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Parent Perceptions of Child Care Choice and Quality in Four States

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THE GALLUP ORGANIZATION

and

THE CENTER ON CHILDREN, FAMILIES, AND THE LAW, UNIVERSITY OF NEBRASKA-LINCOLN

AND

THE MIDWEST CHILD CARE RESEARCH CONSORTIUM

PARENT PERCEPTIONS OF CHILD CARE CHOICE AND QUALITY IN FOUR STATES

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The Consortium is a partnership among research institutions and child care and early childhood divisions in four states that comprise U.S. Department of Health and Human Services Region 7. It also includes representatives from child care resource and referral agencies and child care training organizations in the four states. The research involves collaborative efforts of many, including state government officials, research scientists, The Gallup Organization, and university data collectors and support staff in the research institutions and state government agencies. The Consortium extends gratitude to the several thousand child care providers who responded willingly and openly to questions, to the several hundred who opened their classrooms and homes to observation, and to more than a thousand parents who willingly shared their beliefs about child care. Such collaboration attests to the spirit of dedication for better understanding child care in the Midwest and the ultimate aim of the betterment of the field on behalf of the children and families served.

All conclusions and statements made in this report are the responsibility of the authors and the Midwest Child Care Research Consortium and do not reflect the views of the funding or research organizations.

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Executive Summary

The purpose of the Year 2 Studies of the Midwest Child Care Research Consortium was to assess parent perceptions of child care choices and quality across four states. The states studied — Iowa, Kansas, Missouri, and Nebraska — comprise U.S. Department of Health and Human Services Region 7. The current study was conducted by asking 1,325 parents to complete a paper and pencil survey. The parents all had children receiving child care from providers who participated in an earlier telephone survey of 2,022 providers and in observations of 365 providers. Results from that study are reported elsewhere[1]. Providers in the original study were selected at random from state lists of licensed and subsidy-receiving providers stratified for state, subsidy, and type of care (infant-toddler center-based, preschool center-based, licensed family child care, registered family child care, license-exempt home providers, and a few state-specific categories). In the current parent study, all the parents completed questionnaires and mailed their confidential responses to The Gallup Organization.

Research Questions

The study addressed the following questions:

1. How do parents choose their child care providers?
2. How do parents find child care arrangements?
3. How do parents perceive the quality of child care their children receive, including overall quality and specific features related to quality?
4. How much do families tend to pay for child care? How do they perceive child care costs?
5. What do parents perceive as supports and stressors related to child care?
6. How do parents who receive child care subsidies perceive the subsidy system?

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[1] Raikes, H., Wilcox, B., Peterson, C., Hegland, S., Atwater, J., Summers, J., Thornburg, K., Torquati, J., Edwards, C., and Raikes, H.A. (2003). *Child care quality and workforce characteristics in four Midwestern states*. Omaha, NE: The Gallup Organization.

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7. How do perceptions of child care vary as a result of state, perceived quality, subsidy use, and parent income?

Questions of specific interest to states and previous reports about providers are available on the Internet at www.ccfl.unl.edu.

Policy Context

The policy context for child care reveals many similarities and some differences across the four Midwestern states that comprise the U.S. Department of Health and Human Services Region 7 (Iowa, Kansas, Missouri, and Nebraska). All the states include urban centers but have significant rural populations. The most populous state — Missouri — has about twice the population as the least populous state — Nebraska. Racial makeup is primarily Caucasian, and minorities range from 15% (Missouri) to 6% (Iowa) of the total population. Child care is more similar than different across the states, but there is some variability in types of care available. All four states require licenses for child care centers. However, Missouri exempts some centers from licensing (e.g., churches). There is more variability in licensing requirements for home-based (vs. center-based) care across the four states. Missouri, Kansas, and Nebraska license home-based providers. Iowa and Kansas register family child care. These registered providers do not receive monitoring visits. All states acknowledge license-exempt family care for providers who care for fewer than the number of children required for a registration or license. Kansas has the highest level of regulated care — license-exempt home care only applies to relative care. In sum, the states all supply licensed center-based care, three states supply licensed family child care, two states supply registered family child care, and all four states supply license-exempt family child care. These similarities and differences were incorporated into the stratified sampling and analysis designs.

In all four Midwestern states, parents eligible for state subsidies may select their child care provider and are not restricted to licensed care. Reimbursement policies and procedures for subsidies vary across the states. States vary in how often they conduct market surveys, in proactive procedures for equitability of reimbursement across sectors, and in efforts to adjust payment schedules to encourage provider activity in needed sectors. For example, two states (Missouri and Nebraska) have tiered reimbursement for national accreditation; Missouri also provides tiered reimbursement for disproportionate share of children receiving subsidies, for odd-hours care, and for children with disabilities. Nebraska lowered the eligibility requirements for subsidy receipt from 185% to 120% of poverty following the return of the paper surveys reported here. The complex relationships between subsidy policies and subsidy utilization and provider features will be explored in subsequent papers that go beyond the reach of the current descriptive report.

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Methodology

The survey used in this study was developed based on questions that states had about parent subsidy use, parent satisfaction with child care, and questions used in other parent child care surveys. Consultation was completed with Dr. Arthur Emlen, who had developed a measure of parent perception of child care quality. He provided scale information from his studies and gave the study group permission to select from among the items in his survey. We also consulted with Dr. Ann Schlay, Temple University, in early consideration of factorial techniques. Finally, we drew heavily on the Missouri 1519 parent survey and attempted to create a document that enabled Missouri researchers to compare across the two studies with that study. Providers who had agreed to be contacted again following an earlier observation study were called and asked to participate in the study. Each provider who agreed distributed questionnaires to parents of children in his or her program. Parents returned surveys in a mailer addressed to The Gallup Organization. Parents who completed the survey received a $10 gift certificate, and teachers who participated received a gift certificate as well.

Key Findings

The study reports two types of findings — overall descriptive findings from parents and breakouts by subgroup for state, type of care, whether parents receive subsidies or not, quality of care, and parental income level. Here we report overall findings and notable findings within subgroups.

How parents choose a child care provider. Parents offered multiple criteria for choosing child care providers. The criteria parents most strongly agreed with included: warmth, reputation, stimulating activities, good physical facilities, similar values, trust, and provider credentials. Race, ethnicity, or language of provider matching those of the parent; enrolling children with special needs; and having a child already enrolled with the provider were the least important reasons parents gave for choosing a child care provider. Factors like cost, location, and type of provider (family vs. center care) were in the middle.

As has been found in previous studies, reasons for choosing a provider varied with the type of care; that is, parents using different types of care emphasized different criteria in making their choices. Parents who used preschool center-based care more often noted the importance of number of children, staff turnover, physical facilities, and whether the program was accredited; parents whose children were enrolled in infant center-based care mentioned flexible hours and location more often than other parents. Parents whose children were in family child care significantly more often emphasized the importance of similar values; someone the family knew and trusted; similar race, ethnicity, or language; a discipline style that matched their own; and recommendations of a family or friend.

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Child care choice also varied according to parent subsidy use, family income, and whether the provider was perceived as high or low quality. The lowest-income parents more often valued the physical facility, while parents in the highest-income category less often than others said they chose a provider based on location; cost; or similarity in race, ethnicity, or language. They more often said their choice was based on the presence of stimulating activities and programs.

How parents locate a provider. The most common way that parents located a provider was through a referral by a friend or relative; 43% of parents found a provider this way; 23% of parents found their provider by themselves. A number of other means were fairly similar in prevalence: 8% of parents had caregivers that were friends or relatives; 7% found care through an employer referral; 6% found child care through a Resource and Referral (R&R) agency; another 6% found child care using an ad.

The state context appeared to affect how parents located child care. Kansas, which has a strong R&R effort, had more parents finding significantly more providers through an R&R than others states (10% vs. 6% for other states). Nebraska, which has implemented employer-supported child care legislation, had significantly more parents reporting that their employer referred or found them child care than other states (13% vs. 7% for the next highest state).

Resources appear to have a considerable influence on how child care is found. Higher-income parents learned about child care by word of mouth from friends and relatives or employers, while lower-income parents more often found out about child care through an R&R or public agency. Interestingly, parents who learned about child care through friends and neighbors or a public agency significantly more often rated their child care A+ quality than parents who learned about care from an R&R.

How parents perceive the quality of child care they use. Consistent with other studies of child care quality, most parents rate their provider's quality highly; 81% rated their care as an A ("Excellent") or A+ ("Perfect"). However, there were differences in ratings of quality, with parents in Iowa (15%) significantly less likely to give A+ ratings than parents in other states (26% to 29%). More parents using family child care gave their provider the highest ratings (33%) than was true for other types of care. More parents of infant center-based care rated their providers a B or a C (or lower) — the lowest ratings given in the study.

