 people. Urban clusters comprise built-up territory of 2,500 to 50,000 inhabitants around small towns and cities. This definition extended the definition of urbanized areas to clusters of 2,500 or more people based on the population density per square mile, having the effect of enlarging the urban population. Data from the ERS (2004) shows that all three counties where this study was conducted were still coded as non metro counties. Two of the counties received a rural-urban continuum code of 6 (urban population of 2,500 to 19,999 adjacent to a metro area), and one county received a code of 7 (urban population of 2,500 to 19,999, not adjacent to a metro area). Each county's total population was between 18,000 and 19,000; the largest town in any county had a population under 10,000. Data obtained from Iowa State University Extension to Communities Data for Decisionmakers (2002) presents information (Table 2) about these counties.

Method

Instrument

In qualitative studies, the researcher is considered an instrument of the study. The researcher brings personal elements into the study that influence the direction of the study. In this case, the researcher's work as a technical assistance specialist provided exposure to a variety of Head Start and Early Head Start programs. After working with Head Start and Early Head Start programs that were attempting to initiate child care partnerships, this researcher noted that many grantee staff expressed frustration regarding the development of partnerships acceptable to parents. Focus group questions were developed based on these experiences that fostered an interest in the contextual variables that accompany parents' choices of child care. Focus group questions were developed from literature review,
conversations with program administrators, and the inquirer's personal interests, and were intended to elicit information from respondents regarding their experiences choosing child care for their infants and toddlers. The process of focus group interviewing was based on the guidelines developed by Brotherson (1994). Initial grand tour questions for each focus
<table>
<thead>
<tr>
<th></th>
<th>County 1</th>
<th>County 2</th>
<th>County 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families</td>
<td>5</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Children/Family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3</td>
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<td></td>
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<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Children with/disabilities</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Average Early Head Start child age (months)</td>
<td>10</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td>Child Care options</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Parent</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relatives</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Friends</td>
<td>2</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Partner</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Family Child Care</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Center Care</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Early Head Start</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>LEA</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Child Care Use (Hours/Week)</td>
<td>.5</td>
<td>32.5</td>
<td>4</td>
</tr>
<tr>
<td>Other Adults in Home</td>
<td>2.6</td>
<td>1</td>
<td>.75</td>
</tr>
<tr>
<td>Local Population</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10,000 +</td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>5,000 - 10,000</td>
<td>1</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>2,500 - 4,999</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>&lt; 2,500</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average Time in Early Head Start (months)</td>
<td>9</td>
<td>12.5</td>
<td>24</td>
</tr>
<tr>
<td>Average Parent age (years)</td>
<td>25</td>
<td>29</td>
<td>26</td>
</tr>
</tbody>
</table>

1 As reported by participants. Census data indicates no towns this size.
2 Two towns in this county are adjacent; combined population is slightly over 5,000.
Table 2: County Demographics

<table>
<thead>
<tr>
<th></th>
<th>County 1</th>
<th>County 2</th>
<th>County 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incorporated communities (2000)</td>
<td>10</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Population range (2000)</td>
<td>70 - 9,105</td>
<td>38 - 5,193</td>
<td>70 - 2,731</td>
</tr>
<tr>
<td>Total population (2000)</td>
<td>18,815</td>
<td>18,812</td>
<td>18,103</td>
</tr>
<tr>
<td>White</td>
<td>96.7%</td>
<td>97.1%</td>
<td>90.4%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1.2%</td>
<td>2.4%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>1.1%</td>
<td>.4%</td>
<td>.2%</td>
</tr>
<tr>
<td>American Indian</td>
<td>.2%</td>
<td>.1%</td>
<td>6.1%</td>
</tr>
<tr>
<td>High School Graduates, age 25+</td>
<td>86.7%</td>
<td>85.7%</td>
<td>84.2%</td>
</tr>
<tr>
<td>Median income (1999)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All families</td>
<td>$46,599</td>
<td>$41,891</td>
<td>$43,646</td>
</tr>
<tr>
<td>Female headed, children &lt; 18</td>
<td>$20,556</td>
<td>$17,222</td>
<td>$19,531</td>
</tr>
<tr>
<td>Employment rate (2000)</td>
<td>96.9%</td>
<td>97.1%</td>
<td>96.2%</td>
</tr>
<tr>
<td>Family Composition, children &lt; 18 (2000)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two parent</td>
<td>76.2%</td>
<td>78%</td>
<td>79.2%</td>
</tr>
<tr>
<td>Single parent</td>
<td>23.8%</td>
<td>22%</td>
<td>20.8%</td>
</tr>
<tr>
<td>Families with Children &lt; 18 in Poverty (1999)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All families</td>
<td>4.8%</td>
<td>3.9%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Single parent, female headed</td>
<td>35.6%</td>
<td>34.2%</td>
<td>33.5%</td>
</tr>
</tbody>
</table>

Grand tour questions remained the same throughout all focus groups; however, some modifications were made in the probes used during the focus groups, based on responses from parents. For instance, when asked about using any non-parental care, many parents seemed to struggle to answer the question about ideal child care, so a probe
described a scenario in which parent choices weren't constrained by finances or availability. Grand tour questions for the focus groups follow.

*Grand Tour Question #1: As a parent, what do you think are the most important things you can do for your child?* This question was intended to help parents describe their beliefs about parenting, as well as the roles and relationships important to parents. Based on review of effective focus group design and conversations with the ITDSs, the principal investigator determined that it would be most appropriate to start with parents' descriptions of what they do to be good parents. Parents had the choice of responding with specific examples or more general beliefs that might relate to later answers regarding their use of child care. Wording of grand tour questions remained the same during each focus group session. Wording of the probes used in each focus group session varied as a result of the specific comments and responses made by the participants in each session. Probes generally focused on asking parents to describe their hopes and dreams for their children, and discussing what it means to be a good parent. At times, probes were used to try to pull details that are more descriptive from parents, for instance, "can you tell us more about that?"

*Grand Tour Question #2: If money was no object, and you could design ideal child care to support parents like yourself, what would it look like?* We hoped this question would encourage parents to describe the best possible child care for their child, and would elicit different opinions parents might have about child care. Interestingly, parents had the most difficulty answering this question. Probes used asked parents what ideal child care would be like for their child, and how it would help families.

Descriptions were also used to help parents try to create a situation regarding ideal child care, such as "you have just been offered the job you want most in the world, with a salary you have named. What kind of child care would you want for your child?" Parents
were also asked if there were unique aspects child care in small towns and rural areas would need to have, and what they might like to tell program planners about child care.

**Grand Tour Question #3: What do parents think about when they make decisions about child care?** To encourage discussion, parents were asked to describe how they made their child care choices: what kinds of things they thought about when they had to make child care arrangements, what kinds of information they had and, what kinds of choices were available to them.

**Data Collection**

Data collection occurred from October through December 2001. The Early Head Start grantee’s Policy Council reviewed and approved the proposal in 2000; participants were recruited during the fall of 2001. Data collection occurred during three separate sessions. Data transcription was completed in January 2002. Data analyses continued until spring 2004.

Including the pilot, four focus group interviews were completed, each of which lasted approximately two hours, including the light supper provided and the review of the study and completion of consent forms. Each focus group interview lasted approximately one and one-half hour.

Six parents participated in the pilot focus group that was conducted in one of the two non-rural counties served by the Early Head Start program. This focus group was conducted to test grand tour questions and provide the principal investigator with an opportunity to refine the focus group protocol; data from that group are not included in the study. The pilot focus group provided valuable information regarding parents’ understanding of and possible reactions to questions, as well as focus group logistics regarding scheduling the meal and eating space. All parents seemed to appreciate having food available; because the delivery
of the meal was so delayed during the pilot focus group, we arranged to have meals available immediately upon arrival during the focus groups used for the research study.

Although the focus of this study was on rural families, the Early Childhood Programs director asked that parents in each county have an opportunity to participate in a focus group in that county. Arrangements were made to hold focus groups in all five counties in the program's Early Head Start service delivery area, including the pilot county. Participants attended focus group interviews in the pilot county and each of the rural counties. No participants attended the focus group in the county that was not intended to be included in the study. Because there was no intent to collect information from this county, lack of participation did not affect data collection efforts in this study.

Three, four, and five parents participated in the three focus groups used in the study. Focus group times and locations were determined by Early Head Start ITDSs working with families. One focus group was held in the evening, at the toddler center; the other two were held during mid-day, at community buildings (community center, public library). A light meal was provided for parents and children at the beginning of each focus group. The study was explained and informed consent forms were gathered prior to the beginning of the focus group interviews. Early Head Start staff provided child care for each of the focus groups. During two of the focus groups, care for children was provided in a separate room from the adult sessions. The third focus group took place in a large room in a public library. Parents were seated around a table on the far end of the room while children were cared for at the other end. During each focus group, parents were encouraged to attend to their child as needed; child care providers were encouraged to request parent assistance at any time.

The principal investigator facilitated each focus group, with assistance at each group provided by a graduate student in Human Development and Family Studies or university sociologist. For each focus group, the assistant was responsible for taping the session and
taking notes on parent comments. The principal investigator and assistant arrived at least one-half hour prior to the start of each focus group to answer any questions the Early Head Start staff members had, make final meal arrangements, and prepare the environment for parents. Prior to responding to focus group questions, participants, the principal investigator and the research assistant introduced themselves, study methodology was explained, and ground rules were described (Appendix D). The facilitator guided the discussion during the focus group process, using grand tour questions and probing and clarifying statements. All focus groups were audiotaped. Audiotapes were transcribed verbatim as focus groups were completed. Iowa State University students transcribed the interviews. Written transcripts were used to conduct data analysis.

Data Analysis

According to Creswell (1998), one goal for inquiring researchers is to reduce the what and how of personal experience to a brief description of the shared components of that experience; the essentials, or invariants that typify the experience for all. These qualitative data allow us to begin to provide that description.

Participant perceptions from the focus group interviews were categorized through content analysis. Johnson and LaMontagne (1993) and Creswell (1998) suggest certain procedures as appropriate for data analysis in a phenomenological or naturalistic study. Based on their suggestions, the principal investigator used procedures described in detail below. The established research questions provided general guidance for the analysis while researchers remained open to emerging themes in the data. Several categories within themes were identified that were not initially expected, such as the multiple categories under the child care theme. In addition, statements describing the influences of church, public schools and Early Head Start on parents’ beliefs, values and choices were not as prevalent as expected.
After each focus group, the participating researchers discussed themes that emerged from the focus group interviews. This type of peer debriefing contributes to the credibility of the analysis by allowing an exploration of a variety of perceptions and possible interpretations. Themes that researchers noted immediately after the discussion included parental concern for safety of the child and feeling good about their child care provider. Indeed, parents seemed to hold that relationship as an important qualification of the provider. Subsequently, provider qualifications as defined by the parents (someone I know, trust, someone like me) became a subcategory for data under the child care category.

During the focus groups the principal researcher noted that parents’ descriptions of ideal child care were somewhat nebulous, rather than specific and concrete, even after they were probed. This was verified by transcript analysis. When all focus groups were completed, researchers noted that not all themes were identical between counties. In one county (the last to participate), parents talked extensively about the role regulation could play in ensuring quality, while parents in the previous two focus group interviews did not mention it.

After all focus groups were completed and transcribed, the principal investigator individually reviewed each transcript, and compared them to the audiotapes of the focus groups and the notes taken by fellow researchers, to address the truth value of the data. From the written transcripts, the principal investigator reviewed all the data, marking meaningful units, noting themes in each focus group, and noting overriding themes found across focus groups, and asked another researcher in the field to do the same.

In order to establish category integrity and provide an additional member check, the principal researcher sent a copy of the category, subcategory and initial operational definitions to each participant through the Early Head Start staff. Three participants returned responses, with comments indicating agreement with the general themes.
In further analysis, the principal investigator highlighted subcategories of comments attributed to parental beliefs within themes, applied a theoretical perspective based on the data, refined the operational definitions and labeled categories of data. All significant statements in each transcript were then labeled by category, and other researchers (a sociologist and, initially, an early childhood colleague) were asked to make an independent review of the themes and categories. Upon completion, researchers met to discuss their perceptions and interpretations of the themes as well as the subcategories of statements within each theme. Agreement regarding categorization was reached through a consensus-building process. Researchers discussed their reasons for coding statements in question, explored each option presented as well as alternatives, and agreed upon category and/or subcategory placement. When overarching themes and categories were finalized, the principal investigator sorted the data again, referring back to the transcripts when there were questions about statements. This process continued until all data from each focus group were combined and grouped in defined categories and subcategories. At that point, the sociologist was asked to examine that coding and note agreement or disagreement. Researchers again compared their coded statements and found that they agreed upon all but 24 of 364 statements (93% agreement). Final agreement was reached through consensus as described previously.
Findings

Parents’ statements about parenting and child care were laced with phrases that indicated underlying beliefs. Through their conversations and responses, parents presented several consistent ideas. Those ideas included parents’ concern for (a) the health and safety of their child, (b) the value they placed on their relationship with or knowing about the child care provider, and (c) the perception that “everybody knows everybody’s business” in their communities. These broad ideas could be found across themes noted from the transcripts. Themes were placed in levels based on Bronfenbrenner’s ecological theory (Bronfenbrenner, 1989).

According to ecological theory, the microsystem captures the activities, roles and interpersonal relationships as they are experienced by a person in a particular setting (such as the home or workplace) with its unique characteristics (Thomas, 1992). As Bronfenbrenner (1989) continued to refine his theory, he added other persons and their distinctive characteristics to the microsystem level. This model includes the parent and their multiple activities, roles and relationships in the home setting as the primary focus of the research. Others included in the microsystem are the (a) child, partner/spouse of the parent, child’s biological parent, (b) extended family (parents, brothers, sisters, etc. of the parent), (c) current primary non-parental child care provider and (d) friends, neighbors, and peers. Figure 1 provides a graphic depiction of this placement.

Roles, activities, and interpersonal relationships are defining characteristics of elements of the microsystem. In keeping with the model, parents, the child, partners of the parents, extended family members and child care providers are all included at this level. Parents’ roles and activities as they relate to child care were central to the study. Some of the distinctive characteristics of other persons included at this level are, for the child, age and presence or absence of special needs; for partners of the parents, their interest in and
Figure 1: Parental Belief Systems: Ecological Contexts and Child Care Choices
ability to share parenting roles, and personal characteristics such as their relationship
history and criminal records (e.g. felonies). Extended family members are included due to
their influence on current parenting skills and their roles as sources of information for the
family.

Child care providers are included because of their role in caring for the children and
the importance parents placed on knowing their child care provider. Parents made
judgments about the suitability of the person in the child care provider role based on the
perceived expertise of the provider related to personal characteristics or relationships with
the family and/or education, training, and experience. Personal relationships with or
knowledge of the provider were critical components of parents' descriptions of their
providers. Also noteworthy are issues of accessibility, affordability, and quality that define
the child care setting for parents.

For purposes of this analysis, additional, less intimate settings were also considered
part of the microsystem. These settings include the Early Head Start program and the
parent's work and/or school setting. These less intimate settings are included in the
microsystem due to the parents' role as an active agent in each of the settings. Early Head
Start requires a high level of parent involvement and is a source of information for parents.
At work or school, parents are active players and have clear roles as employees or students
in their work/school settings. Although these settings may seem to be removed from parent's
daily lives, because, for instance, parents have very little influence on current wages or the
going price for child care, each of these settings has an immediate impact on the roles,
activities, and relationships parents experience and define within the microsystem setting.

Bronfenbrenner (1989) described the mesosystem as being comprised of the
linkages between two (or more) microsystem settings. In this study, these include multiple
settings where parents are involved, for instance home and child care, or child care and
work. The parent-provider relationship links the home and child care settings in the mesosystem. Britner and Phillips (1995) noted that it is important to study the interrelations between settings that the developing person is navigating; this intersection of the home and child care environments is a useful frame of reference for studying parents’ satisfaction with child care settings and may help to focus attention on the continuity or discontinuity between settings.

In the model, various levels of government, the media and K-12 public schools are all placed at the level of the exosystem. The exosystem, further removed from a person’s direct control, contains settings that include events that influence processes that are part of the more immediate setting of the parent. For example, in one county in this study, parents perceived government monitoring of regulations for child care as affecting the quality of the child care they used. While parents indicated that they use schools in their community as a place to receive information about their children or other services for their family, including child care, they described their role in this setting as much more of a recipient than that of someone who is active in the setting.

The outermost circle depicts the macrosystem. According to Bronfenbrenner (1989), "The macrosystem may be thought of as a societal blueprint for a particular culture, subculture, or other broader social context" (p. 228).

In this model, the history of the local community, the commonality of goods and services available or inaccessible because of lower income, state, national or world events and the rural setting weave through the fabric of the macrosystem. Parental beliefs are also included in the macrosystem, as they color parents’ interpretations of, responses to, and creation of events throughout each of the settings.

This model is intended to provide a framework for the aspects of parenting and child care in rural environments that were discussed during focus group sessions. Although
Bronfenbrenner's (1989) model can incorporate more structures and experiences than are presented here, the intent of the study was to focus on child care for rural, low-income parents. The model of ecological theory provides a framework for their discussion. It is important to note that, while themes may fit primarily in a particular level, due to the permeable nature of the boundaries between settings (identified in Figure 1 with dotted lines), thematic influences may be present across categories and levels.

In the following section, the themes and subcategories brought to light in the focus groups are discussed according to their arrangement in the model. The themes discussed in the focus groups are represented in the model; subcategories related to those themes are not represented in the model, but remain a part of the discussion as they serve to illustrate the experiences of focus group participants. While not every theme was discussed in every focus group, the model depicts a best fit for each theme.

Microsystem

Parents' choices about child care are influenced by a number of variables. For this study, those variables that touch parents' lives most intimately and overtly were identified at the microsystem level. These variables included the home (parent, child, partner), extended family, child care, the parent's work/school setting, peers/friends/neighborhood, and Early Head Start.

Home

Parents in each of the focus groups described characteristics of their children that play a major role in their child care decisions, particularly if their children had special needs. In each of the focus groups, at least one parent had a child with identified special needs. One mother described child care experiences for her child with cystic fibrosis.

"Like with I, his dad's sister was watching him for a couple of days, and I could tell that he was not getting his medicine. That is one good thing about his medicine. You can tell if he is getting it or not."
“...I can’t be around anybody that is sick.”

When asked about what they look for in child care, one mother indicated

“For my son they (standards or conditions in the child care setting) are a little higher than they would be for my daughter just because ... of the care he needs.”

Another mother indicated

“The doctors made a suggestion to me that I have him in a private day care. The doctors didn’t want him around a lot of children because he was already so sickly.”

Parents also indicated that their children’s reactions to the child care setting influenced their child care choices.

“Like my oldest one she has a vibe about the one that watches her now...”

“...How my kid is going to react, when they know that they can’t go this time that they have to stay with the babysitter.”

“I think that children are more comfortable when they are in their own homes. The children know what is theirs and they know what they can do. The children don’t have to go to some place and say, but at home I have books and I can read them, instead of only having the teachers read the books...”

“You should listen to your kids. If you take them to a child care place and they are screaming their heads off saying “no no” you should listen to that.”

Moreover, even characteristics of a partner or spouse affected parents’ choices about how to use child care.

“Because of my husband’s record...he’s a felon. What happened was his girlfriend was underage. So, he had sex with a minor. So, that presented a problem ... I can’t leave my daughter with my husband. I have to take her everywhere that I go. If I do leave her with him then he has to have another adult there because he can’t be alone with her. But his son can be alone, so I just have to make sure and...I have to have a provider that will take both of my kids, granted if he gets off work sooner he will go and he will pick up little P but he won’t pick up my daughter. My daughter will have to be there longer until I get off work, and then I’ll go and pick her up.”

