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UNIVERSITY OF CALIFORNIA

Los Angeles

Who Cares for Infants and Toddlers?

A Mixed Methods Study of Child Care for Low-Income Families

A dissertation submitted in partial satisfaction of the
requirements for the degree of Doctor of Philosophy
in Education

by

Jennifer Lynn Marcella

2014

ABSTRACT OF THE DISSERTATION

Who Cares for Infants and Toddlers?

A Mixed Methods Study of Child Care for Low-Income Families

by

Jennifer Lynn Marcella

Doctor of Philosophy in Education

University of California, Los Angeles, 2014

Professor Carollee Howes, Chair

Despite trends indicating that low-income, Latino families underuse licensed child care (Chaudry et al., 2011; Howes et al., 2007), questions remain about why these mothers do not use infant and toddler child care programs. Therefore, this mixed methods case study of a Los Angeles community illustrates the interplay of licensed child care availability with maternal preferences regarding infant and toddler care arrangements. Community demographic data as well as availability and quality of licensed child care data provided the descriptive community context. Family survey data depicted trends in child care use of a predominantly low-income sample of 556 mothers living in the community. Lastly, semi-structured interviews were conducted with a subsample of 28 family survey mothers to shed light on mothers' beliefs about infant and toddler child care. Taken together, these sources of data indicated that limited infant and toddler licensed care was available, and few programs served specifically low-income families. Within this

community child care context, mothers had a limited awareness of the available licensed care. Additionally, these mothers expressed negative impressions of licensed care, which seemed warranted based on the observational data on programs serving low-income families. From this study, policymakers should strive to improve the quality of care for all infant and toddler programs while also better designing and marketing child care assistance programs to meet the needs of low-income families. Practitioners can utilize these findings by learning about the concerns of low-income mothers, addressing any shortcomings their programs face, and better communicating with new mothers to allay fears about group care.

The dissertation of Jennifer Lynn Marcella is approved.

Rashmita Mistry

Christina Christie

Todd Franke

Carollee Howes, Committee Chair

University of California, Los Angeles

2014

ACKNOWLEDGEMENTS

I would like to express my appreciation for the individuals who have helped me complete this dissertation as well as my family and friends who have supported me throughout this journey. First, I would like to thank my advisor, Carollee Howes, for her endless feedback and insight as I developed this research idea and transformed this fledgling idea into a fully, fleshed-out case study. Next, I would like to thank Rashmita Mistry, Tina Christie, and Todd Franke for their time and consideration as my dissertation committee members. Finally, I would like to acknowledge my research group members, who always shared their optimism and wisdom.

I am incredibly grateful for the individuals who helped me carry out this study. Deborah Grodzicki, thank you for accompanying me to the target community and assisting on all of my Spanish interviews. Not only did you provide invaluable assistance in conducting interviews, you helped me deal with parking, chickens, and stray dogs! Michelle Molina and Elizabeth Higareda, thank you for your assistance in recruitment and transcriptions.

I would also like to acknowledge the rest of my support system throughout this process: my family and friends. Specifically, I would like to thank both of my parents for their life lessons in working hard to achieve goals and the importance of keen observation skills. There are not enough words of appreciation to thank my life partner for supporting me through this process whether that was driving me to an interview, counseling me through the challenging days of analysis, or debriefing with me after an interesting observation.

Lastly, I would like to express my deepest gratitude to the mothers and child care agencies in this study, who opened their doors to me and shared their stories with me. This study could not have taken place without their willingness to participate, and I hope I can put the findings of this study to positive use in the community.

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VITA/BIOGRAPHICAL SKETCH

EDUCATION

M.A., Human Development and Psychology, December 2011

- University of California at Los Angeles Graduate School of Education and Information Studies
- Thesis: *Exploring Cumulative Risk and Family Literacy Practices in Low-Income, Latino Families*

B.A., Psychology (Minors: Applied Developmental Psychology and Spanish), June 2007

- University of California at Los Angeles
- College Honors Program, Summa Cum Laude
- Honor Societies: Alpha Lambda Delta, Phi Eta Sigma, Golden Key International, Phi Beta Kappa
- Education Abroad Program in Madrid, Spain, September – December 2005

PROFESSIONAL EXPERIENCE

UCLA Center for Healthier, Children and Families

January 2011 – March 2014

Graduate Student Researcher

- Participated in longitudinal evaluation of home visiting program
- Provided training and ongoing support to data collectors and undergraduate research assistants
- Collaborated in developing survey instruments
- Managed data and contributed to analysis of results
- Wrote and revised annual report to submit to funding agency

WestEd, Center for Child and Family Studies

May 2013 – August 2013

Research Assistant

- Searched for research to apply to Ohio Early Learning and Development Standards (ELDS)
- Created Power Point presentations to serve as professional development on Ohio ELDS

California State University, Dominguez Hills, Department of Child Development

Fall, 2012

Lecturer

- Taught course on child development and social policy

UCLA Department of Education

January 2011 – June 2011

Special Reader

- Provided constructive feedback on content and grammar on undergraduate writing assignments

UCLA Early Care and Education

February 2008 – January 2011

Child Development Teacher

- Performed duties of absent teachers, which included assisting infants, toddlers, and preschoolers in daily routines, developing curriculum, and making observations about children's development
- Assisted in process of NAEYC reaccreditation by contributing to classroom portfolios and scrutinizing completed portfolios to ensure they contained the necessary materials

Bright Horizons Family Solutions

November 2007 – February 2008

Infant Teacher

- Assisted infants in their daily routines, while supporting their increasing competence
- Created curriculum based on children's interests and social-emotional, physical, cognitive needs

Westside Children's Center

August 2007 – November 2007

Associate Teacher

- Provided care for and ensured safety of two-year-old children
- Created and implemented developmentally appropriate curriculum

SELECTED PUBLICATIONS

Marcella, J., Howes, C., & Sidle Fuligni, A. (in press). Exploring cumulative risk and family literacy practices in low-income Latino families. *Early Education and Development*.

Marcella, J. & Howes, C. (in press). Using naturalistic observation to study children's engagement within early childhood classrooms. *Handbook of Research Methods in Early Childhood Education*.

Benatar, S. Sandstrom, H., Hill, I., Wilkinson, M., Grodzicki, D., **Marcella, J.**, Brown, M. L., Christie, C., & Franke, T. (2013). *Best Start LA Pilot Community Evaluation: Welcome Baby! Home Visiting Improves Breastfeeding and Child Development, Findings from the 12-Month Child and Family Survey*.

SELECTED PRESENTATIONS

Marcella, J. & Howes, C. (2013). *Examining associations between prekindergarten children's engagement in academic activities, teacher practices, and school readiness skills*. Paper presentation at Society for Research in Child Development Biennial Meeting, Seattle, WA.

Marcella, J. (2013). *Who cares for infants and toddlers? A mixed methods study of child care for low-income families*. Poster session at Society for Research in Child Development Biennial Meeting, Seattle, WA.

Marcella, J., Grodzicki, D., & Molina, M. (2012). *Are you a defier or complier? The importance of dosage in evaluation*. Paper presentation at American Evaluation Association Annual Conference. Minneapolis, MN.

Marcella, J., Grodzicki, D., & Molina, M. (2012). *Need a few more tools in your recruitment toolkit? Strategies for recruiting high-risk participants*. Paper presentation at American Evaluation Association Annual Conference. Minneapolis, MN.

Marcella, J., Howes, C., & Sidle Fuligni, A. (2012). *Exploring cumulative risk and family literacy practices in low-income Latino families*. Poster session at National Head Start Conference. Washington, D.C.