Many specific items were rated by parents, together with the global rating of quality. While there were many interesting patterns — overall and by subgroups — a few stand out. As has been found in other studies, fewer parents agreed or strongly agreed that they'd select their current provider again (77%) than rated their provider's quality as an A or A+. Additionally, Missouri parents were most likely to say they'd select their current provider again (82%).

What parents pay for child care and how they perceive child care costs. In our study in 2003, we found that parents paid $77.12 a week for child care. As would be expected, infant center care cost more than preschool center care, which was more

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than family child care. State market contexts were important: Parents in Kansas paid more each week for child care than those in Missouri, with Iowa and Nebraska in the middle. About a fifth of the sample received some assistance in paying for child care (19%), with the majority of those (13%) receiving government child care subsidies. A minority (11%) said that cost prevented them from receiving the child care they desired. Not surprisingly, poorer families more often reported cost as a limiting factor. Also, nearly half (45%) of the small group of parents who rated their child care quality as C or lower said that cost limited them from obtaining the child care they desired. A third (33%) of parents said they'd be willing to pay more for child care, and such parents were more often than their counterparts to be in the highest income categories, receive the highest quality of care, and use family child care.

How parents perceive child care-related stressors and supports. We studied three types of child care flexibility or support identified by Arthur Emlen: at work, child care, and home. Emlen proposes that families require flexibility in at least one of these dimensions to meet child care needs. Most families reported flexibility in work schedules (76%), from child caregiver (72%), and at home (71%). Not surprisingly, lower-income or subsidy-using parents reported less flexibility at work and at home than other parents, but they did have as much flexibility as other parents from child caregivers. Subsidy-using parents were far less likely to have support at home in meeting child care needs; only 36% of these parents noted there was someone to share home responsibilities.

State context did affect perceptions of support to some extent: Parents in Missouri reported less employer flexibility. Parents in Missouri and Kansas reported significantly more stress from work schedule and shift work than those in Iowa and Nebraska. Moreover, parents in Iowa and Nebraska reported higher levels of child care flexibility than those from other states. Questions about availability and commuting were also asked to learn more about stressors and supports. A slight majority (51%) reported there were good choices for child care where they lived, significantly fewer in Kansas (45%) than in other states. Only 9% of the parents perceived that they had a long commute, more in Nebraska than in any other state. Across all states, lowest-income and subsidy-using parents reported the least support on both the employer and home fronts and having the fewest child care choices.

How parents perceive child care subsidies. Across the entire sample, 13% of parents stated they were currently receiving child care subsidies from the government. These parents tended to feel that subsidies were a tremendous boost to their ability to work and make a living (93%), were easy to apply for (77%), and were easy to keep (70%). Nearly all believed that their children were treated as well as other children at their child care facility (97%), and most felt that their caseworker cared about their family (80%). On the other hand, 35% of parents acknowledged that some child care providers would not care for their children due to payments coming through subsidies, and 10% believed that their child does not have access to the highest quality care because payments are through subsidies. Some parents felt they had more child care choices due to subsidies (60%), but others reported that they do not have as many child care choices because of subsidies (27%).

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Introduction and Overview

Introduction and Methodology

This study queried 1,325 parents in four Midwestern states. Respondents were contacted through their child care facilities to complete a brief written survey about their perceptions of child care. Respondents were selected according to a stratification plan that distinguished providers by state, whether they cared for children whose tuition was paid by public child care subsidies, and type of care (infant-toddler or preschool center-based, licensed family child care, registered family child care, and license-exempt care).

Introduction

Previously, the University of Nebraska Center on Children, Families, and the Law and the Midwest Child Care Research Consortium[2] contracted with The Gallup Organization of Princeton, New Jersey, to conduct a research study among child care providers in Iowa, Kansas, Missouri, and Nebraska. Next, state universities conducted a follow-up observation study of providers. For the current study, parents with children in these facilities completed a survey by responding to questions about child care.

The purpose of this research study was to learn about parent perceptions of child care from parents whose children attended child care programs in the Midwest. It drew on a study that began with a telephone survey of a random sample of providers from Iowa, Kansas, Missouri, and Nebraska that was stratified according to whether providers received subsidies or not and type of care. This survey, conducted by The Gallup Organization in 2001, was followed by observations in a subsample of 365 facilities. In these facilities, providers were asked if parents could be contacted, and those agreeing were contacted again. In 192 programs, 1,325 parents completed surveys about their perceptions of child care.

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[2] The Midwest Child Care Research Consortium consists of researchers from Iowa State University; the University of Kansas; the University of Missouri; the University of Nebraska; representatives from state governments in child care and education, health, and regulation divisions; and resource and referral organizations. This study is a part of a three-year partnership grant funded by the Department of Health and Human Services, Child Care Bureau, and the Ewing Marion Kauffman Foundation, Kansas City, Missouri.

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Policy Context

The policy context for child care reveals many similarities and some differences across the four Midwestern states that comprise the U.S. Department of Health and Human Services Region 7. The states are similar to one another in the sense that all include urban centers but have significant rural populations. Population-wise, Missouri has the largest population, and Nebraska has the smallest.

Generally speaking, policy characteristics of child care are more similar than different across the states. However, there is some variability in types of care available. All four states require licenses for child care centers; Missouri is the only state with some center-based license-exempt care (church-provided child care, for example). These centers receive no monitoring visits and are not required to meet state licensing regulations. Among licensed centers, monitoring visits are completed annually in 100% of centers in three of the states, and biannually in centers in Iowa. There is more variability in regulation for home-based than for center-based care across the four states. Missouri, Kansas, and Nebraska licensed home-based providers complete one and, in some cases, two visits to 100% of these providers each year. States have sub-provisions for family child care in group homes or larger groups. Iowa and Kansas also register family child care, but these providers do not receive monitoring visits. In Iowa, group home registration is required, and registration is encouraged for other family child care. All states authorize license-exempt family care and allow subsidy payments to be made to families who select this service option. Kansas has the most levels of regulated care; license-exempt home care only applies to relative care. In sum, the states all supply licensed center-based care, three states supply licensed family child care, two states supply registered family child care, and all four states supply license-exempt family child care. These similarities and differences were carefully incorporated into the stratified sampling and analysis designs.

The policy context for quality enhancement varies across the states. In general, Missouri, Kansas, and Nebraska use 4% or more of Child Care Development Funds (CCDF) for quality improvement. All three of these states have a number of quality and professional development initiatives for child care. Missouri has supplemented federal funds for quality improvement with state funds; Kansas has supplemented quality funds using discretionary Temporary Assistance to Needy Families (TANF). Iowa has fewer quality initiatives that apply across all components of child care but has benefited from quality initiatives that have targeted preschool center-based care. Complex relationships between quality policies and quality outcomes are examined in other papers (Raikes, Raikes, & Wilcox 2005; Torquati, Raikes, & Huddleson-Casas, unpublished manuscript).

In all four Midwestern states, parents eligible for state subsidies may select their child care provider and are not restricted to licensed care. Reimbursement policies vary across the states but are generally higher than the median of the child care

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market. States vary in the currency of market surveys, in proactive procedures for equitability of reimbursement across sectors, and in efforts to adjust payment schedules to encourage provider activity in needed sectors. For example, two states (Missouri and Nebraska) have tiered reimbursement for national accreditation; Missouri also provides tiered reimbursement for a disproportionate share of children receiving subsidies and for odd-hours care. The states also have differential rates for children with disabilities. The complex relationships between subsidy policies and subsidy utilization and provider features will be explored in subsequent papers that go beyond the reach of the current descriptive paper.

Methodology

In 2001, The Gallup Organization and researchers from the Midwest Child Care Research Consortium prepared a survey consisting of items that predict quality from the extant literature and obtained files of providers from state child care divisions in the four states as a population from which to select the random sample.

Prior to selecting the sample, it was necessary to define the population. State-level child care division files were used for this purpose. These files included all providers who were licensed or registered and all providers who received public child care subsidies from each of the four states in the most recent month for which transactions were complete. In three of the states, the files included names of all providers for October 2000, and in one of the states, the file contained names current as of November 2000. Altogether, these files yielded names of 39,473 providers subdivided according to the study stratification categories.