“My boyfriend he grew up with this lady, been around most of his life. So he knows the way that she is and if I do happen to go anywhere, she is the only person that I trust, her or her daughter. Because, I don’t know them that well, but he does and she has the same feelings that I do about putting kids in child care. And we agree on so much.”
Comments by these mothers illustrate the importance of the characteristics and opinions of the people closest to them as they make, use, and evaluate their child care choices.

*Extended family*

The extended family influences the child care choices parents in this study made in a variety of ways. Parents told how they chose members of their extended families as child care providers because they believed they could trust members of their extended family, or they were comfortable with the values and behaviors of extended family members.

"Yea, I can trust my parents and sister. He loves it there. He has got his grandpa wrapped around his pinky...."

"I have had Job Service jobs and they have tried to help me find a babysitter, and they can't find one. If I would have anyone come and watch my kids, it would be my aunt. My aunt also has a daughter with cystic fibrosis; she knows how to do everything that he needs."

Yet, these same parents also described negative experiences when they used a family member for child care.

"Our oldest child does not like to watch the younger children and is often mean to them if we leave him alone with them, so we don’t do it that often."

"I guess you don’t ever know until something actually happens. When my daughter ended up with her backside black and blue, and her face black and blue I did not even come remotely close to suspecting this person. This was a family member."

Negative child care experiences of extended family members also weighed heavily as parents considered their child care choices.

"My nephew never runs and acts like he wants to be held and one day he was there screaming his head off like someone had spanked him."

"Actually my niece was in an in home, top day care provider that was a long time family friend. My brother went to pick up my niece one day and she had rope burns from ear to ear, and scratch marks up along side of her face."

Likewise, these statements about parents’ experiences growing up show that they still remained a powerful influence on some parents’ decisions about using child care.
“I don't like leaving my kids with anybody, I want to be there for them because my parents weren't, they were always working. “Mom I need this...okay and out the door she went...”

“When I was growing up my parents, they worked constantly and I hardly ever got to see them. So, I wasn't close to them, either one of them, and I am still not close to them. I don't want that to happen to my kids.”

 Pell/Friends/Neighbors

The influences of other adults in intimate or non-intimate social circles that provide information (positive or negative) or social support may also be seen as parents describe their child care choices. Friends (non-relatives with a close relationship to parent), neighbors (others who live in proximity, known to parent), and peers (those who share a setting with parents, such as work, child care, school) are all mentioned as parents describe child care in their lives.

One father described how he would make use of friends or other parents in choosing child care.

“I hear what you’re saying. You have five kids, right? If I were you, and I just moved to this town, let’s say I’d been here five months and I’d just known you five months, enough to ask you what you think this child care provider is like. Which one did you like best? Why? Did they treat your kids OK? Did they have meals? What have they done?”

A mother described how she combined her own knowledge of the community with that of friends and other parents in choosing child care.

“From me being from around here most of my life, I would know some of them, and I would ask. There are several of them I did know, or I knew of. I knew their name. And I would ask. I would say, “Hey, do you know so and so?” And somebody would say, “Oh yeah, I know them,” and I would hear all good things about them, and I would ask. And then the other ones that I knew of or I would ask somebody about and they would say, “Oh no, you don’t want to take them there, they smoke and...”

Parents in one county discussed the importance of using other parents as sources of child care information.

“You should get referrals too, from other parents that take their kid there.”
“I think if you get referrals. If you take the time and you go and talk to other parents who have either taken their children there or...not have taken their children there because they have heard of this or they have experienced that, you know... then you can base your decision on that.”

**Work/School**

Although the TANF guidelines during the time these data were collected required parents to be working or in school, the parents in this sample were either working or staying at home at the time of the focus group interview. Parents in each of the counties provided descriptions of how the work setting affected their child care choices.

When describing the effects of working at a local meat packing plant, one mother explained the realities of her work setting:

“There are some days/places when you don’t know when you are going to get there. Like at the pack we worked 11 hours and you don’t know until that day how many hours that you are going to work.”

She went on to explain that in her experience, child care providers are unhappy when parents work unpredictable hours.

Another mother also indicated that work hours affect child care choices:

“Oh, well some people work second jobs, or swing shift jobs that it is sometimes a lot harder for them to find child care. School is always designed so you have some classes here and then another two hours you have a class.”

**Early Head Start**

Parents described Early Head Start in a variety of ways, as a source of information...

“A____ (the infant/toddler specialist) comes up with good things to do.”

“When you are on the policy council, they share what we are going to do for our families each month. All the other counties are also there so everyone is sharing with everyone else. I get ideas from there, they get ideas from us. “

... as an influence on their choices of and perceptions about care...

“When A____ started Head Start I really didn’t look at a whole lot of things because he was already on the roster. I knew the teacher. The lady that was going to be the lead teacher is the one that came to our house for a home visit.”
"I just feel comfortable. I met some of the staff before I ever came here. They do the same things that his provider in A______ did for him, except computer time."

... and as an influence on their child's development that shaped their opinion about care.

"Coming here and associating with other children is actually giving him the social skills that he was lacking. And yeah he might be smarter textbook wise, but he needed to learn the other aspects that he should have learned instead of all the textbook stuff."

"I see since my child has been coming here that a lot of growing has gone on. I mean it hasn't been all good, he learns things from other kids. The thing of it is, is that he was the baby of the class. And now it is just the opposite. This is his second year in the classroom and to me and from what I hear; he tries to be kind of bossy I think."

**Child Care**

Finally, the child care provider and setting itself provided tremendous influences on parents' choices for their children. When parents were asked what they thought about when they chose child care, responses ranged from qualifications (or characteristics) of the provider to the quality of the setting. Parents also considered accessibility and affordability when making child care choices.

**Provider qualifications.** In this study, provider qualifications are defined as the expertise or suitability of the provider, related to education, training, experience, or personal characteristics or relationships with the family. This includes criteria parents use to make judgments about provider qualifications.

While researchers indicate that education and experience are often related to provider expertise (Gable & Cole, 2000; Kontos et al., 1995), Phillips (1996) indicated that low income parents often define quality in terms of providers (warmth, reliability, experience). When describing what parents look for in a child care provider, parents in each of the focus groups put a strong emphasis on their relationship with the provider, and how they felt about her. These parents indicated that they would be much more comfortable with
a provider that shared their standards for child rearing. They told me clearly that they
wanted someone they know and can trust to care for their babies.

"I need a responsible provider that I can trust to leave, you know. My kids are
precious to me and I don't want to see anyone screw with them. I need to know that
the person that I take my kids to is responsible and they respect me as a person.
They are going to meet my standards that I have set for that person in particular."

"...She has the same feelings that I do about putting kids in child care and we agree
on so much. She asks me what she can do for discipline if something does happen
and we agree to a point on what can be done."

"I would rather have somebody around who knows my kids and their routine. Knows
how I take care of them, things I would do and not do."

"And if you have a friend they know what your kids are like and what they like. I
would rather have someone that knows my kid watch them."

"When you watch someone's kids you need to know those children and know their
names. I would never ask someone that I didn't know to come and watch my kids."

"It would have to be a close friend or somebody that we know." (When asked if they
have anyone else taking care of their child.)

"Get a whole bunch of people that know each other and take turns watching the kids.
If you know them and are friends then you know that you will trust them with your
kids."

"When I first started bringing him and I would get off work I would just hang out there
for a little bit, make sure the provider didn't have anything to do. After I while, I
realized, that, after I met her family, her children, her husband, I got comfortable with
her."

"I like to just sit and talk to the provider and can usually get a pretty good vibe of how
I feel about that person watching my child."

One parent also expressed that because she knew people in her community, she would
know who she would not leave her child with:

"Probably about half of the people who were on the list, I knew from living around
here half my life. I probably wouldn't even leave my dog with, let alone my child."

Parents interviewed also mentioned specific education or experiences that were
perceived as important provider qualifications. Parents in each of the three counties gave
nods to education or training about children, especially if the provider did not have parenting
experience. Being a parent was an acceptable alternative to education or training. Both were mentioned as something parents look for when they are making decisions about child care providers.

“They would also be required to have some type of, um... educational background. You know, training.”

“Other things that need to be looked at...they need to have some type of educational background where they have taken college courses through a college.”

“Just courses about children, because you get in a room with 7-10 kids and they are all screaming and you are the only one there. I can guarantee you something is going to go.”

“Yea, so if you have someone who does not have kids come to watch your children they will get walked all over. Otherwise the person watching the children will abuse them because they will not know how to handle the children.”

“If they don’t have kids of their own then I would want them to have some kind of training on how to take care of kids. But if they have kids I wouldn’t have a problem with them watching my kids.”

“She’s a teacher.”

“She was a kindergarten teacher, you know.”

In two of the three counties, parents mentioned the age of the provider, and did not feel that very young people should be providing child care.

“I don’t think that anybody should hire a high school student. They should be at least 18 years or older.”

“And then you have to watch the teenagers. They want to baby-sit but they are at that stage where it is coy... I’m babysitting tonight, come on over!”

In all counties, parents mentioned the importance of certain behaviors or expertise for child care providers.

“What about a drug testing thing? The last babysitter that I had was registered and she is a known drug user. I found out because a friend of my friend sells drugs to her.”

“What you do in your house after hours is fine but that is another problem. Them kids are small enough...to where you are sittin’ there saying that smoking is bad, drugs
are bad and drinking’s bad. And your babysitter is sitting there smokin’ up, that’s not too cool.”

“If I would have anyone come and watch my kids it would be my aunt. My aunt also has a daughter with cystic fibrosis; she knows how to do everything that he needs.”

“My situation was that I had hired a lady to baby-sit for him. Her husband was the minister of the church and she babysat only him. Her children were in school they were teenagers. A_______ was the only one that she babysat.”

Quality. Quality of care is an important variable influencing child outcomes, especially for low income children. Parents portrayed the influence of quality on their child care choices in a variety of ways, ranging from specific factors such as health and safety (cleanliness, supervision, nutrition) of the child care setting, activities for learning and development (large and small group activities; large and fine motor activities; activities that support language, literacy, math, and science skills; and the development of creativity) and socialization (opportunities for interactions with peers), interactions with the provider (guidance, discipline, affection), to general quality (global assessment of the suitability or features of the child care setting).

For purposes of this study, health and safety included cleanliness of the environment, nutrition, and supervision of children. Health and safety are concerns shared by all parents; parents of infants may feel that their children are especially vulnerable to these influences. Many parents noted the cleanliness of the child care setting during their initial visits, before they chose the setting their child would attend.

“I was very specific and asked lots of questions, as many as I could possibly think of. I always made sure that I went to the place first and if they weren’t going to give me a tour, I walked around anyway. I asked any questions that I had. I was in many homes where the provider’s house was just nasty inside.”

“My main thing that I looked for when I hire a babysitter was cleanliness. Does anyone smoke in the home? Would she be able to help with special needs? Whole family involved. She was willing to let A_______’s physical therapist come in and help out, once a week and show her how to do things with him.”

“I think every facility during the child care hours there is no smoking.”
Surprisingly, these parents also mentioned nutrition and reliance on the food program, indicating a level of sophistication or expertise in their descriptions of quality.

"... nutritious meals... I don't think a lot of people serve good food items."

"Like I said before, have them all enrolled in the food program and all that stuff."

Several parents also talked about health and safety practices and supervision. Many of them illustrated previous experiences with child care that would be quite disconcerting to most parents. For example:

"She put my youngest one in a predicament that never should have happened. Outside in rainy weather, I mean she was a baby, outside with no blanket, no shoes, no socks. She got a cold, I went off and..."

"If the kids are sick the parents are supposed to call and say that their child is sick and won't be coming in that day. But like I said earlier it is about money, the parents are not thinking about all the other kids at the day care that are going to get sick from them."

Parents described safety practices they would like to see, and expressed dismay regarding unsafe practices they had experienced or witnessed.

"You need to accommodate to keep the kids safe. My whole yard is fenced in. And another thing, if you are going to have an animal they need to be kenneled until after hours, because that is just an accident waiting to happen."

"I really think that every provider should be required, in their licensing that they need to have a fenced in yard. Because a lot of the times, like where I live, you go up the street and the day care kids are just running out in the street chasing after balls, they don't care. It's just, no. You need to have a fenced in yard."

"I had a friend, they took her kid to the babysitter and they had a Chow and that little girl had surgery on the side of her face. She took out half her cheek."

"Another thing is that the providers... You are supposed to have this fire plan and your tornado plan, your exits labeled. Where are the fire extinguishers? Where are they? They are not any place where you can see them like they should be."

"There would be... every child care provider would be licensed and CPR certified."

"I picked my daughter up one day and her eye was swollen shut and she claimed it was mosquito bites. She told me all the other kids had them but my daughter didn't have many mosquito bites, you know her eye was swollen shut."
"My son told my mom that my old child care provider's husband choked him. I didn't
know what to do. I switched providers."

"I guess you don't ever know until something actually happens. When my daughter
ended up with her backside black and blue and her face black and blue I did not
even come remotely close to suspecting this person. This was a family member."

Parents' concerns about safety were evident as they discussed a child care
provider's ability to supervise multiple children, and worried about providers in their own homes not having anyone else watch what they do with the children.

"They should be limited to so many you know, kids."

"The babysitter that I had would have seven or eight (kids) and, you know I come
home one day, driving down the street one day and my kid was outside with no supervised person outside. And they are only 1 and 3, you know. I took my kids out."

"My old babysitter, the last time I took my kids there. I would come home the youngest kids were strapped in a stroller and left outside and my kids and the other kids would be playing out on the driveway and she would be inside. And once I took my three ... to see if I could see her but she wasn't there. As soon as I pulled in, she would run outside. It happened twice."

"I always think of that too, if you take them to an in home provider and she is the only one there and there is no one else there to see what is going on, there is more of a chance of them doing something in their home when they are the only one there. In a day care when there is going to be parents walking in and out. Stuff still goes on in child care centers, but I feel that you have more eyes there seeing what is happening to your child."

"Are they going to be safe? You don't want to take your kid to a molester's house and all that."

Parents wanted activities for learning, development and socialization to be a part of their child's experience in care. These Early Head Start parents were eloquent in their descriptions of the developmental and learning experiences they seek. Early childhood professionals would also look for many of these same indicators of quality.

"I had one person, just one, one provider in this town that, I swear to God if I could get my kids back over there, they would be there in a heartbeat. It was just on the edge of town, she had a nice big yard to play, and she had animals, you know, but they were like little kittens and just like that. That was it. No dogs, nothin' like that, just little kittens. And nice outdoor play equipment. She was a kindergarten teacher, you know. She did all these activities, stuff like that."
“If it is during the day we use our day care provider, and she is a one person Early Head Start program! She is a perfect day care provider. She teaches them their ABC’s, shapes, and colors. They work on fine motor; they have naptime, snacks, lunch, and breakfast. They do a lot of things! She limits their T.V. time to 2 hours per day. She is really good works on the potty training with them, doesn’t have a problem. She requests that they don’t use the pull-ups she would have regular underwear. She is the best thing for our child besides this program.”

Interestingly, parents who had children enrolled in the center-based Early Head Start program provided definitions of quality that most closely parallel those of professionals, as illustrated in this statement.

“I look for cleanliness of the building, safe, age appropriate toys, fenced in yard, activities that she does with the children. I went and observed her without my child. Does she talk to them in a pleasing tone, make sure that she does the things that she says? Giving in just enough. Talk to them about stories, ask questions.”

Conversely, parents also expressed discouragement about experiences children have in child care. The experiences parents described were not those that most professionals would expect to see in infant/toddler settings, suggesting that perhaps some parents need more information about appropriate learning activities for infants and toddlers.

“Providers now don’t do anything. They don’t do anything. They don’t sit down “OK now, this is activity hour, we’re all gonna make little houses out of Popsicle sticks or something. They don’t do any of that any more.”

“I would rather them be in school where they are learning something than sitting at a day care...You don’t know if they are learning anything. I would rather have them in school...”What did you do today?” “Oh, we made snowmen.” They can bring it home and I can stick it on the fridge.”

Access and affordability. Along with quality, accessibility and affordability are often mentioned as part of the trilemma of care (Hegland, Peterson, Oesterreich & Larson, 2002). While parents mentioned affordability and access as important features in making child care choices, they were not described with as much emphasis as the quality features or the characteristics of the provider. For purposes of this study access is defined as the availability of child care, including available slots during the time of day and day of week that
parents are seeking care for their child; the consistency with which care is available, the
ages of children for which care is available, the cultural and linguistic fit between the families
and providers, and the ability to include children with special needs. Affordability is defined
as the cost of child care, and the cost in relation to the parent's budget, income or
expectations. For purposes of analysis, accessibility and affordability are placed under the
child care theme in the microsystem. However, many of these issues are directly or
indirectly influenced by societal attitudes or public policy, and could be argued to be part of
the exosystem (governmental influences) or macrosystem (societal attitudes).

Issues of access are sometimes related to simply having an open space for children.

"When I called Child Resource Services, they gave me like 12 people, and like, most
of them are full or they have a waiting list..."

"We don't have enough in this community and the ones that we do have they are so
good ...Like I have a friend that baby-sits over by the golf course and my son's old
babysitter is over there too. They never have a vacancy. Never. "

"There's like one day care center, and I then there's... I know a couple that do it in
the homes, and they're so full you can't get 'em in, and they don't want to do it
certain hours or...”

Issues of accessibility were also related to the age of children. These parents of
infants and toddlers found that some providers wouldn't serve very young children.

"A lot of them don't take babies."

"...or they won't take them if they are in diapers."

"Yep, they won't take 'em if they're in diapers. If they are not 2 years old they won't
take 'em, or you know. It is just little piddly things."

By the same token, care for children with special needs was also less available.

"It is really bad when the day care here won't take a child that has a genetic disease.
Basically, what they say to me is that they don't want to deal with it. That doesn't set
well with me and that is the whole reason why I don't like day cares. Because over
half of the time you can tell that they don't want the kids."

Finally, parents described the difficulties when child care was unavailable due to providers.
“I would be less stressed because I would not have to be worried about is this person going to be here today. That is my big hang up. Because they would call me and tell that they weren’t going to baby-sit today, because my (the provider’s) daughter’s sick.”

“They could say that they weren’t babysittin’ today ‘cause my daughter’s sick, but you can call this number, I’ve already called and found you an opening. No, they don’t do that around here. They just call and say “I’m sorry you can’t bring your child today because I’m sick!”

“They go on vacation every time that they want one. And they tell you at the last minute.”

“I did the same thing, when I was looking for somebody I put an ad in the paper and I wasn’t having the response I wanted. I was having a lot of teenagers call me that were looking for a summer job. That’s not what I was looking for. I needed someone who could do it permanently, while I was at work during the week.”

“I would like for her to extend her hours, the babysitter doesn’t like to baby-sit till even five o’clock. It would be nice for my sitter to say that she would watch him every once in a while. And it is not like we need her to watch him late every night, but every once in a while would be nice if she could do that for us.”

The cost of care was also a barrier for parents, as can be summed up by this statement.

“There is day care out there, but it costs a fortune.”

Several parents indicated that the cost of child care was a real burden for them.

“And the babysitter over here is just too expensive.”

“With the child care expenses, it is hard to find someone.”

“Well, I know that day care is hurtin’ for help, I mean for kids, the day care centers. But, it’s like at day care, they charge too much money…”

“The only person that would take all three of my kids was a day care center. I just figured it out. It’s $5.75 an hour for all three of my kids.”