CHAPTER 1: INTRODUCTION AND LITERATURE REVIEW

Eva immigrated to the United States five years ago; when she first arrived, she worked as a seamstress in the garment district. She came to this country alone, and all of her extended family lives in Mexico. Eva met her husband in Los Angeles, who helps provide financially for Eva and gives her emotional support. Celia, on the other hand, was born in the United States and currently works as an administrative assistant for a dental office. She has never married. Both women live in a pocket of Los Angeles densely populated by other Latino families. Like Eva and Celia, the other Latino families in the community represent a mix of immigrants from Mexico and Central America as well as second-generation families who were born in the United States.

Eva and Celia, like most adults in this community work low-wage jobs or are unemployed. Their families hover around the poverty line receiving assistance from their local Women, Infants, and Children clinics and other social service agencies. Similar to most young adults in this community who do not complete high levels of education, Eva only went to primary school in Mexico, while Celia graduated from high school but dropped out of community college. Physically, this urban community is characterized by both industrial and residential areas, and buildings as well as homes appear old and unkempt. The community also struggles with crime, poor public transportation, health problems including obesity and asthma, and few safe places for children to play.

Amidst these family level and community level risk factors, Eva and Celia both are mothers of toddlers. Whether rich or poor, parents need to make the intimate and oftentimes complex decisions about who will care for their infants and toddlers. Because Eva recently immigrated without her family network, she must quit her job when the baby arrives because she cannot afford child care nor does she have extended family to help care for her child. As a single mom, Celia manages to keep her job and place her child in a subsidized Early Head Start center.

Eva and Celia represent many mothers in this community who have limited choices when it comes to making child care arrangements. Many mothers are constrained not only by their family economic conditions and levels of social support but also by the surrounding high-risk neighborhood that does not offer much in terms of high quality child care for infants and toddlers.

While the availability and use of child care across the United States has been studied extensively through large-scale quantitative surveys, the stories of how low-income, minority, and immigrant mothers living in a stressful neighborhood context deal with the intensely personal decisions of where to leave their infant or toddler each day while working or going to school have yet to be heard. This dissertation presents a case study of child care arrangements and availability in one particularly high-risk, Los Angeles community.

Introduction

The income achievement gap between children from low- and high-income backgrounds exists before children turn four (Reardon, 2011), and research consistently shows that high quality infant and toddler care enhances child outcomes for disadvantaged children (Campbell, Pungello, Miller-Johnson, Burchinal, & Ramey, 2001; Loeb, Fuller, Kagan, & Carrol, 2004; NICHD Early Child Care Research Network, 2000). Yet, infant and toddler care remains extremely limited; for example, only 6% of slots in licensed child care programs in California serve infants and toddlers (Miller & Perez, 2010). Even when care is available, high quality infant and toddler care is less prevalent than high quality preschool care (Helburn et al., 1995).

Some low-income mothers struggle to find high quality child care centers serving infants and toddlers within their disadvantaged neighborhoods (Burchinal, Nelson, Carlson, & Brooks-Gunn, 2008; Lower, Cassidy, & Faldowski, 2010), while others would not use licensed child

care if it were available because of cultural values against early care by non-family members (Lowe & Weisner, 2004; Zinsser, 1991). Extant research tends to look at either of these issues in isolation without overlaying maternal preferences and child care choices within the context of available licensed care. Decisions about caring for infants and toddlers are both intimate for parents and dependent on local conditions (Rogoff, 2003). For example, asking parents who have never seen a high-quality infant center or who cannot imagine one in their neighborhood the kind of child care they prefer may not elicit thoughtful answers. Therefore, the first goal of this study was to examine the availability and quality of licensed child care serving infants and toddlers in a geographically-defined Los Angeles community. With this community child care context in mind, the second goal of this study was to describe the trends in child care use by parents of infants and toddlers who live in this community. I also explored whether maternal and family characteristics related to type of child care arrangements chosen for infants and toddlers.

In addition to availability within the community, access to high quality infant and toddler care proves challenging for low-income families due to financial constraints or logistical issues. Just like many middle-class families, low-income families feel torn between their desire to provide their own maternal care for their children or placing their child in the care of others (Lowe & Weisner, 2004). Yet, low-income families need to decide what makes the most financial sense: working to place their child in expensive child care or staying at home not working to avoid the cost of child care. Especially with the inflexible schedule, non-traditional hours, transportation issues, and instability of work typically associated with low-wage jobs, poor moms have lots of factors to take into consideration when piecing together child care arrangements (Burchinal et al., 2008; Chaudry et al., 2011; Lower et al., 2010; Torquati, Raikes, Huddleston-Casas, Bovaird, & Harris, 2011). This dissertation focused on how low-income

families navigate the limited child care system for infants and toddlers amidst the chaos of low-wage work. Therefore, the last set of project goals included listening to the voices of individual families within the community to see how they make child care decisions. Specifically, the fourth project goal investigated the full range of child care arrangements of families living in this community. Finally, the last project goal uncovered family beliefs and values regarding different types of child care for infants and toddlers (e.g., maternal, relative, center-based, family child care).

The following literature review describes the complex nature of the several family and community factors that impact child care use. First, the theoretical framework will be presented. Next, definitions of the types of infant and toddler child care will be provided. After outlining the types of care, the significance of high quality child care for infants and toddlers will be highlighted. The literature review then illustrates trends in child care use as well as family characteristics influencing child care choices. Lastly, family beliefs regarding child care, particularly for infants and toddlers, will be addressed. This literature review sets the stage for the current dissertation that examined each one of these forces at play within the target community.

Theoretical Framework

I have placed this study within Rogoff's sociocultural theoretical framework, in which humans develop as participants in cultural communities (Rogoff, 2003). Cultural communities consist of individuals who share values, beliefs, and practices. In this study, I investigate the cultural community of low-income mothers of infants and toddlers who live within a particular geographic community. Based on demographic characteristics of race/ethnicity or socioeconomic status, these mothers would not be expected to use licensed child care; however, I attempted to

gain a more nuanced understanding of these mothers' routine ways of doing things within the context of their communities. As Rogoff describes, "Arrangements regarding who cares for children and under what circumstances are intimately related to the support provided by community connection and extended family" (p. 104), this study investigated both the trends in child care arrangements of this population as well as the level of community support in terms of licensed child care.

Furthermore, Rogoff's transformation of participation perspective offers a useful lens to view the current study's design. In this perspective, the focus of analysis occurs on multiple different levels: individual, interpersonal, and cultural-institutional. When placing any one of these levels in the foreground for analysis, each of the other levels should remain a consideration in the background. Through survey data and semi-structured interviews, I presented an individual focus of analysis on the mothers' child care decisions and preferences. During the discussions of the semi-structured interviews, I touched upon mothers' interactions with family members or child care providers as an interpersonal focus of analysis. Lastly, I examined the community context of child care as a cultural-institutional focus of analysis. Throughout the analysis of these multiple sources of data, I identified regularities to make sense of this cultural community's similarities and differences with other cultural communities. For example, when coding for mothers' prerequisites of infant and toddler care, these themes were mapped onto the research cultural community's definition of child care quality in the discussion.

Types of Infant and Toddler Child Care

The types of infant and toddler care explored in this dissertation were broken down into parental, kith and kin, and licensed care. Parental care refers to families in which mothers and/or fathers provide daily care to child. Kith and kin care comprises relatives and non-relative

babysitters. Relative care includes older siblings or extended family members who care for the child either in the child's own home or in the home of the caregiver. Non-relative babysitters include friends or neighbors who care for the child in the child's own home or in the home of the caregiver. Licensed care includes both family child care and center-based programs. Family child care homes tend to have groups of mixed aged children. Center-based programs may have separate infant and toddler classrooms or mixed age classrooms. In both of these types of licensed programs, adult:child ratios and group size are clearly defined by the state licensing system.

