CHILD CARE CHOICES: FACTORS THAT PREDICT A MATCH IN MOTHERS’ CHILD CARE PREFERENCES

A Thesis by

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I have examined the final copy of this thesis for form and content, and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Education with a major in Educational Psychology.

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DEDICATION

To my son,

Juaquin Rossano Burke

It’s not only children who grow. Parents do too. As much as we watch to see what our children do with their lives, they are watching us to see what we do with ours. I can’t tell my children to reach for the sun. All I can do is reach for it myself. – Joyce Maynard
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ABSTRACT

There were several issues investigated in the present study: (a) what factors are most important to mothers in choosing child care; (b) the relationship between marital status, income, education, prior child-care seeking experience and finding a match to preference of child care; (c) child-care factors that are most common in not obtaining a match, and (d) the opinion of mothers on how readily available good child care is in their community. A 19-question survey was administered to 37 mothers who were graduate and undergraduate students at WSU, living in the Prairie Woods Home Addition, or employed at the Sedgwick County Special Education Cooperative Office who have sought child care for a child within the last two years. These mothers overwhelmingly were able to secure child care of their preference for their child. There were no differences found in child-care choices among the mothers due to demographic differences. They reported that quality of the child-care program, quality of the facility or home, and warmth and friendliness of the provider were the most important factors in a child care. Interestingly, the factors of cost, location, and/or hours of operation or flexibility of child care were not top factors in finding a child care for the mothers from this sample. The findings suggest that more research needs to be done on the opinions and feelings of mothers with less education or income.
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CHAPTER 1

THE PROBLEM

There are many young children in child care today who are spending numerous hours there every week, and this has caused some concern about the effects spending many hours in child care can have on the child’s development (Burchinal, 1999). Whether women are returning to work early due to economic reasons or due to choice, they are placing their infants in child care at younger ages and some for many hours every week (Huston, 2004; Phillips, McCartney, & Sussman, 2006). Belsky (2001), a researcher on child care, believes that more than 20 hours a week of child care can pose risk for the parent-child relationship as well as risk for the child’s psychological and behavioral adjustment.

We know that child care can have a positive impact on children. Specifically, children in center care have shown significantly higher cognitive skills than those in parental care when they start kindergarten (Hickman, 2006). Whereas children seem to experience cognitive gains, there is research that suggests some children may exhibit poorer social skills from being in child care (Hickman, 2006; National Institute of Child Health and Human Development NICHD, 2003a). There are a couple of reasons why child care may pose some risk for social development in some children. There is not agreement in the research: some studies show that low quality child-care experience from an early age is to blame (Howes, 1990), whereas other studies find the mother-child relationship to be the greatest predictor of how a child will adjust to child care (Nomaguchi, 2006).

High quality child care has been linked to more social competence, less impulsivity, and better cognition (NICHD, 2003b). The quality of care itself can impact social development. In fact, NICHD (2003a) found that lower quality care is predictive of more teacher-reported
problems whereas higher quality care is predictive of fewer problems. Some of the factors that determine higher quality child care are small group size, stability of caregivers, and a sensitive and responsive caregiver (NICHD, 2003a).

Child-care instability is another problem associated with child care. The child-care industry experiences high staff turnover due to high job stress and inadequate compensation (Hale-Jinks, Knopf, & Kemple, 2006). The turnover rate for 75 child-care centers in California was 30% for all teaching staff between the years of 1999 and 2000 (Whitebook, Sakai, Gerber, & Howes, 2001). A year later, 56% of those centers had not succeeded in replacing all the staff they had lost. If this happens repeatedly, it causes children continually to break and establish new bonds with providers. Child-care instability causes a hardship on the children by forcing them to use energy meant for learning and exploring to adjust to the loss of a previous caregiver and to establish bonds and security with a new caregiver (Cryer, Hurwitz, & Wolery, 2001). Establishing attachment is a lengthy process and child-care instability can hinder this (NICHD, 2001).

Parents who are frequently looking for new child care due to dissatisfaction with a provider or due to a chaotic lifestyle also create instability for their child. A chaotic lifestyle might be a parent who is continually moving, switching jobs, and in and out of different relationships. These instabilities can also cause child-care instabilities for the child. There can be negative consequences to a child switching care frequently. Children at the age of 2 who had more child-care arrangements during those first two years also had more behavior problems reported by the care provider as well as the mother (NICHD, 2001).

When mothers place their children in child care, they face the obstacle of finding child care that is satisfactory to them and that meets the needs of their children. It is important that mothers find a child care they can be happy with because mothers who are unhappy with care are more
likely to switch providers for their children and are therefore less likely to obtain child-care stability for their children (Maxwell, 1996).

Clearly, there are many factors that are important when a mother makes the decision to place her child in child care. The problem is that some research shows that mothers are not obtaining the type of child care they prefer (Li-Grinning & Coley, 2006; Riley & Glass, 2002). When Riley and Glass (2002) interviewed women at the time of their pregnancy on intended child-care choice and then interviewed them after delivery, only 22% of the mothers at 6 months postpartum were using their preferred type of child care for their infant. It is important for mothers to be able to secure arrangements of their preference because mothers who are able to secure a child-care arrangement of their preference are less likely to change arrangements during the first year of the child’s life. Mothers who did not obtain an arrangement of their preference had a 41% chance of changing child-care arrangements within the first year (Gordon & Hognas, 2006). Thus, mothers who can obtain a match to their child-care preference are more likely to obtain more child-care stability for their child.

A parent has many things to consider when finding a suitable child-care placement. For many mothers, leaving their child is stressful enough, not to mention finding child care that they are comfortable with, is affordable, and is located conveniently. If a mother finds child care at the right price and location, she is not guaranteed to be happy with the provider or child-to-adult ratio. On the other hand, she may find exactly what she wants in a child-care setting for her child, but may not be able to afford it. Because of cost, there is a concern that many mothers may be settling for child care that is less than satisfactory for their child.
Definitions

Due to the fact that there are many different phrases and terminologies that may be used in only one section of the paper, most are defined throughout the paper. However there are a few terms that will be defined within this chapter.

Attachment. For the purpose of this paper, attachment is defined as an emotional bond between two people, whether it be mother and child or care provider and child. It is a strong, affectional tie to another person that brings us joy when we interact with them and comfort in times of distress.

Cognitive development. Cognitive development in the child consists of thinking, problem solving, concept understanding, information processing and overall intelligence.

Emotional development. Emotional development is the way in which the child develops and expresses his/her emotions. It is how the child responds and reacts to his/her environment and people in that environment. It is also how the child communicates what he/she is feeling.

Social development. Social development is how the child develops relationships with peers, parents, teachers and others in the child’s life. It is how the child interacts with others, follows rules, and has the ability to understand at some level the feelings of others.

Purpose

The current study proposes to determine whether practical reasons (i.e., fees, hours, location, availability), quality reasons (i.e., quality of care provider, quality of program, environment and equipment), or a combination of both are most important in choosing a child care mothers are happy with. How many mothers are getting the child-care options they prefer, and if not, what factors are preventing them from doing so? Are there demographic factors such as marital status, economic level, or previously finding child care for other children that increase their
chances of obtaining a match to their preference? Also, how many mothers feel that good child
care is readily available to them? There are not many studies that examine mothers’ feelings and
opinions on child care. What mothers want in child care is important to examine as well as what
factors frustrate them about child care. Most existing research that does examine mothers’
satisfaction levels on child care looks at mothers of young, newborn infants up through their first
year of life. Mothers of toddlers are not examined as much and many mothers of 1 to 2 year olds
may be searching for child care for the first time after staying home. The experiences of mothers
with older children, such as 2 to 4 year olds need to be studied as well as the mothers with infants.

Overview

Chapter 2 provides a literature review of previous research on child-care numbers in this
country, child-care factors, and implications of child care on children. Chapter 2 also provides
previous research on mothers’ choices in child care as well as whether or not they are receiving
the child-care option of their choice.

Chapter 3 provides information on the sample, instruments, and procedures for the
current research.

Chapter 4 provides a statistical analysis of the data. Chapter 5 explains the results and
gives suggestions for future research.

Hypotheses

1. Mothers who have sought child care previously with older children are more likely to
receive a match on their child-care choice.

2. There is a positive relationship between child-care match and economic level and marital
status.
3. Cost, lack of availability, or lack of flexibility are the variables most commonly listed as factors that prevent obtaining a child-care match.

4. Many mothers feel that good child care is not easy to secure.
CHAPTER 2

LITERATURE REVIEW

In today’s busy society many women are trying to balance family and career. With many women not wanting to give up either, or feeling pressure to “have it all,” children are entering child care at younger ages and spending many hours there (Phillips et al., 2006). Also, some women are forced economically to return to work sooner, even though they may prefer a more extended maternity leave with their infant (Huston, 2004). Huston suggests that, for mothers who are at poverty level and/or are single, an extended maternity leave may not be an option. Some children are entering nonmaternal care in the first month of life and many who do are spending more than 30 hours a week there (NICHD, 2001).