“Some places are $2 and a quarter.”

Mesosystem

While teasing out separate microsystem components allows us to simplify descriptions of some of the influences on parents’ child care choices, the second area of the
model (see Figure 1), the mesosystem focuses on interactions among settings in the microsystem. It serves to provide a glimpse at some of the complexity of factors parents consider when making decisions about child care. The examples in the mesosystem portray instances in which activities, events or people in one setting influence or impact activities, events or people in another setting. Parents have direct involvement in both settings at this level of interaction.

Extended family/child care

Some of the most notable interactions are those in which experiences in the extended family influenced parents as they make choices for their children. The following quotes illustrate how variable those experiences are.

“I had more of a problem trying to find an in home based day care that I wasn't leery of. Actually, my niece was in an in home, top day care provider that was a long time family friend. My brother went to pick up my niece one day and she had rope burns from ear to ear, and scratch marks up along side of her face. Nobody could tell them what had happened to his daughter. So knowing that that could happen I was very leery of bringing my child to an in home day care.”

“Yeah, I can trust my parents and sister. He loves it there. He has got his grandpa wrapped around his pinky.”

“The only other person that I leave him with is my mom and dad.”

“And ever since my boyfriend's mom watches the girls every once in awhile. But it is nothing to an extent, if we do go anywhere, it is like maybe an hour to two hours tops.”

Work/home/child care

As might be expected, and as experienced by parents at all socio-economic levels, interactions between the demands of home, work and child care create some hurdles for parents. As with many parents, these parents voiced concern about arranging schedules.

“I had just whoever I could find watch him; family members, friends, whoever I could find watch him. It was stressful for me because some nights at 7:00 at night I didn't even know who was going to watch him the next day and I had to go to work at 7:30. It was like, "what am I going to do with him? I'm going to have to call my job and tell
them I can't work, and they're gonna fire me" because, you know... I mean, it was hard."

"Like, I had a job offer but either nobody would watch them after 5:00. They wanted to stop at 5:00. My job was like 10:00 – 7:00 but I couldn't find nobody, so I couldn't do it."

"I have tried to get a job and have babysitters who call the night before and saying they couldn't watch them anymore. So I just stay home with them, and they go everywhere with me."

"I have a good babysitter and hopefully will have her for a long time. Until the pack closes, if they close."

For these parents with lower incomes, the added burden of having to determine if they can earn enough money to pay for the child care they need if they should go to work, or when they have to go to work, weighed heavily.

"It's like I keep telling everybody, I want to go to work, but why work when all the expenses would go to day care?"

"Yeah, it (block grant) helped though. Because I had to pay child care or I wouldn't be workin'... You still have to pay though, after the block grant."

"But I had to quit school because I wasn't able to afford a provider."

"For even for me to get a minimum wage job I couldn't do it because the child care would take everything."

"And, you'd get the privilege of holding on to your check until you paid the sitter, and that would be about it."

The demands of work also intersected with parents' beliefs in the importance of time with their children.

"It makes me feel good, that I don't have to sit there and worry. Because I did have two jobs. I had one after my oldest one was six months and when my youngest one was six months. I couldn't concentrate; I couldn't do my job properly because I was sitting worrying about what was happening to my kids. How they were being treated, and..."

"By the time you go to work and then pick them up, feed them supper, give them a bath and then they go to bed. They spend more time with the babysitter than they would with you."

"I was thinking about it (leaving her child in child care) all the time at work."
"I don't know how anybody can do the third shift, especially mothers. You work all night, and then sleep during the day, and you don't have any time for your kids. Now the third shift would be when your kids start school. Because you are working while the kids are sleeping, when they are at school you are sleeping and when they get home you wake up. That would be ok, but third shift when they are little, NO. You wouldn't have any time for them."

**Exosystem**

The exosystem (the third ring in the model) includes events or settings that influence processes that are part of the more immediate setting of the parent, but are more removed from the parents' direct influence. In this study, parents identified influences of the media, various levels of government, and schools. These three settings were placed in the exosystem level because while they influence parents' lives and decisions, parents do not have reciprocal levels of influence in these settings.

**Government**

Government polices certainly had an influence on parents' lives, especially as they related to child care information, regulations and assistance. Parents expressed varying levels of usefulness of government regulations, with parents in one county generally indicating that information received from government entities was not entirely useful, while parents in another county expressed a desire for more and better regulation of child care providers. In relation to child care, many of the comments focused on the government's ability to help parents ensure their children's safety.

"Yes, I called DHS and I don't know if they have any information or not because all they could give me was a list of child care providers. They couldn't tell me if they were certified or not."

"I don't understand how can they be on the list for being licensed when the one lady just now was released from jail for sexual conduct or something like that with a minor? And she is on the (DHS) child care providers list."

"I think that...I don't know how often that they are inspected, you know. I don't know how often the inspectors come in, or whatever but I think that it should be monthly."
"I think it needs to be done every month. The house needs to be inspected and the person needs to be checked on every month."

"And I think that if they, you know, they say this person you are pertaining to, this one that you know she does drugs or whatever, say they drop a UA on her. OK. And she comes up and that's dirty. She loses her child care privileges, no pay, until she can get it clean."

These same parents also felt government influences in their daily lives as they related to government assistance.

"They count my husband living in the house because he's Mexican. But they don't claim him because you have to pay 10 years into Social Security before you can get any help. So they count his money against me and say that I make too much money when I don't make any money because I sit at home."

"The block grant, yeah it is okay, but in order for you to almost qualify (and I'm not trying to offend anyone or anything) you have to be by yourself and not have a life. Not have a man or anything like that. Because if they find out about it whether he lives there or not they'll try and use his income."

Whether or not government policies were improving quality of life for these parents or increasing their child care choices, these parents' perceptions of the impact of government on their lives were not encouraging.

**Media**

The same could be said for the influence of the media. Parents in two of the three counties talked about how their ideas about child care were negatively affected by what they'd seen on TV. These comments reveal a concern for children's safety, a common thread throughout the focus groups.

Dad: "I did see one on 60 Minutes not too long ago. I was very intrigued by it. Mom: He told me that I had to quit my job, I was like yeah right! Dad: I just didn't want my child to be in that situation, to be aggressive towards others."

"Then, in the back of my mind I would be thinking about that stuff you see on TV about the minister molesting these kids. And I'm like, good God, I know they seem like nice people."

"I have seen so much on TV. When they have had hidden cameras in day cares and the way that the children were treated. I won't put my children in that situation. I don't
feel comfortable doing it and if I don't feel comfortable then I am not going to put them in it because I know that they won't be comfortable."

**Schools**

The focus children in this study were all infants and toddlers. Parents in only one county mentioned the K-12 schools. Their comments regarding the schools can be summed up in the statement of one mother, who had older children and a child in the Early Head Start program:

“Once in a while I'll get some (information) from the counselor, but otherwise I don't.”

**Macrosystem**

The macrosystem can be described as overarching patterns of micro-, meso-, and exosystems characteristic of a given culture, subculture, or other broader social context, with particular reference to developmentally -instigative belief systems, resources, hazards, life styles, opportunity structures, life course options, and patterns of social interchange that are embedded in each of these systems. (Bronfenbrenner, 1989. p. 228).

In this study, the local community, social class, and influences of state/national/world events were included in the macrosystem as examples of broader social contexts.

Parental belief systems are also included in this level of the model. Parents’ beliefs about parenting and child development provide a filter that colors the decisions parents make as they embrace their parental role. Bronfenbrenner (1989) explains that belief systems are critical features not only of the person expressing the beliefs, but also of significant others (such as extended family or peers) in that person’s environment. He uses Vygotskian theory to explain that parental beliefs are defined by the parents’ culture (or subculture) and because of that, beliefs may change over time. He argues that parents draw from their repertoire of beliefs when they intuitively or thoughtfully define their wishes, dreams, and goals in raising their children. Because recognizing this belief system is critical in understanding the interaction of the person and their environment, it is a significant feature of the macrosystem.
Local community

Parents felt the influence of the community on their lives, especially as they talked about the fact that much of their life was obvious to people in the community.

“It is very bad in this community. If there went one day where nobody in this town was worried about what everyone else was doing they would be bored, they would be at a loss.”

“The____ is nothing but a gossip column.”

“It’s an Ann Landers here.”

“I mean a person can go walking down the street naked and by the time the day is over everyone is going to know about it. Maybe high noon!”

“My neighbor, she knows what time we leave and what time we come back. She knows what time my husband leaves for work, she knows what time he comes home. She just sits there and watches out the window and watches my door.”

“I just think that a lot of people when they get involved where they shouldn’t be you know. Sometimes they have a tendency to intimidate people. You know, like “Oh God, why do I want to go get a job, everybody will know what the hell I’m doing.”

“To me this town is nothing but a gossip, back stabbing place, you can’t trust anybody.”

Although these comments indicate some dissatisfaction with the likelihood that neighbors know so much about each other, when considering the comments parents made about the importance of knowing and trusting the people providing care for their children, this could also be seen as a benefit in these communities.

Rural

Many parents tied the characteristics of their communities to the fact that they are in rural areas, and although parents did not seem to like the intrusiveness of the communities, they did seem to like the idea of living in a more rural area. Parents perceived rural areas as safer, and indicated that residents in rural areas know more about their neighbors, even if, as portrayed above, that can be annoying!
“No, I chose this. I chose a small town and we will actually be moving to a yet smaller town with a population of only 67. So, just because, I feel it is more important that you are in a small town because then you don't have so much city life. It is quiet and safer. You know, you can just, your kids have a lot more chance to be... a little bit more laid back, I guess.”

“It is a lot safer than a big city.”

“It is not as big as Des Moines and you can get to know a lot more people around a smaller area... You trust them vs. living in this big town where you bump into somebody that you know maybe once a month. Where as in a smaller town you see people you know you very often.”

“You can also tell how others deal with their kids, to see how they would be with yours.”

“I’m from the big city; in the big city it is not like that. I mean you could be living in a nice neighborhood and then a couple of blocks down there could be gang bangers. You just try and keep the kids away from there. From drugs and alcohol...”

“Everybody’s nose is in your business. Everybody knows everything about you. That is small town for you.”

Social Class

As required by regulations, as least 90% of families with children enrolled in Early Head Start programs share the characteristic of living at or below the poverty line. Parents in this study expressed the influences of social class (defined as descriptions of individuals or families based primarily on income, but also job, neighborhood, family background and/or stereotypes; and the effects of family income) on family lifestyle and choices.

Parents described their lifestyle as difficult...

“I agree with J. too, but a single parent has to go out and work. It is hard to do everything without some kind of income.”

“Technically we really aren’t saving any money although we are trying to. It’s hard.”

“I was just lucky to have 2 dollars after paying all the bills and stuff.”

“So I need somebody else to teach my child how to do it, so we struggle, we don’t make it pay check to pay check. I don’t want him to live like that.”

...and indicated that they often felt judged.
“We do what we can and the rest of the people just classified us as poor, we’re not even mediocre. The rest of the families think that, even though our kids do sports, we don’t have the clothes. The house, the cars, the yada, yada, yada, then we must be bad parents.”

“Oh, yes, we are all looked down upon...well we raise our voices to our children, and we even do it in public, so we are terrible, terrible parents.”

“And, there’s that whole thing that if a mom stays home on welfare people think well why can’t she work? Why can’t she support her kids instead of having other people support her kids?”

These parents also pointed out choices that they didn’t feel they have because of their income level.

“Right, I know a lady who is like that; she was able to stay home with her kids. She brings them to preschool a couple of times per week and the rest of the time she is at home with her kids.”

(2nd parent): “I think that I would like those choices. We don’t have them though.”

“We don’t go out very often because we can’t afford it. We went to a movie.”

“We like to go dancing, but we haven’t been out for ages because they wanted 20 dollars for two hours. By the time we pay to get in and get something to drink you are broke.”

Local/State/National Influences

The focus groups in all three of these counties took place in October, November and January after the terrorist attacks on the World Trade Center in New York City and the Pentagon in Washington D.C. The effects of those events were reflected in the comments parents made regarding their concerns for their children’s safety, a recurring theme across counties and across all levels of the model.

“I think safety, the way things are in the world nowadays, it is hard to keep your kids safe.”

“The reason that I say this is because nowadays with what is going on there is no way that I am going to stick my kid on a bus. Maybe if it settles down in five years but right now, NO!”

“...as of everything that has happened since September 11. Tell them that it is ok, not everybody is like that.”
"I just I don't want anything to happen to them. It is like if the world is going to come to an end then why would he be creating more life and it makes me a little bit upset. Because you know people are still having kids and then a war starts..."

Parental Beliefs

Parental beliefs (the final category in the macrosystem level) are the knowledge or ideas regarding parenting that are accepted as true. They encompass ideas about how parents should act, and what children are capable of doing, and influence the hopes, wishes and dreams parents have for their children. In this study, statements indicating parents' beliefs are woven throughout themes, categories and levels in the model. Statements included here are more direct statements regarding beliefs.

Beliefs about parenting. Parents' beliefs about their role in promoting their children's growth centered on nurturing their children. Parents' strong beliefs about nurturing may be related to the desire to ensure their children's safety so evident in many of the other statements.

"Nurture them. If you're not there hopefully you have a partner there, to help you raise them."

"To hope that you raise them with good morals, good beliefs, something that they can stand up with and feel good about."

"And nurture them and show them the ways of life, pretty much, show them the ropes."

"You need to spend quality time with your child. Not just a few minutes here and a few minutes there because that is not going to do much."

"To be able to be there for your children."

"You need to listen to your children, that is the best. Because when they say something and you don't understand and you sit there and talk to them and they explain it to you, you understand your child more."

These parents also expressed the idea that parents instinctively know how to parent.

"Um, I don't know... and I don't want to say this without meaning something meaning something totally... that it's the only word I can use... If you are a good parent, and
please don’t take offense to this anybody, you will know what your child needs. You will know what you need in a provider and you won’t settle for anything less.”

“Parents know how kids act. Parents know how to stay calm, and know how to react when a child gets out of hand.”

**Beliefs about child development.** Along with their ideas about parenting, these parents described the knowledge they had about what promotes and influences children’s development, and particularly how their experiences with other children in their families, neighborhoods, or child care settings, influence development.

“If you have another child, you will see the aggressive traits come out. It doesn’t matter where he is; he is going to end up with them.”

“I think that it does our child good to be at a child care center. I guess that I would like to be one of those parents that gets to stay home with their child and gets to bring them to preschool a couple of times per week. That way the child would get some time with some other children. I think that they need socialization with children their own age.”

“I think around more kids she’ll get more better because she’s playing more.”

“I think that their needs vary in ages. If you look at it even though there is quite a different bracket between my daughter and my son (because my daughter is 8 and my son is 2) she helps my son develop beyond. Do you understand what I am saying?”

“Because you can’t have two different sets (of rules) because it just throws a kid completely off.”

“But when they are little that is when they bond with you, they just know you.”
Discussion

The idea that parents and professionals differ in their definition of quality is cited in research literature and in some ways reiterated by those in the field when they despair about the choices parents, especially lower income parents living in rural areas, make regarding child care. We often try to help parents understand quality from our own perspectives. This study reinforces the importance of working to understand quality from the parent perspective. Little research was available to document changes in parents' ideas about quality or actual changes in quality of care that might occur when practitioners start with family choices or preferences and work from there, although that is an oft-cited starting point when helping families in areas such as self-sufficiency or school success.

An ecological framework was used to organize the variables regarding parents' choices about child care. The ecological framework, as defined by Bronfenbrenner (1989), describes contextual influences on developing persons at a variety of levels in different proximity to the individual, while emphasizing their interconnectedness, and the developing person's influence on the different settings with which they interact.

As noted by the number of variables included in the model, the decisions parents make regarding child care for their children are complex. According to Pungello and Kurtz-Costes (1999), environmental factors (such as income, maternal work history; number of children in the home; availability of any given type of care; attitudes in the family, community or society about child care) influence parental beliefs, and behaviors as well as child outcomes. In turn, child outcomes influence parental beliefs. Parental beliefs influence behaviors, parental behaviors influence child outcomes, and vice versa. While specific responses to questions differed between individual parents as well as between groups of parents in each county, most categories contained responses from each county (Appendix E).
In discussing what influenced their decisions about child care, parents identified a number of factors in close proximity to their daily lives. In this model, those factors are placed predominantly at the microsystem level, interacting with each other at the mesosystem level. They include characteristics of their children, such as children’s special needs or reactions to child care providers; characteristics related to their partners, and interactions with or information from peers and extended family. In this study, parents indicated they would rely on friends or others in the community for information about child care; and that there were places they would not take their children because of a friend’s experience there. Other researchers report that rural families mention relying on friends as a source of parenting information (Atkinson, 1994; Gable & Cole, 2000; Pungello & Kurtz-Costes, 1999; Spoth & Conroy, 1993).

Additionally, because parents frequently mentioned that they prefer someone they know take care of their children, it could be likely that parents make use of personal social networks such as those mentioned by Cochran (1993) to support their child care choices. While few specific stories were mentioned, during focus group interviews it became clear in the way parents talked with each other that some of the families knew each other well and exchanged child care and other duties in a reciprocal fashion. Interestingly, unlike the conclusions described by Whiting (1974), parents in these counties more frequently mentioned relying on other individuals (although not necessarily family members) rather than printed material to gain information about child care in their communities. However, many parents were aware of media stories regarding child care. Certainly information family and friends shared about child care experiences, particularly negative experiences, figured significantly in the stories parents told, and was implied in their selection of child care providers, or where they would “never” take their children. Spoth and Redmond (1996b) conclude that attitudes of influential others sway parent perceptions regarding the
usefulness or worth of programs. This certainly seems to be the case for these rural lower income parents, as well.

Engagement in work or school settings and the Early Head Start program, were not frequently mentioned as sources of information about child care. While this might be expected from work, it was somewhat surprising that parents didn’t spontaneously discuss information provided by the Early Head Start program. During the time data were collected, parents in one of the counties had access to a center-based Early Head Start program; parents in the other two counties were in home-based programs. All parents talked about using some type of child care at some point; however, parents participating in home-based Early Head Start used considerably less child care (one-half hour/week to 4 hours/week) than parents using center-based Early Head Start did (32.5 hours/week). Parents in home-based programs may not have been exposed to as much information regarding child care, (they may not have asked, or the home-based ITDS may have focused on information other than that related to child care), possibly making these parents less likely to have spent as much time considering their preferences and choices.

Characteristics of the child care provider and the child care setting also play forcefully in parents’ choices about child care, once they have decided to use care. Relationships with providers were mentioned frequently. In fact, this study serves to reemphasize the primary importance of parents’ relationships with people they choose to provide care for their very young children. Parents in all three counties talked about the importance of knowing and trusting the child care provider and having the provider be acquainted with their children. Caregiver training materials and other professional materials (Greenstein, 1998; Lane & Signer, 1996; Zero to Three Center for Program Excellence, 2002) contain information about the importance of the caregiver parent relationship, particularly in infant/toddler settings. From the comments participating parents made, it
seems they recognize the influence environment (through their choice of child care provider) could have on their child’s development, similar to Booth’s (1997) suggestion.

Parents also indicated that provider training or education could be important if the provider is not a parent. The overarching belief that parents know how to care for children, while those who are not parents do not, was expressed by several mothers when they said that providers would need to have training or courses in child development if they didn’t have children of their own. For these parents, being a parent signified a higher level of qualification for a potential child care provider. Age was also mentioned as a qualification; parents questioned whether teenagers would really pay enough attention to children when they were caring for them. In addition, parents stated that providers should be modeling the behavior they are teaching their children. For instance, if they are trying to teach their children that smoking is bad, they don’t want child care providers smoking in front of the children.

