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# Child Care in the United States: Assessing Parental Preferences in the Selection of Nonparental Care

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***Child Care in the United States:***

***Assessing Parental Preferences in the Selection of Nonparental Care***

A Thesis

Presented to the Faculty

of the

McAnulty College and Graduate School of Liberal Arts

Duquesne University

in partial fulfillment of

the requirements for the degree of

Master of Arts

by

Andrea Castiglione

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## **Abstract**

This study examined the relationship between child, respondent, parent/guardian, and household characteristics and the preferences of the availability of sick care, a small group size, a reasonable cost, and a caregiver who shares similar beliefs about raising children in the selection of nonparental arrangements. SPSS was used to obtain bi-variate analyses of the categorized independent variables and their relationship to each of the four dependent variables regarding parental preferences of nonparental arrangements. Those who have a lower level of education, a lower total household income, rent their home, and have received welfare benefits within the past three years are more likely to say that the availability of sick care and a reasonable cost are very important. On the other hand, those who have a higher level of education, a lower total household income, own their home and have not received welfare benefits in the past three years are more likely to say that a small group size is very important. The results suggest that factors associated with a sense of security in life appear to be related to parental preferences in the selection of nonparental arrangements.

## **I. Introduction**

This research study is an attempt to answer the following question related to parental choices concerning child care: “what factors are associated with parental preferences in the selection of nonparental care?”

Nonparental child care has become a widespread national phenomenon within the United States. An extensive increase in women’s employment during the past several decades coupled with the adoption of Temporary Assistance for Needy Families (TANF), which mandates work requirements for the working class, have solidified the concept of “working mothers.” As women both enter and return to the workforce, a substantially growing number of children are brought to substitute care on a daily basis. In the year 2001, of the eleven million children under the age of three in the United States, nearly five million of them spent approximately 25 hours a week in the care of someone other than a parent (Larner 2001). Estimates indicate that approximately 68 percent of 3-year-olds, 78 percent of 4-year-olds, and 84 percent of 5-year-olds are receiving some type of child care on a regular basis, which translates to more than 6.8 million preschoolers in child care (Peisner-Feinberg 1999).

Over the past 20 years, research in child care and early childhood education has demonstrated a “strong positive relationship between a variety of quality measures and various dimensions of children’s development and well-being” (Love 1996:2). Across a wide range of settings, from center-based child care to family child care homes, research has illustrated that higher levels of quality in care are associated with “enhanced social skills, reduced behavior problems, increased cooperation, and improved language in children” (Love 1996:6). These conclusions suggest that there is a strong relationship

between what is referred to as “quality” child care and the subsequent development of children.

Subjective values are intertwined in attempts to define the quality of nearly any service. Consequently, assessing the quality of early care and education (ECE) environments for both center-based classrooms and family child care settings can be controversial and challenged by those with opposing priorities or perspectives. Although there are various versions, there is a widely accepted definition of ECE classroom quality in the United States, which include certain major tenets that differ merely in details. The core elements recognized as necessary for children’s positive development include safe, healthful care, developmentally appropriate stimulation, positive interactions with adults, the promotion of individual emotional growth, and positive relationships with other children. Regardless of the setting, the same components of quality are addressed (Cryer 1999).

In terms of the quality of care available in the United States, experts conclude that nearly two-thirds of nonparental child care settings provide poor-to-mediocre care (Cryer 1999). The results from a study conducted in 2000 by the National Institute of Child Health and Human Development’s (NICHD) Early Child Care Research Network suggest that the quality of 61 percent of settings for young children would be rated as either poor (8 percent) or mediocre (53 percent), with care for infants and toddlers receiving the lowest ratings (Zalow 2002). Mediocre care is what preschoolers experience in child care and is defined as “care in which children’s basic needs for health and safety are met, some warmth and support is provided by adults, and some learning experiences are provided” (Zalow 2002:50). Poor care, which characterized almost half of the infant and

toddler rooms in the Cost, Quality, and Child Outcomes Study of a stratified random sample of 401 full-day child care centers in regions of four states, “included problems in basic sanitary conditions related to diapering and feedings; safety-related problems; lack of warm, supportive relationships with adults; and lack of materials required for physical and intellectual growth” (Peisner-Feinberg 1999, Cryer 1999:44). In essentially all large-scale studies of child care in the United States, approximately 20% of the settings that have participated in the research have fallen below the minimum thresholds of adequate care (Phillips 2001).

Parental decisions concerning child care influence what young children will experience in their early years of life. A fundamental issue within the policy debate concerning child care in the United States is the belief in “parental choice,” which allows parents the opportunity to choose the type of child care arrangement that they feel is best for their children and affirms their own values. As parents attempt to strike a balance between providing economic resources for their families and providing nurturance for their children, they face difficult and constrained choices. Each parent’s choice is personal and reflects a “complex mix of preferences and constraints” (Phillips 2001:35).

## **II. Literature Review**

In *Two Worlds of Childhood: U.S. and USSR*, Urie Bronfenbrenner used a comparative analysis approach to expose the similarities and differences in the process of human socialization as it occurs in the Soviet Union and the United States. The major difference between the two cultures examined is in the assignment of primary responsibility for the upbringing of children. In the United States the family is the central unit responsible for child rearing, while outside persons and groups merely serve secondary roles. This family-centered system of child-rearing is contrary to the Soviet Union's system that concentrates on the collective and disregards the family as the sole or even the principal delegate in the upbringing of children. This system has the effect of creating a readiness in others besides a child's mother to step into a maternal role. This "diffusion of nurturing behavior toward children" leaves Russian mothers less anxious than their American counterparts when leaving their children in the care of another (Bronfenbrenner 1970:22). The American mother's anxiety is the result of a tradition that states that she is the primary caregiver of her child and no other can fill her role. This important difference is an example of why there is such passion surrounding the ever-present debate concerning the issue of child care arrangements made for young children in the United States (Bronfenbrenner 1970).

### **i. Evolution of Child Care Research**

Highly publicized research concerning early brain development in infants and young children has drawn attention to the role that early child care has on the cognitive and social development of children (Almanac of Policy Issues 2000). This research, in combination with the increasingly widespread use of early child care, has encouraged

parents, members of the early childhood profession, and policymakers to raise fundamental questions concerning the effects of child care and its relationship to the development among the millions enrolled in such settings (Peth-Pierce 1998). The roots of child care research can be found in studies concerning maternal deprivation and its progression succeeded along three distinct phases (Hayes 1990). The evolution of research efforts surrounding this issue demonstrates the changing concerns regarding nonparental child care.

Early research based on child care quality and its relationship to children's behavior and development was an attempt to determine the "effects of day care" (Hayes 1990:47). As is the case with most striking social changes, the initial wave of psychological research is considered the "alarm phase" (Hayes 1990:47). Due to the significant increase in maternal employment and the subsequent increase in the amount of children enrolled in early child care, the fundamental question was "Is day care harmful?" The impetus for research was the concern that young children would be harmed by daily separation from their mothers (Hayes 1990:47).

The group comparison strategy employed by this first wave of research compared the development of two groups of children, those who attended child care and those who were home-reared. Evidence supported the notion that young children tend to form several attachments to a small number of select individuals. Additionally, the results suggested that healthy psychological development is encouraged among children when they are placed in a stable, warm, responsive, and stimulating environment with a limited number of caregivers. The fundamental conclusion of this research was that there were no drastic negative implications from mother-child separation and that participation in

child care “is not inevitably or pervasively harmful to children’s development” (Hayes 1990:51).

As research in the realm of child care progressed, there became a growing awareness of the methodological issues that needed to be refined. The group comparison strategy employed by this first wave of research fails to relate findings to particular processes or experiences. Group differences are not so much rooted in child care experiences, but reflect the ongoing differences among child care children and home-reared children and their families. Furthermore, the narrow focus of this first wave of research on high-quality, often University-based model programs failed to acknowledge different implications for children of various cultural, ethnic, and minority groups, differences among the types of care, and the variations in the quality of care provided (Hayes 1990).

The refinement of these methodological issues resulted in the second wave of child care research that asked: "Does the quality of care influence children’s development while in care?" and "Are there any implications of child care quality that persist to elementary years?" (Hayes 1990:53). These questions were the result of the acknowledgment of the extremely heterogeneous nature of child care programs and arrangements that varied in quality ranging from minimally structured, custodial environments to highly structured, enriched environments (Hayes 1990).

Due to the nature of this second wave of research, the concept of "quality" in early childhood education needed to be defined. Researchers used three approaches to measure quality in child care arrangements. The first is a global or summary measure based on factors such as staff to child ratios, caregiver training, organization of space,

and daily routine. The second is a focus on individual components of overall quality in relation to outcomes. In this approach, a specific component of quality is examined in relation to child development. The third approach is to define quality in terms of the individual child's experience. This final approach examines the relationship and interactions between the caregiver and the child, rather than focusing on physical or structural features (Hayes 1990).

In using this constructed concept of quality, the fundamental conclusion of the second wave of child care research was that quality of care is associated with children's cognitive and social development. Each one of the five longitudinal studies in the United States that relate quality of child care at one age to later development support the hypothesis that quality of care has continuing effects on development. The use of samples that varied by ethnicity and socioeconomic status and encompassed family and center care permitted generalizations beyond white, middle class children in University programs and more closely described child care as experienced by the majority of children in the United States (Hayes 1990).

However, methodological issues in this second wave of research prevailed, specifically concerning the issue of quality. From a policy perspective, those characteristics that can be regulated, such as group size and caregiver to child ratio, are the most useful in assessing quality. By simply addressing the broad question of the importance of quality on later development, this research neglects determining which aspects of quality matter the most and the magnitude of improvements on child outcomes associated with an increase in quality. An additional methodological issue is the neglect of the relationship between measures of quality and family characteristics (Hayes 1990).

The question of how and why family and child care measures are linked lead to the evolution of a third wave of research. Evidence indicates that family and child care environments are related, demonstrating a link between child care quality and family socioeconomic status and family social and psychological characteristics. Given the interrelated nature of family and child care quality measures, the central question for this research was whether the quality of care has an impact separate from family economic and psychological variables. Evidence that family variables and quality, separately, contributed to development is of two kinds: correlational studies in which quality predicts child development with family variables controlled and research designs that involve random assignment to different child care settings. The conclusion best supported by the existing research is that children who experience care in child care settings and in the home are influenced by both (Hayes 1990).

A major contribution of the third wave of research was to report that a child's placement in child care of a "higher or lower quality in part reflects family psychological and socioeconomic factors" (Hayes 1990:72). Lacking subsidies or interventions, "families that are more stressed, both psychologically and economically, are more likely to use lower quality care" (Hayes 1990:76). Subsequently, children who are in greatest need of high quality child care to offset their home environment often receive the lowest quality care.

Each successive wave in the evolution of child care research overlaps and complements the previous one, demonstrating progressively greater conceptual complexity and methodological refinement. The evidence has proven that the issue is not simply child care itself and its effect on children's development, but the quality inherent

in the child care settings available (Hayes 1990). Parents are consequently faced with difficult decisions and constraints when selecting the child care arrangements most suitable for themselves and their children.

**i. Research in Early Childhood Education**

***Quality in Child Care***

Research indicates that the quality of child care differs across a wide range of contextual variables. A study conducted by Ghazvini and Mullis (2002) involved an investigation of the quality elements in center based child care programs designed for young children. The specific research question of this study was: What are important predictors of quality child care programs for young children between the ages of 15 and 36 months? In order to examine the predictors of quality the researchers used an ecological model, which suggest that caregiver characteristics (e.g. education and socioeconomic status) and conditions of caregiving (e.g. salary and adult-child ratios) influence caregiver behaviors and the global quality of care. The study included an examination of caregiver characteristics, caregiving behaviors, conditions of caregiving, family characteristics and behaviors, and home child care communications as they relate to a measure of global program quality. The Infant/Toddler Environmental Rating Scale (ITERS) was used to assess the global quality of care along seven dimensions: personal care routines, furnishings and displays, creative activities, language/reasoning experiences, fine/gross motor activities, social development, and adult needs.