The current study was planned to find out, from a mother’s point of view, the most important factors in her child-care selection as well as what factors prevent mothers from attaining the child care they want. The current study focused on mothers who had sought child care for a toddler aged child, 2-4 years old. The current research that looks at the feelings of mothers trying to secure child care focuses on mothers with infants. Additionally, relationships between demographic factors such as income, education, marital status, previous child-care experience, and finding a match in child care were explored. This is important because mothers who do obtain a match to the child care they prefer are more likely to obtain child-care stability for their child (Gordan & Hognas, 2006). Mothers who settle on a child-care provider they do not particularly want will be more likely to switch child-care providers in the future.
Overview of Child Care in the United States

There are several different types of child-care settings: relative care, home daycare, child-care centers, and in-home care by nannies/sitters. Relative care consists of family members, such as grandparents, aunts, and others, who care for the child while the parents are away. Home daycare providers administer child care in their own homes. The majority of the research focuses on child-care centers and usually compares children in maternal care with children attending child-care centers.

The purposes of child care are to offer support for maternal employment and to offer developmental enrichment for children (Huston, 2004). Not all parents and researchers agree that nonparental child care is the best environment for children (Burchinal, 1999). With some children entering child care at such early ages and spending many hours in nonmaternal care from infancy to kindergarten, many concerns and questions about the effects on children have been raised (Burchinal).

Approximately 63% of children in this country under the age of 5 (11.6 million children) are in some type of regular child-care arrangement (U.S. Census Bureau, 2005). Historically, the trends in child care have gone up and down. From 1985 to 1990, the percentage of preschoolers cared for in child-care centers rose from 23% to 28%. This percentage dropped down to 21% in the late 90’s, then rose back up to 24% in 2002. The trend in home-based nonrelative care (i.e., care either in a child’s home by a nonrelative or care provided in a nonrelative’s home) rose and fell also, but the U.S. Census warns against interpreting both sets of these results and making comparisons. In 1995, the survey design of the census began to change (U.S. Census, 2005). First, the number of child-care response categories was expanded and instead of collecting data only on primary and secondary arrangements, the new questions addressed all child-care arrangements.
used on a regular basis. Then in 1997, the instrument was changed from a paper questionnaire to a Computer Assisted Personal Interview (CAPI) instrument and the way the data were collected and defined changed. One example is that previously respondents named the primary arrangement and now the primary arrangement is defined from the data collected as the arrangement used the most hours per week. Also the Census for many years conducted the survey in the fall and then changed to the spring in 1997, possibly resulting in different responses due to seasonal differences in child care use. Also in 1996, the Census began to include workers with alternative work schedules, such as temporary or on-call workers, and gather data on their child-care arrangements. Because of these changes in the method of collecting data, the Census warns against comparing the current data with years past. Even though we must be leery of comparing the statistics over time and the child-care rates fluctuate somewhat, the data show a large majority (over 63%) of U.S. preschool children are in some form of nonmaternal child care.

Variations Among Child-Care Arrangements

Time spent in child care. The number of hours children are spending in child care is a cause for concern. In the winter of 2002, children in child care under the age of 5 were spending an average of 32 hours per week in child care (U.S. Census Bureau, 2005). On average, that number may not sound alarming. However, with some children spending above the average amount of time in nonmaternal care and, depending on the age of the child and the type of care, there is a concern that some of these children will experience behavioral, social, and emotional problems (Burchinal, 1999).

Belsky (2001) has completed considerable research on the topic of child care. He suggests that more than 20 hours a week of child care can pose risk for the parent-child relationship as well as risk for psychological and behavioral adjustment in the toddler, preschool, and early primary
school years. He refers to a survey done by the U.S. government on which 815 representative parents with children under the age of 5 responded to questions on child care. Two-thirds of the parents from that survey did not believe that the care and attention children get from a “top-notch day care center” was just as good as what they would get at home with a parent. Belsky states that he shares “the reservations, if not convictions” (p. 846) of those surveyed parents.

_Multiple child-care arrangements and staff turnover._ Some children have more than one child-care provider, some switch providers quite frequently, and some child-care centers have high staff turnover. Whitebook and colleagues (2001) looked at 75 child-care centers in three California communities from 1994 to 2000. They found that 82% of all teaching staff employed in the centers in 1994 and 76% of all employed in 1996 were no longer on the job in 2000. The average turnover rate between 1999 and 2000 was 30% for all teaching staff. A fourth of these centers reported no turnover in the previous year, yet six centers reported 100% turnover or more of their teaching assistants and 9 centers reported 100% or more turnover of their teachers. Turnover is only part of the problem because replacing those teachers can be a difficult task. In this study, 56% of the centers that reported turnover in the previous year had not succeeded in replacing all the staff they had lost.

The wages paid to child-care workers are very low and are comparable to jobs that require little or no education such as parking lot attendants and bus drivers (Hale-Jinks et al., 2006). Wages seem to be linked to the quality of care that children receive, with lower wages predicting lower quality care much of the time (Phillips et al., 2006). Hale-Jinks and colleagues assert that inadequate compensation and high job stress contribute to high turnover rates among child-care workers.
The problem with high turnover is that the children are paying the ultimate price. Each time a teacher leaves, the child has to begin the attachment process all over again with a new caregiver (Hale-Jinks et al., 2006). Unfortunately, there is no guarantee that the new caregiver will stay and that the child will not experience another loss. Young children, especially, need a safe, stable, predictable, secure environment and high teacher turnover is not conducive to this for many reasons. Hale-Jinks and colleagues refer to Maslow’s hierarchy of needs, stating that children’s physiological needs for safety and security must be met first in order for them to learn without difficulty. Cryer and colleagues (2001) say that when children have to adjust multiple times to new caregivers, their energy is consumed more with establishing security rather than learning and exploring. It is the responsibility of the child-care center to provide care in a warm, consistent environment that promotes attachment between the child and the caregiver (Hale-Jinks et al., 2006).

Attachment and bonding, whether it is with parents or teachers, is something that is built over time through experiences shared between child and adult. Hale-Jinks et al. (2006) say this foundation is important because over time the child’s bond goes from one of basic trust to a deeper, more knowledgeable relationship where each is aware of the other’s personal dispositions and idiosyncrasies. Having that foundation could be important in the teacher dealing effectively with the child and the child understanding the expectations of the teacher. When a new teacher comes in, not only does the child have to begin this process all over again, but the new teacher has to begin the bonding process with each child in the classroom. These concerns have caused much debate as well as influenced a great deal of research on the topic of child care and its possible short and long-term effects on attachment as well as cognitive, social and emotional development (Phillips et al., 2006).
Advantages and Problems Associated with Child Care

Cognitive gains. Many researchers and developmentalists suggest that children show gains in their cognitive development when enrolled in child care. Children in center care have shown significantly higher cognitive skills than those in parental care when they start kindergarten (Hickman, 2006). The Early Childhood Longitudinal Study, Kindergarten Cohort (ECLS-K) researchers began collecting data on more than 21,000 children who entered kindergarten in the fall of 1998. One thousand U.S. schools (including public and private) were randomly selected with approximately 21 kindergartners per school included in the study. Children’s cognitive skills as well as social skills were assessed. Data were also collected on the primary type of care the child experienced the year prior to kindergarten, either center care or parental care. Overall, the results show that children in center care the year prior to kindergarten, compared to the children in parental care, received some cognitive benefits from being there. Specifically, children in center care the year prior to kindergarten scored a significant 4.10 points higher on the reading test and a significant 3.97 points higher on the math test. Hickman reasoned that children in child care are involved in more structured play, interaction with peers and teachers, and an overall more stimulating environment.

National Institute of Child Health and Human Development (NICHD) Early Child Care Research Network (1999b) found that three-year-olds in center care achieved higher scores on tests of language comprehension and overall measures of school readiness when they were in classes that met higher standards for caregiver training and higher education. Education and training of the providers was categorized as: none, high school courses, vocational/technical school courses, college courses, or college degree. Providers’ education was scored as a six-level variable (1= less than high school education to 6=advanced degree). Again, children who attended classes that met
higher standards had better scores on cognitive, language and social development assessments than children attending classrooms with lower standards (NICHD, 1999b). In studies over the years, NICHD has consistently found evidence of cognitive advantages in children who attend center child care.

The NICHD Early Child Care Research Network (2003b) found that children at 54 months who previously attended high quality center care performed better on tests of letter-word identification, applied problems, incomplete words (an auditory processing test that measures the ability to identify words after hearing the word pronounced without one or more phonemes), short-term memory, language comprehension and expressive vocabulary. Language stimulation by the caregiver was significantly related to higher scores on five of the six measures of cognition. This link between language input and cognition strengthens the finding that quality of care can influence cognitive performance. Quality of care in the child’s primary child-care setting was measured at 6, 15, 24, and 54 months of age, using Observational Record of the Caregiving Environment (ORCE) (NICHD, 1996).