Although many studies (Cost, Quality & Outcomes Study Team, 1995, Cryer & Burchinal, 1997, Gable & Cole, 2000, Kisker & Maynard, 1991) indicate that parents and professionals may not evaluate child care in the same way, some parents in this study were well aware of the features of care that were important to them as they sought to provide nurturing environments for their children. And, those features have some similarity to the features early childhood professionals identify as critical to child outcomes. Interestingly, while professionals identify teacher-child interactions as important, parents tended to identify those interactions in relationship terms (trust, know you, know your children) applied equally to the provider-parent and provider-child relationships. While parents expressed a strong desire for their children to be learning, the activities they described as supporting that learning differ from what professionals would describe for infants and toddlers. Gable and Cole (2000) note that finding common ground between the definitions of quality held by
parents and professionals is a necessity if we hope to guarantee quality services for all families.

One of the components of quality identified by professionals is health and safety (Cryer & Burchinal, 1997; Gable & Cole, 2000; Kontos et al., 1995; Pungello & Kurtz-Costes, 1999). Across all counties, parents focused on safety. Parents frequently mentioned concerns related to abuse. Unfortunately, many of the parents interviewed had personal stories of themselves or their children being abused, or stories related to them by others or the media of abuse in child care settings. Researchers talk about parents considering outcomes for their children when they choose child care (Pence & Goelman, 1987), and some researchers mention that parents have concerns about supervision (Sonenstein & Wolf, 1991). The Midwest Child Care Study (Hegland, Oesterreich et al, 2003) describes parents' concerns about safety and supervision with clarity. In this study, low income parents perceived their infants to be at higher risk in the child care setting than high income parents. This strong concern reflects the goal for health and survival suggested by LeVine (1988), and differs from health and safety goals related to, for instance, sanitation and hand washing.

While licensing standards are designed to protect children’s health and safety, we might assume that since so many parents indicated that friends and relatives helped provide child care, many of the children were in settings where health and safety are not regulated. While some parents did mention regulations as a safety feature, parents gave no indication of whether settings they used for their children were regulated, or if they knew of the licensing or regulation status. In Iowa, persons providing care for more than five children in their home are supposed to register with the state Department of Human Services. Persons providing care for fewer children may register on a voluntary basis. Between these less than stringent regulations and parent preferences, it is likely that many of the children of rural
low-income families are receiving care in settings where safety is not closely monitored by outside regulators. Beach (1997) wrote that rural families are more likely to inquire about safety and child happiness than some other aspects of care. Comments from parents in these focus groups seem to reflect that emphasis.

Care for children with special needs can be related to health and safety concerns. At least one family in each county expressed additional concern about finding child care for their child with special needs. While Early Head Start programs are mandated to maintain at least 10% of their funded enrollment slots for children with disabilities, many other community child care settings, while operating under the requirements of Americans with Disabilities Act (U.S. Department of Justice, 1997), are not necessarily adept at providing care for children with special needs. In a study of Iowa center-based programs, 76% of respondents listed a variety of perceived barriers in providing care to children with special needs. These barriers included insufficient staffing, inadequate physical environment, lack of staff training, insufficiently qualified staff, lack of funding, lack of materials and equipment, eligibility limits and capacity limits of program, negative staff attitudes, and inaccessible medical service (Community Development-Data Information and Analysis Library, 2001). In these focus groups, many of these barriers contributed to parents’ concern for their children’s well-being.

Parents also discussed goals for socialization and learning. Most parents interviewed agreed that children learn how to interact with people by being with other children. Most of the parents who used group care settings indicated that their children did learn how to play with or get along with others from that experience. One parent said that although her child was very smart when he started care, he needed to go to learn how to get along with others. Another mother noted that her child was tending toward more bossiness in his second year of Early Head Start center-based care! However, parents in one county especially indicated
that they would not choose a child care setting for their children because "providers don't do
anything with the kids." These parents also indicated that craft items and "papers" would be
an indication that children were learning. Most early childhood professionals would not look
for that kind of evidence of activities that support cognitive development for infants and
toddlers.

Parents in two counties, one with center-based Early Head Start, talked about using
checklists to assess child care settings and looking for things such as seeing story time on
the schedule and seeing the provider reading stories to the children. In addition, the parents
in the county that offered a center-based Early Head Start program more clearly articulated
elements of quality they look for, such as story time, numbers and ABC's, possibly indicating
that exposure to high-quality settings or the amount of time parents use child care influences
their understanding of quality. Parents also mentioned limiting TV time, opportunities for
outdoor play and computer time as specific learning activities they valued.

Other factors that influence parents' choice of child care are related to the options
they perceive as available to them. Indeed, while parents struggled to describe ideal child
care, they listed a variety of reasons why child care of any sort didn't seem to be accessible:
cost, "good" providers have no available spaces ("they are always full"), providers don't offer
services for infants or toddlers or children in diapers, limited services were available to
support children with special needs, hours of care are incompatible with their work
requirements, and providers are not always reliable. These limitations seemed to apply
without differentiation between center-based settings or child care in someone's home.
When choices are limited, and parents need child care, they choose the best available
option, even though it may be far from what they would prefer (Britner & Phillips, 1995;
Kisker & Silverberg, 1991; Kontos et al., 1995; Pungello & Kurtz-Costes, 1999; Sonenstein
Not surprisingly, cost was a factor in child care choice. However, just as Lein (1979) found, the decision affecting choice wasn’t about how much to pay for child care, but rather whether to pay for child care at all. One parent indicated that there was child care available, but “it costs a fortune,” while another parent indicated that she would be paying $5.75 an hour for care for all three of her children. One parent mentioned that, at $2.25/hour, the cost was just too high.

The 2001-2002 Program Information Report for this program indicates that nearly 94% of all of the participating families had incomes at or below the federal poverty guidelines. For the mother who had three children and a partner, that amount was $20,670 annually (ACF, 2001). This salary is roughly equivalent to a gross wage of $10.35/hour maximum, $9.60/hour after 7% FICA deductions. Subtracting child care expenses for three children at $5.75/hour leaves $3.85 hour or $154/week (for a 40-hour week) to allocate toward housing, food, clothing, health care and other expenses. In other words, child care expenses would take nearly 60% of this family’s net wages for each hour they were working and paying for care, excluding hours for travel between work and child care. Given this, it isn’t surprising that parents consider not how much to pay for child care, but whether to try to pay at all.

As we extend to the mesosystem level, we see some examples of how settings in the microsystem interact to influence parents’ choices, demonstrating the interconnectedness of the home and child care setting (Britner & Phillips, 1995; Pungello & Kurtz-Costes, 1999). For instance, in most of these parents’ descriptions of what they try to plan for their child (parenting roles in the home setting), we see more evidence of child-oriented goals (Dix, 1992), that is, goals related to children’s happiness and what parents perceive as appropriate development, than goals related to parents’ own ease of living. When parents talk about the importance of knowing the child care provider, it is generally
because they want to make sure that person exhibits similar values and discipline styles as the parent (child care setting). As one parent indicated, two sets of rules is too much for children; it's too difficult for children to know how they are supposed to behave when they get mixed messages about what is important, good, or bad. Parents also indicated that, if they choose to use child care, they want their children to be comfortable. Widely differing routines or values may make it more difficult for children to be comfortable with a different caregiver, or in a setting outside the home. This indicates that these parents exhibit both empathic (they want their children to be content) goals and socialization (they want their children to benefit) goals (Dix, 1992).

At the exosystem level, only a few direct influences on child care choice were mentioned by these parents, reflecting the less direct impact of settings and experiences at this level, and less parental control over those settings. One factor includes the rules related to the block grant and the perception that while it may help parents pay for child care, it is difficult to use. Another factor relates to the reports in the media of child care being either unsafe for children or promoting aggressive behavior. Several parents mentioned television shows they had seen showing child care in less than favorable light. Pungello and Kurtz-Costes (1999) mention media as a possible influence on parents' child care choices. While comments from these parents didn't indicate that media stories influenced their particular choice of care, it seemed they did influence their thinking about child care. In one county, parents indicated that state government might influence their ideas about using child care if monitoring was more rigorous. In more than one county, parents indicated that information from settings at this level (Department of Human Services, Child Care Resource and Referral) was not particularly accurate or useful in their search for care.

Cultural effects on child care choices were most evident at the macrosystem level. Parents describe their communities as places where everyone knows everyone else and
what they are doing, and the rural settings as safer because you know more people. Just as
the mothers in Gilkerson and Scott’s (1997) study, these parents were concerned about
safety for their children. While the community conditions were perceived as somewhat safer
in this study, parents’ primary safety concerns in both studies centered on physical harm to
their children from another person. Parents in both studies were concerned about who they
could trust with their child. When parents need to use child care, they prefer providers who
share their values and have similar rules and expectations. Small, rural communities seem
to provide them with the opportunity to get to know people who might be caring for their
children. During one of the interviews, a parent stated that you know more people in smaller
communities, so you “know how they would care for your kids.” In this respect, while child
care options were described as limited, parents in these rural communities may have the
advantage of knowing more about potential child care providers than people in larger towns
or areas that are more metropolitan.

Parents did express that they feel they are judged by the community due to either
their income (“We don’t have the cars, the clothes…” ) or the way they interact with their
children in public. In this study, it is difficult to differentiate the effects of income on parents’
choices about child care. Although these parents seemed to know many of the people, and
about many of the child care settings in their local communities, no parent indicated that any
of the settings served clientele at higher income levels only, or would be off-limits for them.
Parents did make general statements about not being able to afford child care, or other
items such as movies and dancing. It could be that, similar to the description Lein (1979)
provided, the effect of social class is seen in these parents’ choices of whether to pay for
child care or not, rather than what child care to pay for.

While parents could define features of quality child care from their perspectives,
another contribution this study makes is to point out the difficulty some low-income rural
parents have when asked to describe ideal child care provided by someone other than parents. When asked to describe ideal child care, many parents indicated that an ideal child care situation would be to be able to stay home with their children, especially when they are young, because, as one mother explained, “that is when they bond with you.” However, when parents were asked about other settings, a number of them were able to describe many of the same things early childhood professionals include in quality ratings: planned activities, close supervision, nutrition that supports growing children, safety, outdoor opportunities and warm interactions between the provider, the child and the family. Predominately, however, these parents did not want their children to be cared for too far outside the circle of family and close friends who shared their values. This reasoning about ideal child care could be strongly related to these parents’ beliefs about their role as parents. It may be that parents are intuitively aware that child care for infants and toddlers is often very low quality (Cost, Quality & Outcomes Study Team, 1995; Hegland, Oesterreich et al., 2003; Kontos et al., 1995), and that indeed, despite the risks associated with lower income, home care may be the best quality these parents can hope for, for their infants.

Parents expressed their beliefs about child development primarily by talking about how children learn to get along with others. Parents indicated that children learned from being with other children; they also indicated that children learn to be assertive when they are with other children. Other beliefs about how children learn can be inferred from their discussions about what is important for quality.

Parents often discussed their beliefs about parenting; many times their overarching beliefs could be inferred from their statements about child care choices. Parents believe their role is to nurture their children. They described this in general terms: give them lots of loving, be there for them, provide a stable home; to more specific terms: have a job, playing with them, cuddling them; to very specific terms such as teaching them about finances and
focusing on schooling. These statements indicate that parents believe their behaviors toward their children influence their children’s learning and development. All these parents seemed to take their roles very seriously. While it is probable that the events of 9/11 elevated safety concerns these parents have for their children, finding a child care provider who ensures children’s safety and shares family values fits with these parents’ desires to nurture their children in the manner they define as best for their child. The ecological model allows the permeation of parent beliefs from the outermost layer through all other settings that influence parents’ interactions, providing a filter that shapes parents’ interactions and decisions as well as a support or reinforcement for those decisions. Parents across counties expressed the belief that being a parent was related to the ability to care for children. Several parents indicated that someone who was a parent would probably not need special training to provide child care, while someone who had no experience with children would, or “the kids would see how much they could get away with!”

With these participants, focus groups did provide an opportunity for rich discussion of the many influences on these parents’ behaviors and beliefs. Perhaps because groups were small, participants were all involved in the Early Head Start program, those who participated share similar characteristics, or participants were not comfortable presenting varying points of view, only a few differences in perspectives appeared, with many seemingly shared thoughts and experiences.

While this study did provide rich descriptions of parents’ thoughts about choosing child care for their young children, there are several limitations. The small numbers of parents attending the focus groups limit the transferability of the findings. Parents that attended the focus groups may not be representative of all parents participating in this particular Early Head Start program; parents in this Early Head Start program may not be representative of all rural, low-income parents. The number of questions asked of
participants was limited due to the constraints on being able to reimburse parents for their
time, travel or child care expenses incurred due to participation. The open-ended questions
allowed for a free flow of thoughts, but very likely did not elicit the type of information that
questions with semi-structured or closed choices might have (Pungello & Kurtz-Costes,
1999). Parents were not asked to prioritize what they valued, or asked specifically to discuss
professional components of quality; therefore the information we have about what's
important to parents is based on the prevalence of that topic in the conversation, and its
presence across counties, rather than actual ratings.

Individual interviews, multiple focus groups or case studies would allow more in-
depth exploration of how rural, low-income parents make child care choices. Spending more
time with parents before and after they make child care choices could provide a more
complete picture of the ecology of child care choices in rural environments. Observing
parents in action could verify whether parents examine child care settings in the way they
describe. Paper and pencil surveys about the use of child care, characteristics of ideal child
care, and the influence of Early Head Start participation on child care choices and
satisfaction could have provided additional information about child care choices and better
triangulation of the data. None-the-less, even from these limited conversations it is clear that
these parents do not make choices about child care for their children lightly, and that a
number of factors both proximal and distal to parents influence their decisions.

Implications

One of the goals of the Early Head Start program is to help parents access quality
child care settings in order to maximize child outcomes. An ecological perspective was used
to examine how parents involved in a rural, central Iowa Early Head Start program make
child care choices. From this research, it is clear that choosing child care was a complex
issue for these parents, influenced by a variety of factors at multiple levels. Developing a
framework and techniques for helping front-line staff and direct service providers support parents through the decision-making process could drive a grassroots approach to increasing child care quality. As noted by Gable and Cole (2000), “Because of the work requirements of welfare reform and typical child care arrangements of low income women working low paying, odd-hour, and variable-schedule jobs, the use of unregulated and informal care is expected to continue, and most likely increase” (pg 562). Early Head Start programs that encourage parents to choose child care by having already pre-selected child care partners, by using professional definitions of quality and/or by requiring regulated status may be met with some resistance when parents’ beliefs and values lead them to alternative options. Recognizing parents as children’s first and most influential teachers, Early Head Start programs adopting a policy of working to move parents forward by starting where they are may consider a combination of strategies aimed at ensuring that children have experiences that support developmental outcomes.

Parents seek out child care providers and settings that espouse similar values to those they hold (Britner & Phillips, 1995, Gable & Cole, 2000; Kontos et al., 1995; Pungello & Kurtz-Costes, 1999, Tam, 2001). Parents in this study indicated that they often rely on friends or family for information about child care. That information may or may not be accurate or objective, based on the period during which friends and family gathered information, as well as their personal experiences and preferences. Recognizing where parents get their information, one strategy for parents who are in the process of choosing care would be to create a parent’s personal checklist for child care quality based on a combination of parent values and professional definitions of quality. Early Head Start staff could use this opportunity to help parents sift through information they receive from friends and family, clarify their parenting beliefs and values, and provide information about experiences that support child outcomes. Whether parents are using informal or formal child
care arrangements, a personal individualized checklist or interview could be used to help them articulate the expectations they have for child care providers and the experiences they want for their children. While many checklists for helping parents choose quality exist, few of them encourage parents to assign priorities or weighted scores based on their values for their children. Using checklists may help clarify indicators of quality, but they must be sensitive to parents’ values, with clear definitions in a brief, easy-to-use format (Gable and Cole, 2000; Pungello & Kurtz-Costes, 1999). Cryer and Burchinal (1997) advocated beyond providing information, such as that available from information and referral systems or licensing offices, to empower parents to become effective, discriminating consumers of child care. Early Head Start staff helping parents choose care for their children by valuing what they value, linking information about quality to those values, and building on their tradition of empowering parents, may be more likely to achieve success in helping parents search for and choose better quality child care and creating child care partnerships that work for children, families and the Early Head Start program. Future research could focus on the use of parent-centered checklists in guiding parents’ child care selections.

Working with parents who have already made child care choices, Early Head Start programs could provide staff to work with the providers families have chosen to develop a child care partnership agreement, similar to a family partnership agreement, involving the families, the provider and the Early Head Start program in setting goals related to the parent’s values as well as the child’s learning and development. These goals could involve resources or training or technical assistance support for the child care provider and could serve to increase the quality of the child care setting. Gable and Cole (2000) recognizing that education and training are predictors for quality of care, note with alarm that most states require minimal training and professional development for child care providers. These authors argue that professional development opportunities for providers that encourage
credentials and education may help grow and stabilize the workforce. In Iowa, several Early Head Start programs are developing systems for supporting child care partnerships; the Early Head Start Enhanced Home Visiting Project may also support this kind of a model for Early Head Start programs.

Some Early Head Start programs have developed support networks for child care providers caring for Early Head Start children, either on their own or in conjunction with their local child care resource and referral or similar agency. Perhaps Early Head Start parents could be introduced to child care providers in these networks, allowing them to include those providers in the list of people they know when they are choosing care options for their children. With state and federal cooperation, these networks could be expanded to a model tiered quality rating and reimbursement system by allowing Early Head Start grantees to manage child care subsidy payments in conjunction with training, technical assistance and other support received by participating providers related to achievement of predefined quality benchmarks; similar to the combination “carrot and stick” approach, although on a smaller scale, described by Gable and Cole (2000). In fact, in Starting Points (1994), the Carnegie Task Force in Meeting the Needs of Young Children recommends developing networks of family-centered child care programs for infants and toddlers as one of the strategies to guarantee quality child care choices. Benefits of these networks include reducing isolation, providing for professional development, offering parents information, and linking providers to other related services. Although Early Head Start programs do not have all the resources needed to change the face of child care at the local level, many programs have the staff, the knowledge, and the community partnerships to serve as the hub for this type of network. Designing the networks to be inviting to kith and kin providers fills a niche that might help families find child care that upholds their values while supporting increased quality. While some may argue that providers recruited informally by parents may not be
interested in joining support networks, Carlson and Collins (1998) in a review of literature on kith and kin care, note that in one study of “informal” Los Angeles caregivers, 71% indicated that they wanted training on child development, and policymakers from large cities often cite anecdotes of relative and license-exempt providers asking for information related to providing care. In a Rhode Island study, although kith and kin care providers strongly voiced that they did not need training, they were interested in “get-togethers” (Carlson & Collins, 1998).