Data was collected from questionnaires distributed to parents and caregivers and observations of trained student observers. The participants included 75 parents of young children ages 15 to 36 months, 13 caregivers from licensed child care centers, and two

trained student observers. The parents and caregivers provided information regarding their child-rearing beliefs, social support networks, perceived stress levels, and demographic characteristics. The observers collected indicators of program quality and process and structural quality indicators, including adult-child ratios, group size, use of planned activities, use of child-designated space, housekeeping activities, and caregiver-child interactions.

The results of the multiple regression analyses indicate that the best predictors of higher quality care and sensitive interaction between the caregiver and children were specialized caregiver training, higher adult to child ratios, use of planned activities, and less perceived stress by caregivers. These findings support the theoretical model used for the research, which indicates that caregiving behaviors and the conditions of caregiving are positively interrelated with the global quality of care. Analyses of the data collected also indicate that the average global quality of care was in the custodial or adequate range, with approximately 60% of the settings in the sample meeting the basic needs of the children but not providing the necessary ingredients for optimal development. This is consistent with findings of other studies and is essential in understanding the availability of high quality child care settings in the United States (Ghazvini 2002).

### *Parents as Consumers*

In 1986, research commissioned by the Legislative Extended Assistance Group, The Iowa General Assembly and the Northwest Area Foundation was conducted to determine the extent to which parents act as discriminating consumers of child care (Fuqua 1986). Data was collected by means of a 44-item questionnaire that was distributed to 540 parents of children ranging in age from birth to 12 years who were

using licensed or registered child care arrangements. The focus of the information collected was to explore parents' selection and utilization of child care services, problems parents encountered with their present child care arrangement, and the factors that determined their satisfaction with particular aspects of that care.

The results indicated that parents felt that they were prepared to select child care, but that they did not have the skills or resources available to them to act as wise consumers of child care. Of the 429 parents who visited child care facilities, more than half of them only visited one, which is the one that they selected. This indicates that parents were unaware of the range of possibilities available to them and were unable to make knowledgeable comparisons. This inability to act as wise consumers may be the reason that nearly half of the parents in the study experienced problems with their present child care arrangement. A critical problem that parents expressed was that the quality of care was less than adequate, which at times was categorized as neglectful or abusive. Other problems were due to the difficulty in finding care that met family needs, including a lack of diversity in child care arrangements and the inability to obtain care for sick children, infants and school-aged children.

Parents who were most satisfied with their present child care arrangement were those who experienced a shared childrearing role with their caregiver. Providers that allowed parents to exert some control over the environment and who respected and used their suggestions in caring for their child were more likely to maintain parental satisfaction. Although parents did express a general satisfaction with their present child care arrangements, they still experienced problems and indicated that they would prefer

some other form of child care than the form they presently used if it were made accessible and affordable to them (Fuqua 1986).

### ***The Importance of Child Care Characteristics to Choice of Care***

Research conducted using data from the National Longitudinal Survey of the High School Class of 1972 (NLS-72) examined the influence of importance ratings of both intrinsic and extrinsic characteristics of child care on parents' choice of care (Johansen 1998). Intrinsic characteristics are those educational or developmental attributes of care that directly affect the child's experience in the caregiving situation. Extrinsic characteristics of child care are those that do not directly effect the child and include convenience and cost. The 12,841 respondents completed questionnaires containing information about the type of child care arrangements used and the importance of particular aspects of child care in their selection.

Analyses of the data indicate that the importance that parents place on characteristics of child care is related to the type of child care chosen. Parents do not view the quality of child care as merely one dimensional; rather they place different importance on the various characteristics inherent in each type of child care. Parents who value developmental characteristics more often choose center care instead of family day care and home care. Those inclined to choose family care rather than center care are mothers who value the relationship between their children and the caregiver. The mothers more likely to choose care at home consider hours of operation, location, and cost of care more important in their choice of care (Johansen 1998).

### ***Familial Factors Associated with the Characteristics of Child Care***

A study conducted using data collected as a part of the National Institute for Child Health and Human Development Study of Early Child Care examines factors associated with several characteristics of nonmaternal care (NICHD 1997). The characteristics examined include the infant's age when entered into nonmaternal care, the amount of time spent in care, the type of care selected, and the quality of that care. The randomly selected sample of 1,281 children were enrolled in the study at birth and observed at home and in child care settings through the age of 15 months. At the home visits, mothers completed questionnaires and responded to a standardized demographic interview.

The sets of variables used to examine their relationship to the characteristics of nonmaternal care were: (1) family characteristics (ethnicity, education and family income), (2) economic circumstances, including maternal and nonmaternal sources of income, and (3) psychosocial characteristics describing the mother and child as well as the home environment. The extent to which each of these three sets of variables was related to the four characteristics of nonmaternal care was examined using the methods of multivariate analyses.

The results of the analyses indicate that economic factors are most consistently associated with both the amount of time spent in nonmaternal care and the nature of such care. Other important factors associated with the amount and type of care are maternal personality and beliefs. Mothers' beliefs about the effects of maternal employment predicted both the age at which infants entered nonmaternal care and the type of child care setting selected, even after controlling for demographic and economic variables. Children who were enrolled in care before they were three months old had mothers who

believed in the benefits of their employment. On the other hand, mothers concerned with the risks of employment used more informal types of arrangements and had children who spent less time in the care of another.

The factors predicting the quality of care experienced by infants is related to a wide range of family, economic, and child characteristics, depending on the type of care. Family income was found to be positively associated with quality of care provided within the child's home or a child care home. In center-based care, lower and higher income families received greater quality care than moderate-income families. This pattern that demonstrates that family income is found to have a curvilinear relationship to quality is consistent with earlier findings for centers serving preschool children. A conclusion made by the Cost, Quality, and Child Outcomes in ChildCare Centers Study was that the cost of child care for parents was not related to quality. This issue is of particular importance for child care policy as this pattern may be directly linked to the distribution of federal subsidies. Care for low income families is often directly subsidized and higher income families receive indirect subsidy through the childcare tax credit, with middle class families unlikely to receive any federal benefit.

This study included demographic and psychosocial factors, examined informal and formal nonmaternal care arrangements, included observational measures of the quality of care, and focused specifically on infant care. Research prior to this examined the factors associated with the use of nonmaternal care, although not in a comprehensive manner. With the inclusion of demographic, economic, and attitudinal factors in the analyses, these findings add depth to previously reported results and define the factors essential in the study of the effects of nonmaternal care. The results of this study indicate

the importance of both economic factors and parental values in the selection of nonmaternal child care (NICHD 1997).

A report administered by the National Center for Education Statistics examined data collected as part of the 1995 National Household Education Survey (NHES:95) to discover the characteristics of the care and early childhood education that children receive on a regular basis prior to their enrollment in kindergarten (Hofferth 1998). The report focused on four key issues related to nonparental child care and children's increased participation in early childhood education programs: (1) The enrollment of children at greater risk of school failure in nonparental care arrangements that facilitate child development. (2) The sources of information for parents concerning child care arrangements. (3) Parental preferences regarding nonparental child care and early childhood education programs. (4) Parental preferences in light of the types and characteristics of their children's primary nonparental care arrangements or early childhood education programs. In addressing these issues, the report focuses on those characteristics of child care arrangements that have been associated with children's development and those that stem from parental concerns other than child development, including cost and convenience.

The data indicates that family income was strongly associated with the type of primary nonparental care children received. The primary arrangements of children from low-income families were more likely to be Head Start programs, family child care, or relative care, rather than other center-based programs that children from higher income families were enrolled in. Factors also associated with the type of primary child care arrangement included the age of the child, with older children more likely to be in center-

based care and younger children in informal care arrangements, and the employment status of the mothers, with children of employed mothers more likely to be in family child care, in-home care, or relative care.

Data also indicated that the characteristics of children's nonparental care varied with the type of care that they received. Children who received care in in-home care or family child care were cared for in a smaller group of children than other nonparental care arrangements, were more likely to have a care provider speak a language other than English with them, and were more likely to be cared for by their nonparental care provider when they were sick. In addition, the cost of care was highest for children in in-home and non-Head Start center-based care. Finally, formal center-based programs were more likely to offer trained child care providers and services such as developmental screening and health examinations than other primary arrangements.

More than half of the children's parents reported that friends were the primary source of information in selecting their nonparental child care arrangements. The preferences that parents felt were very important were a smaller group size and a trained provider, as opposed to cost and convenience. Also, in general, the characteristics deemed most important to parents were apparent in the arrangements that their children were enrolled in.

The conclusions obtained from the data indicate that parents do recognize the importance of having a trained provider and prefer their child's provider be trained in child development. This suggests that preferences, as expressed by parents, are consistent with child development experts' opinions on the characteristics that matter to children's development. These findings offer promising signs that parental preferences

and child development experts' recommendations are related more than expected (Hofferth 1998).

### *Employed Mothers' Preferences and Selection of Nonmaternal Care*

In an attempt to address the issue of parental preference in relationship to actual availability and selection, Riley and Glass (2002) conducted research asking pregnant employees planning to remain in the workforce about their child care preferences and then observed their actual child care choices 6 months postpartum. The sample included 247 pregnant women who returned to paid employment within six months after the birth of their child and used nonmaternal child care.

The preferred form of care reported by 83% of employed mothers was father care or care by relatives, with a similar degree of preference for care provided in their own home. Although, the majority of these mothers of newborns (78%) were unable to secure their preferred type of care as their primary form of child care. The three factors discovered as determinants of a match between child care preferences and the type of child care used were having additional children under the age of 5, the mother's educational attainment, and employment schedules, which included working an evening or night shift and working fewer hours (Riley 2002).

A study that utilized a prospective, longitudinal research design examined maternal factors that influence infant care selection and the changes in environmental constraints and beliefs after care selection (Pungello 2000). Environmental constraints are defined as "any characteristic of the mother's environment that constrain or limit her choices regarding infant care" (Pungello 2000:246). These characteristics include the mother's income and the flexibility in her employment. Maternal beliefs and attitudes

include preferences in the type of nonparental care arrangement, beliefs about the effects of child care, attitudes toward maternal employment in general, and mother's attitudes toward her own employment. The researchers hypothesize that environmental and belief factors influence care selection and that a mother's selection of infant care leads to changes in her environmental constraints and beliefs. Each of the 102 participants in the study were married women over the age of 20 who were pregnant with their first child and had been working full time prior to conception. The focus of the study is on mothers due to the fact that in most families, it is the mothers who have primary responsibility for finding and selecting nonparental care arrangements.

The women who participated in the survey were divided into two separate groups, those who used nonparental care when their infants were 6 months old and those who did not. A multivariate analysis of variance indicated that these two groups of mothers differed from one another before the births of their children in many ways, including their perceptions of the flexibility of their long-term employment goals, their attitudes concerning maternal employment, and their preferences regarding child care. The data indicates that, while expecting, women who eventually choose nonparental care for their children differ in important ways from those who rely on parental care. Both perceptions of environmental factors and beliefs were related to women's later care decisions. The mothers that selected nonmaternal care were more likely to report employment related pressures, particularly the need to return to work for the income and/or the advancement of their careers. These same women also expressed a strong commitment to their work and a desire to return to it, while asserting that mothers do not necessarily need to quit their jobs to stay at home with their children. On the other hand, women who relied on

parental care did not experience these environmental constraints to as great an extent, expressed a stronger preference for paternal care, and did not hold high positive beliefs about employment in general and, more specifically, in relation to themselves.

Analysis of the data also indicated that mothers in both groups differed in how their reports changed from pre- to post-selection of child care for their young children. Selection behavior was found to be associated with changes in perceptions of work schedule flexibility, attitudes toward maternal employment, and work commitment. Mothers who used nonparental care when their children were 6 months old showed an increase in positive attitudes toward employment, but did not alter their perceptions of work schedule flexibility or commitment to their own work. On the other hand, mothers who used parental care only demonstrated an increase in work schedule flexibility and a decrease in their work commitment. Changes in reports prior to and then after selection did not differ between these two groups on the following variables: the need to work for the income, long-term goal flexibility, preference for parental care only, the number of positive effects named, the number of negative effects named, and home versus work preference (Pungello 2000).

A review of the literature illustrates the evolution of child care research as it increased in complexity and methodological refinement. The conclusion that high quality child care is not harmful to children led to the examination of the environment and characteristics of nonparental child care in combination with those of the home and family. Researchers recognized the significance of both and indicated that the quality of each has significant effects on the development of children.