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Table 1. Initial Sampling Population of Providers by Strata and State

State	Infant Centers	Preschool Centers	Licensed Family Homes	Registered Family Homes or Other Category	License-Exempt Homes	Early Head Start/Head Start Child Care Partner	State Totals
Iowa						32	
Sub	152	204	NA	2,339	569	3	3,264
Non-Sub	163	247	NA	3,535	NA	29	3,945
Kansas						86	
Sub	215	307	1,365	Registered Homes: 337	3,598	43	5,476
Non-Sub	142	325	2,874	Registered Homes: 2,420	NA	43	6,939
Missouri						78	
Sub	502	999	942	License-Exempt Center: Infant/Sub: 112	7,125	60	12,695
Non-Sub	790	790	1,547	License-Exempt Center: Preschool/Sub: 201	NA	18	3,127
Nebraska						40	
Sub	269	292	904	Family Care II: 237	1,484	27	2,949
Non-Sub	182	210	2,080	Family Care II: 297	NA	13	2,472

Note: "Sub" denotes subsidy-receiving providers. "Non-Sub" denotes non-subsidy-receiving providers (those not caring for any children whose tuition is paid by government subsidies).

The list of providers was sent to a telephone look-up service to maximize the number of providers who could be contacted by telephone, and state university resources and referrals also contributed missing telephone numbers. State files were created with names of providers with telephone numbers. All providers with telephone numbers were coded according to the stratifying variables to be used in the study.

A sampling plan was designed. Stratifying variables were state, subsidy receipt, and type of care. From the total sample size of 2,022, a minimum sample cell size of 40 was set to accommodate the total number of stratifying variables. The cell size of 40 exceeds the normal curve assumption for significance testing. Even though sample sizes for the cells were small, they allowed us to see if certain categories of child care providers showed uniquely different profiles.

A revised sampling design yielded 38 cells, 10 per state for three states and eight for Iowa, a state that has fewer types of care than other states do. Field staff in child care divisions and resource and referral agencies were informed about the study so they

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could encourage providers to participate if contacted. From the large state provider files, Gallup drew a sampling list of five times the number of providers required to fill each stratification cell, and these providers received a letter from Gallup explaining the study and telling them they might be called in the near future.

Gallup selected providers at random from the sample files, following the stratification design. Calls were completed from April through August 2001.

When contacted by Gallup, the person who answered the telephone was informed about the study and was asked to identify a teacher at random or to respond to the survey if he or she was the only provider at the number. The respondent was given the option of responding to the survey at the time he or she was contacted or to reschedule. A number of questions were asked to verify the eligibility of the program (offering full-day child care) and of the respondent (e.g., full-time teacher or provider) and to verify the classification of the respondent (e.g., infant-toddler or preschool teacher).

Once a provider had been drawn to participate in the study, a seven-call callback design was followed to ensure the integrity of the random design. About half of the documented nonparticipants were not eligible for the study because the phone was disconnected, the caller reached a fax machine, or no one at the call number passed the screener to meet the criteria for the study. Of 476 nonparticipants, more than 80% were due to working telephone barriers (e.g., 158 had an answering machine or answering service; 278 did not answer the telephone, the line was busy, or were not available the time of the specifically timed callback throughout the seven-call callback design.) The response rate for eligible participants was 81%; 99% of nonparticipants were either registered or license-exempt home providers.

Providers were asked at the end of their interview if they would be willing to be contacted again for more in-depth study; 87% of the respondents said they would be willing to be contacted again, ranging from a high of 95% of center-based providers to 70% of license-exempt family child care providers.

Theoretically, preschool and infant-toddler center-based providers were two separate populations. However, state files did not consistently differentiate whether a program provided one or both types of care. Therefore, a decision rule to draw each center-based program only once (for either an infant-toddler or preschool provider) was adopted. Consistent with the original assumption that infant-toddler and preschool center-based populations were separate populations, a modification in the decision rule was made late in the study when — in two states — the sample became exhausted. So 65 centers were called back to ask for a provider of the opposite category. These programs were selected at random from the respondent pool. That is, if a preschool teacher had been contacted, the center was contacted again to interview an infant-toddler teacher. Finally, verification of eligibility for the study was completed within a subsample of about 15% of the providers. That is, the respondent was contacted again and her or his status as a full-time teacher was verified.

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Collection of Observational Data

State universities followed up with in-depth observations with 365 providers. Trained observers conducted all observations on-site. Careful attention was paid to inter-rater reliability to ensure congruence of data between sites and across time. A trainer-of-trainer model was implemented with two individuals from each participating state serving as "gold standard" observers. These individuals were trained to use all observation instruments (ECERS-R, ITERS, FDCRS) and the Arnett[3] reliably, took responsibility for achieving cross-state inter-rater reliability, and coordinated observer training and monitoring of inter-rater reliability in their respective states.

The two gold standard observers from each state achieved inter-rater reliability with each other in their home states. The eight individuals then met at a specified site (Kansas City) to establish inter-rater reliability across sites. Observers were certified as meeting the established standard for inter-rater reliability when they reached agreement within one point per item for at least 85% of the items on each scale. Following this interstate training effort, the gold standard observers trained observers and provided ongoing technical assistance to ensure that they achieved the established standard of inter-rater reliability before collecting data and that they maintained inter-rater reliability throughout the data collection period. Inter-rater reliability checks were made to maintain high standards of inter-rater reliability within each state throughout the data collection period.

Observations of child care providers were made in each participating state. Providers to be observed were selected randomly from the list of subjects who had participated in the Provider Survey conducted by The Gallup Organization. Child care providers were contacted and asked about their willingness to be observed. When a provider agreed, an observer was assigned to collect data. The observer spent two to three hours in the child care center or home completing the appropriate instrument (e.g., ECERS-R, ITERS, or FDCRS) and the Arnett, as well as a short interview with the center director or the home child care provider.

Collection of Parent Data

To obtain the responses from parents, the original observational study sample participants who had agreed to be contacted again were asked to disseminate surveys to parents of children who received full-time care in their programs. In center-based programs, surveys were sent to the teacher who had originally been observed. The

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[3] Data were also collected on an instrument designed by researchers at the University of Missouri to assess quality in informal settings. These data are not reported in the current report but are being analyzed separately in validation of the new instrument.

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teacher was mailed or given questionnaires for parents; confidential, self-addressed postage-paid envelopes; and a poster for each parent to sign or check their name off when their survey had been mailed. 1,325 parents in 192 programs returned surveys. Of the programs, 46 were from Iowa, 47 were from Kansas, 58 were from Missouri, and 37 were from Nebraska. The programs included 107 centers, 46 licensed family child care homes, 18 registered family child care homes, and 6 approved homes. Of the programs participating, 120 were subsidy receiving (had at least one child whose tuition was paid through public subsidies), and 68 were not subsidy receiving (did not enroll any children whose tuition was paid through public subsidies). (Note: numbers do not add to 192 because of some missing data for some variables.)

The analyses reported here involve simple descriptions and simple comparisons of means and proportions between groups by stratifying variables.

The study draws upon the entire Midwestern sample. We choose to use one consistent approach across all forms of reporting. The approach used here is justified as characteristics of providers determined from the survey and observed quality were more alike than different across the states and because state partners wish to use the Midwest findings as a backdrop for state findings.

Overall findings are reported as sample averages or proportions. Subgroup comparisons are completed by state, across three types of care (infant-toddler center-based; preschool center-based; and family child care of all types, including licensed, registered, and license exempt). We also compare parents who rated their caregiver as an A/A+ in quality to those whose ratings were B and those whose ratings were C or lower. Comparisons were made between parents receiving government subsidies and those who were not and across four levels of income, with categories including: (1) 100% of poverty, (2) 185% of poverty, (3) 185% of poverty to $40,000 per year, and (4) $40,000 a year and more. All significant differences are reported at the 0.05 or 0.01 level of probability, unless otherwise indicated.

Methodological Considerations

The study was more successful than most in randomly sampling from all forms of child care across the states. The high cooperation and completion rates of providers who were contacted by telephone lends confidence that the sample is representative of the population. The survey sample is marred slightly because providers lacking phones were not contacted. However, the study exceeds response rates identified by the General Accounting Office (GAO) as minimally acceptable, and the GAO excluded most child care studies from its list of acceptable surveys (GAO, September 2002). The response rates obtained by telephone far exceed those obtained by paper surveys. Nonetheless, telephone issues are a barrier to stratospheric response rates for a child care survey. Some providers did not have phones (and states did not have phone numbers for them); and the very few providers who were drawn but not contacted were mostly not contacted because of phone barriers (e.g., phones had been

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disconnected, had screeners, or were on fax mode). The study succeeded in contacting many providers in registered and license-exempt sectors who have not been included in many studies previously.

A criticism is if asking the provider if she or he will allow a follow-up visit affects representativeness. While most licensed providers consented, registered and license-exempt family providers were more likely to refuse, biasing the sampling frame for observations. A second contact — one that asked the provider for the visit — again allowed the provider to remove herself or himself from the study. While the representativeness of the survey sample would be affected, it is possible that a more representative observation sample could be obtained by enlisting cooperation for both the survey and the observation before the survey is begun.