In a similar vein of collaboration with state departments and/or child care resource and referral agencies (many of which are funded with Child Care and Development Fund [CCDF] dollars), while still supporting parental choice, it might be possible for Early Head Start grantees to serve as service coordinators or training and technical assistance providers (perhaps in collaboration with Head Start regional technical assistance systems), increasing oversight of in-home child care settings. This strategy could blend parents’ and professionals’ definition of quality by allowing Early Head Start programs to work within the relationships parents define as important while providing training and resources that support quality as it is defined by the early childhood profession. States might consider using quality earmark dollars from CCDF funds to support these partnerships. When Early Head Start grants were first awarded, grantees were funded and allowed one year from the award date to become operational. During this time, grantees received the assistance of a start up planner, and regular technical assistance visits. Funders and policy makers who are sincerely interested in using Early Head Start to support quality child care services in local communities might consider this option as Early Head Start grantees enter into formal partnerships with community child care agencies or information and referral providers. Certainly if funders, policy makers and program planners expect Early Head Start programs to have a noticeable impact on child care quality, more resources will have to be devoted to
this effort. An important avenue for future work in improving child care quality is to explore in
detail, perhaps through a variety of demonstration projects, whether support networks and
service coordination could increase quality, and their effectiveness as compared to other
methods

Conclusion

Should parental beliefs be addressed directly in the context of a comprehensive early
care (prevention/intervention) program? Should practitioners attempt to work within the
framework of each parents’ particular belief system for maximum effectiveness? Should
program staff attempt to modify parental belief systems in an effort to support optimal child
outcomes (Booth, 1997)? The results of this study suggest that, for these parents at least,
parental beliefs regarding child care choices are a critical starting point for supporting
parents in their role as their child’s most influential teacher; that indeed working within the
framework of a parent’s belief system gives a practitioner viable options for supporting
families, as well as opportunities to inform parents, thereby supporting optimal child
outcomes.

The current study demonstrates that these parents place a high level of importance
on their relationships with the people who provide child care for their children, and the idea
that parents and providers should share values regarding caring for children if parents are to
be satisfied with their arrangements. However, when applying an ecological framework to
these parents’ choices, we see that a variety of factors influence their decisions about child
care beyond the relationship with the child care provider. Parents in this study value settings
that are healthy and safe for their children, and support their social, emotional, and cognitive
learning and development. Their choices are often constrained by environmental factors
such as the availability of care that meets their needs (cost, hours of care, age of children
served, etc.). Parents in this study also value time with their children, and strive to spend as
much time with their children as they can given the demands of jobs or training, other children in the family and/or their special needs, and a variety of other factors unique to each family.

Professionals and researchers have created useful definitions of quality in early health, care and education settings, and many tools to measure quality. For more than two decades, researchers have indicated that parents highly value their relationships with child care providers, yet it seems we still tend to undervalue what is important to parents. This study indicates that supporting rural, low income parents as they make child care choices begins with accepting what they value and believe is important for their children, and recognizing that there are a plethora of other factors influencing those decisions. For some parents, this means looking for options that allow them to arrange for only parental care for their children, while for others it may mean providing resources to help them choose nonparental care based on their values, and support to the child care providers they choose. Exploring more completely individual parent’s values and definitions of quality and bringing those together with professional definitions of quality could help Early Head Start and other prevention/early intervention programs directly address parental beliefs and work within the framework of those beliefs for maximum effectiveness in service delivery.
References


Salemy, S. (1999, March 24). Families on welfare find work, not good pay. The Des Moines Register, p. 8M.


Appendix A: Informed Consent Letters and Forms
Dear Participant,

Thank you for agreeing to participate in my study to understand the ideas that parents have about the most important things they can do for their child, what ideal child care would be like, and what you think about when you make child care decisions. It is my hope that understanding these aspects of parenting will provide useful information to designers and providers of programs for families in rural areas.

The study will involve attending one focus group discussion. A focus group is an in-depth discussion about a particular topic. Each group will include six or seven other participants and two researchers from Iowa State University. Each discussion will last approximately one and one-half to two hours. Discussion topics will include parents’ beliefs, values and roles, ideal child care and decisions about child care; and how programs serving rural families with young children might use those ideas.

The focus groups will take place at the main office of ____ in your county, or a spot in your county designated by ____ staff. You will be notified of the exact location when all participants are recruited. Your participation in this study is completely voluntary. You may withdraw at any time, with no effect on your relationship with the researchers, Iowa State University, or ____, Inc. A decision to withdraw will not result in any loss of benefits to which you are otherwise entitled. The questions in the focus group are intended to be enjoyable and interesting. You do not need to respond to any question you do not want to answer. You will receive a toy or book for your child at the end of the focus group. Light refreshments will be served during the focus group. In addition to these benefits, I hope you will find satisfaction in having your point of view heard and considered in improving services to rural families.

Your participation in these sessions will be confidential. While you will be introduced to the other members of your group, each group member will be asked to sign a statement of confidentiality, and will be asked to refrain from sharing information about the focus group discussions outside of the focus group setting. Any information obtained during this study which could identify you or your family will be kept confidential. The focus group discussion will be audiotaped and transcribed. No names will appear on the transcript. Tapes will be used for research purposes only, and will be destroyed after the study is completed. They will not be used in any manner that would cause a loss of confidentiality.

If you have any questions, please feel free to call me at 515-292-1690, or Carla Peterson at 515-294-4898. We will be happy to talk with you about this project. Your contribution to this study is very valuable to me. Thank you in advance for your participation and cooperation.

Sincerely,

Delora Jespersen Hade  
Graduate Student  
Iowa State University

Carla Peterson  
Associate Professor, Human Development & Family Studies  
Iowa State University
Focus Group Discussions:
Parenting and Child Care in Rural Environments

Purpose: The purpose of the focus group is to learn about 1) the beliefs, values and roles that influence parenting, 2) child care assistance and resources useful to parents, and 3) what encourages or discourages parents' use of child care.

Procedure: You will be involved in focus group discussion about these topics. The focus group will last approximately two hours. You will be asked to share your ideas about 1) what you think are the most important things you can do for your child 2) what ideal child care would be like for you and your child and 3) the things you think about when you make child care decisions. The focus groups will be audi-taped. Written records will be made from these tapes. Tapes will be used for research purposes only, and will not be shared. All focus group discussions will be confidential. Your name will not be used.

Risk: Your involvement in these focus groups is completely voluntary. You may stop participating and withdraw your consent at any time. A decision to withdraw will not affect your relationship with the researchers, Iowa State University, or [Inc.]. It will not result in any loss of benefits to which you are otherwise entitled. The questions in the focus group present little or no risk. They are intended to be enjoyable and interesting. You do not have to answer any question you do not want to answer. Any questions you have about the project will be fully discussed with you.

Benefits: You will receive a small book or toy for your child for each focus group you complete. Your contribution to the discussion will help inform program planners about supports parents need for their child care choices.

Confidentiality: Every effort will be made to ensure the confidentiality of participants. Any information obtained during this study which could identify you or your family will be kept confidential. Your name will not appear on any of the transcripts. The audiotapes will be kept in a locked file cabinet at Iowa State University after the data has been coded and analyzed. After one year, the tapes will be destroyed.

By signing below, you are agreeing to participate in the research described above. You will be given a copy of this consent form to keep. If you have any questions about your rights as a research participant, please contact the Human Subjects Research Office of Iowa State University (515-294-4566).

Delora Jespersen Hade
Graduate Student
515-292-1690

Carla Peterson
Associate Professor, Human Development and Family Studies
515-294-4898

I understand that my participation in focus groups for the project Parenting and Child Care in Rural Environments is voluntary and that I may withdraw my participation at any time.

I agree to be respectful of the discussion that occurs during the focus groups and to treat it as confidential information, refraining from discussing families or their comments outside of the focus group setting.

Name ____________________________ Date ________________
Appendix B: Early Head Start Letter of Approval
October 23, 2000

Delora Jespersen Hade
Early Head Start Research
Dept. of Human Development & Family Studies
Iowa State University, 101 Child Development Bldg.
Ames IA 50011-1030

We, the members of the Early Childhood Programs Policy Council of Community Action, Inc. are interested in the opportunity to participate as partners in the research endeavor of Delora Jespersen Hade.

Much of the research on parent satisfaction with child care settings looks at families in urban settings. By working with a more rural population, the program may be able to define some of the unique qualities specific to rural settings that influence parents' choices regarding child care. A clear understanding of the needs and desires of these parents can support Early Head Start and Head Start programs as they work to develop programs that best meet families' needs.

The focus of the study will be on child care for Head Start families who live in a rural setting. Parent focus groups will be held in [insert counties]. A list of focus group questions will be provided and comments will be divided into themes, or strands of information which will provide general descriptions of parents' experiences with and desires for child care.

A report of findings will be given to the Early Childhood Programs and Policy Council members.

We offer our support to Ms. Hade and Iowa State University in this research as it moves forward.

Respectfully submitted,

Chairperson

Roma Stewart, Vice-chairperson

Janet Jacques, Secretary

Balinda Brown, IHSA Parent Representative

support letter, Delora
Appendix C: Focus Group Questions and Demographic Information
Focus Group Questions

Grand Tour Question #1: Parental beliefs, values & roles
As a parent, what do you think are the most important things you can do for your child?

Probes:

1) What hopes and dreams do you have for your child's future? What do you do as a parent to help your child get there? Do you think your dreams for your child are very likely to come true?

2) What does it mean to be a good parent in your family?

3) What does it mean to be a good parent in your community?

Grand Tour Question #2: Ideal child care
If money was no object, and you could design ideal child care to support parents like yourself, what would it look like?

Probes:

1) What is ideal child care for children?

2) How would ideal child care support parents? (What would ideal child care do for parents?)

3) Are there any special or unique things to consider about child care in rural areas or small towns? If so, what are they?

4) What kinds of things might ______ Early Head Start need to know and do to help support families with their child care needs?

Grand Tour Question #3: Decisions about Child Care

Let's talk a little bit about child care. What do parents think about when they make decisions about child care?

Probes:

1) What did you think about when you made the child care choices you made?

2) Do parents have the information they need to make good child care choices?

3) Do you feel like there are good child care choices in your community? Why or why not?

4) What do most people in your community think about child care?
Parenting and Child Care in Rural Environments
Participant Information
Delora J. Hade

1. How many children do you have?

2. What are their ages?

3. Do any of the children in your family have one or more disabilities or special needs?
   ____ yes   ____ no

4. Please list all of the people who take care of your children now. (Use the back if you need to)

5. Please tell us the average number of hours each week you need child care for each of the following:
   ____ hours/week, when I am working
   ____ hours/week, when I am at school or at training
   ____ hours/week, personal time
   ____ hours/week, other

6. How many adults (over 18) live with you and your child(ren)?

7. Where do you live?
   ____ In a town of more than 10,000 people
   ____ In a town of 5,000 – 10,000 people
   ____ In a town of 2,500 – 4,999 people
   ____ In a town of under 2,500 people
   ____ In the country

8. How long have you participated in Early Head Start? ____ years ____ months

9. Please list your age in years: ____________
Appendix D: Focus Group Protocol
Focus Group Protocol
Parenting and Child Care in Rural Environments
Delora J. Hade

1. Introduction (5 minutes)
   A. Purpose of the study
      Introduction of principal investigator and assistant:
   B. Description of planned activities:
      • Meal
      • Participant letter and informed consent forms
      • Demographics Survey
      • Grand tour questions & probes (tape recording, easel for member checks)
      • Close/thanks

2. Ground rules
   A. Time – 1½ hours.
   B. No right or wrong responses; everyone’s perspective is valued
   C. Please treat all comments respectfully and keep them confidential (within this group)
   D. Speak clearly and one at a time
   E. Everyone is encouraged to speak
   F. Please avoid having private conversations with your neighbors.
   G. This is a smoke-free session!
   H. Please attend to your child as necessary

3. Introduction of participants to the group
   A. Participant letter and informed consent form read to participants, signatures gathered
   B. Demographics survey

4. Focus group interview

5. Wrap up – and member check.
   A. Review discussion
   B. Thanks to participants
   C. Gifts to participants
Appendix E: Data Sort
Note: Appendix contains categorized statements from transcripts. It does not contain all comments made during focus group interviews.

**Microsystem**

The microsystem includes patterns of activities, roles and interpersonal relationships as they are experienced by a person in a particular setting with its unique characteristics, other persons and their “distinctive characteristics.” In this study, categories in the microsystem includes:

**Microsystem**

- **Home** – includes the child (the child’s special needs, whether related to health/disability or temperament), parents (parent’s roles, activities, relationships), partners (significant others in the parent’s life who are involved with the child or decisions related to parenting)
  
  - **Child** – child characteristics include the child’s special health or disability related needs, temperament, personality, or behavior or stage of development
  
  - **Parents** –
    
    - **Parent’s role** refers to the functions or responsibilities the parent fulfills as a provider, nurturer, protector, etc
    
    - **Parent activity**. Any actions or behaviors attributed to the parent. What parents do
    
    - **Parenting stress**. Concerns, worries or expressed displeasure or dislike related to parent role, activities, relationships
  
  - **Partner** - descriptions of the roles and activities of or relationships with significant others in the parent’s life who are involved with the child or decisions related to parenting
  
  - **Family characteristics** – descriptions of the group of people that make up a family constellation

- **Child Care** - Child Care - the physical setting in which the child receives care and the provider in that setting. Subcategories in child care include:
  
  - **Provider qualifications** – the expertise or suitability of the provider, related to education, training, experience, or personal characteristics or relationships with the family, including criteria parents use to make those judgments about provider qualifications.
  
  - **Affordability** – the cost of child care, and the cost in relation to the parent’s budget, income or expectations
  
  - **Access** – the availability of child care, including available slots during the time of day and day of week that parents are seeking care for their child, as well as the consistency with which care is available, the ages of children for which care is available, and the cultural and linguistic fit between the families and providers, and the ability to include children with special needs
  
  - **Quality** – includes the health & safety (cleanliness, supervision, nutrition) of the child care setting, activities for learning & development (large & small group activities, large & fine motor activities, activities that support language, literacy, math, science skills & the development of creativity) and socialization (opportunities for interactions with peers), interactions with the provider (guidance, discipline, affection), and general quality (global assessment of the suitability or features of the child care setting).
  
  - **Parent Involvement** - the role of the parent in shaping the child care experience for the child and family

- **Extended Family** – includes family of origin and the influence of family of origin on parenting behavior and beliefs. Includes experiences in family of origin. Also includes others identified as relatives – aunt, uncle, niece, nephew, cousin, etc.
• Peers/Friends/Neighbors – Includes other adults in intimate or non-intimate social circles that provide information (positive or negative), social support, or influences the parent in some way. Friends - non-relatives with a close relationship to parent; neighbors - others who live in proximity, sometimes in the same community, known to parent; peers – someone who shares a setting with parents, such as work, child care, church, school
• Early Head Start – the specific support provided to or effect on the family from the Early Head Start program
• Work/School – includes the work, school, or training setting the parent is involved in, and the impact of workplace policies (wages, hours, flexibility), type of business (blue collar, white collar, etc.) or field of training. References to or perceptions of jobs, training or education present, past or future

HOME:
Home includes the child (focus child’s characteristics: the child's special needs, whether related to health/disability or temperament), parents (parent's roles, activities, relationships), partners (significant others in the parent's life who are involved with the child or decisions related to parenting). Subcategories include:

- Child – child characteristics include the child’s special health or disability related needs, temperament, personality, or behavior or stage of development
- Parents –
  - Parent’s role refers to the functions or responsibilities the parent fulfills as a provider, nurturer, protector, etc
  - Parent activity. Any actions or behaviors attributed to the parent. What parents do
  - Parenting stress. Concerns, worries or expressed displeasure or dislike related to parent role, activities, relationships
- Partner - descriptions of the roles, activities or relationships with significant others in the parent’s life who are involved with the child or decisions related to parenting
- Family characteristics – descriptions of the group of people that make up a family constellation

Child – child characteristics include the child's special health or disability related needs, temperament, personality, or behavior or stage of development

County 1
• (Researcher note: Question asked was) "What do you think about when you decide to use an alternative arrangement?" How my kid is going to react, when they know that they can’t go this time that they have to stay with the babysitter. - Behavior
• It is almost a nightmare to go anywhere with my oldest one. I want this and I want it now! - Behavior
• Exactly, it is not contagious, it is a genetic disease, and it is not his fault. He has to take medicine every time that he eats, and he has to have treatment, which right now he is at that terrible two stage where you cannot settle him down. So when he goes to bed I try and do it. - Health

County 2
• A______ was born premature and has had a lot of health problems - - health
• A______ was behind when he started the program, but now, A______ just got a developmental screening and they say that he is right on target for his age - - development
• Staying home with mom he learned everything that mom thought that he should learn, which was more than what a two year old should learn, so he is advanced for his age. – - Development
• He had breathing problems, so when he first came home I even did that (held child a lot). I was scared to put him in the crib to sleep because I was afraid he would quit breathing. - Health
• C_____ is still in our bed because of a heart murmur. Although he probably wouldn't have problems with it now, I still can't get past it enough to send him to his own bed. - Health
• Just the smoke from their clothes affected him. And it still does, I believe. He has a hard time, my mom and dad still smoke in their home, not when he is there. - Health

County 3
• ...when he was born he was a special needs child and still is. He has got a kidney that does not drain as well as the other one does. When he was born he had meconium in his lungs so he was on oxygen for a month after he came home. He had surgery when he was one, because he had hypospadias and he was a twin but I lost that one at four months because I was in a car wreck. Which caused stress on my son for them remaining months which all this evolved from. - Health

Parents - Parent’s role refers to the functions or responsibilities the parent fulfills as a provider, nurturer, protector, etc.

County 1
• Exactly, and I think that I have kinda over done it because now I can't go anywhere with out them saying, "Wait, I'll come with you!" But I want them to know that I am there, and anytime that they need me, they can count on me.
• I guess that I am kind of old fashioned and think that the fathers can go out and work, Spend some weekend time with the mother, I guess that is just the way that I feel. I love my kids and yea I want to pull my hair out and go nuts every day, but...
• If we do go anywhere, it is like maybe an hour to two hours tops and I am going okay I want to go home now. And anytime we leave I don't feel right because they are not there.
• But I'm still his daddy.

Delora: Anybody else do you feel like you get messages from parents any of your family or any place in your community, church, grocery store, or neighbors, or anything like that?
Parent: Sometimes my mother.
Delora: You do feel like she has ideas about parenting?
Parent: Yes, she does, but I'm still his daddy.
• Right now, after Christmas I am broke and I don't care, because I know that my kids have what they need, and my kids will always have what they need because I put them before I get myself anything.
• There is no alcohol in my house and I will not have any alcohol. The only thing we have in there is tobacco. It's bad enough when my two year old says that they want a cigarette.

County 2
• I know that I can, I have done it for four years. - In response to conversation about staying home with child
• Yeah, that's one of my first things. That's part of the footwork I would do. I want information myself

County 3
• Play with the kids, let 'em do... let them have playtime
• You need to make choices for them and they need to be responsible choices. Like child care issues, diet issues.
• You have to take into account how the decisions affect your child –
• Give them that little push.
• Don't ever tell them bad things and make them feel that they can't, they won't accomplish nothing.
• I used to do that, have a 40 hour week, get up at 5 in the morning and work till 3 in the afternoon, come home and have to cook supper and make sure...there were bowling nights for my daughter
and for me. But I still always had time to spend with my kids. Whether it was ten minutes just to fly through a book before bedtime...but I made sure that we did.

- Make sure they have everything that they need. Like clothes, shelter, food, kids come first. –

**Parent – parent activity.** Any actions or behaviors attributed to the parent.

**County 1**
- I guess that I don’t think about it because if I do go anywhere they are usually right in the car with me –
- I am wearing hand me down clothes from people that give it to me, and they are nice. But my kids, no, when they need clothes I get them clothes

**County 2**
- A _____ is only two years old and I have already thought of that. Even if I don’t have a lot of money, I’m poor, but I put a little bit in a savings account for him, and I don’t touch it. That is what it is for, for his education.