Even though these studies (Hickman, 2006; NICHD, 1999b, 2003b) show cognitive gains in children who attend center care, they do not address the duration of these effects. It is not known whether the cognitive gains in children through kindergarten are sustained through elementary school and into middle school. However, when Currie and Thomas (1995) looked at cognitive benefits gained by children in Head Start, they found that attending Head Start significantly reduced the probability of repeating a grade for Caucasian children but had no effect among African American children. They stated that previous studies found that initial cognitive gains of Head Start participants fade over time and become insignificant by the third grade. Whereas they did find that, by age 10, African American children had lost any benefits they gained from Head
Start, by contrast 10-year-old Caucasian children retained a gain of 5 percentile points on the Picture Peabody Vocabulary Test (PPVT) (Dunn & Dunn, 1981). Caucasian children over the age of 9 who had attended Head Start were 47% less likely to have repeated a grade than other Caucasian children. This was not found for African American children. The authors speculated that these differences may be due to different home environments, attending schools of differing qualities after Head Start, or possibly since they may come from different neighborhoods, the quality of the Head Start programs themselves have been different.

_Social skills problems._ Most of the literature confirms a relationship between higher quality child care and cognitive and language benefits in children (Burchinal, 1999). What is not as clear are the effects of child care on social and emotional development. There are several different variables in the child-care setting and the family setting that may account for effects related to the child’s social and emotional development. These variables include age of entry, number of hours spent in child care, quality of child care, and maternal sensitivity.

Although Hickman (2006) found higher cognitive skills in children in center care versus children in parent care, she also found that the children in center care exhibited poorer social skills than children in parent care, specifically poorer self-control, poorer interpersonal skills, and more externalizing behavior problems. One reason for this could be the amount of time spent in child care. Bates and colleagues (1994) found that children who spent time in child care from infancy to kindergarten showed more adjustment problems in kindergarten, even after statistically controlling for other mediating variables (e.g., family stress and socioeconomic status). Bates and colleagues divided the daycare experience into three eras: birth to 1 year, ages 1-4, and ages 4-5. Children who received higher amounts of day care in each era had higher scores on measures of negative behaviors and lower scores on measures of positive behaviors.
NICHD (2003a) also found evidence of more externalizing problems in children who spent more time in nonmaternal care arrangements in the first 4.5 years of life. Specifically, children who spent more time in child care across their first 54 months were rated by care-givers as less socially competent and as having more externalizing problems and caregiver-child conflict at 54 months. Also, at kindergarten entry, more time spent in child care predicted more reporting of externalizing problems by mother and teacher as well as more teacher-child conflict.

Other Factors Related to the Effects of Child Care

Maternal sensitivity. Although more time spent in center care predicted more parent and care-giver reported behavior problems in the NICHD (2003a) study, these researchers also found the mother-child relationship could affect the outcome. It was maternal sensitivity over time that proved to be the most consistent and generally the strongest predictor of all outcomes in the study. Maternal sensitivity is the way in which the mother responds to her infant or toddler through everyday interactions and tasks (NICHD, 2003a). It is measured by observing the mother and child completing a series of tasks and rating the mother on positive regard, intrusiveness, supportive presence, respect for autonomy, and the presence of hostility and sensitivity to nondistress (i.e., mother shows an awareness of the child’s needs and interests). Greater maternal sensitivity to distress but not greater sensitivity to nondistress is associated with increased probability of the child being classified as secure. Greater overall maternal sensitivity towards a child was predictive of better socioemotional adjustment in kindergarten and increases in maternal sensitivity over time predicted lower levels of teacher-child conflict as well as fewer mother and teacher reported behavior problems (NICHD, 2003a).

Quality of care. Quality of care as well as maternal sensitivity are important in child outcomes (NICHD, 2003a). High quality of care is most often defined in terms of low child-to-
adult ratio, small group size, sufficient and appropriate caregiver training, stability of caregivers within a setting, sensitive and responsive caregivers, caregiver involvement, and an enriching, orderly, physical environment where there is intellectual and language stimulation (Huston, 2004). Lower quality care has been found to predict more teacher-reported problems and conflicts while higher quality care predicted fewer problems (NICHD, 2003a). In the NICHD (2003a) study, quality of child care was assessed using the Observational Record of the Caregiving Environment (ORCE) (NICHD, 1996). Observers coded the caregiver on sensitivity to the child’s nondistress signals (i.e., care providers showed an awareness of children’s needs and interests), stimulation of the child’s development (i.e., care providers encouraged children’s development and learning by encouraging the child to participate in activities or elaborating on children’s verbalizations), positive regard toward child (i.e., caregivers spoke in a warm tone, praised children or showed physical affection), detachment (i.e., care providers appeared emotionally uninvolved with the children and did not attempt to engage children in activities), flatness of affect (i.e., caregivers exhibited blank, impassive facial expressions or unemotional verbal tones), fostering of child’s exploration (i.e., children were allowed to manipulate objects in their environment and were provided interesting materials for play) and intrusiveness (i.e., care providers interrupted play and imposed their own agenda on the children).

There is some debate over the definition of high-quality care. Lamb (1998) suggests that high-quality care can be different for different children and families and that it is dependent on what the families’ needs are.

Even the benefits of high-quality care may be compromised when the demands of the parents’ work roles result in excessively long periods of non-parental care, however, thus making it impossible to write a recipe for high-quality care that is universally applicable.
High-quality care needs to be defined with respect to the characteristics and needs of the children and families in specific societies and subcultures rather than in terms of universal dimensions. (p. 49)

Lower child-staff ratios are a component of higher quality child care and have been associated with higher scores on measures of children’s development (NICHD, 1999b). Love and colleagues (2003) found that higher child-caregiver ratios in center care were associated with poorer attachment security in infants whereas the amount of child care itself was not predictive of attachment. Early age of entry combined with low-quality child care can be a cause for concern, especially if children are spending a great deal of time in low-quality child care from an early age because this could mean their needs are not getting met effectively over extended periods of time. Therefore, if an infant is placed in low-quality care during the earliest weeks of life, that child essentially does not know good quality care from the very beginning of life, at least during the hours spent in child care.

Howes (1990) found in her longitudinal study that children who entered low-quality child care in infancy had the most difficulty with their peers as preschoolers and were rated as less task-orientated, more distractible, and less considerate of others by their kindergarten teachers. Also, children who were entered into low-quality center child care as infants were the most maladjusted of all the children in the study. The children who entered high-quality child care in infancy did not differ from the children who entered high-quality child care at an older age, indicating that it was not the age upon entry, but the quality of the child care that made the difference.

Quality of care is important for all young children and its effects can be seen on children who come from more optimal home environments as well as on children who come from homes with less optimal environments. NICHD (2003b) found high quality care was related to more
social competence, less impulsivity and better cognition. These associations between quality of care and positive child outcomes were the same for children regardless of the type of parenting they received at home.

**Age of entry and maternal time away.** Hill, Waldfogel, Brooks-Gunn, and Wen-Jui (2005) looked at maternal employment patterns and child developmental outcomes. They found that mothers who put off working until after the child’s first birthday had children with fewer externalizing behavior problems at ages 5-6 and 7-8. They also found that there were cognitive benefits at the ages of 5-6 if the mother put off working completely the first year rather than working full time in the first year. Using data from the National Longitudinal Survey of Youth (NLSY), cognitive and behavioral assessments were performed on 6,114 children at the ages of 3 or 4; 5 or 6; and 7 or 8, using the Peabody Picture Vocabulary Test-Revised (Dunn & Dunn, 1981), Reading and Math Subtests of the Peabody Individual Achievement Test-Revised (Markwardt, 1989), and the Behavioral Problems Index (Zill & Peterson, 1986). The children were divided into four groups which included (a) mother never worked in the first three years (never group), (b) mother did not work in the first year but worked sometime in the following two years (no first year group), (c) mother worked part-time in the first year (part-time group), (d) and mother worked full-time in the first year (full-time group). The scores on the assessments were then looked at in relation to the mother’s employment patterns. The problem with this study is that it is comparing mothers who worked full-time, part-time, and not at all during the first year of the child’s life and then comparing outcomes. Basically, it is looking at maternal time away from the child in relationship to different results, but it does not look at quality of child care or maternal sensitivity.

Some other studies looked at mothers who worked part-time and full-time and therefore had young children in child care and found effects on child compliance and mother-child interactions.
What Nomaguchi (2006) found was that at ages 2 and 4, children whose mothers were employed part-time or full-time had fewer positive interactions with their mothers than children whose mothers were at home with them. This meant that the children in child care had fewer occasions where their mothers praised them, talked to them, played with them, laughed with them, or did something special with them. Nomaguchi’s study found that higher frequency of positive mother-child interactions was related to less physical aggression, more prosocial behavior and lower hyperactivity in children.

Maternal employment and/or hours away from the child is important if it affects the mother-child relationship and bonding. It is possible that mothers who work full-time and then have other household responsibilities do not have a great deal of time left over to bond and play with their infant or toddler. Thus, possibly, child care effects on children are dependent on the mother-child relationship and attachment. It makes sense that hours in child care can lead to negative outcomes if the mother-child attachment is weak. Caldera and Shine (1999) found that children at 18 months were more compliant when there were higher levels of maternal involvement and investment. In fact, they found that time spent in child care during the first year of life does not significantly predict compliance in the second year of life. Maternal guidance and relationship were more predictive of compliance. During the first year of life when mother-child bonding takes place, maternal relationship and sensitivity with the child seem to be of great importance.