Finally, to participate in the current study, following the observation visit, providers were asked if they would be willing to be contacted a third time to allow parent assessments. Most providers agreed to be contacted again (98%). Altogether, 53% of the providers were represented in the final sample of parents by having parents who returned completed questionnaires. Those who were not represented included providers who had gone out of business, those who later decided they did not wish to distribute questionnaires to parents, and those with parents who did not return questionnaires distributed to them.

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Introduction and Overview

Sample Characteristics

The final sample consisted of 1,325 parents of children receiving child care selected from an original sample that was stratified according to state, subsidy use, and type of care. Of these 1,325 parents, 367 were from Iowa, 260 were from Kansas, 442 were from Missouri, and 256 were from Nebraska. Table 2 shows the breakdown by strata. Program sample sizes are in parentheses. (Because multiple parents in each child care program completed surveys, the parent sample is larger than the number of programs they were attending.)

Table 2. Sample by Strata

State	Infant Centers	Preschool Centers	Family Child Care Homes	Receiving Government Subsidy	Not Receiving Government Subsidy	Total
Iowa	161	143	63	38	329	367 (46)
Kansas	64	84	98	41	218	260 (47)
Missouri	132	181	112	63	377	442 (58)
Nebraska	80	107	69	41	214	256 (37)
Total	437	515	342	183	1,138	1,325 (192)

Education. Parents in the sample represented all levels of education: 17% had completed some graduate education or an advanced degree, 22% had a bachelor's-level degree, 15% had a two-year degree, 28% had some training beyond high school but not a degree, 15% had a high school diploma, and 3% had less than a high school diploma. Nebraska parents were more likely to have a bachelor's degree, and Missouri parents were more likely to have a high school degree or less when compared to other states. Parents using family child care were more likely to have some training or education beyond high school but not an advanced degree, while parents using infant center-based care were more likely to have a graduate degree. Subsidy-using parents were more likely to not have completed high school (10%) than non-subsidy-using parents (2%) or to have only a high school degree (29% vs. 13%) or some training beyond high school but not a degree (41% vs. 26%). Non-

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subsidy-using parents were more likely to have bachelor's and advanced degrees. Similarly, lower-income parents in the sample had less education, and higher-income parents had more education.

Employment. As might be expected from a sample of parents who were child care consumers, most parents in this study were employed: 74% were employed full time outside the home, 16% were employed outside the home for part-time pay, 4% worked at home for pay, and 7% reported they were not employed. Parents in the study reported they worked for 37.37 hours per week on average (Standard Deviation = 8.73). Parents in Kansas reported working more hours a week than others. Subsidy-receiving parents reported fewer hours worked than other parents; lowest-income parents worked significantly fewer hours than all other categories of higher-income parents.

Wages. The largest category of respondents (60%) reported an annual income of more than $40,000 in the previous year. However, 21% of the families reported incomes in the range from $20,671 to $39,999, and 5% reported incomes in the $14,631 to $20,670 range, referred to here as the working poor. Finally, about 11% of the sample would be considered poverty level, with incomes below $14,631 a year. All states had poverty-level and working-poor families in their samples, ranging from 10% poor in Iowa to 13% in the Missouri subsample. Iowa also had the smallest proportion of working poor in its subsample (2% vs. 7%, 6%, and 5% for Kansas, Missouri, and Nebraska, respectively).

Child Care Use. On average, parents in the sample used 33 hours of child care a week. One-quarter of the sample (25%) reported that they used more than 40 hours of child care a week, but only 1% used more than 50 hours a week; 20% used 20 hours a week or less. Parents in Iowa (31.1 hours) and Nebraska (32.3 hours) reported using significantly fewer hours of child care each week on average than parents in Kansas (35.7 hours) and Missouri (34.5 hours).

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Detailed Findings

Parent Perceptions of Child Care Choices and Quality

The primary purpose of the survey was to learn about parent perceptions of child care choices and quality. Parent responses to study questions follow, with breakdowns according to state, type of care, overall perceived quality, subsidy use, and parent income level.

1. Choosing a Child Care Provider

Respondents were asked: "How important was each of these for you in choosing your current provider?. . . Please answer using a 1-5 scale with '5' the highest and '1' the lowest."

Table 3. Parent Reasons for Choosing a Child Care Provider (n=1,323-25)

Reason	Mean Score Rating on a 1-5 scale
A warm and loving provider style	4.85
The provider had a reputation for good care	4.73
The provider offers stimulating activities or programs	4.59
Physical facilities and equipment for play and learning	4.43
The provider has similar values to yours	4.41
The provider is someone you know and trust	4.34
Training or credentials of the provider	4.34
The number of children per provider	4.22
The provider emphasizes creativity in art, music …	4.20
The provider's discipline and guidance styles match yours	4.20
Flexible or convenient hours	4.18
The provider accepts child care subsidy payments	4.18
The provider emphasizes school academics …	4.15
The provider is accredited	4.04

- continued -

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Table 3. Parent Reasons for Choosing a Child Care Provider (n=1,323-25) (Continued)

Reason	Mean Score Rating on a 1-5 scale
Rate of provider turnover or changes in staff	3.98
A convenient location	3.92
The cost	3.57
The type of provider, such as child care center …	3.56
The provider was recommended by a family member or friend	3.55
The provider accepts infants	3.36
Race, ethnicity, or language of the provider matches yours	2.71
The provider enrolls children with special needs	2.56
Already had another child enrolled with this provider	2.43

Parents offered multiple criteria for choosing providers. Warmth, reputation, stimulating activities, good physical facilities, similar values, trust, and provider credentials were all identified as the most important, while race, ethnicity, or language of provider matching those of the parent; enrolling children with special needs; and having a child already enrolled with the provider were the least important reasons. Factors like cost, location, and type of provider (family vs. center care) were in the middle.

There were some differences by state in the motivations for choices. Parents in Iowa and Nebraska more often noted the number of children per provider as a factor in their choices. Parents in Kansas and Missouri rated location more highly than parents in other states. Parents in Iowa more often than those in Missouri or Kansas noted flexible hours and whether the provider accepted infants as important. Iowa parents less often than parents in Missouri chose child care based on the provider's discipline style. Parents in Nebraska and Missouri were influenced by turnover and by whether the provider emphasized creativity more and less by whether the parent already had a child enrolled with a provider, compared to parents in Iowa and Kansas. Physical facilities; cost; similar race, ethnicity, or language; the provider offering stimulating activities or programs; the provider emphasizing school academics; and the provider emphasizing creativity were more important in Missouri than for other states. Similar values and whether the provider accepts subsidies were more often important in Kansas.

Type of care was a factor in several choice parameters. Parents who chose center-based care more often noted the importance of the number of children per provider,

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staff turnover, physical facilities, or whether the provider is accredited than parents who chose family child care providers. Infant center-based parents mentioned flexible hours and location more than others. Family child care users more often chose a provider based on the provider having similar values; being someone the parent knows and trusts; having a similar race, ethnicity or language; having a discipline style that matched their own; being recommended by a family or friend; or because it was a preferred form of child care. Infant center-based and family child care parents were more likely than parents whose children were preschool aged to choose based on other children in the family already being at the facility and whether the provider accepted infants. Preschool center-based parents more often chose based on the provider offering stimulating activities and programs or that the program emphasized school academics or creativity than other parents. Whether the provider accepts subsidies was more important to family child care and preschool center-based users than to infant-toddler center-based users.

Subsidy users, less often than non-subsidy users, noted the number of children per provider as important. Subsidy users, significantly more than those not receiving subsidies, reported that the physical facility, cost, and whether the provider cared for other children in their family were very important to them in making a choice and, as would be expected, whether the provider accepted subsidies. Non-subsidy users more often valued a provider with similar values or someone who was recommended by a family member or friend.

Income affects how families choose child care. The physical facility was more often important to families with annual incomes below $15,000 than to other families. The number of children per provider and having a provider with similar values were more often of concern to parents whose incomes were more than $20,000 per year than for parents with incomes lower than that. Parents whose incomes were below $20,000 more often chose child care because the provider is someone they know and trust. Families in the $20,000-$40,000 category more often mentioned flexibility and accreditation than families with lower or higher incomes. Parents whose incomes were more than $40,000 were less likely to say they chose based on location; cost; or similarity in race, ethnicity, or language than other parents and more likely to say they chose based on stimulating activities and programs. Parents whose income was less than $40,000 all thought that the provider accepting subsidies was important or selected a provider based on the provider's caring for children with special needs more often than parents whose income was higher.