From these types of child care, both typical populations and high-risk samples of children demonstrate enhanced developmental outcomes from participating in center-based programs. Extant research has shown that center-based options provide more developmentally appropriate and stimulating care than relative care or family child care (Burchinal et al., 2008; Li-Grining & Coley, 2006; Lower et al., 2010). In a nationally representative sample, children consistently in center-based care from 6-months to 36-months demonstrated better cognitive and language outcomes than children in other types of care arrangements (NICHD Early Child Care Research Network, 2000). Within a higher-risk sample of mothers who recently moved from welfare to work, infants and toddlers showed positive cognitive effects when attending center-based care in comparison to children in kith and kin care. These strong positive cognitive effects remain even when controlling for relevant child (i.e., age, baseline cognitive outcomes) and maternal characteristics (i.e., education, employment, welfare status, cognitive proficiency) (Loeb et al., 2004). Because center-based care can serve as a meaningful early childhood intervention, this dissertation focused on the availability of this resource in the target community as well as mothers' beliefs about using center-based programs for infants and toddlers.

Quality of Infant and Toddler Child Care

While center-based child care can serve as an early childhood intervention especially for high-risk children, the benefits of these programs depend heavily on the quality of care. Researchers discuss child care quality in terms of structural and process quality. Structural quality includes the typically regulated features of child care classrooms such as adult:child ratios, group size, and teacher education, whereas process quality refers to actual caregiving provided to the child in the form of sensitive adult-child interactions and developmentally appropriate curriculum. Structural quality provides the foundation for process quality, which ultimately relates to improved child outcomes. While these components of quality most often are studied in the context of center-based care, these principles apply when children receive care in family child care, relative care, or maternal care.

Previous research has documented how structural quality relates to process quality. Aspects of structural quality such as teacher training, teacher wages, parent fees, teacher education, ratios, and group size significantly predict process quality for infant and toddler center-based classrooms (Helburn et al., 1995; Howes, Whitebook, & Phillips, 1992; NICHD Early Child Care Research Network, 1996; Phillips, Mekos, Scarr, McCartney, & Abbott-Shim, 2000). Furthermore, the financial aspects of structural quality including teacher wages and parent fees heavily contributed to the process quality of care for infants and toddlers, above and beyond other structural indicators of quality (Phillips et al., 2000).

After establishing the link between structural and process quality, empirical evidence suggests that process quality relates to children's outcomes. Evidence from methodologically rigorous studies of model early intervention programs that begin in infancy, such as the Abecedarian Project, provide the strongest causal evidence that intensive, high quality early child

care experiences impact child development. Results from the Abecedarian Project indicate that disadvantaged children who received high quality full-time care from birth through age 5 maintained cognitive gains into adolescence and adulthood (Campbell et al., 2001; Campbell & Ramey, 1994; Campbell, Ramey, Pungello, Sparling, & Miller-Johnson, 2002). However, infants and toddlers may be in a variety of child care arrangement types; studies that have observed children in broader types of non-parental child care arrangements (e.g., kith and kin, centers, family child care) also show that process quality indicators relate to children's outcomes. In a national sample, indicators of process quality such as positive caregiving and language stimulation during the first three years of life positively related to both children's language and cognitive outcomes at 24 and 36-months (NICHD Early Child Care Research Network, 2000). Similarly in a working poor sample, children show stronger cognitive and language outcomes when they interact with more sensitive and responsive caregivers (Loeb et al., 2004). Both of these non-experimental studies report important descriptive associations within typical child care arrangements that might exist in any community.

While research consistently shows the impact of quality on children's developmental outcomes, child care centers often fall short of the minimal recommendations for structural and process quality. Even though adult:child ratios and group size represent an important aspect of structural quality, several studies report that infant and toddler classrooms serving families from diverse socioeconomic statuses do not meet state or other guidelines (e.g., National Association for the Education of Young Children) for adult:child ratios or group size (Phillips et al., 2000; Phillips, Voran, Kisker, Howes, & Whitebook, 1994; Schmit & Matthews, 2013). Disturbingly, the majority of center-based classrooms serving infants and toddlers demonstrate minimal to less than good process quality as well (i.e., caregiving and developmentally appropriate activities)

(Helburn et al., 1995; Howes et al., 1992; Phillips et al., 1994; Pungello & Kurtz-Costes, 1999). Because of this prior research on child care quality, I expected the quality of infant and toddler programs in the target community to be on average low.

Availability of Infant and Toddler Child Care

Despite the overall low quality of infant and toddler care, both family income and community disadvantage are also associated with child care quality. Child care quality has been shown in multiple studies to demonstrate a curvilinear relationship with family income (NICHD Early Child Care Research Network, 1997b; Phillips et al., 1994; Torquati et al., 2011), such that low-income and affluent families experience higher quality care than middle-income families. Even though these studies suggest that low-income families experience higher quality care, access to high quality child care remains limited in low-income communities. Within poor metropolitan communities, an unmet need exists such that not all families have access to adequate child care (Gordon & Chase-Landsdale, 2001). Furthermore, other studies report that low-income families actually receive lower quality care than other income groups (Kontos, Howes, Shinn, & Galinsky, 1997; Pungello & Kurtz-Costes, 1999). Recent work continues to show that “quality infant-toddler care child care is in short supply and unaffordable for many families” (Schmit & Matthews, 2013).

Even when child care is available, neighborhood structural disadvantage relates to lower quality child care (Burchinal et al., 2008). For example, a study of all licensed child care programs in North Carolina demonstrated that high quality centers were more likely to be located in white, affluent communities compared to minority, disadvantaged communities (Lower et al., 2010). While federal and state early childhood funds (e.g., Head Start and state preschool) improved levels of quality, these extra sources of funding were not sufficient to overcome

community disadvantage (Lower et al., 2010). The availability of child care in the community influences the rates of take-up of center-based and family child care. Census data illustrated that when the availability of center-based or family child care increases, the rates of participation in that type of care nearly double (Gordon & Chase-Landsdale, 2001). When availability of center-based child care increases, mothers use this type of care more often, and mothers also more frequently experience paid employment (Gordon & Chase-Landsdale, 2001). Interestingly, higher-income families used high quality care when they lived in more advantaged neighborhoods, but higher-income families did use lower quality care when they lived in disadvantaged neighborhoods. On the same token, less educated mothers used higher quality child care when they lived in more advantaged neighborhoods, yet they demonstrated using lower quality care when they lived in disadvantaged neighborhoods (Burchinal et al., 2008). These associations suggest that level of neighborhood disadvantage plays a role in what level of quality care parents can access, regardless of income and education.

In addition to these national studies presented above, data from California offers a more realistic portrait of the infant and toddler child care scene for low-income mothers living in the target community. In California, only 6% of spaces are allotted for infants and toddlers in licensed child care centers (Miller & Perez, 2010). Within California, several federal- and state-funded programs aim to subsidize the cost of child care for infants and toddlers from low-income families (Karoly, 2012). Federal funding provides free child care for infants and toddlers through Early Head Start. Unfortunately, only 3% of eligible infants, toddlers, and their families experience the potential benefits of Early Head Start (Children's Defense Fund, 2008). Low-income families can also secure financial assistance (i.e., subsidies) for infant and toddler care through the California Work Opportunity and Responsibility to Kids (CalWORKS) program or

the General Child Care and Development Fund (CCDF) (Miller & Perez, 2010). CCDF subsidies tend to be used for preschool-aged children rather than infants and toddlers; compared to the other 50 states, California ranks last in serving infants and toddlers via CCDF subsidies. Due to lengthy waiting lists, limited funding, lack of available care in community, faulty reimbursement procedures, strict income eligibility requirements, and other complications with the subsidy system, several families choose to not use the inefficient and complex child care subsidy system (Pearlmutter & Bartle, 2003). It is estimated that “less than one-quarter of all eligible families use child care subsidies” (Fuller, et al. 2002, p. 97). Across all of these avenues for subsidized care, it is estimated that only 8% of eligible infants and toddlers were in subsidized care in California (Karoly, 2012).