Attachment. It also appears that maternal sensitivity plays a significant role in the development of attachment security in infants. During the first year of life it seems essential that the infant experience maternal sensitivity and high quality child care. Caldera and Hart (2004) found that time in child care was not a significant predictor of attachment security but that the interaction between hours in child care and maternal sensitivity was. The mothers in this study
were asked to complete the Attachment Q-Set (AQS) (Waters, 1987) requiring the mother to sort cards according to how they are descriptive of her infant. The 90 cards are divided into 9 piles of 10 cards each, such that pile 9 would contain cards with descriptions that are “very much like my child”; pile 5 card descriptions would be “neither like my child nor unlike my child” and so on. Each Q-set item is assigned a weighted value based on its placement in the distribution of piles. Items placed in pile 9 receive a weight of 9; those in pile 3 receive a weight of 3. These weights are then correlated with a weighted criterion distribution which represents the ‘ideally secure’ child. Thus, the higher correlations between the mother’s rating and ratings of an ‘ideally secure’ child indicated a more optimal attachment relationship. Mothers who were observed to be low in sensitivity assigned their children higher attachment security scores when their child was in child care for more hours; whereas the mothers high in sensitivity assigned their child lower attachment scores as their child was in child care more hours.

NICHD (1999a) researchers found that as children spent more hours in nonmaternal care, their interactions with their mothers were less positive. More hours in child care predicted less maternal sensitivity; however, higher quality child care predicted greater maternal sensitivity. These findings are interesting because maternal sensitivity and quality of child care are both important. Maybe mothers with greater sensitivity choose better quality child care. Or, possibly, the higher quality child care has an effect on child development and child outcomes and therefore an effect on the mother-child relationship.

Spending hours in a low-quality child care as an infant can possibly affect attachment. Love and colleagues (2003) found that for infants in several different types of child care, there was a larger proportion of insecure-ambivalent infants in center care than in any other type of care, probably due to the very high infant-caregiver ratio (8:1). If the infant-caregiver ratio is 8:1, it is
unlikely that all the infants’ needs are getting met in a timely and efficient manner. It would be very difficult for the caregiver to interact and cuddle with eight infants as well as feed, change and respond to their crying. Infants and toddlers need a great deal of interaction with the teacher in order to have the best possibility for developing language and cognitive skills (Burchinal, 1999). Burchinal indicates that children who are in group care will not have the most optimal level of interaction with the caregiver unless there is a low child-adult ratio and the caregiver is able to provide interaction with each child in the class.

Unfortunately it is difficult to determine how all children will fare in relation to child care. There are probably many mothers who have high levels of maternal sensitivity but who cannot afford or find high-quality child care. Huston (2004) found that more often than not, children from low-income families receive lower-quality child care. Phillips and colleagues (2006) warned that we need to learn one thing from the last three decades of research, that the developmental effects of child care cannot be thoroughly understood without considering family influences and their part in the equation. With so many combinations of variables it is difficult to know how child development is affected. In fact, there are a few other variables that may impact child outcomes in relationship to child care. The research has not focused a great deal on these other variables but it does not mean that they are not important.

Other Factors Effecting Child-Care Outcomes

Stress in children. One issue that is of concern is whether or not entering child care and separating from parents for prolonged periods of time causes stress in children. Lamb (1998) proposed that most young children will respond with some amount of distress when attending child care for the first time but that the distress will decrease over time. However, Watamura, Donzella, Alwin, and Gunnar (2003) suggested that child care continues to be stressful for some infants and
toddlers. Whether the stress is created by being separated from the parents for prolonged periods of
time or whether it is brought on by interaction with peers or something existent in the child-care
environment itself is not completely clear. Cortisol is the stress hormone that has been shown to
increase when a person experiences stress. Watamura and colleagues tested cortisol levels in
children throughout the day when they were at child care and/or at home. Cortisol levels increased
across the day for the infants and toddlers in center child care but there were no increases in
cortisol levels on the non-child care days when the children were at home. Also, the toddlers who
were less involved in peer play or who experienced social fear exhibited higher cortisol levels. This
suggests that the same type of child care setting may not be best for all children or that some
children find child care more stressful. All children need to learn how to socialize and play
successfully with other children, but some children may do better in a less crowded child care
setting such as a home daycare or with an in-home nanny or sitter. For the introverted infant or
toddler, separation from mother and attachment objects at home may be too much stress combined
with entering a classroom full of eager, extroverted children.

_Differences in gender._ Research has not provided a clear answer to the relationship between
gender and the impact of child care. Boys and girls have different personality characteristics and
different temperaments much of the time which could have effects on the way child care affects
them (Crockenberg, 2003). How quality of child care, maternal sensitivity or lack thereof, age of
entry, and type of child-care setting could affect the genders differently is not known. Howes
(1990) looked at effects of age of entry and quality of child care on kindergarten adjustment and
found that more boys than girls were enrolled in low quality child care. Because her study
examined only 29 families prior to, and upon, kindergarten entry, chance or other factors may
explain why more boys than girls in this study were enrolled in low quality child care. This
author’s sample wasn’t big enough to draw the conclusion that boys are more likely to be enrolled in low-quality child care.

*Child-care instability.* Also, child-care instability could play a role in the outcomes of child care. Young children must form healthy attachments to parents and caregivers and child-care instability could possibly influence the outcome of attachment as well as the children’s relationships with their caregivers. If the child continually switches child-care settings or there is high teacher turnover, the child has to break and establish new bonds with caregivers continually. NICHD (2001) researchers found that children at 15 months who had experienced more changes in their child-care arrangements combined with maternal insensitivity had a heightened risk of insecure attachment. To measure attachment several assessments were used which included the Attachment Q-Set, observations of separation-reunion, the Strange Situation (Ainsworth & Wittig, 1969) and a Child Care Separation/Reunion Scale (NICHD, 1993). At the age of 2, children with more child-care arrangements had a greater number of behavior problems observed and reported by the child-care provider as well as the mother.

*Child-care setting type.* Most research looks at maternal care and center care. There is little research that looks at home daycare, relative care, and nannies in comparison to maternal and center care. This could be important because children who are in relative or home daycare may be in care with siblings and other children who are a variety of ages. Children in center care are in classrooms with their age peers and separated from older and younger children. Home daycare and relative care may not offer the same structured, stimulating environment that center care does that seems to be beneficial for cognitive development; however, relative and home daycare may offer social benefits because the child is around children of other ages and/or siblings. Another possibility could be that children with differing temperaments may do better or worse depending
on the type of child care they are in. For example, shy children may not enjoy center care as well as children who are more outgoing.

Crockenberg and Leerkes (2005) found that infants who were identified as more distressed due to frustration and who spent long hours in center care exhibited more externalizing behavior problems (aggressiveness, hyperactivity, defiance) at 2½ than children in any other type of child care. They administered the Revised Infant Temperament Questionnaire (Goldsmith, Rieser-Danner, & Briggs, 1991) and the Infant Characteristic Questionnaire (Rothbart, 1981) to mothers to assess their perceptions of their infants’ temperament and distress due to frustration, or distress due to fearfulness. Mothers indicated on a 7-point scale how frequently their infants responded to specific events in a particular fashion during the previous week. Crockenberg and Leerkes also found that children who were more distressed due to fearfulness and who spent more than 30 hours a week in non-parental care were significantly more internalizing (anxious, depressed, withdrawn) at 2½ than children with comparable temperaments who spent fewer hours or none at all in non-parental care.

Children from at-risk homes. Children who come from families and homes that put them at-risk may benefit from high-quality child care. The high-quality child care could act as a buffer against the home environment where physical aggression is present. It is not known what the implications could be for children who come from at-risk homes and then attend low-quality child care, especially from infancy to kindergarten. However, there is some suggestion that child care could benefit some children from high-risk families, those in which physical violence and aggression exist.

A study of 2 to 3 year olds from high-risk families who were provided home care by their parents showed more physical aggression than the high-risk children in out-of-the-home care at a
group daycare center (Borge, Rutter, Cote, & Tremblay, 2004). The authors of this study stated that non-parental child care may lessen the effects of the home environment for children who live in at-risk homes.

It may be inferred that homecare constitutes a risk for aggression only if the child’s home circumstances are markedly disadvantageous. Does group day-care protect against aggression in these circumstances? Our data suggest that it might do so—possibly because it dilutes that child’s exposure to family risk or possibly because it provides positive learning opportunities that are not so readily available at home. (p. 373)

The drawback to this study is that the researchers did not look at the quality of center care. It is not clear whether the children from this study benefited because they were in high-quality child care or if they benefited because they were in child care, regardless of the quality, and away from their home environments.

Overcrowding. There are many poor children in this country who live in crowded housing, having more than one person per room, with no room or space of their own (Maxwell, 1996). One study suggests that these children who then go to crowded daycares can be at risk for developing behavior problems. Maxwell (1996) looked at children from low-density households and high-density households who went to child care centers that either met the code for minimal square footage per child or did not meet it. She found that the children from chronically high-density homes attending high-density child-care centers were more susceptible to behavior problems and that problems with cognition and problem-solving skills specifically were related to high center density. This emphasizes once again that quality of care is important. Children attending a crowded child-care center may not have the room they need to play creatively or to develop gross motor skills. It could possibly be a problem also if there is a social problem between two children, and
they do not have the space they need to play separately or for one child to get away from the other child. Although high-quality daycare could help compensate for children from impoverished home situations, Shpancer (2002) says that “the evidence for daycare-to-home influences is generally weaker and less consistent than home-to-daycare effects” (p. 386).