Parents who perceived their caregiver as low quality were more likely to care about the training or credentials of their provider, staff turnover, accreditation, or that the provider enrolls children with special needs. Parents who perceived their provider as higher quality more often valued choosing a provider with similar values, someone they know and trust, someone whose discipline style matches their own, or whether the provider has a reputation for good care. Parents who perceived their caregivers as high quality and those who perceived their caregivers as low quality — more so than was true for providers at middle levels of perceived quality — chose child care based on the provider offering stimulating activities or programs and the provider emphasizing school academics or emphasizing creativity.

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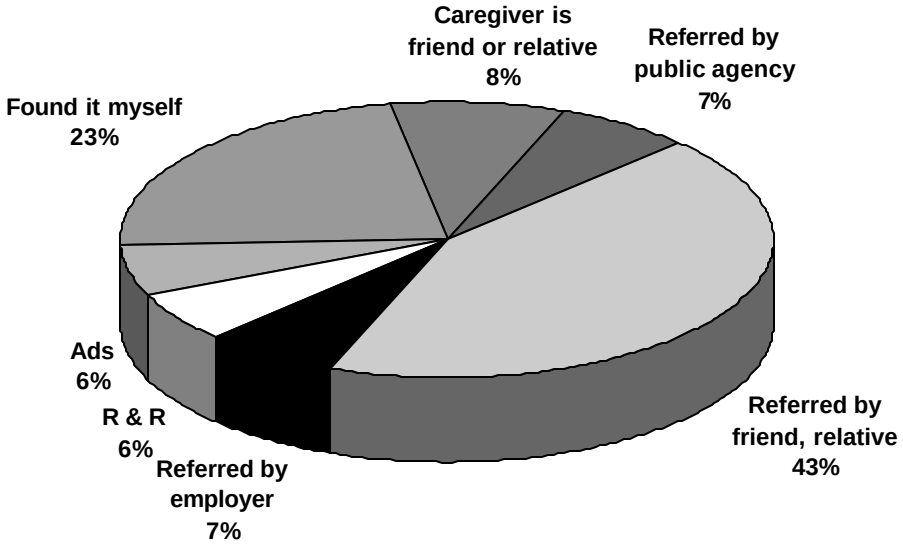
2. How Provider Was Located

"How did you locate your child's current facility, program, or provider?"

Figure 1. How Provider was Located (n=1,312)



- The most common way that parents located child care was through referral by a friend or relative; 43% of the sample found their child care through such personal referrals.

- There were some differences by state in how child care was found. Parents in Kansas and Missouri more often were referred by a friend or relative. Parents in Kansas more often than those in other states found child care through the Resource and Referral agencies (10% vs. 6% in other states). Fewer parents in Nebraska used a provider who was a friend or relative than was true in other states. Nebraska had more employer-referred child care than other states (13% vs. 7% for the next highest state).

- Parents find the type of their child care differently as well. Parents more often locate family child care (compared to parents who use center-based care) through a referral by a relative or friend, through a referral from a public agency or R&R, or they receive care from a friend or relative. Parents more often locate infant center-based care via employer referral than was true for other types of care, and

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they were much more likely to say they found all forms of center-based care "on their own" than parents who were family child care users.

- Subsidy users were more likely than non-subsidy users to find child care by referral through a public agency, while non-subsidy users were more likely to find child care through employer or friend or relative referral.

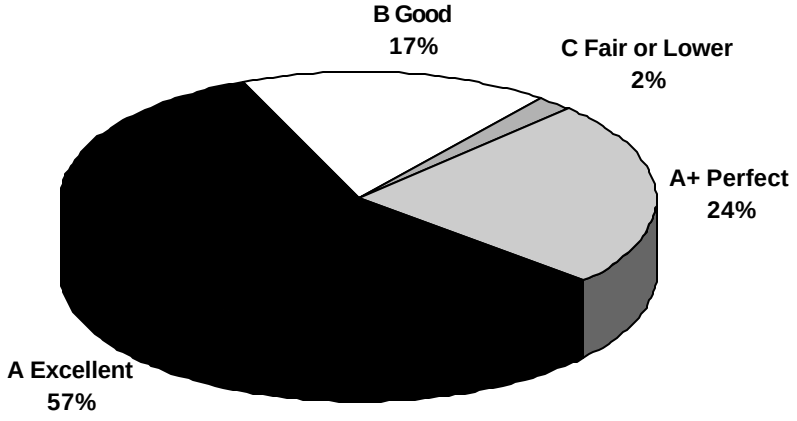
- Parents who found their child care through a public agency were likely to say they had A+ care, while 83% of parents who found child care through a friend or relative also thought they had A+ quality care, while 67% of those who found their child care through an R&R rated their care A+.

- Higher-income parents were more likely to learn about child care through a friend or relative, to be referred by an employer, or to find care themselves, while lower-income parents were significantly more likely to locate their child care by public agency or R&R referral. Lower-income parents were also more likely than higher income parents to rely on friends or relatives for care, especially relatives.

3. Parent Ratings of Provider Quality

"All things considered, how would you grade the quality of the care your child is receiving from his/her current caregiver?"

Figure 2. Ratings of Quality of Care (n=1,312)



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- Consistent with other studies of parent ratings of child care quality, most parents give their providers very high marks for quality, with 81% rating their care quality an "A" or an "A+."

- There were some differences by state in quality ratings. More parents in Missouri (29%), Kansas (27%), and Nebraska (26%) gave their caregivers A+ ratings than was true for parents in Iowa (15%), while more parents in Iowa and Nebraska gave A ratings than was true in other states. There were more B ratings in Iowa and Kansas. The ratings of quality by parents follow the patterns seen in the observations of quality, in that Missouri was observed to have the highest quality on average and Iowa, the lowest (Raikes, et al., 2003).

- More parents using family child care (33%) rated their provider's quality of care as A+ than was true for parents who used infant center and preschool center care (21% and 22%). More parents using preschool center-based care rated their provider's quality as A (61% vs. 55% and 51% for infant center-based and family child care). And more parents of infant center-based care rated their provider's quality as B (21% vs. 16% for both preschool and family child care) or C (3% vs. 1% for both preschool and family child care).

- Subsidy-using parents more often identified their quality of care as A+, while non-subsidy-using parents more often rated their quality of care as A. There were no differences between subsidy-using and non-subsidy-using parents at other levels of ratings.

- Parents in the $14,631-20,671 income category most often rated their quality of care as A+ (41% vs. 31% to 20% for other income levels). Parents with income of more than $40,000 more often rated their provider's quality as A (63% vs. 52% for the next highest category). B-level ratings were more often given by families with incomes below $14,631 than for other groups, and there were no differences in C-level ratings (all were 2%).

- Parents were asked to rate their agreement with a number of statements about specific aspects of quality. The responses to these can be seen in greater detail in Appendix B. Most items were scored highly, as can be seen by means for items rated on a 5-point scale from strongly disagree to strongly agree. Here we provide some examples of overall findings and of significant variation by state, type of care, or income in percentage of parents who strongly agreed with the statement:

    - Overall, 70% of parents said they strongly agreed that their caregiver was warm and affectionate toward their child. Ratings in all other states were significantly higher than in Iowa on this item. Additionally, parents using family child care significantly agreed with this item more than those using infant care, who agreed with the item more than parents using preschool center care. Parents with incomes of more than $20,000 were significantly more likely to strongly agree or agree that their provider was warm and affectionate than were providers who were at the poverty level.

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- Nearly all (98% or 99%) of parents strongly agreed or agreed that their child was safe with their caregiver. However, parents of children in center-based infant care were significantly less likely than other parents to agree, though the overall rate of agreement for these parents was 97%.

- Most (77%) of parents strongly agreed or agreed they'd select their caregiver again; Missouri parents (82%) significantly more than those from other states; preschool center-based parents (87%) more than parents of children in family child care or infant center-based care.

- There were some differences between parents whose child care was paid by subsidies and those whose was not, with parents who receive subsidies tending to be more satisfied than non-subsidy-using parents. Parents receiving government subsidies more often strongly agreed that the child gets a lot of individual attention (46% vs. 37%), that the caregiver is open to new information and learning (60% vs. 50%), that the caregiver knows a lot about children and their needs (73% vs. 59%), that the caregiver is supportive of the parent (68% vs. 57%), that the caregiver has a formal conference with the parent each year (34% vs. 24%), that the child has stability in her/his child care relationship (65% vs. 57%), that the facility has good outdoor spaces for children (75% vs. 66%), that children have a good supply of toys (79% vs. 71%), but also that the caregiver has difficulty with discipline matters (7% vs. 4%) and that the child dislikes the caregiver (5% vs. 2%). Parents receiving subsidies more often strongly agreed or agreed that they and the caregiver share information (92% vs. 87%).