**County 3**
- I know my kids like to even cuddle up with us at night, and talk about their day.…. 
- …I apply that to my family now because I make up menus
- My highlight is going to the grocery store every two weeks

**Parent – parenting stress.** Concerns, worries or expressed displeasure or dislike related to parent role, activities, relationships

**County 2**
- Yea, and it’s sometimes I wish that I only had one child. Really I do, you don’t end up with the mouthy-ness, you don’t have the nightly beatings, and that would be child to child here. I always hear: “Mom somebody hit me, mom, they’re pester ing me!”
- …but when it is just me and him, and I know that on my days off, like a couple of months ago I hurt my knee and I was at home for like a week and a half straight, just me and him, there was some times when he really got on my nerves. I mean that he just really got on my last nerve, and it was just because he wanted my attention all of the time -

**County 1**
- Well, yeah, I am a mother of three, doing it by myself. There are a lot of people that ask if it is hard, but actually it is not that hard to take care of three kids. Actually it is better by your self I think because you don’t have to worry about anybody else telling you how to do it or how to raise your kids or if you are doing it right. If you do it by yourself, you do it how you know how to do it. When there are 2 parents it was like, doing it two different ways.

**County 3**
- She doesn’t get to go out. She goes out on the porch. Parent 2: I am home 24 hours with my kids going  *(Researcher note: parent may have said kind of bonkers, making “crazy” gestures)*

**Partner – descriptions of the roles, activities or relationships with significant others in the parent’s life who are involved with the child or decisions related to parenting**

**County 3**
- I mean, it’s like, A____’s dad, I wouldn’t trust him. I’m trying to get visitations to be supervised because he left A____ all by herself unsupervised. Then, we had an appointment with DHS, and then the next day they went and busted into his house and found everything to make meth, and
marijuana, and... So, you don’t just, it’s not always child care providers. Sometimes it’s parents too.

- I wouldn’t want to let the kids go with their dad.
- Yep, my kid came home with two gash marks on the top of his head. I wanted to go back to M____________ and... kill him. Relationship

Family characteristics – descriptions of the group of people that make up a family constellation

County 3

- Overall, you would not be able to tell that we are a blended family. Granted we have our moments.

CHILD CARE

Child Care - the physical setting in which the child receives care and the provider in that setting.

Subcategories in child care include:

Provider qualifications – the expertise or suitability of the provider, related to education, training, experience, or personal characteristics or relationships with the family, including criteria parents use to make those judgments about provider qualifications.

Affordability – the cost of child care, and the cost in relation to the parent’s budget, income or expectations

Access – the availability of child care, including available slots during the time of day and day of week that parents are seeking care for their child, as well as the consistency with which care is available, the ages of children for which care is available, and the cultural and linguistic fit between the families and providers, and the ability to include children with special needs

Quality – includes the health & safety (cleanliness, supervision, nutrition) of the child care setting, activities for learning & development (large & small group activities, large & fine motor activities, activities that support language, literacy, math, science skills & the development of creativity) and socialization (opportunities for interactions with peers), interactions with the provider (guidance, discipline, affection), and general quality (global assessment of the suitability or features of the child care setting).

Parent Involvement - the role of the parent in shaping the child care experience for the child and family

Provider Qualifications - the expertise or suitability of the provider, related to education, training, experience, or personal characteristics or relationships with the family, including criteria parents use to make those judgments about provider qualifications.

County 3

- What about a drug testing thing... the last babysitter that I had was registered and she...(She is a user). Is a known drug user. I found out because a friend of my friend sells drugs to her
- I think that it is important that when you have a day care that you don’t have working for you...I mean granted there’s high schools students that are very very responsible...but I’m sorry after my last little incident it was a high school student beat my daughter till she was black and blue. Yeah, we just went through a court hearing with all this crap and everything. I don’t think that anybody should hire a high school student, they should be at least 18 years or older
- She was a kindergarten teacher, you know
- It is hard to know, but that still is not saying okay well, all right, this person told me that this person is all right just because they have been baby-sitting for 40 years. She is a 60 year-old woman what is she going to do? That still doesn’t mean that you cannot go investigate Grandma as to how she does around kids. So, I think that it is very important no matter who this person is, no matter how long you have known them, no matter if they are a friend of the family or in my case family member
• They would also be required to have some type of, um... educational background. You know, training
• Parent 1: Child abuse checks. Parent 2: Well they have that now.
• Other things that need to be looked at...they need to have some type of educational background where they have taken college courses through a college
• Just courses about children, because you get in a room with 7-10 kids and they are all screaming and you are the only one there I can guarantee you something is going to go.
• I need a responsible provider that I can trust to leave, you know, my kids are precious to me and I don't want to see anyone screw with them. I need to know that the person that I take my kids to is responsible and they respect me as a person. They are going to meet my standards that I have set for that person in particular
• What you do in your house after hours is fine but that is another problem. Them kids are small enough...to where you are sittin' there saying that smoking is bad, drugs are bad and drinking's bad and your babysitter is sitting there smokin' up, that's not too cool

County 1
• I think that we have something that is a little bit more realistic. My boyfriend he grew up with this lady, been around most of his life, so he knows the way that she is and if I do happen to go anywhere she is the only person that I trust, her or her daughter. Because, I don't know them that well, but he does and she has the same feelings that I do about putting kids in child care and we agree on so much. She asks me what she can do for discipline if something does happen and we agree to a point on what can be done.
• Anytime that this sitter comes and she knocks on the door, she says come in, come in... she (oldest daughter) starts acting up, she (sitter) doesn't ask me to pay her, and she just comes over to visit. I don't mean to do it for you, and I kind of appreciate it when their dad is not around, I can't keep getting up and down all the time
• And then you have to watch the teenagers. They want to baby-sit but they are at that stage where it is coy... I'm babysitting tonight, come on over! She's got a stereo, TV, and all these movies.
• I would rather have somebody around who knows my kids and their routine. Knows how I take care of them, things I would do and not do.
• Yea, not only knowing something about their kids but also having the kids know about you.
• Yea, so if you have someone who does not have kids come to watch your children they will get walked all over. Other wise the person watching the children will abuse them because they will not know how to handle the children.
• Now if I just went out and found a babysitter, I would probably write a book about what my kids like, what they don't like, what they need. And if you have a friend they know what your kids are like and what they like. I would rather have someone that knows my kid watch them
• When you watch someone's kids you need to know those children and know their names. I would never ask someone that I didn't know to come and watch my kids.
• Get a whole bunch of people that know each other and take turns watching the kids, and so if you know them and are friends then you know that you will trust them with your kids.
• If they don't have kids of their own then I would want them to have some kind of training on how to take care of kids, but if they have kids I wouldn't have a problem with them watching my kids
• If I would have anyone come and watch my kids it would be my aunt. My aunt also has a daughter with cystic fibrosis; she knows how to do everything that he needs
• I have to agree with Jaime on that, when she said that her boyfriend's friend, she let her watch her children. I would have to do something like that, because they would know what your kids want, they know your kids.
• I'm just not a big fan on the day care thing. I would rather have it when someone comes to my house, but it would have to be somebody that I trust, and not just someone off the street
County 2

- It would have to be a close friend or somebody that we know (when asked if they have anyone else taking care of their child)
- My situation was that I had hired a lady to baby-sit for him. Her husband was the minister of the church and she babysat only him and her children were in school. They were teenagers. A______ was the only one that she babysat
- The only other that I leave him with is my mom and dad
- When I first started bringing him and I would get off work I would just hang out there for a little bit, make sure the provider didn’t have anything to do. After I while, I realized, that, after I met her family, her children, her husband, I got comfortable with her
- Probably about half of the people who were on the list, I knew from living around her half my life, I probably wouldn’t even leave my dog with, let alone my child.
- I didn’t know her
- I like to just sit and talk to the provider and can usually get a pretty good vibe of how I feel about that person watching my child
- Even though I did feel comfortable with her, I was still scared about leaving my child there.
- She’s a teacher
- When A______ started Head Start I really didn’t look at a whole lot of things because A______ was already on the roster, so I knew the teacher, the lady that was going to be the lead teacher is the one that came to our house for a home visit – child care at Early Head Start, relationship to provider

Affordability - the cost of child care, and the cost in relation to the parent’s budget, income or expectations

County 3

- I’m probably the cheapest babysitter you will find in this town. (Parent 2) Whatever happened to a dollar an hour? ... Now it is $2.00 or $2.30.
- And the babysitter over here is just too expensive.
- Okay ideal child care would be that there would be sliding fees for those who had a problem financially
- With the child care expenses, it is hard to find someone
- Well, I know that day care is hurtin’ for help, I mean for kids, the day care centers. But, it’s like at day care, they charge too much money...
- I think that’s why they charge so much
- The only person that would take all three of my kids was a day care center. I just figured it out. It’s $5.75 an hour for all three of my kids.
- Well, they still charge $1.75.
- Some places are $2 and a quarter
- For the first one it’s $2.30 and then $1.75 + $1.75.
- As long as the child care is good, money wouldn’t matter

County 1

- There is day care out there, but it costs a fortune

County 2
Access - the availability of child care, including available slots during the time of day and day of week that parents are seeking care for their child, as well as the consistency with which care is available, the ages of children for which care is available, and the cultural and linguistic fit between the families and providers, and the ability to include children with special needs

**County 3**
- I would be less stressed because I would not have to be worried about is this person going to be here today? That is my big hang up. Because they would call me and tell that they weren’t going to baby-sit today, because my daughter’s sick
- When I called Child Resource Services. They gave me like 12 people, and like, most of them are full or they have a waiting list...
- A lot of them don’t take babies
- Or they won’t take them if they are in diapers.
- Yep, they won’t take ‘em if they’re in diapers. If they are not 2 years old they won’t take ‘em, or you know. It is just little piddly things.
- It’s quite a pain, I am surprised that the unemployment list is not a little bit longer in this town.
- Flexible hours...
- There are some days/places when you don’t know when you are going to get there. *(Parent comment: Like at the pack we worked 11 hours and you don’t know until that day how many hours that you are going to work.)* *(Parent 2)* A lot of providers get upset about that. *(parent 3)* Yeah, they do
- They do not have a set time that their last parent is going to be there to pick up their child. Because they try to schedule, and its bad because they try and go and they try to schedule what they gotta do around when their kids are going to be gone. *(Researcher note: A response to a comment about providers not liking it when parents don’t know what their hours are going to be)*
- *(Ideal child care)* They could say that they weren’t babysittin’ today cuz my daughter’s sick, but you can call this number, I’ve already called and found you an opening. No, they don’t do that around here. They just call and say “I’m sorry you can’t bring your child today because I’m sick!”
- They go on vacations every time that they want one. And they tell you at the last minute.
- We don’t have enough in this community and the ones that we do have they are so good, the ones that we do have...like I have a friend that baby-sits over by the golf course and my son’s old babysitter is over there too...they never have a vacancy. Never.
- There’s like one day care center, and I then there’s. I know a couple that do it in the homes, and they’re so full you can’t get ‘em in and they don’t want to do it certain hours or...
- We do lack that in this community quite a bit; we don’t have a lot of options here

**County 1**
- Sometimes bigger day cares will take the kids when they are sick. If the kids are sick the parents are supposed to call and say that their child is sick and won’t be coming in that day.
- And see that’s bad if she can’t find a day care that will take him, what is that saying about the day care itself?
- It is really bad when the day care here won’t take a child that has a genetic disease. Basically what they say to me is that they don’t want to deal with it. That doesn’t set well with me and that is the whole reason why I don’t like day cares, because over half of the time you can tell that they don’t want the kids.
- It is easier when you have somebody that lives closer instead of having when it gets wintertime, it is easier if you just had somebody that was closer to home

**County 2**
- I would like for her to extend her hours, the babysitter doesn’t like to baby-sit ‘til even 5 o’clock. It would be nice for my sitter to say that she would watch him every once in a while. And it is not like we need her to watch him late every night, but every once in a while would be nice if she could do that for us
• I did the same thing, when I was looking for somebody I put an ad in the paper and I wasn't having the response I wanted. I was having a lot of teenagers call me that were looking for a summer job. That's not what I was looking for, I needed someone who could do it permanently, while I was at work during the week.

• Ideally we try and have family come in and watch them, if family is not available, like the closest family that I have is an hour away.

• What's the process, I mean what takes so long to get the child in? Can they make it easier, do you have to qualify, or even if you pay money, if you pay $1000/week, can you get the kid in?

Early Head Start

QUALITY – includes the health & safety (cleanliness, supervision, nutrition) of the child care setting, activities for learning & development (large & small group activities, large & fine motor activities, activities that support language, literacy, math, science skills & the development of creativity) and socialization (opportunities for interactions with peers), and children's interactions with the provider (guidance, discipline, affection), openness to parents.

Quality - health & safety - cleanliness, supervision, nutrition

County 2

• I was very specific and asked lots of questions, as many as I could possibly think of. I always made sure that I went to the place first and if they weren't going to give me a tour I walked around anyway, asked any questions that I had. I was in many homes where the provider's house was just nasty inside. Provider couldn't get out of chair. Now toys on outside area, humungous pile of cigarette butts. Second red flag. Had a sheet, but when I asked questions, she sent kids on trips with lady across street.

• I always think of that too, if you take them to an in home provider and she is the only one there and there is no one else there to see what is going on, there is more of a chance of them doing something in there home when they are the only one there when in a day care when there is going to be parents walking in and out. Stuff still goes on in child care centers, but I feel that you have more eyes there seeing what is happening to your child.

• My main thing that I looked for when I hire a babysitter was cleanliness, does anyone smoke in the home, would she be able to help with special needs? Whole family involved. She was willing to let A______ physical therapist come in and help out, once a week and show her how to do things with him.

• And there was one time that she took him to the park, which I really didn't care for because I wasn't informed that she was taking him to the park. I would just like to know I mean what if my child was in a terrible accident and I didn't even know that he was out of the house. That was something that I had to tell her about.

• And, that's why I did, I did that, I just showed up unannounced. And she never had a problem with it. And, in fact, their front door was always open. She told me that the room that they spent most of their time in was in the back of the house, and the doorbell wasn't working and she told me "If I don't hear you knocking just come on in." And, there was a couple of times and I did because I would knock and no-one would come to the door and I would go back to the room and when I got through the kitchen I would announce myself, and you know a lot of the time she was just sitting there with the baby, just holding him. He was asleep, she held him a lot.

• I sat at the deli and watched C______ on his first day (Researcher note: As part of a conversation about how to make sure children are safe in child care)

County 3

• The babysitter that I had would have 7 or 8 (kids) and, you know I come home one day driving down the street one day and my kid was outside with no supervised person outside. And they are only 1 and 3, you know. I took my kids out.
• I picked my daughter up one day and her eye was swollen shut and she claimed it was mosquito bites. She told me all the other kids had them but my daughter didn’t have many mosquito bites, you know her eye was swollen shut
• My son told my mom that my old child care provider husband choked him. I didn’t know what to do. I switched providers.
• I guess you don’t ever know until something actually happens because when my daughter ended up with her backside black and blue and her face black and blue I did not even come remotely close to suspecting this person. This was a family member
• I really think that every provider should be required, in their licensing that they need to have a fenced in yard. Because a lot of the times, like where I live, you go up the street and the day care kids are just running out in the street chasing after balls, they don’t care. It’s just, no. You need to have a fenced in yard.
• I had a friend, they took her kid to the babysitter and they had a Chow and that little girl had surgery on the side of her face – she took out half her cheek
• My old babysitter, the last time I took my kids there, I would come home the youngest kids were strapped in a stroller and left outside and my kids and the other kids would be playing out on the driveway and she would be inside. And once I took my three ... (unintelligible) to see if I could see her but she wasn’t there and as soon as I pulled in she would run outside. It happened twice
• There would be...every child care provider would be licensed and CPR certified. They would be required to have involvement with the food program because not a lot of them do that. (They have to do...) Yeah, so not a lot of them do it. They would also be required to provide transportation. The reason that I say this is because nowadays with what is going on there is not way that I am going to stick my kid on a bus. Maybe if it settles down in five years but right now, NO!
• They should be limited to so many you know, kids
• I think every facility during the child care hours there is no smoking.
• She took mine about making the home safer if you are a child care provider. Make it safe for all the kids. Make sure you are watching them all the time. Not let them outside by themselves
• ... nutritious meals...I don’t think a lot of people serve good food items
• Are they going to be safe? You don’t want to take your kid to a molester’s house and all that
• You need to accommodate to keep the kids safe. My whole yard is fenced in. And another thing, if you are going to have an animal they need to be kenneled until after hours, because that is just an accident waiting to happen.
• Another thing is that the providers...you are supposed to have this fire plan and your tornado plan your exits labeled, where are the fire extinguishers? Where are they? They are not any place where you can see them like they should be.
• I think a lot of the problem is too, that there are some people in this town that have day cares in their home and they’ve got way too many kids
• Like I said before, have them all enrolled in the food program and all that stuff

County 1
• She put my youngest one in a predicament that never should have happened. Outside in rainy weather, I mean she was a baby, outside with no blanket, not shorts, no socks. She got a cold, I went off and ...
• Exactly, and then they won’t take the discipline to the next extreme where they’ll go beyond what you say. And end up abusing your child
• And the less that they will be able to monitor what each child is doing. One kid could get hurt over here and they don’t know what happened because they were attending to someone else. By the end of the day they will have no hair because, they are going to be like what happened today
• If the kids are sick the parents are supposed to call and say that their child is sick and won’t be coming in that day. But like I said earlier it is about money, the parents are not thinking about all the other kids at the day care that are going to get sick from them.
Quality – Activities for Learning & Development. Large & small group activities, large & fine motor activities, activities that support language, literacy, math, science skills & the development of creativity

County 1
- I would rather them be in school where they are learning something than sitting at a day care...you don't know if they are learning anything. I would rather have them in school..."What did you do today?" "Oh, we made snowmen." They can bring it home and I can stick it on the fridge.

County 3
- I had one person, just one, one provider in this town that, I swear to God if I could get my kids back over there, they would be there in a heartbeat. It was just on the edge of town, she had a nice big yard to play, and she had animals, you know, but they were like little kittens and just like that. That was it. No dogs, nothin' like that, just little kittens. And nice outdoor play equipment. She was a kindergarten teacher, you know. She did all these activities, stuff like that.
- Providers now don't do anything. They don't do anything. They don't sit down “OK now, this is activity hour, we're all gonna make little houses out of Popsicle sticks or something. They don't do any of that any more

County 2
- If it is during the day we use our day care provider, and she is a one person Early Head Start program! She is a perfect day care provider. She teaches them their ABC’s, shapes, and colors. They work on fine motor; they have naptime, snacks, lunch, and breakfast. They do a lot of things! She limits their T.V. time to 2 hours per day. She is really good works on the potty training with them, doesn't have a problem, she requests that they don't use the pull-ups she would have regular underwear. She is the best thing for our child besides this program
- I look for cleanliness of the building, safe-age appropriate toys (i.e. outdated playground equip), fenced in yard, activities that she does with the children, went and observed her without my child, does she talk to them in a pleasing tone, make sure that she does the things that she says? Giving in just enough. Talk to them about stories, ask questions

Quality – Socialization - opportunities for interactions with peers

County 2
- Coming here and associating with other children is actually giving him the social skills that he was lacking. And yeah he might be smarter textbook wise, but he needed to learn the other aspects that he should have learned instead of all the textbook stuff. - Early Head Start
- I see since my child has been coming here that a lot of growing has gone on. I mean it hasn't been all good, he learns things from other kids and the thing of it is, is that he was the baby of the class. And now it is just the opposite, this is his second year in the classroom and to me and from what I hear; he tries to be kind of bossy I think. He has his days. On some days he is more aggressive, where before he wasn't. – Early Head Start

Quality - Interactions with the provider (guidance, discipline, affection)

County 1
- She asks me what she can do for discipline if something does happen and we agree to a point on what can be done
- If a child is at their own home they know what they can do, what their limits are, and if you have a friend watch them, they also know what their limits are to what they can do. That to me would be a better way for somebody to watch my kids
County 3
• I think that it is important also that when you meet with that provider they say okay I have a list of questions and I was just wondering, what do you, what behaviors do you not like to see in your children? What types of, you know, cuz a lot of them don't do that. Will you allow me to do timeouts with your kid? They need to get more involved in the parent role so the same rules apply at the sitters as what they are at home

County 2
• In my opinion they don't have quality child care. They hire anything that they can find off the street to work in those places. This is why I had the fear of bringing my child to a place like this, where it was a day care type deal. I have worked in three different places in Tulsa and in all three of them I can say that, I saw thing that if anyone ever did that to my child, there would be action taken. I have seen people physically hit children; I have seen teachers get mad at a child at grab them by the ear. Teachers take pencil and bop the kids on the head with it, making them go without snack because they were naughty. That is why I had a fear of bringing my child to a place like this. I am not saying that all child care centers are like the ones that I worked in, I know that they are not, but in a bigger city I feel like there is so many of them, that there is so much competition. They are low paying jobs and so they have to hire what they can get

Quality – general. Overall, global assessment of the suitability or features of the child care setting.