The focus then shifted to the ability of parents to act as informed consumers in the selection of quality child care arrangements for their young children. Research has indicated that family income, the age of the child, the employment status of the mother, maternal beliefs and attitudes, and parental values all effect the selection of the type and quality of nonparental care arrangements. Consistent with professionals' recommendations concerning quality in early childhood education, studies have concluded that parents prefer a smaller group size and caregivers with specialized training. This demonstrates that parents are aware of the important quality factors in their search for nonparental care.

However, up to this point there has not been a thorough examination of factors related to parental preferences of nonparental care. Research has not yet defined or measured the recognition and appreciation of the dimensions of quality in child care by parents. This study examines the extent to which parents rate the availability of sick care, a small group size, a reasonable cost, and a caregiver sharing similar beliefs about raising children as important features in their child's nonparental care arrangement.

## II. Conceptual Framework

### i. Dependent Variables

The four dependent variables are factors that parents generally consider in the selection of nonparental care arrangements for their young children. Respondents were asked the importance of the following child care characteristics parents may look for in selecting care arrangements or early childhood programs for their children. Each of the four dependent variables were coded as ranging from 1 to 3, 1 meaning very important, 2 meaning somewhat important, and 3 meaning not too important (see Table 1).

- **sick:** A place where the children will be cared for when they are sick, ranging from 1 to 3, with a mean of 1.77 and a standard deviation of .854
- **kids:** A small number of children in the same class or group, ranging from 1 to 3, with a mean of 1.29 and a standard deviation of .523
- **cost:** A reasonable cost, ranging from 1 to 3, with a mean of 1.4 and a standard deviation of .597
- **belief:** A caregiver who shares your beliefs about raising children, ranging from 1 to 3, with a mean of 1.14 and a standard deviation of .379

### ii. Independent Variables

The independent variables are the factors that are possibly related to the differences in parental preferences of child care arrangements. This study examines 22 independent variables.

#### Child Characteristics:

- **age:** The age of the child in years as of 12/31/2000, ranging from 0 to 5 with a mean of 2.62 and a standard deviation of 1.474

- ***csex***: The sex of the child, coded as: (1) Male, or (2) Female, ranging from 1 to 2 with a mean of 1.51 and a standard deviation of .5
- ***cspeak***: The language the child speaks most at home, coded as: (1) English, (2) Spanish, (3) English and Spanish Equally, (4) English and Another Language Equally, (5) Child Doesn't Speak, or (6) Another Language, ranging from 1 to 6 with a mean of 1.28 and a standard deviation of .907
- ***craceeth***: The child's race/ethnicity, coded as: (1) White (Non-Hispanic), (2) Black (Non-Hispanic), (3) Hispanic, (4) Asian or Pacific Islander, or (5) All Other Races, ranging from 1 to 5 with a mean of 1.83 and a standard deviation of 1.109
- ***ccarrang***: The type of nonparental arrangement that the child spends the most time in, coded as: (1) Relative Care in Child's Home, (2) Relative Care in Another Home, (3) Nonrelative Care in Child's Home, (4) Nonrelative Care in Another Home, (5) Center-based Program, or (6) Equal Hours in 2 or More Types, ranging from 1 to 6, with a mean of 3.92 and a standard deviation of 1.468

**Respondent Characteristics:**

- ***respage***: The age of the respondent in years, ranging from 18 to 67 with a mean of 32.6 and a standard deviation of 7.047
- ***respsex***: The sex of the respondent, coded as: (1) Male, or (2) Female, ranging from 1 to 2 with a mean of 1.8 and a standard deviation of .397

- **resreln:** The relationship of the respondent to the child, coded as: (1) Mother, (2) Father, (3) Brother, (4) Sister, (5) Grandmother, (6) Grandfather, (7) Aunt, (8) Uncle, (9) Cousin, (10) Other Relative, or (11) Nonrelative, ranging from 1 to 11 with a mean of 1.38 and a standard deviation of 1.01

**Parent/Guardian Characteristics:**

- **momstat:** The marital status of the child's mother, coded as: (1) Married, (2) Separated, (3) Divorced, (4) Widowed, or (5) Never Married, ranging from 1 to 5 with a mean of 1.83 and a standard deviation of 1.518
- **momnew:** The age when the child's mother first became a mother in years, ranging from 13 to 48 with a mean of 24.77 and a standard deviation of 5.755
- **momlang:** The first language the child's mother learned to speak, coded as: (1) English, (2) Spanish, (3) English and Spanish Equally, (4) English and Another Language Equally, or (5) Another Language, ranging from 1 to 5 with a mean of 1.38 and a standard deviation of .98
- **momspk:** The language the child's mother speaks most at home, coded as: (1) English, (2) Spanish, (3) English and Spanish Equally, (4) English and Another Language Equally, (5) English and Other Language Specified Equally, or (6) Another Language, ranging from 1 to 6 with a mean of 1.26 and a standard deviation of .852

- ***momborn***: The country the child's mother was born in, coded as: (1) One of the 50 States or District of Columbia, (2) One of the U.S. Territories, or (3) Some Other Country, ranging from 1 to 3 with a mean of 1.34 and a standard deviation of .747
- ***dadlang***: The first language the child's father learned to speak, coded as: (1) English, (2) Spanish, (3) English and Spanish Equally, (4) English and Another Language Equally, or (5) Another Language, ranging from 1 to 5 with a mean of 1.38 and a standard deviation of 1.003
- ***dadspeak***: The language the child's father speaks most at home, coded as: (1) English, (2) Spanish, (3) English and Spanish Equally, (4) English and Another Language Equally, (5) English and Other Language Specified Equally, or (6) Another Language, ranging from 1 to 6 with a mean of 1.25 and a standard deviation of .829
- ***dadborn***: The country the child's father was born in, coded as: (1) One of the 50 States or District of Columbia, (2) One of the U.S. Territories, or (3) Some Other Country, ranging from 1 to 3 with a mean of 1.34 and a standard deviation of .748
- ***educ***: The highest level of the child's parent/guardian: (1) Less than High School, (2) High School Graduate or Equivalent, (3) Vocational/Technical Degree or Some College, (4) College Grad, or (5) Graduate or Professional School, ranging from 1 to 5 with a mean of 3.26 and a standard deviation of 1.195

### Household Characteristics:

- ***family***: The type of family, coded as: (1) 2 Parents and sibling(s), (2) 2 Parents and no sibling, (3) 1 Parent and sibling(s), (4) 1 Parent and no sibling, or (5) Other, ranging from 1 to 5 with a mean of 1.79 and a standard deviation of 1.092
- ***language***: The language the child's parents speak most at home, coded as: (1) Both Speak English, (2) One Parent Speaks Non-English Language, or (3) Both Parents Speak Non-English Language, ranging from 1 to 3 with a mean of 1.17 and a mean of .534
- ***hincome***: The total income of all persons in the household over the past year, including salaries or other earnings, interest, retirement, and so on for all household members, coded as: (1) \$5,000 or less, (2) \$5,001 to \$10,000, (3) \$10,001 to \$15,000, (4) \$15,001 to \$20,000, (5) \$20,001 to \$25,000, (6) \$25,001 to \$30,000, (7) \$30,001 to \$35,000, (8) \$35,001 to \$40,000, (9) \$40,001 to \$45,000, (10) \$45,001 to \$50,000, (11) \$50,001 to \$60,000, (12) \$60,001 to \$75,000, (13) \$75,001 to \$10,000, or (14) Over \$10,0000, ranging from 1 to 14 with a mean of 9.18 and a standard deviation of 3.942
- ***hownhome***: The status of the house, coded as: (1) Own Your Home, (2) Rent Your Home, or (3) Have Some Other Arrangement, ranging from 1 to 3 with a mean of 1.42 and a standard deviation of .608
- ***welfare***: The household has received benefits from TANF, AFDC, or state welfare programs in the past 3 years, coded as: (1) Yes or (2) No,

ranging from 1 to 2 with a mean of 1.88 and a standard deviation of .329

#### **IV. Operational Definition and Research Design**

##### **i. Hypothesis**

The purpose of this study is to answer the following question: “What factors are associated with differences in parental preferences in the selection of nonparental care? The hypothesis derived from this research question is: There is a relationship between child, respondent, parent/guardian, and household characteristics and the preferences of the availability of sick care, a small group size, a reasonable cost, and a caregiver who shares similar beliefs about raising children in the selection of nonparental child care arrangements.

##### **ii. Description of Data**

In order to test the hypothesis, I analyzed data from the Early Childhood Program Participation Component of the 2001 National Household Education Survey (NHES:01). The NHES:01 is descriptive data of households using random-digit-dial sampling (RDD) and computer-assisted telephone interviewing (CAT) techniques. The Early Childhood Program Participation (ECPN-NHES:01) portion of the NHES:01 involved interviews with parents or guardians of children from birth through age 5 who were not yet enrolled in kindergarten. The ECPN-NHES:01 collected data on children’s participation in nonparental arrangements, parental perceptions of program quality, parental preferences in the selection of nonparental arrangements, family-child activities, and a variety of family and child characteristics. The study collected data between January 2 and April 14 in the year 2001 on a nationally representative sample of 6749 children enrolled in various types of nonparental child care arrangements (Hagedorn 2001).

##### **iii. Research Design**

With an initial sample size of 6749, the original dataset created an issue of power. As Marija J. Norusis states in her book, *SPSS Guide to Data Analysis*, “The larger the power, the more likely you are to reject the null hypothesis” (Norusis 2000:245). Power is a statistical term that refers to the ability to reject the null hypothesis when it is false (Norusis 2000). With such a large sample size, the issue of power was dealt with by sampling along two stages (Norusis 2000). The first step was to select only those cases in which the respondents claimed that they had a child presently attending a nonparental child care arrangement. This brought the sample size down to 4353. The second step was to approximate a workable sample size by generating a random sample of 33% of the remaining cases. This brought the sample size down to 1431, which relieved the issue of power inherent in large sample sizes. There is no reason to believe that this sub-sample is systematically different from the original sample.

This study used SPSS to obtain bi-variate analyses of each of the independent variables and their relationship to each of the four dependent variables regarding parental preferences of nonparental care arrangements. The bi-variate techniques used were chi-square or one-way analysis of variance, depending on the level of measurement of each of the independent variables.

## V. Data Analysis

### i. Bi-Variate Techniques

There were two statistical techniques used for the bi-variate analysis: chi-square and one-way analysis of variance.

The chi-square technique was used to explore the relationship between the dependent variables (*sick*, *kids*, *cost*, and *belief*) and the following independent variables: *csex*, *cspeak*, *craceeth*, *ccarrang*, *respsex*, *resreln*, *momstat*, *momlang*, *momspeak*, *momborn*, *dadlang*, *dadspeak*, *dadborn*, *educ*, *family*, *language*, *hownhome*, and *welfare*. This procedure was used because we are examining the relationship between the ordinal level dependent variables and the nominal or ordinal level independent variables. Chi-square is a statistical technique used to show the discrepancies between the observed count, which is the number of cases in a particular cell, and the expected count, which is the number of cases predicted if the two variables are independent (Norusis 2000). The statistic of interest is the Pearson-chi square value, which is based on a comparison of observed and expected counts and tests for independence in a crosstabulation of the two variables being analyzed (Norusis 2000).

One-way analysis of variance (ANOVA) was used to explore the relationship between the dependent variables (*sick*, *kids*, *cost*, and *belief*) and the following dependent variables: *age*, *respage*, *momnew*, and *hincome*. This procedure was used because we are examining the relationship between the ordinal level dependent variables and the interval or ratio level independent variables. ANOVA is a statistical technique that was used in order to test hypotheses about two or more population means (Norusis 2000). The statistic of interest is the F ratio, which is the ratio of two estimates of variability in

the population, the within-groups means square and the between-groups mean square (Norusis 2000). The “Bonferonni” multiple comparison procedure was used to identify the specific group differences.

## **ii. Bi-Variate Results**

The bi-variate analysis includes an examination of the interval level independent variables and the four dependent variables through one-way analysis of variance and an examination of the nominal and ordinal level independent variables with the four dependent variables through the chi-square technique. See Tables 2a-2d for a summary of the bi-variate analysis.