4. Perceptions of Child Care Costs

Several questions were asked that pertained to child care costs. These included:

- "How much does your household usually pay weekly for your child for care with this caregiver?"
- "Does any person or agency outside your household help pay for your child's care with this caregiver?"
- "Who helps you (government agency, private agency, employer, Head Start Program, child support payments, program scholarships, church or faith-based organization, friend or relative)?"
- "Now, please tell me how much you agree or disagree with each of the following statements about the affordability of child care. . . . Marking a '5' means you 'Strongly Agree' and marking a '1' means you 'Strongly Disagree' that the statement is true for you."
  - "The cost of child care has prevented me from getting the kind of care I want."

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- "I would be willing to pay more than I do for the care that I have."

Weekly Costs of Child Care. On average, parents paid $77.12 a week for the study child's child care tuition. About 20% spent less than $55 a week, and a quarter spent more than $100 a week. Parents in Missouri ($69.43) and Iowa ($76.89) paid significantly less than parents in Nebraska ($81.58) and Kansas ($86.12) each week. There were no significant differences in the sample by children's ages among the states.

- Parents of infants in center-based care paid the most: $90.26 per week on average, followed by parents using license-exempt care: $87.73 per week on average, followed by parents using pre-school care: $76.04 per week, and finally, licensed or registered family child care: $60.78 per week on average.

- Parents of infants in center-based care paid significantly more in Kansas ($115.71) than in Iowa ($92.84) or in Nebraska ($92.99), and all paid more than Missouri parents ($73.27). However, there was no significant difference by state in the likelihood of someone (e.g., government or employer) helping to pay for infant center-based care. Nor was there a significant difference in the percentage of parents who specifically received government subsidies for child care.

- Parents using family child care paid more per week in Nebraska ($68.89) and Kansas ($62.20) than did those in Iowa ($56.82) and Missouri ($56.84). However, there was no significant difference in the likelihood of these parents receiving government subsidies by state and no significant difference in ages of children.

- Parents using preschool center-based care paid significantly more for their child care in Kansas ($83.51) than parents in Iowa ($67.79), but other states were not significantly different from these two extremes or from each other.

Assistance for Child Care Payments. Fewer than a fifth of families (18.9%) in the current sample received assistance from any source in paying for child care. Of the entire sample, 13.1% reported that they received government child care subsidies, .4% received subsidies from a private agency, .7% received them from an employer, 2% replied that their child care was subsidized by virtue of their enrollment in Head Start, another .7% received child support payments that contributed to child care costs, .8% received scholarships from their child care program, .9% reported child care was paid for by a friend or relative, and .4% mentioned other contributors. Clearly, the largest source of assistance for child care payments comes from government subsidies.

- There were no significant differences among states in the likelihood that parents would receive assistance for child care payments.

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- Difference by type of care was marginally significant, with more assistance received by parents using family child care (22%) and preschool center care (20%) than among those in infant center care (15%).

Was Cost a Preventative Factor in Obtaining Desired Child Care? Parents were asked if the cost of child care had prevented them from getting the kind of care they wanted. The majority of parents (77%) disagreed that cost had been a prohibitive factor for them in getting the kind of child care they wanted. However, 11% of parents agreed that cost was a limiting factor. Parents in Kansas (14%) were more likely than parents in other states to say that cost was preventative. Parents using family child care (80%) were more likely than those using center care (75%) to say that cost was not a problem. Parents on subsidies (16%) were more likely than parents not receiving subsidies (10%) to say that cost prevented them from getting the child care they wanted. Most interestingly, of parents rating their provider's quality as an A+/A, 8% reported that cost did not prevent them from getting the child care they wanted, but of those rating their provider's quality as a B, 19% said cost was preventative, and 45% of parents who ranked their provider's quality as a C or lower agreed that cost prevented them from getting the child care they wanted.

Income was a factor as well, with 19% of the parents who had annual incomes below the poverty line ($14,631 in this study) saying cost prevented them from getting the kind of child care they wanted. Working poor families were slightly less likely to feel they were prohibited by cost to obtain the child care they wanted, with 14% of families with incomes up to $40,000 saying cost was preventative. Only 8% of parents with incomes of more than $40,000 said cost prevented them from getting desired child care.

Would Parents Pay More? On the other end of the spectrum, parents were asked if they would be willing to pay more than they do for the child care they have. Only 32% of parents said they'd be willing to pay more for the child care they have. Missouri parents, more than parents in other states, were willing to pay more; this is consistent with findings showing that these parents (as well as those in Iowa) paid less for child care. Parents using family child care (42%) were more willing to pay more than parents using infant center care (28%) or preschool center care (30%). Not surprisingly, parents on subsidy (28%) were less likely to say they would pay more than non-subsidy users (33%). Parents who ranked their caregiver's quality of care as A+/A were most likely to say they'd pay more (36%), compared to parents who ranked their caregiver's quality of care as B (19%). But, surprisingly, 14% of parents who rated their caregiver's quality of care as C or lower said they'd be willing to pay more. Parents whose annual income was more than $40,000 were more likely to say they'd be willing to pay more, compared to parents whose income was less than $14,000 (37% vs. 24%). However, parents in the $20,600 to $40,000 income category were equally likely as the poorest families to indicate they would not pay more.

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5. Child Care Stressors and Supports

Parents were asked to rate several statements about their perceptions of child care stressors and supports. The question was: "To what extent are the following questions about child care true for you? Please answer on a 1-5 scale with '5' meaning 'Almost Always True' and '1' meaning 'Almost Never True.' A '4,' '3,' or '2' means flexibility somewhere between these extremes." (See Table 4 for responses.)

Table 4. Perceptions of Stressors and Supports (n=1,312)

Statement	Total Sample Percentage Replying Almost Always True	Subsidy-Receiving Sample Percentage Replying Almost Always True
My shift and work schedule cause extra stress for me and my child.	11%	11%
In my work schedule, I have enough flexibility to handle family needs.	76%	68%
My caregiver is willing to work with me about my work schedule.	72%	74%
I rely on my caregiver to be flexible about my hours.	45%	52%
I have someone I can share home and care responsibilities with.	71%	36%
I am on my own in raising my child.	17%	51%
My evening and weekend work schedule limits my child care choices.	11%	26%
There are good choices for child care where I live.	51%	46%
I have had difficulty finding the child care I want.	15%	20%
Getting to child care is a long commute for me.	9%	8%

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Several questions were also asked pertaining to who is involved with child care besides the person responding to the questionnaire (e.g., mothers, fathers, stepparents, legal guardians, foster parents, extended family members) (See Table 5 for responses.)

- Arthur Emlen and colleagues[4] identify three types of stressors and supports that co-contribute to child care needs — flexibility from the child care provider, flexibility by the employer, and flexibility at home in terms of having other family members who offer support when needed. Emlen and his colleagues argue that families need flexibility of at least one type, but that maximum comfort with caring for young children comes when there is flexibility of all three types.

  In this section, we address these three types of stressors and support. A fourth source of stress is related to whether child care is perceived to be physically accessible. Again, we report overall findings (in Table 4) as well as significant differences when they appear from state, type of care used, subsidy/non-subsidy, ratings of quality, and income level comparisons among families. Unless notable, nonsignificant differences are not reported.

- ***Flexibility from work schedule/employer.*** Many parents (76%) reported that there is enough flexibility in their work schedules to handle family needs. However, our sample from Missouri was more likely than parents from other states to report that they almost never experienced job schedule flexibility. There were no differences across types of care in perceptions of employment schedule flexibility. Subsidy-using parents were significantly less likely to report schedule flexibility, and parents in the more than $40,000 annual income level were significantly more likely to report work schedule flexibility enabling them to meet family needs. Thus, work schedule flexibility to meet family needs is a resource more often available to wealthier parents than it is to lower-income parents.

  Some of whether work schedules allow for flexibility depends on schedules themselves. Shift work may cause particular problems ("My shift and work schedule cause extra stress for me and my child"). Across the sample, 16% of parents reported working a regular weekend or evening shift, and 22% reported that their work schedule keeps changing. On average, 11% reported that their shift work or schedule caused extra stress for the parent and child. Subsidy-receiving parents were no more likely than the sample in general to report this type of stress. Parents in Kansas and Missouri reported this form of stress more often than those in Iowa, and Nebraska parents reported that shift schedules were almost never a problem. Lowest-income and highest-income parents reported more shift-related stress than those in the middle income categories in this sample.

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[4] Emlen, A., Koren, P., & Schultz, K., (2000). *Packet of Scales for Measuring Quality of Child Care from a Parent's Point of View*. Oregon State University.