As the community context of available child care plays a role in the child care choices of low-income families (Tang, Coley, & Votruba-Drzal, 2012), this dissertation assessed the availability of licensed child care as well as any variation in child care quality dependent upon socioeconomic status of the families served by the program. Based on the community demographics, I expected that higher quality programs exist in the downtown area that serves high-income families, and I expected that low-income families have limited access to high-quality programs in their immediate vicinities.

Use of Infant and Toddler Child Care

In addition to availability of licensed care, family economic characteristics have been shown to relate to parental decision making of child care arrangements (Pungello & Kurtz-Costes, 1999; Weber, 2011). First and foremost, mother’s employment status relates to use of non-maternal early child care (Tang et al., 2012). Additional family economic factors (e.g., family income, income to needs ratio, maternal work hours) and maternal beliefs about

employment have been linked to parents' child care decision making (NICHD Early Child Care Research Network, 1997b). Family economic factors specifically related to the number of hours spent in care, kind of care chosen, and child age of entry into care. Additionally, maternal employment status predicted age of entry into care, number of hours in care, and type of care chosen in the first year of life (NICHD Early Child Care Research Network, 1997a). By the time children reach 12 months of age, rates of participation in family child care homes or child care centers started to increase (NICHD Early Child Care Research Network, 1997a). While significant, these relationships were found in a sample that overrepresented employed mothers and underrepresented high-risk families. In this same sample, nearly half of infants in non-maternal care receive care by their fathers or other extended family members (NICHD Early Child Care Research Network, 1997a). As further discussed below, low-income families face additional considerations when choosing infant and toddler child care due to nonstandard employment.

Nonstandard employment is often characterized by ambiguous employment status and schedule instability, which each carry implications for securing child care (Henly & Lambert, 2005). Ambiguous employment occurs when full- or part-time status does not match the number of hours actually worked, which can leave parents unsure of their ongoing child care needs. Ambiguous employment does not fit well within the confines of licensed programs that typically have set hours with limited flexibility. Schedule instability, which refers to changing shifts across days/weeks/months, forces many mothers to choose kith and kin caregivers or to rely exclusively on parental care to accommodate unpredictable work schedules (Han, 2004; Henly & Lambert, 2005). Low-income mothers also tend to use multiple care arrangements to meet the demands of nonstandard employment (Henly & Lambert, 2005). Both qualitative and

quantitative work shows that the low-wage employment context (i.e., inflexible schedule, non-traditional hours, transportation issues, instability of employment) hinders a low-income parent's ability to make ideal child care arrangements (Chaudry et al., 2011; Torquati et al., 2011).

Amidst these family economic contexts, the following statistics depict the trends in child care use across the country and California. National rates of infant and toddler child care arrangements demonstrate that 42% of infants and 52% of toddlers spend time in non-parental care settings (Schmit & Matthews, 2013). National data illustrates slight differences across income groups in participation in the various types of non-parental care arrangements. Low-income families with employed mothers show the following rates of participation in various care arrangements: 16% center-based care, 32% relative care, and 14% nonrelative care (e.g., licensed family child care or license-exempt home care); middle and higher-income families with employed mothers show the following rates of participation: 21% center-based care, 26% relative care, and 22% nonrelative care (Schmit & Matthews, 2013). These statistics show that low-income families with employed mothers use center-based and nonrelative care arrangements less frequently than higher-income families. Similarly in a sample representative of California's young children, approximately 46% of infants and toddlers spend time in some type of non-parental care setting (Karoly, 2012). In California, 13% of infants and toddlers experience center-based care, 23% experience relative care, and 17% experience nonrelative care. This data demonstrates that California's population of infants and toddlers uses center-based care and relative care arrangements at lower rates than the national estimates.

Studies of predominantly Latino, low-income families consistently show that licensed care, especially for infants and toddlers, remains underutilized. Chaudry and colleagues (2011) found that relative care serves as the most common type of child care arrangement, especially for

infants and toddlers. Similarly, Howes and others (2007) observed that during the period of birth through age two, most children remain in maternal care. Once children turned about two-years-old, nearly half of the children in the sample experienced relative or licensed care outside of the home for at least 20 hours per week (Howes, Wishard Guerra, & Zucker, 2007). While nearly one-third of white and black families place their children in center-based care, only 14% of Latino children experience this type of care (Layzer & Burstein, 2007). While research has shown these trends, Latino families represent a diverse populations (Howes et al., 2007). As such, the qualitative portion of this study aimed to uncover the various reasons mothers have for not utilizing licensed care. As the sample for this dissertation includes predominantly Latino families, this study examined if such rates of participation replicate in this sample as well as further delved into why low-income, Latino parents made the child care choices they do. Of particular interest, I tapped into parental beliefs about using center-based care for infants and toddlers.

Family Beliefs Regarding Infant and Toddler Child Care

While community availability and family economic characteristics play a role in child care decisions, maternal beliefs and preferences also determine what type of child care families choose (Kuhlthau & Oppenheim Mason, 1996; Pungello & Kurtz-Costes, 2000; Weber, 2011). Previous research suggests that parental values surrounding child care decisions may explain differences in child care use by demographic variables such as income or ethnicity (Early & Burchinal, 2001). Mothers of infants typically prefer parental or relative care arrangements (Riley & Glass, 2002). Ethnographic interviews with low-income families uncovered that many parents trusted kith and kin to care for their children safely, warmly, and in ways that aligned with the parent's own values and morals (Lowe & Weisner, 2004). Some parents felt that center-

based care may be dangerous or expose their children to values that do not align with familial values; however, other parents felt that center-based care would be preferable to unregulated care by non-relatives because of licensing requirements and the potentially educationally and socially stimulating environment for children (Lowe & Weisner, 2004). When characterizing non-maternal care arrangements for preschoolers, while low-income mothers report uniformly high satisfaction across all child care types, they rate relative care or family child care centers as more accessible, flexible, and better at communicating with parents (Li-Grining & Coley, 2006). From these mixed and limited findings regarding low-income families' beliefs and preferences about child care for children 0-5, more research needs to further delve into the beliefs and preferences about child care and specifically for the infant, toddler period (Coley, Li-Grining, & Chase-Landsdale, 2006).

Qualitative and quantitative research that examine factors that mothers believe are important when thinking about infant and toddler child care can be grouped into six themes: cost, convenience, safety, provider characteristics, teacher:child ratios, and educational activities (Chaudry et al., 2011; Forry, Wessel, Simkin, & Rodrigues, 2012; Henly & Lyons, 2000; Schmit & Matthews, 2013). Cost refers to the affordability of care, while convenience comprises the location and schedule of the care setting. Safety includes security of the physical environment, cleanliness, and health issues. Mothers prefer providers who are trustworthy, warm, enthusiastic, competent, and well-trained. Furthermore, one study found that mothers care about the provider:child ratios to ensure that their children receive individualized attention (Forry et al., 2012). Finally, many mothers point out the significance of structured learning opportunities in early care environments.