County 1
• I think there are a lot of different opinions about it, my opinion is that it kind of sucks. (Researcher note: this comment in response to question about child care in the community)
• ...you can't trust anybody. You don't know what they will do when they got your child, you don't know if they are watching your kid, you don't know if they are in another room.
• Nobody seems to care about the kids, they want the money. All it has come to anymore is that everybody is getting greedy. Money, money, money.
• I have lived here for over 10 years and there are no good child care choices.
• There are no good ones around here. I wouldn't do it. (put my children in care)

County 3
• Like I said before the expectations of the providers are really not anything to brag about. I just feel that for their filling out your book that you have to fill out in order to be licensed, because I got on of them in the mail the other day and that thing is almost a novel...I don't think that it is all that its cracked up to be, personally. It's like, you get this book that says that there are a lot of rules. ... and regulations but they aren't enforced.
• She called everyday...your kid won't stop crying; your kid won't stop crying. Every time I was working, I worked right beside her, and every hour "your kid won't stop crying, he's been crying since you dropped him off." And, that kid doesn't cry. I watch him and he doesn't cry

County 2
• C_____, I knew. I really didn't check the place over real well because I was already on the program and felt informed about the program. I did come out and look at the room and things like that. –Early Head Start
• I just feel comfortable, I met some of the staff before I ever came here. They do the same things that his provider in A_____ did for him, except computer time. Early Head Start
• It was very hard, to find somebody good
Parent Involvement – the role of the parent in shaping the child care experience

County 1
- Yea, because if you have somebody come into your home, you set the ground rules for what is in your house, and how you run things at your house, and if they don’t abide by that you have the right to say, I want you to leave. That way you know there are not two or three people that are coming up to your child and your child is thinking, “who are you again?”

County 2
- Check on providers. Go knock on doors, watch from parking lot, check them out.
- When I first started having her baby-sit I would leave work early and go and pick him up with out telling her, just to see what was going on –

County 3

EXTENDED FAMILY
Extended Family – includes family of origin and the influence of family of origin on parenting behavior & beliefs. Includes experiences in family of origin. Also includes others identified as relatives – aunt, uncle, niece, nephew, cousin, etc.

County 2
- My parents didn’t do this and I know that they probably had hard times financially, but I think that they were well off enough that they could have paid for us to go to college, and they didn’t.
- Some of the things that my parents have no clue how to do, so therefore none of their 3 children know how to do it!
- (Delora asked: How would your family define what it means to be a good parent?) I don’t know, I don’t have good things. I raised myself.
- For me I feel like I, I was lucky enough to have good parents, -
- There are things that when I was growing up that I didn’t like, my dad was kind of hard on us.
- But sometimes he went a little bit far with things, he was trying to teach us responsibility, but for an example I got my first job, and I a week before I started working I got braces put on my teeth. So my dad decided that the first thing that I would pay for would be my braces. I didn’t feel like it should be my responsibility to pay for my braces.
- I am thankful that my parents weren’t alcoholics or drug addicts, or beat on me. They never ignored me or whatever. I am just thankful that they were loving people. –
- For me I feel like I, I was lucky enough to have good parents, my parents didn’t abuse me, they weren’t alcoholics, they weren’t drug addicts, they went to work everyday and supported our family
- My parents were good people. They’re nice, they have their own family values. They were church going, I was brought up in the church. I went my way and they went their way. I was kind of a hell raiser myself. They installed good values, and I knew right from wrong. They were good parents.
- Mine made me work when I was seven years old.
- I come from the old century, I do believe that my dad and granddad honor me. Coming from a family with five boys and two girls in the family, the boys got whacked around a lot. Kind of wish that I was one of my sisters instead.
- I know I come from a big family. (Referring to the likelihood of aggression if there are children together)
- And I like to add in, give them a little family tradition, that was something that I didn’t have, so that is something that I want to do with my kids. –
- When we were old enough to work, he felt that we needed to pay our way –
- There are things that when I was growing up that I didn’t like, my dad was kind of hard on us. Me being a parent now, I look back now and see things that I will do differently, with A______ –
County 1

- When I was growing up my parents, they worked constantly and I hardly ever got to see them, so I wasn’t close to them, either one of them, and I am still not close to them. I don’t want that to happen to my kids.
- I don’t like leaving my kids with anybody, I want to be there for them because my parents weren’t they were always working. “Mom I need this...okay and out the door she went...” -
- It is like this any babysitter you should do a background check on. We had a babysitter that watched my brother and me and she beat my brother. She looked at me and told me not to tell and I didn’t until my mom noticed a mark on my brother. And she asked me why there were marks on my brother, and I wouldn’t tell her. And she said that she was my mother and I should tell her what was going on. Eventually I told her and we got rid of the babysitter. Pretty much what happened was she left town, she was a big woman. To this day I just tell people, I just look at them...if you hurt my kid I will hurt you and that is all there is to it. And no one really does anything to my kid without asking me first

County 3

- . And, also what has an effect on that is also your background and the way that you were raised. That is how you distinguish...Ok, well, you know, I really didn’t have too much to do with this when I was younger but now I am going to try and have my child involved a little bit more.
- Attend all the recitals, sports things, whatever that your kid is involved in...don’t ever tell ‘em that you will be there, “OK, I’ll be there at 7:00 in the second row” and then they look over and you’re not there. Because that is like the worst thing, because I have had it happen to me...so after that I never went out for another sport again. There is a lot of things that I just kind of based my decisions off of what it was like for me when I was growing up.
- My nephew came home with a pocketknife with burnt marijuana on it. In a little kids coat that she had given my nephew.
- My nephew never runs and acts like he wants to be held and one day he was there screaming his head off like someone had spanked him.

PEERS/FRIENDS/NEIGHBORS

Peers/Friends/Neighbors – Includes other adults in intimate or non-intimate social circles that provide information (positive or negative), social support, or influences the parent in some way
Friends - non-relatives with a close relationship to parent; neighbors - others who live in proximity, sometimes in the same community, known to parent; peers – someone who shares a setting with parents, such as work, child care, church, school

County 2

- I hear what you’re saying. You have 5 kids, right? If I were you, and I just moved to this town, let’s say I’d been here 5 months and I just known you.5 months, enough to ask you what you think this child care provider is like. Which one did you like best? Why? Did they treat your kids OK? Did they have meals? What have they done? – 2nd Parent: I could give you information about where NOT to go!
- From me being from around here most of my life, I would know some of them, and I would ask. There are several of them I did know, or I knew of, I knew their name. And I would ask, I would say “Hey, do you know so and so?” And somebody would say, “Oh yeah, I know them. And I would hear all good things about them, and I would call.
- And then the other ones that I knew of or I would ask somebody about and they would say “Oh no, you don’t want to take them there, they smoke and blah...” -

County 1

- I knew this lady, she had her mom live a little ways away and if she ever had to work, she had her mom watch her kids or she would have her sister. If they could not do it she wouldn’t work. She said that she didn’t trust anyone else. She brought them down to my house a couple of times, but
with me having two kids and everything else, she didn’t want to put any extra pressure on. I told her that I appreciated that.

County 3

- You should get referrals too, from other parents that take their kid there.
- Then I try to start calling other people. (Researcher note: parent is calling other people to get information)
- I think if you get referrals, if you take the time and you go and talk to other parents who have either taken their children there or...TAPE ENDED Not have taken their children there because they have heard of this or they have experienced that, you know... then you can base your decision on that.

EARLY HEAD START

Early Head Start – the specific support provided to or effect on the family from the Early Head Start program

County 3

- A__ (_____ Researcher note: A is the ITDS) comes up with good things to do
- And so does toddler group, too, and that goes with A__, too
- If I can’t get them from the school, I can get them from A__. If I can’t get them from A____.

County 2 – this county has center-based Early Head Start

- When they have parent information meeting I think that they should have more people there to share their information at the different age groups and the same goes for the activities that are planned for the children. Extra people to lead activities.
- Does _____ have a book out or anything that tells what other counties are doing for their activities? Other counties could maybe participate. What is going on in Nevada
- When you are on the policy council, they share what we are going to do for our families each month. All the other counties are also there so everyone is sharing with everyone else. I get ideas from there, they get ideas from us. Last year we did the Head Start bucks. In fact my little boys picture is the one that is on the dollar. Now this year at the first meeting that we had we have decided to do that again. Something similar, an incentive program to get parents involved in what we do.
- They do have somewhere, I do remember getting some sort of pamphlet, was it from ____? That told me, gave me ideas of what to look for, what to ask for, I don’t remember where I got it.
- That’s what I went to, last year, remember when I went down here those extra times, and one night when I had to stay there late, that’s what I was at. (Talking about peer review)
- They picked A______ to go through his files, because he had been in Early Head Start home-based, and his special needs, and the therapist came here and stuff.

WORK/SCHOOL

Work/School – includes the work, school, or training setting the parent is involved in, and the impact of workplace policies (wages, hours, flexibility), type of business (blue collar, white collar, etc.) or field of training. References to or perceptions of jobs, training or education present, past or future

County 1

- Ok, well some people work second jobs, or swing shift jobs that it is sometimes a lot harder for them to find child care. School is always designed so you have some classes here and then another two hours you have a class.
County 3

- There are some days/places when you don’t know when you are going to get there. Like at the pack we worked 11 hours and you don’t know until that day how many hours that you are going to work.
- It’s kind of the pay too. I was trying to figure out if I would be makin’ make any money.

County 2

- I work out in the cold that is bad enough for me,
- I’m lucky I’m here right now! Sometimes I don’t get off until 9:00 at night and have to go to work at 7:30 in the morning.
- Cuz if they move to Texas I want them to get a good job there, and being bilingual helps out a lot.
- I went there to work because I like kids, I had tried to get a job at the day care here when I was younger and I could never get a job there because I didn’t qualify for some sort of a low income grant that they paid you with.
Mesosystem

The mesosystem is the linkages between two (or more) microsystem settings, and may include interactions between all of the settings, for example between child care and work.

**INTERACTION BETWEEN SETTINGS, SUCH AS CHILD CARE AND CHURCH**

Involves interactions between all settings, for example between child care and work, or extended family and home. Examples in which activities, events or people in one setting influence or impact activities, events or people in another setting. Parents have direct involvement in both settings at this level of interaction.

**County 2**

- Our oldest child does not like to watch the younger children and is often mean to them if we leave him alone with them, so we don’t do it that often. We usually take them with us or have somebody else come in and watch them. **home/child care**
- I had more of a problem trying to find an in-home based day care that I wasn’t leery of. Actually my niece was in an in-home, top day care provider that was a long time family friend. My brother went to pick up my niece one day and she had rope burns from ear to ear, and scratch marks up along side of her face. Nobody could tell them what had happened to his daughter. So knowing that that could happen was very leery of bringing my child to an in home day care. **(Extended family/child care)**
- I had just whoever I could find watch him; family members, friends, whoever I could find watch him. It was stressful for me because some nights at 7:00 at night I didn’t even know who was going to watch him the next day and I had to go to work at 7:30. It was like, “what am I going to do with him? I’m going to have to call my job and tell them I can’t work, and they’re gonna fire me because, you know... I mean, it was hard** **(work/school/child care)**
- The only way that he got into this program is because that for the first two years of his life I was a stay at home mom and then I decided to go back to school and he needed to go back into day care, which was good **(home/school/child care)**
- I was thinking about it (leaving her child in child care) all the time at work – **child care/work**
- I don’t leave A______ with anybody, he comes here which actually, when I brought him here I really didn’t want to. They wanted me to bring him here and I didn’t want to. When they asked me if I was interested in it I said no. No I was happy with who I had, I liked C______, nope, not interested. Then when I found out that she applied for the job, and that she was hired, and I didn’t have a child care provider, I didn’t know what to do, I really didn’t want to bring him here, and nothing against this place, in my situation, A______ was born premature and has had a lot of health problems. The doctors made a suggestion to me and that I have him in a private day care, the doctors didn’t want him around a lot of children because he was already so sickly. **(Home (child characteristics)/child care (Early Head Start))**

**County 1**

- (Researcher reflection to parents: It sounds like what you are saying, is that the closer that they are to you and your family the more they know about you and what you like, and how you act, the more likely you are to feel like they can actually provide ok, good enough care if you are not there. They would be a good alternative for you). And the less chance for you to be sitting at work worrying about how your kids are being treated. You don’t have to call every five minutes asking how they are doing? When it is somebody that you can trust, you’re not sitting there worrying. When it is somebody that you know they just know what to do. **Friends/child care/work**
- I don’t know how anybody can do the third shift, especially mothers, you work all night, and then sleep during the day, and you don’t have any time for your kids. Now the third shift would be when your kids start school because you are working while the kids are sleeping, when they are at school you are sleeping and when they get home you wake up. That would be ok, but third shift when they are little, NO. You wouldn’t have any time for them. **Work & school/home**
• Yeah, I can trust my parents and sister. He loves it there. He has got his grandpa wrapped around his pinky. **Extended family/child care**
• It makes me feel good, that I don’t have to sit there and worry. Because I did have two jobs. I had one after my oldest one was six months and when my youngest one was six months. I couldn’t concentrate; I couldn’t do my job properly because I was sitting worrying about what was happening to my kids. How they were being treated, and …**work/child care**
• And ever since my boyfriend's mom watches the girls every once in awhile. But it is nothing to an extent, if we do go anywhere, it is like maybe an hour to two hours tops. **Extended family/child care**
• I have had job service jobs and they have tried to help me find a babysitter, and they can’t find one. **Work/child care**
• I have tried to get a job and have babysitters who call the night before and saying they couldn’t watch them anymore. So I just stay home with them, and they go everywhere with me. **Work/child care**
• Like with I______, his dad’s sister was watching him for a couple of days, and I could tell that he was not getting his medicine. That is one good thing about his medicine you can tell if he is getting it or not. That is another reason why I don’t want anyone watching him. **Home/child care**
• Depends how cold it is outside, our sister will sometimes stay with them. **Extended family/child care**
• Another reason that I don’t like a big day care is that Isaiah can’t be around anybody that is sick. A smaller group is much better. **Home/child care**
• Right now, if I want to go and do something the University of Iowa is helping me, which allows me to have a nurse come in. If someone is going to watch my child for like 8 hours a day they need to have a course in watching children. Since nobody wants to watch my child, they can’t find a day care around here that wants to take him. **Home/child care**
• Once they start school I won’t have a problem going to work. **Home/work & school**
• My kids are picky, they are picky on who they want to watch them. **Home/child care**
• By the time you go to work and them pick them up, feed them supper, give them a bath and then they go to bed. They spend more time with the babysitter than they would with you. **Work/home/child care**

**County 3**
• Like, I had a job offer but either nobody would watch them after 5:00, they wanted to stop at 5:00, my job was like 10:00 – 7:00 but I couldn’t find nobody, so I couldn’t do it. **Work/child care**
• It’s like I keep telling everybody, I want to go to work, but why work when all the expenses would go to day care? **Work/child care/social class**
• Yeah, it helped though. Because I had to pay child care or I wouldn’t be workin’...you still have to pay though, after the block grant. **Work/child care/gov.** *(Researcher note: “it” refers to the CCDF block grant.)*
• I have a good babysitter and hopefully will have her for a long time. Until the pack closes, if they close. **Work/child care**
• But I had to quit school because I wasn’t able to afford a provider. **School/provider**
• For even for me to get a minimum wage job I couldn’t do it because the child care would take everything. **Work/child care/social class**
• And, you’d get the privilege of holding on to your check until you paid the sitter, and that would be about it. **Work/child care/social class**
• I can’t leave my daughter with my husband. I have to take her everywhere that I go. If I do leave her with him then he has to have another adult there because he can’t be alone with her. But his son can be alone, so I just have to make sure and…I have to have a provider that will take both of my kids, granted if he gets off work sooner he will go and he will pick up little P______ but he won’t pick up my daughter. My daughter will have to be there longer until I get off work, and then I’ll go and pick her up. **Child care/home/work**
Yeah, that is why I have to make sure that all factors are considered and everything is in place. And if there is one flaw that is not up to my...then I don't. (Researcher question to parents: So you have some standards that you look for?) Yeah, and for my son they are a little higher than they would be for my daughter just because. (Researcher question to parents: Because of the care he needs?). Yeah. Child characteristics/child care

When I was babysitting for a friend of mine...Her boyfriend worked with my husband. I was babysitting their three kids and all I did was, when I babysat for them...I cannot do that (researcher note: "do that" refers to be self-employed as a registered child development home provider) because of my husband's record...he's a felon. What happened was his girlfriend was underage. So, he had sex with a minor. So, that presented a problem...so the only way that I can do anything like that is not be registered. Home/government/work
Exosystem

The exosystem includes events or settings that influence processes that are part of the more immediate setting of the parent such as the following:

- Media – includes TV shows, newspapers, magazines, radio
- Government includes rules, policies or programs administered or enforced by the local, state or federal government, (child care block grant, DHS licensing & enforcement)
- School – the neighborhood school, where older children may attend. (Public or private elementary, middle or high schools)

**MEDIA**

TV shows, newspapers, magazines, radio, advertisements, movies, etc.

**County 2**

- You don’t have to follow the T.V. show, the Cosby’s or whatever, you don’t have to be like that.
- *(Researcher note: parent was asking about child care making children more aggressive)* I did see one on 60 minutes not too long ago. I was very intrigued by it. He told me that I had to quit my job, I was like yeah right! I just didn’t want my child to be in that situation, to be aggressive towards others.
- Then, in the back of my mind I would be thinking about that stuff you see on TV about the minister molesting these kids and I’m like, good God, I know they seem like nice people.
- Has there been a study in Iowa bout kids raised while mom and dad are working, meaning being in child care for too long, does this make these children more violent towards other children?

**County 1**

- I try to teach them better than what they see on T.V.
- I have seen so much on TV. When they have had hidden cameras in day cares and the way that the children were treated. I won’t put my children in that situation. I don’t feel comfortable doing it and if I don’t feel comfortable then I am not going to put them in it because I know that they won’t be comfortable.