### **Child Characteristics**

#### ***age***

The null hypothesis is that there is no relationship between a child’s age and the importance that a nonparental care arrangement provides sick care. The data indicates that the probability of obtaining an F ratio of 9.922 is .000. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing a child’s age you are more likely to know the importance that a nonparental care arrangement provides sick care. Specifically, parents with younger children are more likely to say that sick care is very important.

The null hypothesis is that there is no relationship between a child’s age and the importance of a small group size in a nonparental care arrangement. The data indicates that the probability of obtaining an F ratio of 9.721 is .000. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null

hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing a child's age you are more likely to know the importance of a small group size in a nonparental care arrangement. Even though we can reject the null hypothesis, there is no observable linear relationship between the child's age and the importance of a small group size.

The null hypothesis is that there is no relationship between a child's age and the importance that a nonparental care arrangement is of a reasonable cost. The data indicates that the probability of obtaining an F ratio of 3.468 is .031. This means that you would expect to see an F-value at least as large as this less than 3% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing a child's age you are more likely to know the importance that a nonparental care arrangement is of a reasonable cost. Even though we can reject the null hypothesis, there is no observable linear relationship between the child's age and the importance of a reasonable cost.

The null hypothesis is that there is no relationship between a child's age and the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children. The data indicates that the probability of obtaining an F ratio of 5.550 is .004. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing a child's age you are more likely to know the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children. Specifically, parents with

younger children are more likely to say that a caregiver sharing similar beliefs about raising children is very important.

The bi-variate analyses suggest that parents with younger children are more likely to say that sick care and a caregiver sharing similar beliefs about raising children are very important. There is no observable linear relationship between the child's age and the importance of a reasonable cost or a small group size, even though we can reject the null hypotheses.

*csex*

The null hypothesis is that there is no relationship between the sex of a child and the importance that a nonparental care arrangement provides sick care. The data indicates that the probability of obtaining a Pearson chi-square value of 2.678 is .262. With an observed significance level greater than 5%, the null hypothesis cannot be rejected. This suggests that by knowing sex of a child you are less likely to know the importance that a nonparental care arrangement provides sick care.

The null hypothesis is that there is no relationship between the sex of a child and the importance of a small group size in a nonparental care arrangement. The data indicates that the probability of obtaining a Pearson chi-square value of 1.291 is .525. With an observed significance level greater than 5%, the null hypothesis cannot be rejected. This suggests that by knowing the sex of a child you are less likely to know the importance of a small group size in a nonparental care arrangement.

The null hypothesis is that there is no relationship between the sex of a child and the importance that a nonparental care arrangement is of a reasonable cost. The data indicates that the probability of obtaining a Pearson chi-square value of 2.371 is .306.

With an observed significance level greater than 5%, the null hypothesis cannot be rejected. This suggests that by knowing the sex of a child you are less likely to know the importance that a nonparental care arrangement is of a reasonable cost.

The null hypothesis is that there is no relationship between the sex of a child and the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children. The data indicates that the probability of obtaining a Pearson chi-square value of 2.999 is .223. With an observed significance level greater than 5%, the null hypothesis cannot be rejected. This suggests that by knowing the sex of a child you are less likely to know the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children.

The bi-variate analyses suggest that the child's sex has little significance with the four dependent variables.

### *cspeak*

The null hypothesis is that there is no relationship between the language that a child speaks and the importance that a nonparental care arrangement provides sick care. The data indicates that the probability of obtaining a Pearson chi-square value of 47.026 is .000. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the language that a child speaks you are more likely to know the importance that a nonparental care arrangement provides sick care. Specifically, parents with children who speak Spanish and English and Spanish equally are more likely to say that sick care is very important.

The null hypothesis is that there is no relationship between the language that a child speaks and the importance of a small group size in a nonparental care arrangement. The data indicates that the probability of obtaining a Pearson chi-square value of 21.616 is .017. This means that you would expect to see an F-value at least as large as this less than 2% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the language that a child speaks you are more likely to know the importance of a small group size in a nonparental care arrangement. Even though we can reject the null hypothesis, there is no observable linear relationship between the language the child speaks and the importance of a small group size.

The null hypothesis is that there is no relationship between the language that a child speaks and the importance that a nonparental care arrangement is of a reasonable cost. The data indicates that the probability of obtaining a Pearson chi-square value of 18.203 is .052. With an observed significance level greater than 5%, the null hypothesis cannot be rejected. This suggests that by knowing the language that a child speaks you are less likely to know the importance that a nonparental care arrangement is of a reasonable cost.

The null hypothesis is that there is no relationship between the language that a child speaks and the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children. The data indicates that the probability of obtaining a Pearson chi-square value of 23.712 is .008. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected.

This suggests that by knowing the language that a child speaks you are more likely to know the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children. Even though we can reject the null hypothesis, there is no observable linear relationship between the language the child speaks and the importance that a caregiver shares similar beliefs about raising children.

The bi-variate analyses suggest that parents with children who speak Spanish and English and Spanish equally are more likely to say that sick care is very important. There is no observable linear relationship between the language a child speaks and the importance of a small group size or a caregiver sharing similar beliefs about raising children, even though we can reject the null hypotheses.

### ***craceeth***

The null hypothesis is that there is no relationship between a child's race and/or ethnicity and the importance that a nonparental care arrangement provides sick care. The data indicates that the probability of obtaining a Pearson chi-square value of 179.796 is .000. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing a child's race and/or ethnicity you are more likely to know the importance that a nonparental care arrangement provides sick care. Specifically, parents with children who are Black or Hispanic are more likely to say that sick care is very important.

The null hypothesis is that there is no relationship between a child's race and/or ethnicity and the importance of a small group size in a nonparental care arrangement. The data indicates that the probability of obtaining a Pearson chi-square value of 19.957

is .010. This means that you would expect to see an F-value at least as large as this less than 2% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing a child's race and/or ethnicity you are more likely to know the importance of a small group size in a nonparental care arrangement. Even though we can reject the null hypothesis, there is no observable linear relationship between the race/ethnicity of the child and the importance of a small group size.

The null hypothesis is that there is no relationship between a child's race and/or ethnicity and the importance that a nonparental care arrangement is of a reasonable cost. The data indicates that the probability of obtaining a Pearson chi-square value of 103.027 is .000. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing a child's race and/or ethnicity you are more likely to know importance that a nonparental care arrangement is of a reasonable cost. Specifically, parents with children who are Black or Hispanic are more likely to say that a reasonable cost is very important.

The null hypothesis is that there is no relationship between a child's race and/or ethnicity and the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children. The data indicates that the probability of obtaining a Pearson chi-square value of 36.002 is .000. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing a child's race and/or ethnicity you are more likely to know

the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children. Even though we can reject the null hypothesis, there is no observable linear relationship between the race/ethnicity of the child and the importance that a caregiver shares similar beliefs about raising children.

The bi-variate analyses suggest that parents with a child that is black or Hispanic are more likely to say that sick care and a reasonable cost are very important. There is no observable linear relationship between the child's race/ethnicity and the importance of a small group size or that a caregiver shares similar beliefs about raising children, even though we can reject the null hypotheses.

### ***ccarrang***

The null hypothesis is that there is no relationship between the type of nonparental care arrangement a child spends the most time in and the importance that a nonparental care arrangement provides sick care. The data indicates that the probability of obtaining a Pearson chi-square value of 115.034 is .000. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the type of nonparental care arrangement that a child spends the most time in you are more likely to know the importance that a nonparental care arrangement provides sick care. Specifically, parents who primarily use relative care and who use two or more nonparental care arrangements are more likely to say that sick care is very important.

The null hypothesis is that there is no relationship between the type of nonparental care arrangement that a child spends the most time in and the importance of a

small group size in a nonparental care arrangement. The data indicates that the probability of obtaining a Pearson chi-square value of 21.262 is .019. This means that you would expect to see an F-value at least as large as this less than 2% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the type of nonparental care arrangement that a child spends the most time in you are more likely to know the importance of a small group size in a nonparental care arrangement. Specifically, parents who primarily use nonrelative care are more likely to say that a small group size is very important.

The null hypothesis is that there is no relationship between the type of nonparental care arrangement that a child spends the most time in and the importance that a nonparental care arrangement is of a reasonable cost. The data indicates that the probability of obtaining a Pearson chi-square value of 45.846 is .000. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the type of nonparental care arrangement that a child spends the most time in you are more likely to know the importance that a nonparental care arrangement is of a reasonable cost. Specifically, parents who primarily use relative care are more likely to say that a reasonable cost is very important.

The null hypothesis is that there is no relationship between the type of nonparental care arrangement that a child spends the most time in and the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising

children. The data indicates that the probability of obtaining a Pearson chi-square value of 25.957 is .004. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the type of nonparental care arrangement that a child spends the most time in you are more likely to know the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children. Even though we can reject the null hypothesis, there is no observable linear relationship between the nonparental care arrangement a child spends the most time in and the importance that a caregiver shares similar beliefs about raising children.

The bi-variate analyses suggest that parents who primarily use relative care are more likely to say that sick care and a reasonable cost are very important. Those parents whose child spends equal hours in two or more nonparental care arrangements are more likely to say that sick care is important. The data also suggests that parents who primarily use nonrelative care are more likely to say that a small group size is very important. There is no observable linear relationship between the nonparental care arrangement a child spends the most time in and the importance that a caregiver shares similar beliefs about raising children, even though we can reject the null hypothesis.

### **Respondent Characteristics**

#### *respage*

The null hypothesis is that there is no relationship between the respondent's age and the importance that a nonparental care arrangement provides sick care. The data indicates that the probability of obtaining an F ratio of 25.151 is .000. This means that

you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the respondent's age you are more likely to know the importance that a nonparental care arrangement provides sick care. Specifically, younger respondents are more likely to say that sick care is very important.

The null hypothesis is that there is no relationship between the respondent's age and the importance of a small group size in a nonparental care arrangement. The data indicates that the probability of obtaining an F ratio of 4.778 is .009. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the respondent's age you are more likely to know the importance of a small group size in a nonparental care arrangement. Specifically, older respondents are more likely to say that a small group size is very important.

The null hypothesis is that there is no relationship between the respondent's age and the importance that a nonparental care arrangement is of a reasonable cost. The data indicates that the probability of obtaining an F ratio of 6.073 is .002. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the respondent's age you are more likely to know the importance that a nonparental care arrangement is of a

reasonable cost. Even though we can reject the null hypothesis, there is no observable linear relationship between the respondent's age and the importance of a reasonable cost.

The null hypothesis is that there is no relationship between the respondent's age and the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children. The data indicates that the probability of obtaining an F ratio of .820 is .441. With an observed significance level greater than 5%, the null hypothesis cannot be rejected. This suggests that by knowing the respondent's age you are less likely to know the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children.

The bi-variate analyses suggest that younger respondents are more likely to say that sick care is very important. The data also suggests that older respondents are more likely to say that a small group size is very important. There is no observable linear relationship between the respondent's age and the importance of cost, even though we can reject the null hypotheses.

### *respsex*

The null hypothesis is that there is no relationship between the respondent's sex and the importance that a nonparental care arrangement provides sick care. The data indicates that the probability of obtaining a Pearson chi-square value of 3.052 is .217. With an observed significance level greater than 5%, the null hypothesis cannot be rejected. This suggests that by knowing the respondent's sex you are less likely to know the importance that a nonparental care arrangement provides sick care.

The null hypothesis is that there is no relationship between the respondent's sex and the importance of a small group size in a nonparental care arrangement. The data

indicates that the probability of obtaining a Pearson chi-square value of 9.221 is .010. This means that you would expect to see an F-value at least as large as this less than 2% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the respondent's age you are more likely to know the importance of a small group size in a nonparental care arrangement. Specifically, women are more likely to say that a small group size is very important.

The null hypothesis is that there is no relationship between the respondent's sex and the importance that a nonparental care arrangement is of a reasonable cost. The data indicates that the probability of obtaining a Pearson chi-square value of 11.69 is .003. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the respondent's sex you are more likely to know the importance that a nonparental care arrangement is of a reasonable cost. Specifically, women are more likely to say that a reasonable cost is very important.

The null hypothesis is that there is no relationship between the respondent's sex and the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children. The data indicates that the probability of obtaining a Pearson chi-square value of 12.365 is .002. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the respondent's age you are more likely to know the

importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children. Specifically, women are more likely to say that a caregiver sharing similar beliefs about raising children is very important.