From these important factors, the various types of care arrangements each suits different needs. Kith and kin care often suits the cost and convenience concerns, but this type of care may also be more unreliable than licensed programs (Henly & Lyons, 2000; Li-Grining & Coley, 2006). Some mothers prefer the more structured environments of licensed care to provide learning opportunities for their young children, but licensed care is not universally available nor is it universally high quality (Henly & Lyons, 2000). Despite parents beliefs and preferences, oftentimes parents must make decisions about child care that do not necessarily align with their preferences due to logistical factors such as location, hours, cost, or transportation (Chaudry et al., 2011; Riley & Glass, 2002). Previous studies report that between 22-38% of women actually are able to use the type of child care they prefer (Li-Grining & Coley, 2006; Riley & Glass, 2002). By listening to the individual stories of mothers living in the target community, the semi-structured interviews explored similar themes of maternal beliefs about various types of care and important aspects of child care for infants and toddlers.

In navigating the community child care context, parents predominantly use informal sources of friends, family, and past personal experiences as opposed to more formal sources such as a child care resource and referral agency or other human service offices (Chaudry et al., 2011; Pungello & Kurtz-Costes, 1999; Zucker, Howes, & Garza-Mourino, 2007). Low-income families cite several challenges in navigating the licensed the child care system: being placed on lengthy waitlists due to lack of slots for child's age, exorbitant cost, rigid income eligibility requirements of Early Head Start or child care subsidies, and complicated subsidy system (Chaudry et al., 2011). Furthermore, parents report that receiving lists of child care from formal sources serves a useful purpose, but some parents still felt that these lists did not necessarily help them find "good" quality care. Because prior work has shown that parents do not utilize the formal systems

in place to link them to child care, I asked parents how they found out about their current child care arrangement and what other types of care they knew about in their community.

The Current Study

Therefore, this multi-faceted study presents a case study of how low-income mothers living in a high-risk community navigate the complex decision-making process of who should care for their infants and toddlers. Community demographic data as well as availability and quality of licensed child care data provided the descriptive community context in which these families make their child care decisions. Family survey data from a longitudinal study at two time points (12-months and 24-months) illustrated trends in child care patterns and was used to identify family characteristics associated with type of child care arrangements chosen for infants and toddlers. Lastly, semi-structured interviews were conducted with a subsample of these families to shed light on how parents navigate their child care arrangements and beliefs about various child care options. These data sources addressed the following research questions:

1. What is the availability and quality of licensed child care serving infants and toddlers within a Los Angeles community?
2. With this community child care context in mind, what are the types of care used by low-income families?
3. What family characteristics predict type of child care arrangements for infants and toddlers?
4. What are maternal preferences for infant and toddler child care? At what age do mothers believe children should start a school-like environment?
5. What are maternal beliefs about the various types of child care?
6. How do mothers approach the child care search process?

CHAPTER 2: STUDY METHODOLOGY

Quantitative Methodology

Community Demographic Data

Procedures. The website, www.healthycity.org, was used to ascertain an overview of the demographic landscape of the target community. This website taps into several data sources, such as the decennial census or the American Community Survey, to provide demographic statistics on a customized community. After creating a customized map by census tract, I used this information to paint the portrait of the larger community demographics.

Measures. Using the customized map by census tract, estimates of the total population, number of households, number of children ages 0-5, household size, breakdown of race/ethnicity, educational attainment, marital status, employment, and income were acquired from the decennial Census.

Child Care Data

Participants. To specifically describe the child care context, the list of all licensed childcare programs was found on the Community Care Licensing Division (CCLD) website, www.cclld.ca.gov. All “Infant Centers” and “Family Child Care Homes (Large Only)” serving infants and/or toddlers within the target community were eligible to participate in this study. All infant centers were first sent a mailing to recruit directors to participate in the study ($N = 34$). Approximately one week after the mailing was sent, these child care centers were called to see if they had received the mailing, had any questions about the study, and would like to participate in the study. Because addresses were not available for family child care homes at the beginning of recruitment, the providers were called as the first point of engagement ($N = 124$). Programs were called multiple times; some programs I categorized as “Unable to Contact” were called between 1 and 9 times with an average of 2.76 phone calls ($SD = 2.11$). The overall response rate for

infant centers was 64.71%, and the overall response rate for family child care homes was 20.97%. After removing ineligible programs from the sample, the response rate becomes 73.33% for infant centers and 26.80% for family child care homes. See Table 1: *Response rate table for recruitment of licensed programs serving infants/toddlers*.

Once programs agreed to be in the study, center directors or family child care providers completed the structural quality interview. All programs were then asked to participate in the observation portion of the study. Six infant centers and sixteen family child care programs only agreed to participate in the structural quality interview; over the phone, I received oral consent and asked the brief survey questions. These telephone interviews took approximately 15 minutes. Programs who consented to the observation portion of the study either completed the brief structural quality interview over the phone or in-person prior to the observation. Sixteen infant centers and ten family child care programs consented to complete the structural quality interview and observation. Each classroom or program was observed for one hour. Following the observation, programs received a children's book as a thank you for their time.

Measures. Basic program information was gathered from the public CCLD list of licensed child care programs. The total number of center-based and family child care programs serving infants and toddlers within the target community was estimated from the publicly-available lists of licensed programs. The total number of available center and family child care spaces in the target community was calculated from the licensing capacity. The licensing capacity was also used as the group size estimate for family child care programs.

To assess the structural quality of programs, center directors and family child care providers responded to a 12-question survey. To assess group size in infant centers, directors reported on the number of children in infant and toddler classrooms. To assess adult:child ratio,

center directors reported the number of caregivers in each infant and toddler classroom. To assess the financial accessibility of licensed care, program leaders were asked to specify the tuition for care, use of a sliding scale, and if their program accepted or offered subsidies. To assess the population served by their program, center directors and family child care providers were asked a brief series of questions about the families who tend to use their program: whether families reside in the surrounding community, type of parental employment, whether families were low-income, and race/ethnicity of children. Additional questions on the survey inquired about teacher wages, waitlist utilization, and length of program day (i.e., full or part-day care).

To assess the process quality of programs, the Modified-Observational Ratings of the Classroom Environment (M-ORCE) was conducted in family child care homes, infant classrooms, or toddler classrooms. The M-ORCE includes behavioral frequency scales, qualitative rating scales, and environmental rating scales. Overall, this tool taps into positive relationships between caregivers and children as well as teaching and cognitive stimulation (Sandstrom, Moodie, & Halle, 2011). Within four 10-minute blocks, the principal investigator observed the target child for 30 seconds followed by 30 seconds to record the frequency of specific behaviors. After the first three 10-minute blocks, the principal investigator had 2-minutes to record notes on the qualitative ratings. After the last 10-minute block, the principal investigator had an additional 10 minutes to assign ratings on the qualitative scales. The entire M-ORCE procedures for this study took 56 minutes to complete within each classroom. For this study, four children were randomly selected in the age range of 10-months through 36-months (2 boys and 2 girls when possible) in the target classroom in order to get a sense of classroom quality as experienced by any given child.

The M-ORCE behavioral frequency scales encompass the child's activity context, child's social integration, and adult stimulation. The qualitative ratings include the following caregiver characteristics: sensitivity, intrusiveness, detachment, and positive/negative regard for child, while the child ratings include: positive mood, vigilant/anxious, sad/unhappy mood, angry/irritable mood, and overall sense of belonging/integration. The environmental rating scale taps into chaos, overcontrol, positive emotional climate, negative emotional climate, expressed community, and overall impression of the childcare setting.