There is a great deal not known about child care and its effects on children. One answer for all children should not be expected. With the different types of children themselves and their family environments, their needs may be very different depending on those factors as well as depending on the amount of time they spend in child care, their ages, and developmental stages.

Parents’ Views and Choices of Child Care

There is little research about parents’ views and opinions on child care and why they choose the type of child care they do. All mothers may not have the same options for child care, depending on their economic status, marital status, community, or work schedule. Some mothers may prefer a nanny, but cannot afford one. Some may not prefer a nanny and would rather have their children in a center for the social interaction their children would receive. Some mothers may prefer care by a relative or may choose that option for other reasons; for example, she may have three children under the age of five and this is the most economical choice. Being able to secure child-care arrangements of their preference is important because it also allows mothers to provide more child-care stability for their child.

In a study that looked at maternal views on child care in low income communities, only 38% of the 238 mothers sampled used the type of child care they preferred (Li-Grining & Coley, 2006). Mothers were asked to give their preference for child care by reporting what type of care they would choose if they had complete freedom to do so. Maternal care was preferred by 21% of the mothers; center care by 29%; and relative care in the child’s home, relative care in the
relative’s home or nonrelative’s home by the rest of the sample. The mothers who preferred center care had the highest probability of securing a match with their preference in this study. One reason for the mothers’ preferences may also be the age of the children. The children used in this sample averaged 4 years of age. A study looking at infants might yield different preferences in child care.

In fact, Riley and Glass (2002) looked at the preferences and matches of child care of mothers with infants and found that only 22% were using their preferred type of care at 6 months post partum. The 247 women in this sample were recruited from hospitals while still pregnant, were employed during the time of pregnancy, and planned to return to work postpartum. All women were interviewed about their current job, future intentions for their job, and their child-care plans and preferences. The number one preference (53% of the sample) for child care was to have the partner or spouse care for the infant when the mother returned to work. The second most popular choice (24%) was in-home care by a relative or friend. Overall, Riley and Glass found 84% of mothers preferred some type of familial care for their infant. After returning to work, partner care was used by 23% of the mothers, yielding a 38% match between preference and care. Interestingly, 32% of those using father care did not list father care as their preference earlier in their interview. Three quarters of the mothers employed at 6 months postpartum were unable to secure the type of child care they most preferred when they returned to work.

Riley and Glass (2002) also looked at attitudinal and demographic factors to see if there was a relationship between these factors and type of child care chosen. Mothers working an evening shift were significantly more likely to use familial care than other mothers. Mothers working fewer hours were more likely to use partner or in-home sitter care, whereas mothers working longer hours were more likely to use family daycare or day-care centers. Although factors such as family
income and education did not have much of an impact on the type of care chosen in this study, higher maternal educational attainment did increase the likelihood of a match. Riley and Glass suggest that this is because more educated women may be more able to transform their preferences into reality and/or they may have more flexible work schedules making it easier to manage work and child care. The other factor that seemed to facilitate a match was women who had additional children under the age of 5. These women were more likely to secure a match to their preferences because they had prior child-care experience and many preferred to use their existing child-care provider.

Davis and Connelly (2005) studied how local price and availability influenced parents’ choice of child care, as reported in a statewide survey of households in Minnesota conducted by the Wilder Research Center in 1999. They used data from 914 mothers of children below school age and looked at employed mothers as well as unemployed mothers. They found that (a) prices of both center care and family care did not have a statistically significant effect on the choice of center care and (b) availability appeared to affect only the choice of using relatives. From the age of two and each year thereafter, the likelihood that the mother will choose center care goes up, suggesting that parents may prefer a school-like environment as the child approaches school age.

Income may play a role in choosing child care. However, for women of low income, it could quite possibly be the other factors that sometimes go along with low income that may impact the child-care choice such as stress level, marital status, and job schedule. Peyton, Jacobs, O’Brien, and Roy (2001) found that both mothers with lower incomes and mothers experiencing higher levels of parenting stress were more likely to choose child care based on practicality reasons (fees, hours, location, and availability) rather than quality reasons (quality of care provider, quality of program, and the environment and equipment). Their sample consisted of 633 mothers who were
part of a larger longitudinal study that recruited from 9 states and 31 hospitals. Overall, the mothers in the study (56%) reported that quality was the most important factor in selecting child care. Of these, 275 reported quality of care providers most important, 23 reported quality of the environment or equipment most important, and 56 considered quality of the program most important. The remainder of the mothers were divided among thinking practical factors (fees, hours, location, and availability) were most important (137 mothers) or a certain type of child care, such as center care or relative care was most important (142 mothers).

Gordon and Hognas (2006) looked at the preferences and matches of mothers planning for child care and also looked at stability of child care based on those preferences. Specifically, they looked at 958 mothers with newborn infants to see if an earlier, more extensive search for child care and a match to the type of care preferred, predicted more child-care stability. Nearly two thirds of the mothers reported preferring relative caregivers for their infant and only 9% expressed a preference for center based care for their infant. At the 1-month interview, 54% of mothers had not yet made definite plans for care of their infant, yet 52% of mothers at this time planned to use their ideal type of care. However, during the first year of the study, only 36% of mothers had actually used their ideal type of care. Although the majority of mothers did not find a match, the ones who were able to use the kind of care they reported preferring when their child was one month old were less likely to change child-care arrangements during the first year of the child’s life. Those who were not using their ideal type of care had a 41% chance of changing care arrangements. Thus, parents who are more likely to attain the type of child care they prefer may also attain more child-care stability for their child.

Michalopoulos and Robins (2000) used national child-care survey data from the United States and Canada to compare employment and child-care choices in both countries. They found
the age of the child to be of great importance. Even when controlling for other factors such as wages, child-care subsidies, and child-care prices, they found that infants are much less likely than preschool-age children to be placed in child-care centers. In fact, they found that having a child under the age of 3 reduces the probability of using center care by about 17% to 23%. Differences among ethnic groups were found in this study also. African American mothers were more likely than any other racial group to work full-time and therefore used substantially more center care and relative care and substantially less parent care and nonrelative care. Hispanic American mothers were significantly less likely to work full-time but when they did, made significantly greater use of relative care.

Brandon (2000) examined relative care (kin provided child care) decisions and family support networks to see why some mothers choose relative care over other types of care. He found that choosing relative care was related to the mother’s education, ethnicity and economics. Mothers who had more education chose relative-provided care less often. African American mothers were more likely than Caucasian mothers to use relative-provided child care and exchange goods and services with relatives for care. Relative-provided care required cash payment only 43.5% of the time, meaning it may be a more economical choice for mothers and/or they are exchanging other goods and services for care. For some extended families and ethnicities, using relative care seems more about sharing responsibility and exchanging favors and services within the family.

**Purpose of the Current Study**

The quality of child care is important because high quality child care is linked to more social competence, less impulsivity, and better cognition of children (NICHD, 2003). The child-care industry experiences high staff turnover which can affect the quality of child care and cause child-care instability. High quality child care can be difficult for mothers to obtain. Mothers may desire a
certain type of child care for their child or a child care of high quality but they may have little control over what they can obtain for their child. However, mothers who are able to attain the type of child care they prefer are more likely to obtain child-care stability for their child (Gordan & Hognas, 2006). Yet many mothers are not obtaining the type of child care they prefer for their child (Li-Grinning & Coley, 2006; Riley & Glass, 2002). Peyton and colleagues (2001) looked at mothers who were demographically diverse by income, education, and ethnicity and found that mothers were more likely to choose child care based on practicality reasons rather than quality reasons were low income and experiencing higher parenting stress. This suggests that mothers with low income and/or high parenting stress may not have the same options as other mothers or may settle for what they can find. Thus, the past research shows that many mothers are not obtaining child care of their preference. The current study also looked at mothers’ experiences in searching for child care for 2 to 4 year olds. There is little research that focuses on this age group specifically. Also, previous studies do examine demographic factors such as race, income, and education, but do not mention marital status as a demographic factor that affects securing child care. The current study examined whether marital status impacts mothers securing their preference in child care.

The current study examined what mothers are looking for in child care and what is preventing them from getting their preferred child care. Specifically, in the current study, the reasons why mothers chose a child care setting type was examined to ascertain whether their choices were based on certain characteristics about the setting itself, characteristics of the parents, such as economic level, educational background, ethnicity, or a combination of these factors.

Whether mothers were getting their first choice in child-care options was also examined. With waiting lists at many child-care centers and the high cost of child care, the possibility that some mothers may be choosing an alternative option over the one they would prefer was studied.
The current study focused on how many mothers are obtaining a match on their preferred choice of child care and what factors are related to these matches. Therefore, it was hypothesized that:

1. Mothers who have sought child care previously with older children are more likely to receive a match on their child-care choice.

2. There is a positive relationship between child-care match and economic level and marital status.

3. Cost, lack of availability, or lack of flexibility are the variables most commonly listed as factors that prevent obtaining a child-care match.