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While rich and poor may perceive similar stressors from work schedules, wealthier parents do not perceive child care options to be limited as a result. Again, 11% of the total sample reported that their child care options were limited due to evening and weekend work schedules, but a full 26% of the subsidy-receiving sample reported restricted options for child care as a result of evening or weekend schedules. Having limited evening and weekend child care options was also less of a problem in Kansas than in other states.

- ***Flexibility from child care provider.*** Parents rated two statements about caregiver flexibility: "My caregiver is willing to work with me about my work schedule" and "I rely on my caregiver to be flexible about my hours." Most (72%) of parents said their caregivers were willing to work with them about their work schedule. This was more true in Iowa for parents using family child care and for those reporting that their providers had the highest quality of care (A or A+ providers). The majority of parents didn't entirely expect the caregiver to be flexible about child care hours — fewer than half (45%) said they relied on the caregiver to be flexible about hours. More subsidy-receiving parents counted on this flexibility (52%) than non-subsidy-receiving parents (44%). Parents using infant center-based care (48%), more than parents using pre-school center-based care (43%), relied on the caregiver for flexibility. Interestingly, parents in Iowa (54%) and Nebraska (51%) relied on caregiver flexibility to a greater extent than did parents in the other states (41% and 37% for Kansas and Missouri, respectively). Finally, income related to the need to rely on caregiver flexibility. Highest-income parents (38%) less often reported that they relied on their caregiver to be flexible about hours than did parents in other income categories.

- ***Flexibility from partner/co-parent.*** A third form of flexibility can be found when the second parent helps with parenting or work and child care-related responsibilities. Parents rated two statements about this form of support: "I have someone I can share home and care responsibilities with" and "I am on my own in raising my child." A majority of parents (71%) said they have someone to share home and care responsibilities with, and this was especially true for parents of infants (74%). There were striking differences by subsidy receipt and income. Only 36% of subsidy-receiving parents had someone who shared home and care responsibilities, and similarly, 21% of lowest-income category, and 45% of parents in the 14,631-$20,670 income category had someone to share home and care responsibilities with, compared to 66% and 84% in the higher income categories in this study.

  Not surprisingly, findings were similar in regards to the question about being "on my own" in raising the child. Only 17% of the total sample indicated this was true for them, but 51% of the subsidy-receiving participants indicated they were "on their own." Here too, 61% of lowest-income parents and 45% of the next lowest category, compared to 27% and 3% in the two highest-income categories reported they were "on their own" in raising their child. Participants reporting they were "on their own" were more likely to use family child care or preschool center-based care than infant center-based care, and participants from Kansas

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were significantly more likely to be "on their own" than those in other states in this study. Responses were unrelated to perception of provider quality.

It's not surprising that subsidy-receiving and lower-income parents perceived themselves to be on their own in raising children — these parents less often reported father involvement in child care-related activities than did other parents. We asked, "Who drops off and picks up your child at your current child care provider on a regular basis?", "Who selected your current child care provider?", and "Who attends child care parent meetings held by your current provider?" Father involvement in child care was quite high overall, with 48% of the total sample reporting that fathers dropped off and/or picked up children from child care. Yet only 17% of subsidy-receiving parents said fathers were so involved. Income was an important factor in father involvement (and probably vice versa), with 60% of respondents in highest-income families ($40,000 annually and more) reporting fathers dropping off and/or picking up children vs. 10% in lowest-income families (less than $14,631 per year). Similarly, 39% of fathers in the sample overall were involved in terms of selecting the current child care provider, but only 11% of fathers of subsidy-receiving and 8% of lowest-income children were so involved. More dads were involved in selecting child care in Iowa and families using infant center care than was true for other groups.

When it came to attending meetings, slightly fewer dads were involved than was true for other ways fathers might be involved, with 29% of the overall sample involved. Dads were more involved in meetings at infant (35%) and preschool centers (30%) and in programs with higher perceived quality (31%). Dads were less involved in child care meetings among subsidy-receiving (8%) and lowest-income (6%) families. In highest-income families in the sample (more than $40,000 annual income), 38% of fathers were reported to attend meetings at the child care program.

Table 5. Parental Responsibility for Child Care-Related Tasks (n=1,321)

Question	Mother	Father	Extended Family Member
Who drops off and picks up your child at your current child care provider on a regular basis?	93%	48%	11%
Who selected your current child care provider?	95%	39%	2%
Who attends child care parent meetings held by your current provider?	68%	29%	1%

Note: Totals may exceed 100% because more than one person was involved.

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- ***Access to child care.*** Parents rated three statements about perceptions of access to or availability of child care. These were: "There are good choices for child care where I live," "I have had difficulty finding the child care I want," and "Getting to child care is a long commute for me." A small majority (51%) reported that they had good choices for child care where they live — significantly fewer in Kansas (45%) and among subsidy-receiving parents (46%). And significantly more parents among the most wealthy in the sample (54%) and among those who rated their provider as providing A/A+ quality (54%) reported having good local child care choices. Only 34% of parents who rated their caregiver as providing C or lower quality felt there were good choices where they lived.

  Similarly, 69% reported they did not have difficulty finding the child care they want, but this was most true for parents in Iowa (74%) and those reporting highest quality (72%). And, again, those who rated their caregiver as providing low quality also seemed to have had trouble finding child care they wanted, with only 32% of parents in perceived lowest quality facilities reporting they *didn't* have trouble finding care.

  Finally, only 9% of the total sample reported they had a long commute to child care, but parents in Nebraska were more likely to report a long commute (12%) than those in other states. There were no other significant subgroup differences.

- In sum, in regards to flexibility and a sense of options in child care, most parents did believe they had some support and options. However, subsidy-receiving and lower-income parents notably experienced less employer and co-parent support. However, these parents were equally or more likely to rely on some flexibility from their child care caregiver than was true for higher-income parents. Income was less of a factor when it came to perception of having child care choices; however, quality was a factor. Some parents felt that their child care was low quality but that they lacked other choices.

6. Perceptions of Subsidy Receipt

Parents were asked to indicate if several statements about government subsidies were true or not true for them. These questions were asked only of those parents who said yes to the question "Do you currently receive government child care subsidies?" Parents were asked about their perceptions of subsidies, about their patterns of subsidy use, about periods when they may have lost subsidies, and, if they were eligible and not receiving subsidies, why they were not receiving these subsidies. We asked: "Please indicate whether or not each of the following statements are true for you." (See Table 6 for results.)

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Table 6. Perceptions of Subsidy Use (n=178)

Statement	Percentage of subsidy-receiving sample saying "true"
Child care subsidies are a tremendous boost to our family's ability to work and make a living.	93%
Child care subsidies are easy to apply for.	77%
Child care subsidies are easy to keep.	70%
I feel that I have more child care choices because of the subsidies.	60%
Even though my child's care is paid for by subsidies, I feel my child is treated as well as all the other children at the child care facility.	97%
Some child care providers I have approached will not care for my child because the payment comes through subsidies.	35%
I do not have as many choices for child care because of subsidies.	27%
I feel my child did not have access to the highest quality care because my child care payments are through subsidies.	10%
My caseworker cares about my family and works with me to help cover our child care needs.	80%

- Across the entire sample, 13.9% of parents (178) stated they were currently receiving child care subsidies from the government. State by state, the percentage of parents receiving subsidies ranged from 10.4% of the Iowa sample to 14.3% of the Missouri sample to 15.8% of the Kansas sample to 16.1% of the Nebraska sample. These differences were not significant.

- Clearly, most parents who receive government child care subsidies felt the subsidies were a tremendous help in their being able to work and make a living. This was true across all states and was slightly more true for families using family child care and preschool center-based care. It was more true among the majority of parents who were in low-income categories and slightly less true for the small number of parents receiving subsidies who were higher income (the government subsidies were likely given to children who had disabilities).

- The majority of parents also thought child care subsidies were easy to apply for (77%). This was more true in Iowa (94%) than in other states and more true for low-income families than for higher-income families. Thus, there may be more complicated steps for applying for subsidies for children with disabilities if

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parents are also higher income, as only 54% of these families thought it was easy to apply for subsidies.

- Keeping subsides was only slightly more difficult, with 70% of parents saying it was true that it was easy to keep subsidies. However, this was significantly more true for Missouri and Kansas parents than for those in Nebraska, where only 55% thought it was easy to keep subsidies.

- Having more child care choices because of subsidies was perceived to be true by 60% of parents. This was significantly more true for Missouri parents (67%) than for Nebraska parents (50%) and was more often true for the lowest-income families receiving subsidies than for the smaller numbers of them at higher levels of income.