**GOVERNMENT** - rules, policies or programs administered or enforced by the local, state or federal government, (child care block grant, DHS licensing & enforcement)

**County 2**

- Yes, I called DHS and I don’t know if they have any information or not because all they could give me was a list of child care providers. They couldn’t tell me if they were certified or not *(Researcher note, this comment not made to parents. There are no certified providers in Iowa. DHS issues licenses or registrations)*
- I want information myself, I’m not going to rely on Al Gore to tell me that this piece of paper is a list
- I do believe it does say on there *(researcher note: “there” refers to the DHS or CCR&R list)* that you should screen these providers.
- I don’t understand how can they be on the list for being licensed when the one lady just now was released from jail for sexual conduct or something like that with a minor? And she is on the child care providers list. *(Researcher note: this comment is referring to DHS list)*

**County 1**

- Well, he is in protective day caring, I had no choice in the matter, but to put him in there. I have had problems with that day care before because I have had previous children and they got taken,
and I didn't like it at first but I had to get used to it because it was a choice that I had to make. I had no other choice. It was either put him in day care, take him...

County 3
- Go to DHS and see if they are on the record.
- A lot of people lie to the government to try to get help from the government. You know if I lie to the government I'm gonna get caught.
- We called one of those workers in another town that deal with child care and we reported her a couple of times and all he said was that he couldn't do anything about it. He couldn't drop a UA on her or nothing. So, we couldn't help those poor kids. Because, we know she does drugs.
- I think that...I don't know how often that they are inspected, you know, I don't know how often the inspectors come in, or whatever but I think that it should monthly.
- I think it needs to be done every month. The house needs to be inspected and the person needs to be checked on every month.
- UA's dropped every month, every week.
- And I think that if they, you know, they say this person you are pertaining to, this one that you know she does drugs or whatever, say they drop a UA on her. OK. And she comes up and that's dirty. She loses her child care privileges, no pay, until she can get it clean.
- No pay, until she can get it clean, and if it, if it happens what, two, three times, then she loses her license for good.
- No, she would lose it the first time.
- Yeah, but with stronger regulations the price is going up because they have more involvement.
- They have the block grant; you have to be on the limit.
- They count my husband living in the house because he Mexican but they don't claim him because you have to pay 10 years into social security before you can get any help. So they count his money against me and say that I make too much money when I don't make any money because I sit at home.
- The block grant, yeah it is okay, but in order for you to almost qualify (and I'm not trying to offend anyone or anything) you have to be by yourself and not have a life, and not have a man or anything like that. Because if they find out about it whether he lives there or not they'll try and use his income.

SCHOOL (Public or private elementary, middle or high schools)
School – the neighborhood school, where older children may attend

County 3
- Once in a while I'll get some from the counselor, but otherwise I don't. The school counselor. (Researcher note: response to a question regarding people in the community giving messages about how a good parent acts)
- I think that schools and _____, and stuff, they do pretty good. I mean, I know I can get my answers.
- Now what I did was I checked with the schools about providers
Macrosystem

The macrosystem can be described as overarching patterns of micro-, meso-, and exosystems characteristic of a given culture, subculture, or other broader social context, with particular reference to developmentally-instigative belief systems, resources, hazards, life styles, opportunity structures, life course options, and patterns of social interchange that are embedded in each of these systems. The macrosystem may be thought of as a societal blueprint for a particular culture, subculture, or other broader social context.

- Local Community - historical or traditional or typical events such as a child care provider being jailed for abusing children, nosy neighbors
- Social class - description of individuals or families based primarily on income, but also job, neighborhood, family background and/or stereotypes; and the effects of family income on family lifestyle & choices.
- Rural - specific characteristics associated with a less densely populated environment (safe, friendly)
- State, National or world Influences - events of such magnitude or importance that communities and citizens in a variety of locales, cultures and income levels are aware of and/or affected by them
- Parental beliefs - thoughts parents have about their children (Sigel, McGillicuddy-DeLisi & Goodnow, 1992). McGillicuddy-DeLisi and Sigel (1995) describe parenting beliefs as knowledge or ideas regarding parenting that are accepted as true. The dreams, wishes, ideals; knowledge or ideas regarding parenting or children that are accepted as true. Parental beliefs include what parents think is true for all children regarding child development and the role of parents in promoting that development.

LOCAL COMMUNITY

Historical or traditional or typical events such as a child care provider being jailed for abusing children, nosy neighbors

County 3
- Well, that’s just like that M____ W_____ case that I supposedly she hurt that baby and she never did and she ended up in jail for...a long time
- It is very bad in this community. If there went one day where nobody in this town was worried about what everyone else was doing they would be bored, they would be at a loss.
- County 3 is nothing but a gossip column.
- It’s an Ann Landers here.
- I mean a person can go walking down the street naked and by the time the day is over everyone is going to know about it. Maybe high noon (ties to previous comment)
- My neighbor, she knows what time we leave and what time we come back. She knows what time my husband leaves for work, she knows what time he comes home. She just sits there and watches out the window and watches my door.
- I just think that a lot of people when they get involved where they shouldn’t be you know, sometimes they have a tendency to intimidate people. You know, like “Oh God, why do I want to go get a job, everybody will know what the hell I’m doing...”
- As to the way you choose to live your life and what you do, yeah. (Researcher note: response to whether community makes judgments)
- Or how do you raise your kids, you know, something like that. (Researcher note: response to community makes judgments)

County 2
- I’m not trying to spite the community. This is a pretty good community,
From me being from around here most of my life, I would know some of them (researcher note, "them" refers to child care providers on the list), and I would ask.

I also wish that there were more family activities. I think that there should be a rec center in every town. They had them when we were growing up. There's not too much in IA Falls to do. Museums, W______ had rec center - We had one in 1______ years ago when I was a kid. But they had too many problems with kids coming in there and doing things that they were not supposed to like smoking and drinking.

County 1

- They have been there since they were born. Other people coming in and saying that you should do this and that, telling them what child care to bring their child to and so forth. If more people would just take the time to listen to other people's opinions, instead of just saying to do this, this, and this. This is what you should do and this is how you should do it.
- To me this town is nothing but a gossip, back stabbing place, you can't trust anybody.
- ... there are so many things that a lot of people don't agree on and there are things that people do agree on.
- In the community that we live in they interact, there are kids around everywhere. They don't always have to go to a day care to interact with other kids. They can step right outside their front door, and then some!
- A lot of people share the same ideas but have a little bit different ideas. But basically I think that people think the same.

SOCIAL CLASS

Description of individuals or families based primarily on income, but also job, neighborhood, family background and/or stereotypes; and the effects of family income on family lifestyle & choices.

County 1

- I agree with J____ too, but a single parent has to go out and work. It is hard to do everything without some kind of income.
- If I had a live in nanny, I would want a job where I could be out of the home.
- I think about how much money I am going to save! (Researcher note, parent describing what happens if kids don't have to go shopping with parent)
- I could care less about money, I am broke!

County 2

- So I need somebody else to teach my children how to do it, so we struggle, we don't make it pay check to pay check. I don't want him to live like that.
- We do what we can and the rest of the people just classified us as poor, we're not even mediocre. The rest of the families think that, even though our kids do sports, we don't have the clothes. The house, the cars, the yada, yada, yada, then we must be bad parents.
- Oh, yes, we are all looked down upon...well we raise our voices to our children, and we even do it in public, so we are terrible, terrible parents.
- Right, I know a lady who is like that; she was able to stay home with her kids. She brings them to preschool a couple of times per week and the rest of the time she is at home with her kids. 2nd parent: I think that I would like those choices. We don't have them though.
- Doctor bills are high enough and if it is cold for the next picnic A______ won't be coming.
- "We don't go out very often because we can't afford it. We went to a movie."
- "Our big outing is that we go grocery shopping for two hours with out the kids." "He usually goes with us."

County 3

- Technically we really aren't saving any money although we are trying to. It's hard.
• You can stay home if you have a husband that works but some people don't have that.
• And, there's that whole thing that if a mom stays home on welfare people think well why can't she work, why can't she support her kids instead of having other people support her kids?
• I just think that every situation is different. Theirs is different from mine, mine is different from theirs, and ...why I'm staying home shouldn't really matter. That right there is another house that could be a provider for their kids if they chose to go to work. It wouldn't mean that I would say oh God you are on welfare. They would be so what I was there for four years and I think that in this town too many people worry about what their neighbor is doing three houses down.
• I was just lucky to have 2 dollars after paying all the bills and stuff.
• We like to go dancing, but we haven't been out for ages because they wanted 20 dollars for two hours. By the time we pay to get in and get something to drink you are broke.

RURAL
Specific characteristics associated with a less densely populated environment

County 3
• No, I chose this. I chose a small town and we will actually be moving to a yet smaller town with a population of only 67. So, just because, I feel it is more important that you are in a small town because then you don't have so much city life, it is quiet and safer. You know, you can just, your kids have a lot more chance to be... a little bit more laid back, I guess.
• It is a lot safer than a big city.

County 1
• Community meetings, the community that you live in, surrounding neighborhood, not a wide area, But a smaller area where you can get to know people that live right around your little area. Instead of your whole town. (These are the people who would ideally provide child care)
• It is not as big as Des Moines and you can get to know a lot more people around a smaller area... you trust them vs. living in this big town where you bump into somebody that you know maybe once a month. Where as in a smaller town you see people you know very often.
• You can also tell how others deal with their kids, to see how they would be with yours. Context – response to this probe: When you all think about where you are living right now, so you think that there is anything that is unique or special about living in or around G______ and what child care would look like for you being in and around this area? Vs. somebody being in Des Moines or Iowa City? Do you think that there are unique or special things that you are looking for?

County 2
• Everybody's nose is in your business. Everybody knows everything about you.
  o That is small town for you.
  o I_______ is the same way.
• I'm from the big city; in the big city it is not like that. I mean you could be living in a nice neighborhood and then a couple of block down there could be gang bangers. You just try and keep the kids away from there. From drugs & alcohol
• Something that I know of from living in a big city, before I had a child I lived in Tulsa, I worked in child care. Places like that have so many choices. There is a day care on every corner it seems like.

STATE, NATIONAL OR WORLD INFLUENCES

State, National or World Influences – events of such magnitude or importance that communities and citizens in a variety of locales, cultures and income levels are aware of and/or affected by them. Note: Interviews occurred during Fall 2001, after the events of 9/11.
County 2
- Do you guys get reviewed a lot now days? New president, I know he likes education...
- Freedom of choice, we live in America.
- There is too many pedophile out there

County 3
- I think safety, the way things are in the world nowadays, it is hard to keep your kids safe.
- The reason that I say this is because now days with what is going on there is not way that I am going to stick my kid on a bus. Maybe if it settles down in five years but right now, NO!

County 1
- ...as of everything that has happened since September 11. Tell them that it is ok, not everybody is like that.
- I just I don’t want anything to happen to them. It is like if the world is going to come to an end then why would he be creating more life and it makes me a little bit upset, because you know people are still having kids and then a war starts...

PARENTAL BELIEFS:
Thoughts parents have about their children (Sigel, McGillicuddy-DeLisi & Goodnow, 1992). McGillicuddy-DeLisi and Sigel (1995) describe parenting beliefs as knowledge or ideas regarding parenting that are accepted as true. The dreams, wishes, ideals; knowledge or ideas regarding parenting or children that are accepted as true.

Parental beliefs include what parents think is true for all children regarding child development and the role of parents in promoting that development.

Beliefs about Parenting – the role of parents in promoting their child's growth, learning & development

County 2
- Nurture them. If you’re not there hopefully you have a partner there, to help you raise them.
- To hope that you raise them with good morals, good beliefs, something that they can stand up with and feel good about.
- And nurture them and show them the ways of life, pretty much, show them the ropes
- Supporting them financially, think about their future as far as college; make sure that you, it is important to me
- Yes, but also if he chooses not to go for one reason or another I can’t force him to go. He has got his own life and I’m not going to put no chains on my boy
- I have something for you, a lot of loving skills, a lot of loving skills.
- I think that it is better if you take the kids with. –
- I like to travel so if we could we would be going all around the United States. Let’s go see the county if money was no option. Let’s go see the Europe, let’s go see the world my son! They learn other languages and meet new people.
- Stay home with my child, not having to leave them with anybody else. That’s what I would like to do. Then I know that nobody is doing anything to them that they shouldn’t be. Then again I don’t know if I could do that?

County 3
- Just let them do what they want to do, you know when they get older. If they want to be a doctor...help them.
- You need to spend quality time with your child not just a few minutes here and a few minutes there because that is not going to do much.
• I think that it is important that you focus on their schooling. If they need extra help in an area or two make sure that it gets done, you know.
• You should listen to your kids. If you take them to a child care place and they are screaming their heads off saying "no no" you should listen to that.
• I'd get me a nanny. Yes I would I'd get me a nanny in my home, one of them good ol' southern nannies. I couldn't get one from New York, not with my son, no way. They'd have to be from Alabama or Georgia or something. .... Because they're southern, they're firmer; them kids don't step out of line down there. .... They have good guidance and discipline. Yes they do and religion is very important.
• Um, I don't know... and I don't want to say this without meaning something meaning something totally... that it's the only word I can use... If you are a good parent, and please don't take offense to this anybody, you will know what your child needs, you will know what you need in a provider and you won't settle for anything less.
• But, I also feel that if you don't take the time to investigate your provider, if you don't take the time to investigate your provider and something happens it's your fault because you did not look. You did not look deeper and whatnot.
• Oh yeah. Empty refrigerators, dirty houses. (Describing some parents as not doing what they should be)
• I think your community and the people that you know, they have a...society helps you to develop and make choices as to how you want to raise your kids. Is what I was trying to say.

County 1

• To be able to be there for your children.
• Provide a good home. A stable home, not moving from place to place. (In response to the question what is the very most important thing you can do for your child?)
• A good job - context: a response to the question what is one of the very most important things you can do for your child
• You need to listen to your children, that is the best. Because when they say something and you don't understand and you sit there and talk to them and they explain it to you, you understand your child more.
• A live in nanny that would be really nice. I don't like just anybody watching my kids basically. They go with me everywhere, that is how I want it and that is how I have always had it. The best is when you just take care of your own kids. When somebody else watches your kids you don't like what they do, and then you get upset, fire them and then have to hire somebody else. Just do it yourself, it is the best way to do it.
• I just really don't like anybody watching my kids because of the simple fact that I don't like anybody watching them.
• If somebody came up and you have two adults in the household, and they said this is the kind of job you've wanted and this is the kind of pay, here's your job. And they come up to the other one and say okay this is what you wanted and this is how much you wanted to be paid here you go. And they are both sitting there, this is great but what are we going to do about the kids? Me personally I would turn it down, I wouldn't take it, no I'm sorry my kids, until they are in school. You come back when all three of them are in school and then we will talk about it.
• Well they are only little for a short time so it is not like you are looking at this is the way it is going to be for your family forever.
• But when they are only little that is when they bond with you, they just know you. If you got a job and you send your kids to the babysitter its like they're raising your kids and you're not. I'd rather stay home and raise them instead of having a stranger raise them. By the time you go to work and then pick them up, feed them supper, give them a bath and then they go to bed. They spend more time with the babysitter than they would with you. Because they are sleeping they are there but they are spending more time with the babysitter.
• Once people get their minds set on something that is what they truly believe that is just the way that it is going to be, nobody can change their mind.
• Parents know how kids act. Parents know how to stay calm, and know how to react when a child gets out of hand
• I think that it is kind of easier to do it by yourself because you just have your own opinion and you can do it the way that you want to do it.

Beliefs about child development

County 2
• If you have another child, you will see the aggressive traits come out. It doesn't matter where he is; he is going to end up with them.
• He has a cousin that isn't around other children, and he is very, very selfish.
• I am not saying that I would not want him to be around other children, because I think that is important for kids
• I think that it does our child good to be at a child care center. I guess that I would like to be one of those parents that gets to stay home with their child and gets to bring them to preschool a couple of times per week. That way the child would get some time with some other children. I think that they need socialization with children their own age.

County 3
• I think around more kids she'll get more better because she's playing more
• I think that it is better for the kids because they have kids to play with
• I think that their needs vary in ages. If you look at it even though there is quite a different bracket between my daughter and my son (because my daughter is 8 and my son is 2) she helps my son develop beyond, do you understand what I am saying?
• Yeah, and I think that it is important; she needs to learn that when she is playing with him she needs to come down to his level, and you know, so on and so forth
• And it helps them develop, socially, emotionally. (Researcher note: parent is describing how being with other children influences child development)
• Because you can't have two different sets (of rules) because it just throws a kid completely off
• Two of them can pretty much take care of themselves, the only one you gotta tangle with is Sara. (One mother to another, talking about needs of that mother's two older children and one younger child in child care)

County 1
• I think that children are more comfortable when they are in their own homes. The children know what is theirs and they know what they can do. The children don't have to go to some place and say, but at home I have books and I can read them, instead of only having the teachers read the books.
• And you know how they say that kids get this vibe right off hand, of what people are going to be like. If they don't like the vibe they are not going to go near them Like my oldest one she has a vibe about one that watches her now, if I need to go somewhere is because she disciplines her the way that I would. There are times that she won't come up to me, because you can't just let them run over you. They would be doing it their whole life then.
• I would have to say home care the more kids that are around the rougher they get. (Researcher note: parent indicating home care is preferred)
• So I would rather stay home and raise my kid instead of having a stranger do it. At this age that is when they bond with you, that is where they get to know you and stuff like that. And if you send them to somebody else they are actually bonding with him or her instead of you.
• Kids will take advantage of someone that is watching them that has no clue about children. The kids will see how much they can get away with.
Appendix F: IRB Approval
TO: Delora Jespersen Hade

FROM: Ginny Austin, IRB Administrator

PROJECT TITLE: "Parenting and Child Care in Rural Environments"

RE: IRB ID No.: 02-004

APPROVAL DATE: June 24, 2004 REVIEW DATE: June 24, 2004

LENGTH OF APPROVAL: 1 Year CONTINUING REVIEW DATE: July 10, 2005

TYPE OF APPLICATION: ☐ New Project ☑ Continuing Review

Your human subjects research project application, as indicated above, has been approved by the Iowa State University IRB #1 for recruitment of subjects not to exceed the number indicated on the application form. All research for this study must be conducted according to the proposal that was approved by the IRB. If written informed consent is required, the IRB-stamped and dated Informed Consent Document(s), approved by the IRB for this project only are attached. Please make copies from the attached "masters" for subjects to sign upon agreeing to participate. The original signed Informed Consent Document should be placed in your study files. A copy of the Informed Consent Document should be given to the subject.

The IRB must conduct continuing review of research at intervals appropriate to the degree of risk, but not less than once per year. Renewal is the PI's responsibility, but as a reminder, you will receive notices at least 60 days and 30 days prior to the next review. Please note the continuing review date for your study.

Any modification of this research project must be submitted to the IRB for review and approval, prior to implementation. Modifications include but are not limited to: changing the protocol or study procedures, changing investigators or sponsors (funding sources), including additional key personnel, changing the Informed Consent Document, an increase in the total number of subjects anticipated, or adding new materials (e.g., letters, advertisements, questionnaires). Any future correspondence should include the IRB identification number provided and the study title.

HSRO/ORC 8/02
You must promptly report any of the following to the IRB: (1) all serious and/or unexpected adverse experiences involving risks to subjects or others; and (2) any other unanticipated problems involving risks to subjects or others.

Your research records may be audited at any time during or after the implementation of your study. Federal and University policy require that all research records be maintained for a period of three (3) years following the close of the research protocol. If the principal investigator terminates association with the University before that time, the signed informed consent documents should be given to the Departmental Executive Officer to be maintained.

Research investigators are expected to comply with the University's Federal Wide Assurance, the Belmont Report, 45 CFR 46 and other applicable regulations prior to conducting the research. These documents are on the Human Subjects Research Office website or are available by calling (515) 294-4566.

Upon completion of the project, a Project Closure Form will need to be submitted to the Human Subjects Research Office to officially close the project.

C: HDFS
   Carla Peterson