The principal investigator of this study collected all of the data. The training procedure for the M-ORCE measure began with a discussion of the measure's manual and all constructs between a group of experts in child development, Master's and Ph.D. level graduate students and faculty. Following this introduction to the M-ORCE, we practiced using the instrument on video clips and in live classrooms. Interrater reliability was calculated with another principal investigator who was using the M-ORCE prior to beginning data collection and in the middle of data collection to prevent observer drift. For the nominal data of the behavioral scales, we reached average kappas of 0.73 or above, indicating substantial or good interrater reliability (Hallgren, 2012; Landis & Koch, 1977). For the ordinal data of the behavioral scales, we reached average ICCs of .87 or above, indicating excellent interrater reliability (Hallgren, 2012). For the ordinal data of the qualitative ratings, we achieved average ICCs of 0.73 or above, indicating good or excellent interrater reliability (Hallgren, 2012).

Family Survey Data

Procedures. I conducted secondary data analysis using data from a quasi-experimental evaluation of a home visiting program. As part of this evaluation, mothers completed family surveys when their children were 12- and 24-months-old. After completing the full family survey

at both 12- and 24-months, parents receive a \$100 Wal-Mart gift card as a thank you for participating in the evaluation study.

Participants. The evaluation team recruited a treatment group of mothers who received a home visiting program ($N = 238$) and a comparison group ($N = 318$) of mothers living in the same community from local Women, Infants, and Children (WIC) sites. Recruitment procedures varied by treatment group. To recruit the comparison group, mailings were sent out to families who qualified for the study either from the community birthing hospital or their local Women, Infants, and Children (WIC). Recruitment materials were sent directly from organizations that the mothers would recognize to increase their likelihood of opening and reading the information. Two-dollar bills were included with recruitment materials as an incentive to participate in the study. Recruiting these families was challenging, and several other recruitment strategies were added during the evaluation process to boost the numbers. For example, the evaluation team sent a data collector to local WIC clinics to recruit in-person; the evaluation team also tried to give out recruitment materials at other local pediatric clinics. Mothers from the home visiting treatment group were easier to reach because they had all signed a consent form allowing the home visiting program to give their contact information to the evaluation team. Calls were made to these mothers to ask them if they were interested in participating in the study.

For the 24-month data collection, all interviewed mothers were contacted by phone multiple times. Mothers who were unable to contact or ineligible due to child's age at the first wave of data collection were also contacted at 24-months to boost the sample size to account for any attrition of mothers. As these families were not randomly selected, response rate tables are provided for both the 12-month and 24-month interview data to give a sense of how many

families the evaluation team reached out to and how many actually decided to participate (see Tables 2 and 3).

Measures. The family demographics section of the survey included both child and mother characteristics. On the child level, mothers reported on child's gender, age, and race/ethnicity. Mother demographics included age, age at first child, race/ethnicity, immigrant status, language spoken in the home, marital status, education, employment status, household size (i.e., number of people living in home, number of rooms in house), monthly family income, and welfare receipt.

The child care arrangements section of the family survey differed at the 12- and 24-month time points. At the 12-month time point, mothers reported on the number of child care arrangements, the most used child care arrangement, and the child age when he/she first started attending child care. At the 24-month time point, mothers again reported on the number of child care arrangements and the two most used child care arrangements. Further, mothers reported on the primary reason they chose the child care arrangements as well as any subsidiary reasons for choosing those arrangements. Lastly, mothers reported if they received any type of subsidy to help them pay for their current care arrangements.

Mothers also reported on their engagement in home learning activities with children, adapted from the Early Head Start Research and Evaluation Project and Early Childhood Longitudinal Study. This scale assessed the frequency of parent-child learning activities that occur in the home. The response choices ranged from not at all (1) to everyday (6). Some of the activities included singing songs, reading books, playing games, and taking the child out on errands or to other events. The scale was used at both the 12-month and 24-month data collection points; although, at 24-months some of the items were modified to reflect age-appropriate activities.

This study used items from the Home Observation for Measurement of the Environment (HOME) measure to tap into the quality of the home environment at both the 12-month and 24-month interviews (Caldwell & Bradley, 1984). This study included a HOME total variable, which was a sum of the following subscales: responsiveness, acceptance, organization, learning materials, involvement, and variety.

At the 12-month time point, the Family Relationships and Social Support scale (adapted from Early Head Start Research and Evaluation Project) assessed the level of social support the mother feels like she has from her family and friends as well as the family and friends of the child's father. The question asked how well the mother gets along with various people in her life such as her mother, her friends, her adult female relatives, and her adult male relatives. The response choices ranged from poor (1) to excellent (5). At the 24-month time point, mothers were asked if they had someone they could count on to help them with various household tasks, errands, or other favors as the social support scale. The response choices ranged from most of the time (1) to not at all (3). Examples include, "Is there someone you can count on to help you with taking care of the children," or "Is there someone you can count on to talk to about things that upset you?"

This Sense of Community Scale assessed a parent's sense of community. The scale includes six items with response choices ranging from strongly agree (1) to strongly disagree (5). The items focused on closeness between neighbors and sharing similar values. For example, some items were "People around here are willing to help their neighbors" or "People in this neighborhood do not share the same values."

The Collective Efficacy Scale tapped into the mother's overall impression of collective efficacy. This scale included five items asking mothers how likely it is that a neighbor would

reprimand a misbehaving child in the neighborhood. The response choices ranged from very likely (1) to very unlikely (5). For example, one item asked “If a group of neighborhood children were skipping school and hanging out on a street corner, how likely it is that your neighbors would do something?”

Qualitative Methodology

Semi-structured Interviews

Procedures. Upon completing their 12- or 24-month family survey, mothers were asked if they would be willing to participate in another study regarding their opinions about child care for very young children. Interested mothers provided their name and phone number to be contacted by the Principal Investigator of the current study. Within a couple weeks of completing the family survey, these mothers were called to further describe the study and set up a time to conduct the semi-structured interview. The semi-structured interviews were conducted in the language preferred by the mother, English or Spanish. The Principal Investigator conducted all semi-structured interviews, but she did have assistance from a bilingual translator for the Spanish interviews. Interview duration ranged from 20 minutes for mothers not using any type of child care to 1 hour. As part of the consent process, mothers were asked if they were willing to have their home visiting evaluation survey data linked to their semi-structured interview.

Completed interviews were audio-recorded and transcribed in the language spoken. Interview transcriptions were imported into a mixed methods data analysis software, Dedoose. An eclectic combination of structural, holistic, and values coding were applied to the qualitative data (Saldaña, 2013). Qualitative codes were manually assigned, and frequencies of code applications were examined using the electronic data analysis software. After this initial coding took place, pattern coding was used to extract the major themes from the data (Saldaña, 2013).

Analytic narratives and direct quotes were then used to present the findings of the qualitative analysis (Erickson, 1986).

Participants. At the end of their family survey, 54 mothers agreed to hear more about this study. After following the recruitment procedures described above, 28 mothers agreed to participate in the semi-structured interview. Chi-square tests illustrated that the sample of 28 mothers did not differ significantly from the larger sample of 556 mothers on key demographics including: maternal ethnicity, maternal immigrant status, non-English language, maternal education, marital status, or employment status. See Table 4 for a breakdown of the response rate for recruitment of family survey mothers into the semi-structured subsample.

Measure. The interview protocol began with the informational heading: date, place, interviewer, interviewee, and child's age. Next, the open-ended interview questions were listed with specific probes for each question to elicit rich responses. The protocol concluded with a final thank-you to the interviewee for participating in the study. This description of the interview protocol was adapted from Creswell's model (2009, p. 183).

The content of the interview protocol was established by the nature of the research questions as well as prior semi-structured interviews regarding low-income mothers' child care preferences (Chaudry et al., 2011; Zucker et al., 2007). The interview protocol broadly focused on parent's employment situations, current child care arrangements for their toddlers, previous child care arrangements for siblings, knowledge of their community's child care options, and beliefs about different child care types. This interview protocol was piloted with two mothers (one English and one Spanish) of two-year-olds, and the ordering and wording of questions was changed based on areas that were difficult to understand.