- Happily, very few parents thought they were discriminated against because their child was receiving subsidies (only 3%). Parents who did not think they were discriminated against were more often found among parents who use preschool centers than among parents who use infant-toddler centers.

- More than a third of parents reported that some providers they have approached would not take their child because of subsidies (35%). This is more true for lowest-income parents using child care subsidies than for higher-income parents (likely using them for children with disabilities).

- Moreover, a quarter of parents felt their child care choices were constrained due to subsidy use, ranging from 22% in Iowa to 35% in Nebraska, a nonsignificant difference. Parents who rated child care quality as B (43% said their choices were restricted) or C or lower (40%) were also more likely than parents who rated their provider's quality as A or A+ (23%) to say their child care choices were restricted because of subsidies.

- Yet when all was said and done, only 10% of parents said their child didn't have access to the highest quality care because payments were through subsidies. However, parents in Kansas (15%) were significantly more likely to indicate this than parents in Iowa (3%). Moreover, 22% of the parents who rated their caregiver's quality as B and 40% of the parents who rated their caregiver's quality as C or lower reported that they didn't have access to highest quality care due to the fact that their care was purchased using subsidies.

- Parents were typically positive about their child care caseworkers, with 80% agreeing that their caseworker cares about their family and works with them to help cover child care needs, ranging from 85% in Missouri to 75% in Kansas, a nonsignificant difference.

- About a quarter of the subsidy-receiving sample (24%) had had their subsidy use interrupted due to illness, employment change, or for other reasons, ranging from 30% of the sample in Missouri to 18% in Iowa. Among those who had their subsidy use interrupted, it happened 1.52 times on average. Losses of subsidies

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happened more times among the parents rating their child care provider's quality as B (2.25 interruptions on average) or lower (3.00 interruptions on average).

- We were very interested in knowing what parents did when subsidy provision was interrupted. Table 7 shows those parents' responses.

Table 7. [If you answered "yes" to receive a subsidy and had subsidy interrupted], for each item below, please indicate . . . if it was something that happened to you at any time when you had interrupted or lost subsidy payments. (n=42)

Item	Percentage saying "yes" to item
I had to take my child out of child care, but I was able to get him/her back in.	31%
I had to take my child out of child care, and I was not able to get him/her back into that program; had to find a new provider.	14%
The child care provider kept my child at no cost or reduced cost.	17%
I covered the cost of child care to keep my child with the same provider.	52%
We went to part-time.	19%
Nothing changed.	13%

- The most common solution to temporary loss of child care subsidies was for parents to cover the costs of child care until the subsidy was restored so the child did not need to terminate care with a provider. Because of low incidence, there were few significant differences on these items. Thus, when differences were significant, they are quite notable. Parents using infant-toddler center-based care were significantly more likely to need to take the child out of child care and find a new provider than were parents using family child care and those with preschool age children using center-based care. Family child care home providers were significantly more likely to keep the child at no or reduced cost, and this was true for infant center-based providers over preschool providers, though the latter difference was not significant.

- We were also interested in learning if families that were eligible for subsidies were not receiving them, and when this happened, why. See Table 8 for their responses. There was a very small sample of parents who knew they were financially eligible for subsidies but who did not receive them (14), and the most

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common reason seemed to be that they perceived subsidies as a hassle they didn't want to deal with. It is important to interpret the findings with caution given the small sample size.

Table 8. [If you are financially eligible for a government subsidy and not using a government subsidy], please indicate for each of the following if it a reason for not using subsidies. (n=14)

Item	Percentage saying "yes" to item
Unemployed, laid-off, or ill temporarily	21%
I don't know how to apply	25%
It is too difficult to apply	25%
I don't want to mess with the hassle	44%
I'd probably just lose them soon anyway	27%

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Appendices

Appendix A. Aspects of Policy Context

Appendix B. Parent Perceptions of Specific Aspects of Quality

Appendix C. Survey Instrument

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Appendix A. Aspects of Policy Context

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CCDF and Its Influence on Child Care as of 2001

State	Administration	Subsidy Rules (which providers can receive subsidies)	Steps to encourage providers to accept subsidies	Parent Eligibility for Subsidies	Average # of children served monthly **
Iowa	Department of Human Services	Non-registered providers Registered family child care homes Licensed child care centers Exempt centers (Department of Education programs)	Payments are now issued on a daily basis (providers still bill once per month, but payments are issued quicker) Streamlining certificate process Start-up/Emergency grants required centers to accept subsidy	140% FPL Special needs: 175% FPL	15,200
Kansas	Social and Rehabilitative Services	Any regulated provider-licensed or registered by KDHE who "enrolls" with SRS to enable payment	Biannual rate adjustment, direct deposit prompt, dependable payment	185% of FPL or Social Services employed or on TANF	16,000
Missouri	Department of Social Services	Licensed and License-exempt providers must sign a payment agreement	-Guaranteed payment -Automated monthly invoicing -Five day turnaround for payment	Income Participation in an eligible need component	44,000
Nebraska	Health and Human Services	Approved homes, licensed programs	Higher rate for accredited program	Income guidelines, authorized need	15,218

** Numbers supplied by state government employees.

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CCDF and Its Influence on Child Care as of 2001

Child Care Development Fund (CCDF): Table from National Child Care Information Center

"Estimates of Child Care and Development Fund (CCDF) Eligibility and Receipt." U.S. Department of Health and Human Services, Administration for Children and Families.1998.
http://www.hhs.gov/news/press/1999pres/991019.pdf

State	Parents working or in education and training (no income limit)	Eligible for CCDF (if state limits raised to Federal maximum)	Eligible for CCDF (under state rules in effect Oct 1997)	Receiving CCDF subsidies (April-Sept 1998)	Served as percent of potential eligibles (Column 4/Column 2)
Iowa	415,600	199,200	102,100	11,810	6
Kansas	348,400	172,800	126,500	10,240	6
Missouri	654,000	305,600	129,400	42,600	14
Nebraska	234,500	115,000	73,400	9,350	8

Notes: First four columns of estimates were generated from the Urban Institute's TRIM3 model.
1) Children <13 (or disabled and below state age limit for disabled) with both parents working or in education/training programs. No income limit.
2) Children from (1), if family income below 85 percent of State Median Income, the maximum limit allowed under Federal law.
3) Children from (1), if family income below eligibility limits set by each state (based on limits allowed under Federal law.
4) Estimated children receiving CCDF child care subsidies, April -Sept 1998. State administrative data reported to Child Care Bureau and adjusted to reflect CCDF subsidies only. Estimates are preliminary and subject to revision.

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Appendix B. Parent Perceptions of Specific Aspects of Quality

Now, please rate your current caregiver and the setting he or she provides for your child by indicating how much you agree or disagree with each of the following statements. (n=1,321)

Item	Mean of 5-point scale where 5 = strongly agree and 1 = strongly disagree
The caregiver is warm and affectionate toward my child.	4.63
My child is treated with respect.	4.66
My child is safe with this caregiver.	4.78
My child gets a lot of individual attention.	4.13
My caregiver and I share information.	4.43
My caregiver is open to new information and learning.	4.35
My caregiver shows she/he knows a lot about children and their needs.	4.53
The caregiver has difficulty with discipline matters and sometimes is harsh.	1.69
My child feels safe and secure with this caregiver.	4.67
My child dislikes the caregiver.	1.22
My caregiver is supportive of me as a parent.	4.44
There are a lot of creative activities going on.	4.37
It's an interesting place for my child.	4.45
My provider is happy to see my child.	4.59
If I had it to do over, I would choose this caregiver again.	4.67
Caregiver reads or looks at picture books with my child every day.	4.22
This has been a good experience for my child.	4.65

- continued -

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Now, please rate your current caregiver and the setting he or she provides for your child by indicating how much you agree or disagree with each of the following statements. (n=1,321) (Continued)

Item	Mean of 5-point scale where 5 = strongly agree and 1 = strongly disagree
Caregiver has a formal conference with me every year about my child's development.	3.01
My child has stability in her/his child care relationships.	4.44
There has been too much turnover among my child's caregivers.	1.73
There are too many children being cared for at the same time.	1.90
My caregiver gets impatient with my child.	1.56
The children seem out of control.	1.53
The conditions are dirty.	1.29
The children watch too much TV.	1.41
Every day my child and I are greeted when we arrive.	4.48
I worry about bad things happening to my child in care.	1.52
Dangerous things are kept out of reach.	4.57
There are areas set up to encourage different forms of learning and play.	4.41
The child care facility (home or center) has good indoor spaces for children.	4.47
The child care facility (home or center) has good outdoor spaces for children.	4.56
My child has daily access to a good supply of toys and materials.	4.66

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Appendix C. Survey Instrument

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