4. Many mothers feel that good child care is not easy to secure.
CHAPTER 3
METHOD

Participants

Forty surveys were obtained, however only 37 were used for the purposes of this study. Participants were solicited because they were graduate and undergraduate students enrolled in summer session classes at Wichita State University (n=19); employees working at the Sedgwick County Special Education Cooperative Office (n=13); and residents living in the Prairie Woods Home Addition in Wichita, Kansas (n=5).

Three surveys were completed by mothers from the Prairie Woods Home Addition who had no college education. In order to limit the findings to mothers with college educations, these surveys were not used.

The range of ages for the 37 mothers was 22 to 44 years, with the mean age of 32.28 years. The participants were all mothers who have sought child care within the last two years for a child aged 2-4. Their participation was completely voluntary.

Materials

The materials used were a three-page, 19-question survey designed by the researcher (Appendix A) and a consent form (Appendix B). The first survey question had a part A and a part B that determined if this person met the criteria for respondents in the study. Part A asked the respondent if she had sought child care within the last two years for a child aged 2-4. Part B of the question asked if she was the mother of this child. If the volunteer answered yes to both parts, she was to proceed with the survey. If she answered no to either question, she was instructed to stop and return the survey. The next 11 questions of the survey gathered demographic information from the participant, including the mother’s age, race, education level, marital status, county of
residence, the family income, number of persons living in the household supported by that income, and the gender and age of the child about whom she was completing the survey. The remaining 6 questions asked the participant questions about her quest for child care and the factors that were important in choosing child care along with the factors (if any) that were related to not receiving a child-care match with her preferences.

The researcher had several surveys returned due to a participant not qualifying (answered no to part A and/or B on question 1). In addition to that, at least 20 surveys in all were returned to the researcher incomplete and unusable for this study.

Procedure

Permission was granted from instructors at WSU to come to their summer classes and solicit qualifying students to complete a three-page survey. Mothers who lived in the Prairie Woods Home Addition were solicited through mail and email to volunteer to complete a survey. Also mothers employed at the Sedgwick County Special Education Cooperative Office were asked to volunteer to complete a survey.

For participants attending summer classes at WSU and for the employees at the Sedgwick County Cooperative Office, a brief introduction was given explaining that the survey was voluntary and to be completed only by women who have sought child care in the last 2 years for a child aged 2-4 years. Participants were asked to sign a consent form prior to completing a survey. They were asked not to talk while surveys were being completed and to fill out the surveys completely and honestly. Participants were informed that they could fill out a brief form with their name, address and email should they want the results of this study. This form was on a clipboard at the front of the classroom. The participants were asked to complete the surveys and return them to the front of the room upon completion.
The consent forms and the surveys were then handed out to all the women who qualified (i.e., had sought child care in last two years for a child aged 2-4), and they were given 15 minutes to complete them. Filling out the surveys actually took no longer than 6-8 minutes. Upon completion, participants handed in their consent forms and surveys and returned to their seats while others were working. After all surveys had been returned, participants were thanked for their participation and told that they could expect to receive results from the study within 2 months, if they completed a request form.

Mothers who lived in the Prairie Woods Home Addition were solicited by email and postal mail to participate in the study. If they qualified and wanted to volunteer, they were asked to email or call the researcher with their mailing address. A survey, consent form, and a form requesting results of the study were all mailed to volunteers along with a prepaid return envelope. The participants completed the consent form, survey and (optional) form requesting results of the study and mailed them to the researcher in the return postage paid envelope.
CHAPTER 4

RESULTS

The results of this study were to address the following hypotheses:

1. Mothers who have sought child care previously with older children are more likely to receive a match on their child-care choice.

2. There is a positive relationship between child-care match and economic level and marital status.

3. Cost, lack of availability, or lack of flexibility are the variables most commonly listed as factors that prevent obtaining a child-care match.

4. Many mothers feel that good child care is not easy to secure.

The mothers all completed a survey based on one child they had recently sought child care for. Unfortunately only 37 surveys were obtained and beneficial for the purposes of this study. There was not enough variability in the demographic information and responses on the surveys to apply inferential statistics. Therefore, the information obtained from this study is descriptive information only.

The mean age of the mothers in this study was 32 years, with a range of 22 to 44 years. The mothers completed surveys on children whose ages ranged from 21 months to 78 months, M=43.4 months, SD=15.62. Mothers’ race and family income of the respondents are in Table 1. Of the mothers surveyed, 86.5% (n=32) were Caucasian and 75.7% (n=28) were married. Only 6 of the mothers reported a family income of $25,000 or less. In fact, 64.8% (n=24) of the mothers had a family income of $50,001 or more, with 11 of those mothers reporting an income level of $75,001-$100,000 and 4 reporting an income of more than $100,000. These mothers were also highly educated with 72.9% (n=27) of them holding a bachelors degree or higher.
Table 1.

Race and Economic Status of Participants

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<tr>
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</tbody>
</table>

The majority of the mothers (n=31, 83.8%) in this study were able to secure a child care that met their top three priorities. With only 6 mothers (16.2%) listing that they did not receive a child care that matched their top three priorities, it was not possible to compare the two groups statistically to examine the first three hypotheses. Unfortunately, of the six mothers who reported not being able to secure child care that met their priorities, only two of those mothers listed a reason as to why their preferred child care was not obtained. The two mothers listed cost of child
care and quality of the facility or home as the reasons, respectively, for not being able to obtain a child care of their preference.

What we learned from this population of mothers was that 67.5% (25) of them reported it being their first or second attempt to secure child care when they secured a match for this child. The sample was almost equally divided as far as having prior child-care seeking experience (i.e., 18 had prior experience seeking child care and 19 had no prior experience). Since the majority of mothers (83.8%) found a match to their child-care preferences, prior child-care seeking experience did not seem to impact their finding a match. The mothers’ choices of child care were home daycare (n=18, 48.6%), child care centers (n=14, 37.8%), relative care (n=3, 8.1%), and other (n=2, 5.4%).

Mothers were asked to rank in order from 1 to 7 their top priorities in finding a child care, with 1 being the most important and 7 being the least important. Unfortunately, 3 of the 37 mothers did not follow the instructions on this question and instead of ranking the components of child care by importance, marked all 7 components with an x. Because of this, the percentages reported are based on the 34 mothers who answered the question correctly. The top three priorities mothers felt were most important in establishing child care are reported in Table 2. Quality of the child-care program was ranked as the number one priority by 32.4% of mothers. Quality of the facility or home and warmth and friendliness of the provider were each ranked as a number one priority by 21.6% of the mothers. The components of child care that mothers most commonly ranked as second were quality of the facility or home (37.8%), and warmth and friendliness of the provider/teacher (16.2%). The components of child care that mothers most often ranked as third priority were warmth and friendliness of provider/teacher (24.3%), quality of facility or home (21.6%), and quality of program (16.2%). Clearly, among this sample, the majority of mothers felt
quality of program, quality of facility/home, and warmth and friendliness of the provider were among their top priorities in finding quality child care.

Table 2.

Frequencies of Top 3 Child-Care Priorities

<table>
<thead>
<tr>
<th>Priorities</th>
<th>First Choice N (%)</th>
<th>Second Choice N (%)</th>
<th>Third Choice N (%)</th>
<th>Listed in top 3 (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost of child care</td>
<td>3 (8.1)</td>
<td>2 (5.4)</td>
<td>3 (8.1)</td>
<td>8</td>
</tr>
<tr>
<td>Location of child care</td>
<td>0 (0)</td>
<td>1 (2.7)</td>
<td>2 (5.4)</td>
<td>3</td>
</tr>
<tr>
<td>Quality of child program</td>
<td>12 (32.4)</td>
<td>5 (13.5)</td>
<td>6 (16.2)</td>
<td>23</td>
</tr>
<tr>
<td>Specific type of child care</td>
<td>3 (8.1)</td>
<td>2 (5.4)</td>
<td>1 (2.7)</td>
<td>6</td>
</tr>
<tr>
<td>Hours of operation/flexibility</td>
<td>0 (0)</td>
<td>4 (10.8)</td>
<td>5 (13.5)</td>
<td>9</td>
</tr>
<tr>
<td>Quality of facility or home</td>
<td>8 (21.6)</td>
<td>14 (37.8)</td>
<td>8 (21.6)</td>
<td>30</td>
</tr>
<tr>
<td>Warmth &amp; friendliness of provider</td>
<td>8 (21.6)</td>
<td>6 (16.2)</td>
<td>9 (24.3)</td>
<td>23</td>
</tr>
</tbody>
</table>

Another interesting finding is that among the qualities of child care that were most important to the mothers in this study, cost of child care, location of child care, and hours of operation/flexibility of hours were not factors that were ranked as most important. The mothers in this study who reported a family income of $25,000 or less, surprisingly did not choose practicality reasons over quality reasons. Only one mother who was in this income level chose cost of child
care as her number one priority, while the other five mothers chose components of quality or that the child care be a specific type as their first priorities in child care. However, the findings may be different with a larger sample with different demographic characteristics.