The bi-variate analyses suggest that women are more likely to say that a small group size, cost, and a caregiver sharing similar beliefs about raising children are very important.

*resreln*

The null hypothesis is that there is no relationship between the respondent's relationship to the child and the importance that a nonparental care arrangement provides sick care. The data indicates that the probability of obtaining a Pearson chi-square value of 21.536 is .159. With an observed significance level greater than 5%, the null hypothesis cannot be rejected. This suggests that by knowing the respondent's relationship to the child you are less likely to know the importance that a nonparental care arrangement provides sick care.

The null hypothesis is that there is no relationship between the respondent's relationship to the child and the importance of a small group size in a nonparental care arrangement. The data indicates that the probability of obtaining a Pearson chi-square value of 38.09 is .001. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by the respondent's age you are more likely to know the importance of a small group size in a nonparental care arrangement. Specifically, mothers are more likely to say that a small group size is very important.

The null hypothesis is that there is no relationship between the respondent's relationship to the child and the importance that a nonparental care arrangement is of a reasonable cost. The data indicates that the probability of obtaining a Pearson chi-square value of 21.428 is .163. With an observed significance level greater than 5%, the null hypothesis cannot be rejected. This suggests that by knowing the respondent's relationship to the child you are less likely to know the importance that a nonparental care arrangement is of a reasonable cost.

The null hypothesis is that there is no relationship between the respondent's relationship to the child and the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children. The data indicates that the probability of obtaining a Pearson chi-square value of 57.031 is .000. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the respondent's relationship to the child you are more likely to know the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children. Even though we can reject the null hypothesis, there is no observable linear relationship between the respondent's relationship to the child and the importance that a caregiver shares similar beliefs about raising children.

The bi-variate analyses suggest that mothers are more likely to say that a small group size is very important. There is no observable linear relationship between the respondent's relationship to the child and the importance that a caregiver shares similar beliefs about raising children, even though we can reject the null hypothesis.

## **Parent/Guardian Characteristics**

### ***momstat***

The null hypothesis is that there is no relationship between the marital status of a child's mother and the importance that a nonparental care arrangement provides sick care. The data indicates that the probability of obtaining a Pearson chi-square value of 76.667 is .000. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the marital status of a child's mother you are more likely to know the importance that a nonparental care arrangement provides sick care. Specifically, mothers who separated, divorced, or never married are more likely to say that sick care is very important.

The null hypothesis is that there is no relationship between the marital status of a child's mother and the importance of a small group size in a nonparental care arrangement. The data indicates that the probability of obtaining a Pearson chi-square value of 17.663 is .024. This means that you would expect to see an F-value at least as large as this less than 3% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the marital status of a child's mother you are more likely to know the importance of a small group size in a nonparental care arrangement. Even though we can reject the null hypothesis, there is no observable linear relationship between the mother's marital status and the importance that of a small group size.

The null hypothesis is that there is no relationship between the marital status of a child's mother and the importance that a nonparental care arrangement is of a reasonable cost. The data indicates that the probability of obtaining a Pearson chi-square value of 39.566 is .000. This means that you would expect to see an F-value at least as large as this less than 5% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the marital status of a child's mother you are more likely to know the importance that a nonparental care arrangement is of a reasonable cost. Specifically, mothers who separated, divorced, or never married are more likely to say that a reasonable cost is very important.

The null hypothesis is that there is no relationship between the marital status of a child's mother and the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children. The data indicates that the probability of obtaining a Pearson chi-square value of 15.603 is .048. This means that you would expect to see an F-value at least as large as this less than 5% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the marital status of a child's mother you are more likely to know the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children. Even though we can reject the null hypothesis, there is no observable linear relationship between the mother's marital status and the importance that a caregiver shares similar beliefs about raising children.

The bi-variate analyses suggest that mothers who separated, divorced, or never married are more likely to say that sick care and cost are very important. There is no

observable linear relationship between the mother's marital status and the importance of a small group size or that a caregiver shares similar beliefs about raising children, even though we can reject the null hypotheses.

*momnew*

The null hypothesis is that there is no relationship between the age that a woman first became a mother and the importance that a nonparental care arrangement provides sick care. The data indicates that the probability of obtaining an F ratio of 66.498 is .000. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the age that a woman first became a mother you are more likely to know the importance that a nonparental care arrangement provides sick care. Specifically, mothers who first became a mother at a younger age are more likely to say that sick care is very important.

The null hypothesis is that there is no relationship between the age that a woman first become a mother and the importance of a small group size in a nonparental care arrangement. The data indicates that the probability of obtaining an F ratio of 7.337 is .001. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the age that a woman first became a mother you are more likely to know the importance of a small group size in a nonparental care arrangement. Specifically, mothers who first became a mother at an older age are more likely to say that a small group size is very important.

The null hypothesis is that there is no relationship between the age that a woman first became a mother and the importance that a nonparental care arrangement is of a reasonable cost. The data indicates that the probability of obtaining an F ratio of 32.382 is .000. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the age that a woman first became a mother you are more likely to know the importance that a nonparental care arrangement is of a reasonable cost. Even though we can reject the null hypothesis, there is no observable linear relationship between the age a mother first became a mother and the importance of a reasonable cost.

The null hypothesis is that there is no relationship between the age that a woman first became a mother and the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children. The data indicates that the probability of obtaining an F ratio of .385 is .680. With an observed significance level greater than 5%, the null hypothesis cannot be rejected. This suggests that by knowing the age that a woman first became a mother you are less likely to know the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children.

The bi-variate analyses suggest that families in which the mother first became a mother at a younger age are more likely to say that sick care is very important. The data also suggests that families in which the mother first became a mother at an older age are more likely to say that a small group size is very important. There is no observable linear

relationship between age that the mother first became a mother and the importance of a reasonable cost, even though we can reject the null hypothesis.

*momlang*

The null hypothesis is that there is no relationship between the first language a child's mother learned to speak and the importance that a nonparental care arrangement provides sick care. The data indicates that the probability of obtaining a Pearson chi-square value of 71.178 is .000. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the first language a child's mother learned to speak you are more likely to know the importance that a nonparental care arrangement provides sick care. Specifically, mothers who learned Spanish or another language as their first language are more likely to say that sick care is very important.

The null hypothesis is that there is no relationship between the first language of a child's mother and the importance of a small group size in a nonparental care arrangement. The data indicates that the probability of obtaining a Pearson chi-square value of 20.120 is .01. This means that you would expect to see an F-value at least as large as this less than 2% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the first language of a child's mother you are more likely to know the importance of a small group size in a nonparental care arrangement. Even though we can reject the null hypothesis, there is no observable linear relationship between the language first learned by the mother and the importance of a small group size.

The null hypothesis is that there is no relationship between the first language of a child's mother and the importance that a nonparental care arrangement is of a reasonable cost. The data indicates that the probability of obtaining a Pearson chi-square value of 30.377 is .000. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the first language of a child's mother you are more likely to know importance that a nonparental care arrangement is of a reasonable cost. Specifically, mothers who learned Spanish or another language as their first language are more likely to say that a reasonable cost is very important.

The null hypothesis is that there is no relationship between the first language of a child's mother and the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children. The data indicates that the probability of obtaining a Pearson chi-square value of 81.484 is .000. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the first language of a child's mother you are more likely to know the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children. Even though we can reject the null hypothesis, there is no observable linear relationship between the language first learned by the mother and the importance that a caregiver shares similar beliefs about raising children.

The bi-variate analyses suggest that mothers who learned Spanish or another language as their first language are more likely to say that sick care and a reasonable cost are very important. There is no observable linear relationship between the first language learned by the mother and the importance of a small group size or that a caregiver shares similar beliefs about raising children, even though we can reject the null hypotheses.

### *momspeak*

The null hypothesis is that there is no relationship between the language a child's mother speaks most at home and the importance that a nonparental care arrangement provides sick care. The data indicates that the probability of obtaining a Pearson chi-square value of 56.153 is .000. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the language the child's mother speaks at home you are more likely to know the importance that a nonparental care arrangement provides sick care. Specifically, mothers who speak Spanish, English and Spanish equally, or another language most at home are more likely to say that sick care is very important.

The null hypothesis is that there is no relationship between the language a child's mother speaks most at home and the importance of a small group size in a nonparental care arrangement. The data indicates that the probability of obtaining a Pearson chi-square value of 27.508 is .002. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the language a child's mother speaks at home you are more

likely to know the importance of a small group size in a nonparental care arrangement. Even though we can reject the null hypothesis, there is no observable linear relationship between the language the mother speaks most at home and the importance of a small group size.

The null hypothesis is that there is no relationship between the language a child's mother speaks most at home and the importance that a nonparental care arrangement is of a reasonable cost. The data indicates that the probability of obtaining a Pearson chi-square value of 19.194 is .038. This means that you would expect to see an F-value at least as large as this less than 4% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the language a child's mother speaks at home you are more likely to know importance that a nonparental care arrangement is of a reasonable cost. Specifically, mothers who speak English and Spanish equally most at home are more likely to say that a reasonable cost is very important.

The null hypothesis is that there is no relationship between the language a child's mother speaks most at home and the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children. The data indicates that the probability of obtaining a Pearson chi-square value of 117.708 is .000. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the language a child's mother speaks most at home you are more likely to know the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children. Even though

we can reject the null hypothesis, there is no observable linear relationship between the language the mother speaks most at home and the importance that a caregiver shares similar beliefs about raising children.

The bi-variate analyses suggest that mothers who speak Spanish, English and Spanish equally, or another language most at home are more likely to say that sick care is very important and those who speak Spanish or English and Spanish equally are more likely to say that cost is very important. There is no observable linear relationship between language the mother speaks most at home and the importance of a small group size or that a caregiver shares similar beliefs about raising children, even though we can reject the null hypotheses.

### ***momborn***

The null hypothesis is that there is no relationship between the country a child's mother was born in and the importance that a nonparental care arrangement provides sick care. The data indicates that the probability of obtaining a Pearson chi-square value of 54.777 is .000. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the country the child's mother was born in you are more likely to know the importance that a nonparental care arrangement provides sick care. Specifically, mothers who are born in a U.S. territory or a country outside of the U.S. are more likely to say that sick care is very important.

The null hypothesis is that there is no relationship between the country a child's mother was born in and the importance of a small group size in a nonparental care

arrangement. The data indicates that the probability of obtaining a Pearson chi-square value of 1.777 is .777. With an observed significance level greater than 5%, the null hypothesis cannot be rejected. This suggests that by knowing the country a child's mother was born in you are less likely to know the importance of a small group size in a nonparental care arrangement.

The null hypothesis is that there is no relationship between the country a child's mother was born in and the importance that a nonparental care arrangement is of a reasonable cost. The data indicates that the probability of obtaining a Pearson chi-square value of 11.571 is .021. This means that you would expect to see an F-value at least as large as this less than 3% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the country a child's mother was born in you are more likely to know importance that a nonparental care arrangement is of a reasonable cost. Specifically, mothers who are born in a U.S. territory or a country outside of the U.S. are more likely to say that a reasonable cost is very important.

The null hypothesis is that there is no relationship between the country a child's mother was born in and the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children. The data indicates that the probability of obtaining a Pearson chi-square value of 11.950 is .018. This means that you would expect to see an F-value at least as large as this less than 2% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the country a child's mother was born in you are more likely to know the importance that a caregiver in a nonparental care

arrangement shares similar beliefs about raising children. Even though we can reject the null hypothesis, there is no observable linear relationship between where the mother was born and the importance that a caregiver shares similar beliefs about raising children.

The bi-variate analyses suggest that mothers who were born in a U.S. territory or a country outside of the U.S. are more likely to say that sick care and cost are very important. There is no observable linear relationship between where the mother was born and the importance that a caregiver shares similar beliefs about raising children, even though we can reject the null hypothesis.

### ***dadlang***

The null hypothesis is that there is no relationship between the first language a child's father learned to speak and the importance that a nonparental care arrangement provides sick care. The data indicates that the probability of obtaining a Pearson chi-square value of 66.250 is .000. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the first language a child's father learned to speak you are more likely to know the importance that a nonparental care arrangement provides sick care. Specifically, fathers who learned Spanish or another language as their first language are more likely to say that sick care is very important.