Table 1: *Response rate table for recruitment of licensed programs serving infants/toddlers*

	Total Programs	Interview Only	Interview and Observation	Refusal	Ineligible	Unable to Contact	Disconnected	Other Language	Response Rate	Response Rate Removing Ineligibles
Family Childcare	124	16	10	17	6	39	21	15	20.97%	26.80%
Infant Centers	34	6	16	6	4	2			64.71%	73.33%
Total	158	22	26	23	10	41	21	15	30.38%	37.80%

Table 2: *Response rate table for 12-month family survey subsample*

	Total Women	Interview	Refusal	Ineligible	Unable To Contact	Response Rate	Response Rate Removing Ineligibles
Home visiting group	365	213	15	26	110	58.36%	62.83%
Comparison group	1964	280	1	25	34	14.26%	14.44%
Total	2329	493	16	51	144	21.17%	21.64%

Table 3: *Response rate table for 24-month family survey subsample*

	Total Women	Interview	Refusal	Ineligible	Unable To Contact	Response Rate	Response Rate Removing Ineligibles	Overall Response Rate
Home visiting group (12- and 24-month)	212	180	0	3	29	84.9%	86.1%	
Home visiting group (24-month only)	123	25	4	4	90	20.3%	21.0%	
Home visiting group (overall)	335	205	4	7	119	61.2%	62.5%	63.1%
Comparison group (12-and 24-month)	285	240	1	2	42	84.2%	84.8%	
Comparison group (24-month only)	82	38	2	7	35	46.3%	50.7%	
Comparison group (overall)	367	278	3	9	77	75.7%	77.7%	14.5%
Total	702	483	7	16	196	68.8%	70.4%	18.2%

Note. Overall response rate takes into account original 12-month sample pool.

Table 4: *Response rate table for recruitment of family survey mothers into semi-structured subsample*

	Total Mothers	Interview	Refusal	Ineligible	Unable to Contact	Response Rate	Response Rate Removing Ineligibles
Mothers	54	28	3	6	17	51.85%	58.33%

CHAPTER 3: COMMUNITY CONTEXT AND CHILD CARE DATA RESULTS

This chapter answers the first research question: What is the availability and quality of licensed child care serving infants and toddlers within a Los Angeles community? After a thorough description of the community demographics, the results from the structural quality interview and program observations are reported.

Target Community Context

Demographic Landscape of Target Community

Local policymakers set forth a place-based initiative to strengthen families and communities in a large, urban county (First 5 LA, 2009). This place-based initiative included a home visiting program and a half-million dollars invested in community mini-grants addressing the community needs. The community mini-grants focused on parent education, neighborhood clean-up, school safety, and family nutrition and health.

Local policymakers chose a pilot community to roll out its new place-based initiative based upon this community's existing strengths, challenges, resources, and services (Hill, Benatar, Adams, & Sandstrom, 2011). The pilot community contained multiple strengths including schools as a "hub" to provide services to parents, WIC clinics, strong child care centers, non-profits with a family focus, and a "perceived desire among community leaders for change." Despite these strengths, community members faced several challenges including: poverty; crime; domestic violence; obesity and asthma; insufficient affordable housing; few parks or safe places for children to play; insufficient health and mental health resources; limited access to fresh food, fruits, and vegetables; and poor public transportation. The current study honed in on the availability, quality, and maternal perceptions of infant and toddler care in this community context.

The target community of the current study included this pilot community and surrounding areas, made up of 21 zip codes. The target community comprised approximately 566,182 individuals living within 185,439 total households, and 7.10% (40,457) of these individuals are children less than 5-years-old (U.S. Census, 2010). About 60% of households represent family households, while the remaining 40% of households represent nonfamily households. One- or two-person households comprise 53.2% of households, while three- and four-person households comprise 27.5% of households. The remaining 19.3% of households are greater than or equal to five-person households. As shown in Figure 1: *Race/ethnicity in target community*, 63.31% (358,440) are of Latino descent with the majority from Mexico or a Central American country (U.S. Census, 2010).

The most recent 2010 Census data was not available for the remaining demographic characteristics; however, the proportions of the population from the 2000 Census data will be provided as an estimate of educational attainment, marital status, employment, and income in the target community. Recent work in the community suggests that while the population continues to grow, the demographic characteristics remain relatively stable (Hill et al., 2011). The 2000 Census data indicates that 56.7% of community residents ages 25 and over have completed less than a high school degree, 16.8% have earned a high school degree or GED, and 26.5% have pursued some level of higher education. Approximately 42.1% of individuals 15 years and older have never been married, 46.9% were married, and 11% were divorced or widowed. The total employment status included 46.3% employed adults ages 16 and over, and 53.7% adults not participating in the labor force. Specifically, only about 38.5% of women over age 16 were employed. As depicted in Figure 2: *Household income in target community*, over half of

households live on less than \$25,000 per year. Approximately one-third of family households were living below the poverty line.

Licensed Child Care Context: Access

Quantity of Spaces in Licensed Child Care Programs

Within the target community, licensed child care allots 1,035 available spaces for infants and toddlers broken down into the following program types of infant centers and family child care programs. Infant centers have 666 available spaces for infants and toddlers under age 2 within 30 child care centers according to the California Community Care Licensing Division (<http://www.cclcd.ca.gov/>).

The same source indicates that family child care programs have 369 available spaces for infants and toddlers under age 2 within 118 licensed family child care homes. Yet, I was unable to contact over half of these family child care programs by phone due to disconnected phone numbers, wrong numbers, or not answering their phone. After removing disconnected and wrong numbers (21 programs), there are only 301 available spaces in 97 family child care programs for infants and toddlers under age 2.

Availability of Spaces in Programs

While a greater number of overall spaces exists in infant centers as opposed to family child care homes, center programs have much longer waiting lists than family child care homes. On average, centers have approximately 60 children on their waiting lists, while family child care homes only have between one and two children on their waiting lists. Several family child care homes even cited not needing to use a waitlist. See Table 5: *Waitlist utilization in licensed child care programs*.

Cost of Care

Even within the same community, the cost of care varies widely in licensed child care programs. Depending on the funding stream and intended clientele, licensed child care centers range in tuition from no charge to over \$500 per week. Overall, 9 centers accounting for 215 possible spaces offer free child care for infants and toddlers. From the programs who participated in the study, all of these free centers utilize waitlists that currently had anywhere from 36 to 150 families. For centers that had a more standard tuition rate, these are the average costs of care per week for the specified age groups: \$255.75 for infants, \$250.63 for toddlers, and \$229.18 for two-year-olds. The cost of care within family child care homes did not encompass such wide variability. The average cost of care for infants in family child care homes was \$170.46, while the average cost of care for toddlers was \$158.47. See Table 6: *Average tuition costs of licensed infant and toddler care*.

Licensed Child Care Context: Clientele

Family Residence

About 88% of family child care homes report serving families who live in the community surrounding their program, while approximately 59% of child care centers report serving families who live in the community surrounding their program. Child care centers appear less likely to serve families who live in the community because many of their families commute to either downtown or the local university.

Child Ethnicity

The majority of family child care homes, approximately 75%, serve primarily Latino and African American children compared to only 40% of child care centers reporting serving Latino and African American children. A greater proportion of child care centers than family child care

homes also reports serving diverse populations of children including Whites and Asians in addition to other ethnic groups. See Table 7: *Child ethnicities served in licensed child care programs*.

Licensed Child Care: Quality

Structural Quality

Teacher Wages. The financial aspects of structural quality including teacher wages and parent fees heavily contribute to the quality of care for infants and toddlers, above and beyond other structural indicators of quality (Phillips, et al., 2000). In this study, assistants in family child care programs earned less money than teachers working in center-based programs. See Table 8: *Average teacher wages by program type*.