Lastly, mothers reported how many child-care options were available to them at the time they were seeking child care and how readily available they felt good child care was to them. The mean was 2.46 (S.D. =1.30) for the number of options mothers felt were available to them at the time they were seeking child care (Table 3). Mothers were asked on a scale of 1 to 5 to check how readily available they felt good child care was to them in their community, with 1 being extremely readily available and 5 being very difficult to come by (Table 4). Interestingly, 18 (48.6%) mothers ranked it as somewhat difficult to come by (option 4) and 7 (18.9%) ranked it as very difficult to come by (option 5). The results of this question were what was expected with only 1 mother feeling good child care was extremely readily available.

Table 3.
Frequency of Options of Child Care Mothers had Available to Them

<table>
<thead>
<tr>
<th></th>
<th>1 option</th>
<th>2 options</th>
<th>3 options</th>
<th>4 options</th>
<th>More than 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>f</td>
<td>8</td>
<td>16</td>
<td>7</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>P</td>
<td>21.6</td>
<td>43.2</td>
<td>18.9</td>
<td>0</td>
<td>16.2</td>
</tr>
</tbody>
</table>

f indicates frequency
P indicates percentage
Table 4.

Frequencies of How Readily Available Good Child Care is

<table>
<thead>
<tr>
<th>ERA</th>
<th>SRA</th>
<th>NRA nor DFC</th>
<th>SDC</th>
<th>VDC</th>
</tr>
</thead>
<tbody>
<tr>
<td>f</td>
<td>1</td>
<td>10</td>
<td>1</td>
<td>18</td>
</tr>
<tr>
<td>P</td>
<td>2.7</td>
<td>27.0</td>
<td>2.7</td>
<td>48.6</td>
</tr>
</tbody>
</table>

*f* indicates frequency
*P* indicates percentage

ERA - extremely readily available
SRA - somewhat readily available
NRA nor DFC - neither readily available nor difficult to come by
SDC - somewhat difficult to come by
VDC - very difficult to come by

The survey section for comments was completed by several mothers expressing a need for quality care as well as concerns about the high costs of child care. Several of these same respondents also talked about the long waiting lists that exist at many child cares. The comments did not appear to be related to whether or not the mothers found a match to their child-care preference. Listed below are comments from three of the mothers.

*I was only able to find one daycare facility that had an opening for my son by the date that I needed it. Fortunately, it met all of my criteria and the location was perfect. However, the cost of child care is extremely expensive ($180/wk), especially for a single mother.*

(Mother who did find a match)

*I feel that due to the volume of children needing daycare services, especially now with prices rising as they are, good quality child care is hard to come by. Daycares are over-
whelmed by the amount of children in them, and are not giving the quality care the children deserve.

(Mother who did find a match)

Most of the places that I looked at were overpriced for what your child was receiving.

Most places didn’t work with the kids with “stepping stones,” they had creative play.

Also, most of the places I looked at had a min. of 1 year waiting list.

(Mother who did find a match)
CHAPTER 5

DISCUSSION

The goal was to obtain 60 mothers to complete surveys for this study. However, due to great difficulty in getting respondents, only 40 completed surveys were obtained. The researcher went to great lengths to try to obtain participants for this study. Thirty-three instructors were solicited to allow the researcher to come to their summer session classes. Of the 33 instructors solicited, the researcher was granted permission to attend 16 different summer classes. Even though these summer classes were visited, either very few people qualified or they were reluctant to take the time to complete a survey. The researcher left at least five of those classes obtaining either 1 participant or none. Also, over 200 residents of the Prairie Woods Home Addition in Wichita, Kansas, were solicited through mail and email for their participation in the study and only 8 responded. Second requests were even sent out to these participants to encourage them to mail in their surveys or to let them know their participation was still needed and appreciated. For the employees of the Sedgwick County Cooperative Office, 30 surveys were handed out to eligible participants with 13 being completed thoroughly enough to use for the study.

The low response rate may be due to the fact that if a mother has a child in child care it generally means she works. Mothers who work are very busy and possibly do not want to take the time to complete a survey. There was even very little response or participation when instructors ended class early in order to allow women to complete the surveys. Possibly because many of these mothers have numerous responsibilities with school and home, many wanted to use that extra 15 minutes to run errands, pick up their kids, etc., and chose not to stay and complete a survey.

In regard to the first hypothesis of the current study that presumed mothers who had sought child care previously with older children would be more likely to receive a match on their child
care choice, no conclusion can be drawn. A little less than half of the mothers (48.6%, n=18) had prior child care seeking experience, and 51.4% (n=19) did not have prior experience, yet 83.8% (n=31) of the respondents received a match on their choice of child care, showing that prior experience did not seem to play a role in this study.

Again on the second hypothesis, no determination can be made. It was hypothesized that there would be a positive relationship between child-care match and economic level and marital status. With 83.8% of mothers finding a match to their child-care choices, 75.7% (n=28) of them being married, and only 6 mothers reporting an income of $25,000 or less, no differences could be found between the groups.

The third hypothesis stated that cost, lack of availability, and lack of flexibility would be the variables most commonly listed as factors that prevented mothers from obtaining a child-care match. Only six mothers reported being unable to secure a child care of their choice and of those six, only two responded to the question that listed reasons as to why a match could not be obtained. Again, no conclusions can be drawn from this.

The fourth hypothesis of the current study proposed that many mothers would feel that good child care is not easy to come by. We can conclude from this study that mothers agree with this hypothesis. A majority of mothers (67.5%, n=25) felt good child care is either somewhat difficult to come by or very difficult to come by. Only 29.7% (n=11) of mothers felt good child care was either extremely readily available or somewhat readily available and only one mother felt good child care was neither readily available nor difficult to come by.

Three of the four hypotheses in this study involved factors related to mothers finding a match to their child-care choices. Prior research found that 62% of mothers were not using the type of child care they preferred (Li-Grinning & Coley, 2006). However, the study by Li-Grinning and
Coley was a sample of low-income mothers. The current study did not support the findings of prior research, finding that 83% of mothers were able to secure a child-care match of their preference. However, respondents in the current study differed in several ways from the samples used in prior research. First, it was a very small sample of 37 mothers. Second, all the mothers from the current study had some college education, with 72.9% holding a bachelors degree or higher. Another difference is that 64.8% of the mothers in the current study reported a family income of $50,000 a year or higher and 75.7% were married. These demographic differences could be why such a high percentage of mothers in this study reported finding a child care of their preference. Riley and Glass (2002) found in their research that higher maternal educational attainment increased the likelihood of a match. This may be due to higher incomes or more flexible working schedules. The findings in the current study are consistent with those of Riley and Glass because the mothers in this study had higher education levels and the majority found child care of their preference. However, it must be noted that there was not a group of women in our study with little or no education.

Clearly the mothers from the current study cannot be compared to the general population. Due to the small sample size and the unique demographic features of this sample we are not able to infer much about what their results mean for all mothers seeking child care. We know that the top three components of child care that were important to this sample of mothers were quality of child care program, quality of the facility or home, and warmth and friendliness of the provider. These mothers clearly place an importance on the quality components of child care versus the practical components. We also know that even though the majority of mothers in this sample found a match to their child-care preference, a large majority of them (67.5%) felt good child care was either somewhat difficult or very difficult to come by. Even though mothers report it being difficult to
find child care, the majority of them in this study did find a match and that could be due to the fact that they had to secure a child care. In retrospect they may feel satisfied because they had no other choice or the child care they found has worked for them to date. It could also be due to having more income, more education and therefore more options available to them. Another possibility could be that the mothers in this study have more child care options available to them than mothers in rural areas. We simply do not know for sure.

Limitations

One of the limitations of this study is the small sample size of 37. In hindsight, this is a survey that should be completed in an interview format so as to make sure the participant qualifies for the study and to make sure the questions are answered accurately and thoroughly.

Also as it turned out, surveying mothers who were attending summer school at a university, working for an educational office, or living in a neighborhood with a homeowner’s association, supplied an overwhelming number of mothers with higher education and two-income households and few single mothers, or low-income mothers. The mothers who were single parents in this study were also highly educated. The income findings of this sample did not meet the expectations of the researcher. The researcher anticipated there would be more low income, undergraduate mothers in this sample. However, the majority of undergraduate and graduate students, neither one, were low income.

A few mothers wrote comments on their survey as well as spoke their frustrations verbally to the researcher regarding child care. One mother verbally discussed her frustrations for almost 10 minutes, explaining that she could not afford to go to work because of the child-care costs for two children. Again, it would have been beneficial to have interviewed these women in person because it is likely that more information could have been obtained. Tape recording or videotaping
interviews would have been beneficial in learning not only the facts surrounding the process of mothers securing child care but also their personal feelings about child care and the process involved.

Implications for Future Research

The process of seeking child care is a dilemma that most mothers will encounter at some point during their child rearing years. It is a huge decision to leave one’s children in care with someone for several hours a day. While most mothers in this study found a match to their child-care preference, many of them also stated that finding good child care is somewhat difficult. More research needs to be done to address mothers’ feelings and opinions on the process of finding child care. The experiences of mothers with children of all ages need to be studied as well as those mothers of differing backgrounds, economic levels, and educational levels. Mothers who have infants may have a more stressful time finding child care than mothers of toddlers. Also the mothers who have a nontraditional work schedule such as a waitress or even a real estate agent may have differing needs and feelings regarding child care than other mothers. Children of all socioeconomic backgrounds and family situations deserve quality care while their mother or parents are away from them. More research needs to be done in this country on how to provide quality care for all children. Children with the best financial resources are not the only children who deserve the best quality care. More research needs to focus on how to supply mothers with more child-care options and how to make it affordable.