The null hypothesis is that there is no relationship between the first language a child's father learned to speak and the importance of a small group size in a nonparental care arrangement. The data indicates that the probability of obtaining a Pearson chi-square value of 14.337 is .026. This means that you would expect to see an F-value at

least as large as this less than 3% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the first language a child's father learned to speak you are more likely to know the importance of a small group size in a nonparental care arrangement. Even though we can reject the null hypothesis, there is no observable linear relationship between the first language learned by the father and the importance of a small group size.

The null hypothesis is that there is no relationship between the first language of a child's father and the importance that a nonparental care arrangement is of a reasonable cost. The data indicates that the probability of obtaining a Pearson chi-square value of 23.377 is .001. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the first language of a child's father you are more likely to know importance that a nonparental care arrangement is of a reasonable cost. Specifically, fathers who learned Spanish or another language as their first language are more likely to say that a reasonable cost is very important.

The null hypothesis is that there is no relationship between the first language of a child's father and the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children. The data indicates that the probability of obtaining a Pearson chi-square value of 27.086 is .000. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the first language of a child's father you

are more likely to know the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children. Even though we can reject the null hypothesis, there is no observable linear relationship between the first language learned by the father and the importance that a caregiver shares similar beliefs about raising children.

The bi-variate analyses suggest that fathers who learned Spanish or another language as their first language are more likely to say that sick care and cost are very important. There is no observable linear relationship between the language first learned by a father and the importance of a small group size or that a caregiver shares similar beliefs about raising children, even though we can reject the null hypotheses.

### ***dadspeak***

The null hypothesis is that there is no relationship between the language a child's father speaks most at home and the importance that a nonparental care arrangement provides sick care. The data indicates that the probability of obtaining a Pearson chi-square value of 66.856 is .000. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the language a child's father speaks at home you are more likely to know the importance that a nonparental care arrangement provides sick care. Specifically, fathers who speak Spanish or English and Spanish equally most at home are more likely to say that sick care is very important.

The null hypothesis is that there is no relationship between the language a child's father speaks at home and the importance of a small group size in a nonparental care

arrangement. The data indicates that the probability of obtaining a Pearson chi-square value of 13.676 is .188. With an observed significance level greater than 5%, the null hypothesis cannot be rejected. This suggests that by knowing the language a child's father speaks at home you are less likely to know the importance of a small group size in a nonparental care arrangement.

The null hypothesis is that there is no relationship between the language a child's father speaks most at home and the importance that a nonparental care arrangement is of a reasonable cost. The data indicates that the probability of obtaining a Pearson chi-square value of 17.094 is .072. With an observed significance level greater than 5%, the null hypothesis cannot be rejected. This suggests that by knowing the language a child's father speaks at home you are less likely to know the importance that a nonparental care arrangement is of a reasonable cost.

The null hypothesis is that there is no relationship between the language a child's father speaks most at home and the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children. The data indicates that the probability of obtaining a Pearson chi-square value of 35.332 is .000. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the language a child's father speaks most at home you are more likely to know the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children. Even though we can reject the null hypothesis, there is no observable linear relationship between the

first language the father speaks most at home and the importance that a caregiver shares similar beliefs about raising children.

The bi-variate analyses suggest that fathers who speak Spanish or English and Spanish equally most at home are more likely to say that sick care is very important. There is no observable linear relationship between the language the father speaks most at home and the importance that a caregiver shares similar beliefs about raising children, even though we can reject the null hypothesis.

### ***dadborn***

The null hypothesis is that there is no relationship between the country a child's father was born in and the importance that a nonparental care arrangement provides sick care. The data indicates that the probability of obtaining a Pearson chi-square value of 50.619 is .000. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the country a child's father was born in you are more likely to know the importance that a nonparental care arrangement provides sick care. Specifically, fathers who are born in a U.S. territory or a country outside of the U.S. are more likely to say that sick care is very important.

The null hypothesis is that there is no relationship between the country a child's father was born in and the importance of a small group size in a nonparental care arrangement. The data indicates that the probability of obtaining a Pearson chi-square value of 6.989 is .136. With an observed significance level greater than 5%, the null hypothesis cannot be rejected. This suggests that by knowing the country a child's father

was born in you are less likely to know the importance of a small group size in a nonparental care arrangement.

The null hypothesis is that there is no relationship between the country a child's father was born in and the importance that a nonparental care arrangement is of a reasonable cost. The data indicates that the probability of obtaining a Pearson chi-square value of 17.4 is .002. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the country a child's father was born in you are more likely to know importance that a nonparental care arrangement is of a reasonable cost. Specifically, fathers who are born in a country outside of the U.S. are more likely to say that a reasonable cost is very important.

The null hypothesis is that there is no relationship between the country a child's father was born in and the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children. The data indicates that the probability of obtaining a Pearson chi-square value of 12.260 is .016. This means that you would expect to see an F-value at least as large as this less than 2% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the country a child's father was born in you are more likely to know the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children. Even though we can reject the null hypothesis, there is no observable linear relationship between where the father was born and the importance that a caregiver shares similar beliefs about raising children.

The bi-variate analyses suggest that fathers who were born in a U.S. territory or a country other than the U.S. are more likely to say that sick care is very important and those born in a country other than the U.S. are more likely to say that cost is very important. There is no observable linear relationship between where the father was born and the importance that a caregiver shares similar beliefs about raising children, even though we can reject the null hypothesis.

### *educ*

The null hypothesis is that there is no relationship between the highest grade completed by a child's parent and the importance that a nonparental care arrangement provides sick care. The data indicates that the probability of obtaining a Pearson chi-square value of 215.739 is .000. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the highest grade completed by a child's parent you are more likely to know the importance that a nonparental care arrangement provides sick care. Specifically, parents with a lower level of education are more likely to say that sick care is very important.

The null hypothesis is that there is no relationship between the highest grade completed by a child's parent and the importance of a small group size in a nonparental care arrangement. The data indicates that the probability of obtaining a Pearson chi-square value of 39.134 is .000. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This

suggests that by knowing the highest grade completed by a child's parent you are more likely to know the importance of a small group size in a nonparental care arrangement. Specifically, parents with a higher level of education are more likely to say that a small group size is very important.

The null hypothesis is that there is no relationship between the highest grade completed by a child's parent and the importance that a nonparental care arrangement is of a reasonable cost. The data indicates that the probability of obtaining a Pearson chi-square value of 98.63 is .000. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the highest grade completed by a child's parent you are more likely to know importance that a nonparental care arrangement is of a reasonable cost. Specifically, parents with a lower level of education are more likely to say that a reasonable cost is very important.

The null hypothesis is that there is no relationship between the highest grade completed by a child's parent and the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children. The data indicates that the probability of obtaining a Pearson chi-square value of 12.589 is .127. With an observed significance level greater than 5%, the null hypothesis cannot be rejected. This suggests that by knowing the highest grade completed by a child's parent you are less likely to know the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children.

The bi-variate analyses suggest that parents with lower level of education are more likely to say that sick care and a reasonable cost are very important. The data also suggests that parents with a higher level of education are more likely to say that a small group size is very important.

### **Household Characteristics**

#### *family*

The null hypothesis is that there is no relationship between family type and the importance that a nonparental care arrangement provides sick care. The data indicates that the probability of obtaining a Pearson chi-square value of 70.892 is .000. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing family type you are more likely to know the importance that a nonparental care arrangement provides sick care. Specifically, single parent families and other types of families are more likely to say that sick care is very important.

The null hypothesis is that there is no relationship between family type and the importance of a small group size in a nonparental care arrangement. The data indicates that the probability of obtaining a Pearson chi-square value of 17.521 is .025. This means that you would expect to see an F-value at least as large as this less than 3% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing family type you are more likely to know the importance of a small group size in a nonparental care arrangement.

Specifically, two parent families are more likely to say that a small group size is very important.

The null hypothesis is that there is no relationship between family type and the importance that a nonparental care arrangement is of a reasonable cost. The data indicates that the probability of obtaining a Pearson chi-square value of 56.363 is .000. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing family type you are more likely to know the importance that a nonparental care arrangement is of a reasonable cost. Specifically, single parent families and other types of families are more likely to say that a reasonable cost is very important.

The null hypothesis is that there is no relationship between family type and the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children. The data indicates that the probability of obtaining a Pearson chi-square value of 11.158 is .193. With an observed significance level greater than 5%, the null hypothesis cannot be rejected. This suggests that by knowing family type you are less likely to know the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children.

The bi-variate analyses suggest that single parent families or other types of families are more likely to say that sick care and a reasonable cost are very important. The data also suggests that two parent families are more likely to say that a small group size is very important.

*language*

The null hypothesis is that there is no relationship between the language spoken most at home and the importance that a nonparental care arrangement provides sick care. The data indicates that the probability of obtaining a Pearson chi-square value of 41.916 is .000. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the language spoken most at home you are more likely to know the importance that a nonparental care arrangement provides sick care. Specifically, households in which one parent or both speak a non-English language most at home are more likely to say that sick care is very important.

The null hypothesis is that there is no relationship between the language spoken most at home and the importance of a small group size in a nonparental care arrangement. The data indicates that the probability of obtaining a Pearson chi-square value of 2.699 is .609. With an observed significance level greater than 5%, the null hypothesis cannot be rejected. This suggests that by knowing the language spoken most at home you are less likely to know the importance of a small group size in a nonparental care arrangement.

The null hypothesis is that there is no relationship between the language spoken most at home and the importance that a nonparental care arrangement is of a reasonable cost. The data indicates that the probability of obtaining a Pearson chi-square value of 15.95 is .003. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the language spoken most at home you are more likely to know importance that a

nonparental care arrangement is of a reasonable cost. Specifically, households in which one parent or both speak a non-English language most at home are more likely to say that a reasonable cost is very important.

The null hypothesis is that there is no relationship between the language spoken most at home and the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children. The data indicates that the probability of obtaining a Pearson chi-square value of 10.252 is .036. This means that you would expect to see an F-value at least as large as this less than 4% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the language spoken most at home you are more likely to know the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children. Even though we can reject the null hypothesis, there is no observable linear relationship between the language spoken by the parents most at home and the importance that a caregiver shares similar beliefs about raising children.

The bi-variate analyses suggest that households in which one parent or both speak a non-English language most at home are more likely to say that sick care and cost are very important. There is no observable relationship between the language spoken most at home and the importance that a caregiver shares similar beliefs about raising children, even we can reject the null hypothesis.

### ***hincome***

The null hypothesis is that there is no relationship between the household income and the importance that a nonparental care arrangement provides sick care. The data

indicates that the probability of obtaining an F ratio of 81.270 is .000. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the household income you are more likely to know the importance that a nonparental care arrangement provides sick care. Specifically, families with a lower household income are more likely to say that sick care is very important.

The null hypothesis is that there is no relationship between the household income and the importance of a small group size in a nonparental care arrangement. The data indicates that the probability of obtaining an F ratio of 6.301 is .002. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the household income you are more likely to know the importance of a small group size in a nonparental care arrangement. Specifically, families with a higher household income are more likely to say that a small group size is very important.

The null hypothesis is that there is no relationship between the household income and the importance that a nonparental care arrangement is of a reasonable cost. The data indicates that the probability of obtaining an F ratio of 57.037 is .000. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing the household income you are more likely to know importance that a nonparental care arrangement is of a reasonable

cost. Specifically, families with a lower household income are more likely to say that a reasonable cost is very important.

The null hypothesis is that there is no relationship between the household income and the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children. The data indicates that the probability of obtaining an F ratio of 2.300 is .101. With an observed significance level greater than 5%, the null hypothesis cannot be rejected. This suggests that by knowing the household income you are less likely to know the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children.

The bi-variate analyses suggest that families with a lower household income are more likely to say that sick care and a reasonable cost are very important. The data also suggests that families with a higher household income are more likely to say that a small group size is very important.

### ***hownhome***

The null hypothesis is that there is no relationship between a household's home ownership status and the importance that a nonparental care arrangement provides sick care. The data indicates that the probability of obtaining a Pearson chi-square value of 100.387 is .000. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing a household's home ownership status you are more likely to know the importance that a nonparental care arrangement provides sick care. Specifically, families

that rent their home or have another arrangement are more likely to say that sick care is very important.