With a couple of the mothers in this study expressing frustrations in their comments about the waiting lists for child care, it is obvious that mothers cannot just walk out their front door and find child care. It takes some searching and some time. Even if a mother finds the child care she wants, she may be turned away or put on a waiting list, forcing her to search for another child care
or postpone her return to work. If that mother is able to find an alternative child care for her child, this creates another dilemma. The child begins going to the child care and gets used to the structure and provider at that home or facility and then the other child care with the waiting list calls the mother a few months later. Mothers may choose to leave her children where they are or may still prefer to put their children in the other child care. If she chooses to switch child care, this can cause some instability for the child because the child has to be uprooted and must readjust to a new provider and new child-care setting.

Along with involving parents in future child-care research, research results on child care need to be given to all parents. Many parents may not be aware of how important high quality child care and child-care stability are. Currently, it does not seem that research on child care is given to parents of young children. Some parents will search and read up on child care issues on their own. Other parents will not, and will not be aware of the importance of high-quality care for their child or the impact of switching child cares frequently. Information on these topics needs to be given to parents at hospitals, doctor appointments, schools, and maybe even in the section of stores where baby products are sold.

Conclusions

In conclusion, the findings in this study suggest that most mothers from this sample were able to find a child care that was satisfactory to them and that met their priorities in a child care. Over half of mothers also reported good child care as being either somewhat or very difficult to find. Due to the unique demographic characteristics of this sample (highly educated, higher incomes, mostly married) these mothers may have greater opportunities for finding child care. If these mothers express frustration as they did, it is possible that mothers at the other extremes on demographics would be frustrated. The mothers who are opposite of the mothers in this sample
(single, low-income, little to no education) may not only be frustrated but may actually be using child care that is not satisfactory to them. However, due to their demographic differences, they may have fewer available options.

Although we may assume that mothers with low incomes and less education may have a more difficult time securing and providing stable child care for their children, it is still important that we looked at the mothers from the current study. Though mothers from the current study had several demographic advantages, they are different from samples that have been studied in the past. The group of women in this study are from a different city than the studies that were listed previously. The majority of mothers (70.3%, n=26) in this study were from Sedgwick County in south central Kansas. We do not know how child care options in this area compare to child care options in other areas of the country. The mothers in this study may have more child care options available to them due to the area in which they live, while there may be differences among mothers in rural areas.

Regardless of demographic differences, all mothers deserve to have high-quality, affordable child care available to them. This country needs to support our working mothers, single or married, high income or low income, in attaining high quality care for their children. It is not only an investment in each and every child, it is an investment in our country. Children who have developmental starts that are nurturing, caring, and supportive in all the ways that foster cognitive, emotional, and social well-being will benefit for years to come and our society will benefit as a whole.
REFERENCES


APPENDICES
APPENDIX A

CHILD CARE SURVEY

Date ________________

1a. Have you sought child care within the last two years for a child who was aged 2-4? (Circle one)

Yes    No

1b. If yes, Are you this child’s mother? (Circle one)

Yes    No

N/A

If you answered yes to the two previous questions, please finish the questionnaire. If you answered no to either previous question, please stop here. Thank you.
2. What is the age of this child now? ___________ & ___________ 
   Years       Months
3. Approximately how many weeks did you search for child care? ______________
4. What month and year did you obtain child care for this child? ______________ 
   Month,     Year
5. Was this your __________ attempt in securing child care for this child? (Circle one)
   First       Second       Third       Fourth      _______(other)
6. What type of child care setting did you obtain? (Circle one)
   Relative care  Home daycare  Child care center  Nanny/ Babysitter
   Other_________
7. What is the gender of this child? (Circle one)  Male       Female
8. What is your current age? ______________
9. What is your race? (Circle one)  Caucasian   African American   Hispanic   Asian     Mixed Race
   Other_________
10. What is your current total household income? (Please ✓)
    _____ less than $25,000
    _____ $25,001-$50,000
    _____ $50,001-$75,000
    _____ $75,001-$100,000
    _____ more than $100,000
11. How many persons living in this household are supported by this income? _______
12. What is your highest educational level? (Circle one)
    Some high school       GED       High school diploma       Some college
    Bachelor’s degree       Some graduate courses       Graduate degree
14. What was your marital status at the time you were seeking child care for this child? (Please ☑)
   _____ Single and only adult in the home
   _____ Married
   _____ Living with my partner but not married
   _____ Single, but living with another adult who was not my partner
   _____ Other ________________________________________

15. Did you seek child care for other children prior to seeking child care for the child in this survey?
   (Circle one)  Yes   No

16. Focusing on the child you recently sought child care for in the last 2 years, which factors were
    important to you in choosing child care for this child? Please think about what factors you were
    looking for at the time, not what you ended up choosing. These may be different. Please rank in order
    from 1 to 7, with 1 being the most important factor you desired and 7 being the least important.

    _____ Cost of child care
    _____ Location of child care
    _____ Quality of child care program (curriculum, planned activities, good child-adult ratio)
    _____ That it be a specific type of child care (in-home daycare, child care provided by a
          relative, child care center, nanny or any other type of child care)
    _____ Hours of operation of child care or flexibility of hours of child care
    _____ Quality of child care facility or home (clean, organized, warm environment)
    _____ Warmth and friendliness of the child care provider or classroom teacher

17. Please estimate how many child care options were available to you? Options would be defined as
    choices that came close enough to meeting your criteria (location, cost, quality, opening available,
    etc.,) for child care that you would choose it. (Circle one)

    0  1  2  3  4  more than 4

18. Referring back to question 16 and looking at your top 3 items that you ranked as most important,
    were you able to secure child care that met all of your top 3 priorities? (Circle one)

    Yes   No

If you answered Yes to question 18, please go to question 20.
19. **If you answered no to question 18,** please ✓ the option that was one of your top 3 priorities that you did not receive a match on when choosing child care. (You may mark up to 3.)

- _____ Cost of child care
- _____ Location of child care
- _____ Quality of child care program (curriculum, planned activities, good child-adult ratio)
- _____ That it be a specific type of child care (in-home daycare, child care provided by a relative, child care center, nanny or any other type of child care)
- _____ Hours of operation of child care or flexibility of hours of child care
- _____ Quality of child care facility or home (clean, organized, warm environment)
- _____ Warmth and friendliness of the child’s provider or classroom teacher

20. Please ✓ only one description of how readily available you think good child care is in your community.

- _____ 1 Extremely readily available
- _____ 2 Somewhat readily available
- _____ 3 Neither readily available nor difficult to come by
- _____ 4 Somewhat difficult to come by
- _____ 5 Very difficult to come by

Your comments are welcomed: ______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
APPENDIX B

CONSENT FORM

PURPOSE: You are invited to participate in a study that will determine what factors predict and influence mothers’ choices in child care. We hope to learn what factors are most important to mothers in choosing child care and what factors most often prevent mothers from obtaining a child care of their preference.

PARTICIPANT SELECTION: You were selected as a possible participant in this study because you are either a mother in the Prairie Woods Home Addition, a mother attending WSU summer classes, or a mother working at the Sedgwick County Cooperative Office. This study will survey approximately 60 mothers during the summer of 2008, who have sought child care for a child within the last 2 years.

EXPLANATION OF PROCEDURES: If you decide to participate, you will need to sign this consent form and complete a survey that will take approximately 10 minutes to complete. The purpose of the survey is to gather a small amount of background information on you, the mother, and to also gather information about your preferences and experience in choosing child care for your child.

DISCOMFORT/RISKS: We do not anticipate that completing the survey will cause you any discomfort. The questions are formatted to gather information only and not intended to cause any participant to be uncomfortable. There are no risks involved in taking the survey.

BENEFITS: This study will hopefully emphasize the need for more research on the topic of child care. While most research on child care focuses on child care facilities, we hope this study will shed light on the importance of involving mothers in the topic of child care research.

CONFIDENTIALITY: Any information obtained in this study in which you can be identified will remain confidential and will be disclosed only with your permission.
REFUSAL/WITHDRAWAL: Participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your future relations with Wichita State University. If you agree to participate in this study, you are free to withdraw from the study at any time without penalty.

CONTACT: If you have any questions about this research, you can contact Danica Burke at 371-0038. You may also contact Dr. Nancy McKellar at 978-6385. If you have questions pertaining to your rights as a research subject, or about research-related injury, you can contact the Office of Research Administration at Wichita State University, Wichita, KS 67260-0007, telephone (316) 978-3285.

You are under no obligation to participate in this study. Your signature indicates that you have read the information provided above and have voluntarily decided to participate.

You may keep this cover letter and explanation about the nature of your participation in this study and the handling of the information you supply.

__________________________________________ ______________________
Signature of Participant      Date

__________________________________________ ______________________
Name and signature of investigator    Date