The null hypothesis is that there is no relationship between a household's home ownership status and the importance of a small group size in a nonparental care arrangement. The data indicates that the probability of obtaining a Pearson chi-square value of 13.003 is .011. This means that you would expect to see an F-value at least as large as this less than 2% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing a household's home ownership status you are more likely to know the importance of a small group size in a nonparental care arrangement. Specifically, families that own their home are more likely to say that a small group size is very important.

The null hypothesis is that there is no relationship between a household's home ownership status and the importance that a nonparental care arrangement is of a reasonable cost. The data indicates that the probability of obtaining a Pearson chi-square value of 41.903 is .000. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing a household's home ownership status you are more likely to know the importance that a nonparental care arrangement is of a reasonable cost. Specifically, families that rent their home or have another arrangement are more likely to say that a reasonable cost is very important.

The null hypothesis is that there is no relationship between a household's home ownership status and the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children. The data indicates that the probability of obtaining a Pearson chi-square value of 5.414 is .247. With an observed significance level greater than 5%, the null hypothesis cannot be rejected. This suggests that by knowing a household's home ownership status you are less likely to know the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children.

The bi-variate analyses suggest that families that rent their home or have another arrangement are more likely to say that sick care and a reasonable cost are very important. The data also suggests that families that own their home are more likely to say that a small group size is very important.

### *welfare*

The null hypothesis is that there is no relationship between a household's reception of benefits in the past three years and the importance that a nonparental care arrangement provides sick care. The data indicates that the probability of obtaining a Pearson chi-square value of 44.942 is .000. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing a household's reception of benefits in the past three years you are more likely to know the importance that a nonparental care arrangement provides sick care. Specifically, families who have received welfare benefits within the past three years are more likely to say that sick care is very important.

The null hypothesis is that there is no relationship between a household's reception of benefits in the past three years and the importance of a small group size in a nonparental care arrangement. The data indicates that the probability of obtaining a Pearson chi-square value of 7.959 is .019. This means that you would expect to see an F-value at least as large as this less than 2% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing a household's reception of benefits in the past three years you are more likely to know the importance of a small group size in a nonparental care arrangement. Specifically, families who have not received welfare benefits within the past three years are more likely to say that a small group size is very important.

The null hypothesis is that there is no relationship between a household's reception of benefits in the past three years and the importance that a nonparental care arrangement is of a reasonable cost. The data indicates that the probability of obtaining a Pearson chi-square value of 34.553 is .000. This means that you would expect to see an F-value at least as large as this less than 1% of the time, when the null hypothesis is true. With an observed significance level less than 5%, the null hypothesis can be rejected. This suggests that by knowing a household's reception of benefits in the past three years you are more likely to know the importance that a nonparental care arrangement is of a reasonable cost. Specifically, families who have received welfare benefits within the past three years are more likely to say that a reasonable cost is very important.

The null hypothesis is that there is no relationship between a household's of benefits in the past three years and the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children. The data indicates that the

probability of obtaining a Pearson chi-square value of 3.112 is .211. With an observed significance level greater than 5%, the null hypothesis cannot be rejected. This suggests that by knowing a household's of benefits in the past three years you are less likely to know the importance that a caregiver in a nonparental care arrangement shares similar beliefs about raising children.

The bi-variate analyses suggest that families who have received welfare benefits within the past three years are more likely to say that sick care and a reasonable cost are very important. The data also suggests that families who have not received welfare benefits within the past three years are more likely to say that a small group size is very important.

### **iii. Interpretation of Profiles of Dependent Variables**

#### **Sick**

A child care arrangement where children will be cared for when they are sick is very important for younger respondents. The child is younger, Black or Hispanic, speaks Spanish or English and Spanish equally, and is cared for by a relative or spends equal hours in two or more types of care. The mother first became a mother at a younger age, is separated, divorced, or never married, first learned Spanish or another language, and speaks Spanish, English and Spanish equally, or another language most at home. Both parents were born in a U.S. territory or a country outside of the U.S., speak a non-English language most at home, and are less educated. The household is made up of a single-parent family, has a lower total income, rents their home, and has received welfare benefits in the past three years. In other words, those who are more likely to say that sick

care is very important have a lower socioeconomic status and therefore live in a less secure and unstable environment.

### **Kids**

A child care arrangement that has a small number of children in the same class or group is very important for older mothers. The child is cared for by a nonrelative. The mother first became a mother at an older age. The parents are more educated. The household is made up of a two-parent family, has a higher total income, owns their home, and has not received welfare benefits in the past three years. In other words, those who are more likely to say that a small group size is very important have a higher socioeconomic status and therefore live in a more secure and stable environment.

### **Cost**

A child care arrangement that is of a reasonable cost is very important for female respondents. The child is Black or Hispanic and is cared for by a relative. The mother is separated, divorced, or never married, was born in a U.S. territory or outside of the U.S., first learned Spanish or another language, and speaks Spanish or English and Spanish equally most at home. The father was born outside of the U.S. and speaks Spanish or another language most at home. The parents are less educated, have a lower total household income, rent their home, and have received welfare benefits in the past three years. In other words, those who are more likely to say that a reasonable cost is very important have a lower socioeconomic status and therefore live in a less secure and unstable environment.

### **Belief**

A caregiver that shares similar beliefs about raising children is very important for women with younger children. This is the weakest of the four dependent variables due to its low variance.

The profiles of the relationship between the independent variables and the dependent variables suggest that parental education, household income, home ownership status and the receipt of welfare benefits within the past three years are strong predictors of the importance of sick care, group size, and a reasonable cost. Those who have a lower level of education and household income, rent their home, and have received welfare benefits within the past three years are more likely to say that the availability of sick care and a reasonable cost are very important. On the other hand, those who have a higher level of education and household income, own their home and have not received welfare benefits in the past three years are more likely to say that a small group size is very important. The results suggest that factors associated with a sense of security in life appear to be related to parental preferences in the selection of nonparental arrangements.

## **VI. Limitations, Conclusions, & Implications**

There were several limitations due to the nature of the four dependent variables used in this study. The person conducting the telephone interview began the section regarding parental preferences by stating: "I'm going to read some things that people look for in selecting child care arrangements or early childhood programs for their children. For each one, please tell me if you think it is very important, somewhat important, or not too important in selecting a care arrangement for (child's name)" (ECPN-NHES:01). The respondents were read each question and immediately gave their response before the interviewer read the next one, which means that the respondents did not know the next question to be read before they gave their answer to the last one. The problem with this is that the respondents were unable to think about the importance of each factor beforehand and then decide the extent to which one is more important than the other or put them in a ranking order of priority. If the interviewer would have been instructed to read the list of factors that parents consider in selecting nonparental care arrangements and then asked the respondent to rank the importance of each on a scale from one to five, the respondents would have been able to consider the importance of each in advance and there would have been a wider distribution of responses.

The variance of the dependent variables may have been limited due to the fact that the respondents were given the possibility of only three responses (very important, somewhat important, or not too important), rather than a scale to rank each factor. With the dependent variables measured as interval rather than ordinal, this would have allowed me to have effectively used multiple regression techniques to draw out the variance and

determine the set of independent variables that are most important in explaining the dependent variables.

Another factor that would have strengthened the analysis is two additional dependent variables. In the 1995 version of the NHES Early Childhood Program Participation Survey respondents were asked the importance of “A caregiver who has special training in taking care of children” in the selection of nonparental care arrangements for their children (ECPP–NHES:95). This factor is important because caregiver training is an essential component of the global measure of quality in child care arrangements. Professionals and researchers of early childhood education maintain that the experience and education of the caregiver are critical to the type of care that children receive and the interactions that they have while in the care of another. Another widely recognized characteristic of quality that would have been useful as a dependent variable is the importance of licensing and/or regulation in the selection of nonparental care arrangements. The extent to which respondents would have rated the importance of caregiver training and licensing and/or regulation, which have been established as fundamental components of quality in nonparental care arrangements, would have strengthened this study and extended previous research.

Given these limitations, the results of the bi-variate analysis suggest the importance of particular independent variables in the selection behavior of nonparental child care arrangements. It appears that factors associated with a sense of security in life are related to parental preferences in the selection of child care arrangements. Those who are more likely to say that the availability of sick care and a reasonable cost are very important tend to be people assumed to have more uncertainty and instability in their

lives. They have a lower level of education and household income, rent their home, and have received welfare benefits within the past three years. On the other hand, those who are more likely to say that a small group size is very important tend to be people assumed to have more certainty and stability in their lives. They have a higher level of education and household income, own their home and have not received welfare benefits in the past three years.

The results of this study imply that parents who are less secure concentrate on the basic preferences in their selection of a nonparental care arrangement for their child. They are forced to consider a reasonable cost and a place that provides care for their children when they are sick due to their “subordinate status.” This does not necessarily mean that they are not concerned with other more important dimensions of quality, they merely did not state that they were “very important” as often as those of a higher status did. Parents who are in a more secure state have the privilege of placing less importance on the basic elements of cost and convenience. They can afford to establish their preferences on a higher level due to the security in their lives.

Given the increasing number of families who are faced with the dilemma of finding care for their young children, a practical implication of the conclusions is the importance of studying parental preferences in the selection of child care. The results of this study also suggest a greater need for subsidies that allow insecure families the ability to choose nonparental care arrangements for reasons beyond cost and convenience. The importance that the quality of child care has on the development of children is essential to those who are in an insecure home environment. It is clear that additional research on

how parents structure their decisions about the care of their children would help to shape the issues and form policies more clearly.

## Appendix A: Tables

**Table 1: Descriptive Statistics**

### Descriptive Statistics of Dependent Variables

	N	Range	Minimum	Maximum	Mean	Std. Deviation
<i>sick</i>	1431	2	1	3	1.77	.854
<i>kids</i>	1431	2	1	3	1.29	.523
<i>cost</i>	1431	2	1	3	1.40	.597
<i>belief</i>	1431	2	1	3	1.14	.379
Valid N	1431					

### Descriptive Statistics of Independent Variables

	N	Range	Minimum	Maximum	Mean	Std. Deviation
<i>cage</i>	1431	5	0	5	2.62	1.474
<i>csex</i>	1431	1	1	2	1.51	.500
<i>cspeak</i>	1068	5	1	6	1.28	.907
<i>craceeth</i>	1431	4	1	5	1.83	1.109
<i>ccarrang</i>	1420	5	1	6	3.92	1.468
<i>respage</i>	1431	49	18	67	32.60	7.047
<i>respsex</i>	1431	1	1	2	1.80	.397
<i>resreln</i>	1431	10	1	11	1.38	1.010
<i>momstat</i>	1410	4	1	5	1.83	1.518
<i>momnew</i>	1410	35	13	48	24.77	5.755
<i>momlang</i>	1410	4	1	5	1.38	.980
<i>momspeak</i>	1410	5	1	6	1.26	.852
<i>momborn</i>	1410	2	1	3	1.34	.747
<i>dadlang</i>	1101	4	1	5	1.38	1.003
<i>dadspeak</i>	1101	5	1	6	1.25	.829
<i>dadborn</i>	1101	2	1	3	1.34	.748
<i>educ</i>	1431	4	1	5	3.26	1.195
<i>family</i>	1431	4	1	5	1.79	1.092
<i>language</i>	1431	2	1	3	1.17	.534
<i>hincome</i>	1431	13	1	14	9.18	3.942
<i>hownhome</i>	1431	2	1	3	1.42	.608
<i>welfare</i>	1431	1	1	2	1.88	.329
Valid N	797					

**Table 2: Bi-Variate Analysis**

**2a. Sick**

<i>sick</i>						
	<b>df</b>	<b>x<sup>2</sup></b>	<b>F</b>	<b>sig.</b>	<b>Bonferonni</b>	<b>Direction</b>
<i>cage</i>	2		9.922	0.000	1-3, 2-3	-
<i>csex</i>	2	2.678		0.262		+-
<i>cspeak</i>	10	47.03		0.000		Spanish, English and Spanish Equally
<i>craceeth</i>	8	179.8		0.000		Black, Hispanic
<i>ccarrang</i>	10	115		0.000		Relative Care, Equal Hours in 2 or More Types
<i>respage</i>	2		25.151	0.000	1-3, 2-3	-
<i>respsex</i>	2	3.052		0.217		+-
<i>resreln</i>	16	21.54		0.159		+-
<i>momstat</i>	8	76.67		0.000		Separated, Divorced, Never Married
<i>momnew</i>	2		66.498	0.000	1-2, 1-3, 2-3	-
<i>momlang</i>	8	71.18		0.000		Spanish, Another Language
<i>momspeak</i>	10	56.15		0.000		Spanish, English and Spanish Equally, Another Language
<i>momborn</i>	4	54.78		0.000		U.S. Territory, Outside U.S.
<i>dadlang</i>	6	66.25		0.000		Spanish, Another Language
<i>dadspeak</i>	10	66.86		0.000		Spanish, English and Spanish Equally
<i>dadborn</i>	4	50.62		0.000		U.S. Territory, Outside U.S.
<i>educ</i>	8	215.7		0.000		-
<i>family</i>	8	70.9		0.000		Single Parent Family, Other
<i>language</i>	4	41.92		0.000		One Parent or Both Speak Non-English Language
<i>hincome</i>	2		81.27	0.000	1-2, 1-3	-
<i>hownhome</i>	4	100.4		0.000		Rent Home, Another Arrangement
<i>welfare</i>	2	44.94		0.000		Yes

## 2b. Kids

<i>kids</i>						
	<b>df</b>	<b>x<sup>2</sup></b>	<b>F</b>	<b>sig.</b>	<b>Bonferonni</b>	<b>Direction</b>
<i>cage</i>	2		9.721	0.000	1-2, 3-1, 3-2	+ -
<i>csex</i>	2	1.291		0.525		+ -
<i>cspeak</i>	10	21.62		0.017		+ -
<i>craceeth</i>	8	19.96		0.010		+ -
<i>ccarrang</i>	10	21.26		0.019		Nonrelative Care
<i>respage</i>	2		4.778	0.009	1-2	+
<i>respsex</i>	2	9.221		0.010		Female
<i>resreln</i>	16	38.09		0.001		Mother
<i>momstat</i>	8	17.66		0.024		+ -
<i>momnew</i>	2		7.337	0.001	1-3, 2-3	+
<i>momlang</i>	8	20.12		0.010		+ -
<i>momspeak</i>	10	27.51		0.002		+ -
<i>momborn</i>	4	1.777		0.777		+ -
<i>dadlang</i>	6	14.34		0.026		+ -
<i>dadspeak</i>	10	13.68		0.188		+ -
<i>dadborn</i>	4	6.989		0.136		+ -
<i>educ</i>	8	39.13		0.000		+
<i>family</i>	8	17.52		0.025		Two Parent Family
<i>language</i>	4	2.699		0.609		+ -
<i>hincome</i>	2		6.301	0.002	1-3, 2-3	+
<i>hownhome</i>	4	13		0.011		Own Home
<i>welfare</i>	2	7.96		0.019		No

2c. Cost

<i>cost</i>						
	<b>df</b>	<b>x<sup>2</sup></b>	<b>F</b>	<b>sig.</b>	<b>Bonferonni</b>	<b>Direction</b>
<i>cage</i>	2		3.468	0.031	1-2	+-
<i>csex</i>	2	2.371		0.306		+-
<i>cspeak</i>	10	18.2		0.052		+-
<i>craceeth</i>	8	103		0.000		Black, Hispanic
<i>ccarrang</i>	10	45.85		0.000		Relative Care
<i>respage</i>	2		6.073	0.002	1-2	+-
<i>respsex</i>	2	11.69		0.003		Female
<i>resreln</i>	16	21.43		0.163		+-
<i>momstat</i>	8	39.57		0.000		Separated, Divorced, Never Married
<i>momnew</i>	2		32.38	0.000	1-2, 3-2	+-
<i>momlang</i>	8	30.38		0.000		Spanish, Another Language
<i>momspeak</i>	10	19.19		0.038		Spanish, English and Spanish Equally
<i>momborn</i>	4	11.57		0.021		U.S. Territory, Outside U.S.
<i>dadlang</i>	6	23.38		0.001		Spanish, Another Language
<i>dadspeak</i>	10	17.09		0.072		+-
<i>dadborn</i>	4	17.4		0.002		Outside U.S.
<i>educ</i>	8	98.63		0.000		-
<i>family</i>	8	56.36		0.000		Single Parent Family, Other
<i>language</i>	4	15.95		0.003		One Parent or Both Speak Non-English Language
<i>hincome</i>	2		57.04	0.000		-
<i>hownhome</i>	4	41.9		0.000		Rent Home, Another Arrangement
<i>welfare</i>	2	34.55		0.000		Yes

## 2d. Belief

<i>belief</i>	df	$\chi^2$	F	sig.	Bonferonni	Direction
<i>cage</i>	2		5.55	0.004	1-2, 1-3, 3-2	-
<i>csex</i>	2	2.999		0.223		+-
<i>cspeak</i>	10	23.71		0.008		+-
<i>craceeth</i>	8	36		0.000		+-
<i>ccarrang</i>	10	25.96		0.004		+-
<i>respage</i>	2		0.82	0.441		+-
<i>respsex</i>	2	12.37		0.002		Female
<i>resreln</i>	16	57.03		0.000		+-
<i>momstat</i>	8	15.6		0.048		+-
<i>momnew</i>	2		0.385	0.680		+-
<i>momlang</i>	8	81.49		0.000		+-
<i>momspeak</i>	10	117.71		0.000		+-
<i>momborn</i>	4	11.95		0.018		+-
<i>dadlang</i>	6	27.09		0.000		+-
<i>dadspeak</i>	10	35.33		0.000		+-
<i>dadborn</i>	4	12.26		0.016		+-
<i>educ</i>	8	12.59		0.127		+-
<i>family</i>	8	11.16		0.193		+-
<i>language</i>	4	10.26		0.036		+-
<i>hincome</i>	2		2.3	0.101		+-
<i>hownhome</i>	4	5.414		0.247		+-
<i>welfare</i>	2	3.11		0.211		+-

**Table 3: Profiles of Dependent Variables**

**3a. Sick**

<b>Sick</b>
Child is younger
Child speaks Spanish or English and Spanish equally
Child is Black or Hispanic
Child spends most time in relative care or equal hours in 2 or more types of care
Respondent is younger
Mother is separated, divorced, or never married
Mother first became mother at younger age
Mother first learned Spanish or another language
Mother speaks Spanish, English and Spanish equally, or another language most at home
Mother born in U.S. territory or outside U.S.
Father first learned Spanish or another language
Father speaks Spanish or English and Spanish equally at home
Father born in U.S. territory or outside U.S.
Parents have a lower level of education
Single parent family or other
One parent or both speak non-English language
Lower household income
Rent home or have another arrangement
Received welfare in past 3 years

**3b. Kids**

<b>Kids</b>
Child spends most time in nonrelative care
Respondent is older
Respondent is female
Respondent is the mother of the child
Mother first became mother at older age
Parents have a higher level of education
Two parent family
Higher household income
Own home
Have not received welfare benefits in past 3 years

### 3c. Cost

<b>Cost</b>
Child is Black or Hispanic
Child spends most time in relative care
Respondent is female
Mother is separated, divorced or never married
Mother first learned Spanish or another language
Mother speaks Spanish or English and Spanish equally most at home
Mother born in U.S. territory or outside U.S.
Father speaks Spanish or another language
Father born outside U.S.
Parents have lower level of education
One parent or both speak non-English language
Lower household income
Rent home or have another arrangement
Received welfare in past 3 years

### 3d. Belief

<b>Belief</b>
Child is younger
Respondent is female

## Appendix B: Instrumentation

### Dependent Variables

I'm going to read some things that people look for in selecting child care arrangements or early childhood programs for their children. For each one, please tell me if you think it is very important, somewhat important, or not too important in selecting a care arrangement for (child). How about...

*(sick)* A place where children will be cared for when they are sick?

- 1 Very Important
- 2 Somewhat Important
- 3 Not too Important

*(kids)* A small number of children in the same class or group?

- 1 Very Important
- 2 Somewhat Important
- 3 Not too Important

*(cost)* A reasonable cost?

- 1 Very Important
- 2 Somewhat Important
- 3 Not too Important

*(belief)* A caregiver who shares your beliefs about raising children?

- 1 Very Important
- 2 Somewhat Important
- 3 Not too Important

### Independent Variables

*(age)* First I'd like to confirm (child's) age as of 12/31/2000.

- 0
- 1
- 2
- 3
- 4
- 5

*(csex)* Is (child) male or female?

- 1 Male
- 2 Female

**(cspcak)** What language does (child) speak most at home?

- 1 English
- 2 Spanish
- 3 English and Spanish Equally
- 4 English and Another Language Equally
- 5 Child Doesn't Speak
- 6 Another Language

**(craceeth)** Is (child)...?

- 1 White, Non-Hispanic
- 2 Black, Non-Hispanic
- 3 Hispanic
- 4 Asian or Pacific Islander
- 5 All Other Races

**(ccarrang)** What type of nonparental arrangement does (child) spend most time at?

- 1 Relative Care in Child's Home
- 2 Relative Care in Another Home
- 3 Nonrelative Care in Child's Home
- 4 Nonrelative Care in Another Home
- 5 Center-Based Program
- 6 Equal Hours in 2 or More Types of Care

**(respage)** How old are you?

16-83

**(respsex)** Are you male or female?

- 1 Male
- 2 Female

**(resreln)** How are you related to (child)?

- 1 Mother
- 2 Father
- 3 Brother
- 4 Sister
- 5 Grandmother
- 6 Grandfather
- 7 Aunt

- 8 Uncle
- 9 Cousin
- 10 Other Relative
- 11 Nonrelative

**(momstat)** Is (child's) mother currently...?

- 1 Married or Remarried
- 2 Separated
- 3 Divorced
- 4 Widowed
- 5 Never Married

**(momnew)** How old was (child's) mother when she first became a mother, stepmother, or guardian to any child?

11-50

**(momlang)** What was the first language (child's) mother learned to speak?

- 1 English
- 2 Spanish
- 3 Spanish and English Equally
- 4 English and Another Language Equally
- 5 Another Language

**(momspeak)** What language does (child's) mother speak most at home now?

- 1 English
- 2 Spanish
- 3 Spanish and English Equally
- 4 English and Another Language Equally
- 5 Another Language

**(momborn)** Where was (child's) mother born in...?

- 1 United States
- 2 U.S. Territories
- 3 Another Country

**(dadlang)** What was the first language (child's) father learned to speak?

- 6 English
- 7 Spanish
- 8 Spanish and English Equally
- 9 English and Another Language Equally

10 Another Language

**(dadspeak)** What language does (child's) father speak most at home now?

- 6 English
- 7 Spanish
- 8 Spanish and English Equally
- 9 English and Another Language Equally
- 10 Another Language

**(dadborn)** Where was (child's) father born in...?

- 4 United States
- 5 U.S. Territories
- 6 Another Country

**(educ)** Highest Level of Parent/Guardian Education

- 1 Less Than High School
- 2 High School Graduate or Equivalent
- 3 Vocational/Technical Degree or Some College
- 4 College Graduate
- 5 Graduate or Professional School

**(family)** Family Type

- 1 Two Parents and Sibling(s)
- 2 Two Parents, No Sibling
- 3 One Parent and Sibling(s)
- 4 One Parent, No Sibling

**(language)** English Spoken Most By Parents

- 1 Both Speak English
- 2 One Parent Speaks Non-English Language
- 3 Both Parents Speak Non-English Language

**(hincome)** Total Household Income Range

- 1 \$5,000 or Less
- 2 \$5,001 - \$10,000
- 3 \$10,001 - \$15,000
- 4 \$15,001 - \$20,000
- 5 \$20,001 - \$25,000
- 6 \$25,001 - \$30,000
- 7 \$30,001 - \$35,000

- 8 \$35,001 - \$40,000
- 9 \$40,001 - \$45,000
- 10 \$45,001 - \$50,000
- 11 \$50,001 - \$60,000
- 12 \$60,001 - \$75,000
- 13 \$75,001 - \$100,000
- 14 Over \$100,000

***(hownhome)*** Do you...?

- 1 Own Home
- 2 Rent Home
- 3 Other Arrangement

***(welfare)*** In the past 3 years, has your family received benefits from Temporary Assistance to Need Families, or TANF, AFDC, or your state welfare program?

- 1 Yes
- 2 No

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