Group Size. Due to the wide variety of possibilities of group size within infant center classrooms, the following group size estimates will be based on director report. On average, classrooms included 9.7 infants ($SD = 3.69$), 11.45 toddlers ($SD = 6.64$), and 13.83 two-year-olds ($SD = 6.48$). As the histograms of group size are not normally distributed, the medians will also be reported by age group: 9 infants, 8.5 toddlers, and 12 two-year-olds per classroom. See Table 9: *Group size in infant and toddler programs*.

CCLD provides limited options for group size and number of infants for family child care providers. All family child care programs in the target community were licensed to serve either 12 or 14 mixed age groups. Programs with 12 children can serve up to 4 infants, while programs with 14 children can serve up to 3 infants. From the programs that participated in my study ($N = 26$), 24 programs were licensed to serve 14 children, while 2 programs were licensed to serve 12 children. On average, participating family child care programs served 1.81 infants ($SD = 1.09$) and 2.64 toddlers ($SD = 1.58$).

Adult:child Ratio. According to the CCLD, classrooms serving infants 0-18 months must exercise at most a 1:4 adult:child ratio. All participating infant classrooms in centers met this requirement, and on average infant classrooms demonstrated an approximately 1:3 adult:child ratio. Classrooms serving infants 18-36 months must exercise at most 1:6 ratio. All participating toddler and two-year-old classrooms met this requirement. On average, toddler classrooms demonstrated an approximately 1:4 ratio, while two-year-old classrooms demonstrated an approximately 1:5 ratio.

Adult:child ratio cannot be calculated for family child care program because data was not collected on how many total children were enrolled in program. Even though programs were licensed to serve 12 or 14 children, many programs were not at capacity. From the family child care programs that agreed to participate in the observation portion of the study ($N = 10$), on average there was a 1:2 adult:child ratio.

Process Quality by Program Type and Family Socioeconomic Status

In the following section, the indicators of process quality will be broken down by program type (i.e., center or family child care) and socioeconomic status of the program families. The jobs of the parents reported by the program directors were used a proxy for the socioeconomic status of the clientele. From this categorization process, licensed child care programs can be broken into three main groups based upon the type of employment: downtown/university employees (high SES), low-wage workers (low SES), or both (diverse SES). From the 666 available spaces in 30 child care centers, 9 programs (215 available spaces) serve primarily downtown employees or university staff and faculty. The downtown employees included lawyers, financial analysts, architects, doctors, engineers, writers, government employees, hospital employees, or professors. Four programs in the downtown area have

contracts with particular businesses to offer slightly discounted care and priority slots for employees. Four programs accept subsidies from local child care resource and referral agencies, Department for Child and Family Services, or the army and/or offer limited scholarships to needy families. The following vignette represents one program serving high SES families. From the program director's office décor to the abundance of new materials and equipment for children, this program showcases its multitude of resources.

In a skyscraper located in the heart of downtown, a child care program is nestled on the third floor of the modern building. This program serves high-income families such as lawyers, architects, or accountants. The front lobby is bright and cheery with a receptionist greeting the parents, children, and visitors. Bulletin boards depict upcoming events and information for parents. The program director has a spacious office with mahogany furniture including a desk and table with chairs. After completing the brief interview, the proud director offers me a tour of the entire program. We walked through four large classrooms with new children's furniture and toys. Children's elaborate artwork and teachers' curriculum plans were posted throughout the classrooms and hallways. Renovated patios served as the outdoor space for this child care program located on the third floor. The director greeted several children by name and even stopped to help comfort a lonely child by assisting her in initiating play with a peer.

In the infant classroom that I observed, there was nearly a 1:1 ratio of teachers to awake infants. The infant teachers demonstrated positive affect with the children and predominantly were each individually helping infants eat, sleep, or diaper. One teacher assisted an infant eating, and another teacher stood in the nap area helping another baby fall asleep. Two infants were not participating in care routines, and one assistant teacher sat on the floor monitoring these two infants. A young infant lay on his back playing with soft toys that make noise. The

assistant teacher smiled at him, chatted with him about the toys, and read a fabric book to the baby boy. Another more mobile infant crawled around the classroom, pulling himself up on various child size pieces of furniture. None of the teachers interacted with the mobile infant until he fell and bumped his head.

The toddler classroom demonstrated a clear 4:1 ratio. Four toddlers were on an outdoor patio with one teacher sitting on the floor engaging with a couple of the toddler girls. This teacher talked with the girls about the trucks they were pushing through a large tunnel. The other couple children engaged in solitary play with dolls and blocks. When this teacher went on her break, the new teacher came outside and read books to three of the children. The fourth toddler scooted around the patio with a push-pull toy.

As evidenced in this vignette, some children have opportunities for individualized adult:child interactions above and beyond basic care routines, while other children wander about playing on their own in these center-based programs serving high SES families. Naturalistic observations in these programs provide support for these field note observations. Across the 11 classrooms observed serving high SES families, children spent about 23% of the observation engaged in meaningful learning activities (e.g., mutual exchanges, reading, singing songs, playing games, or group activities), but children also spent approximately 44% time not engaged with any adult at all. Additionally, these children spent 8% of the observation in transitions between activities and 17% of the observation wandering with no purposeful activity. On a four-point scale, caregivers scored 3.18 on sensitivity, 1.36 on intrusiveness, and 1.91 on detachment. On a four-point scale, classroom environments scored 1.73 on chaos, 1.36 on overcontrol, and 2.73 on expressed community.

Fifteen programs (327 available spaces) specify serving low-income families. The parents in these families were students, truck-drivers, factory workers, garment district workers, house cleaners, shop vendors, or food service employees. These programs use a variety of funding streams to accommodate low-income clients. Nine programs offer free care to eligible children through federal Early Head Start funding, state sliding scale, or private funding. Three additional programs accept subsidies from local child care resource and referral agencies or state-funded programs (e.g., Greater Avenues for Independence) to assist low-income families. The following vignette describes one comprehensive program serving low-income families that looks quite different than the center-based program serving high-income families described above.

In a rundown part of town, a family literacy program houses a child care center. Behind a black iron gate, the child care program is located in a set of one-story buildings that resemble trailers. All of the windows have metal bars over them for safety; the building appears more like a prison than a child care center. The program director works in a cubicle in a shared workspace with recycled desk furniture. While this program did not have the resources to showcase sparkly new toys/furniture in a modern building, this program director was extremely proud of all of the services her program was able to offer low-income families. Some of these services included English classes for mothers, parenting classes, health screenings for immigrants, free meals, mental health assistance, family events, and full-time, free child care for infants, toddlers, and preschoolers. The brief tour of this program featured four classrooms that shared a blacktop pavement area for outdoor space.

In the infant classroom, there were 11 children with 3 adults. While one teacher led a brief circle time with a few of the older children, the other two teachers were assisting younger

infants with eating or sleeping routines. During the brief circle time, the teacher sang a few songs with a couple attentive children singing along and a couple children looking all around the room. The rest of the children not participating in circle time freely roamed the classroom, taking toys from one another, and crawling over each other. Occasionally mothers attending the onsite classes would stop in to breastfeed their babies. The site supervisor also came in to play with the children while the other teachers were busy preparing lunch. She played peek-a-boo with a barely mobile infant, while keeping the peace between two older infants playing with trucks. Despite the variety of adults participating in the care of these infants, the children appeared familiar and comfortable with all the different adults entering the classroom suggesting a strong sense of community.

However, the toddler classroom fostered a different atmosphere. With 3 teachers attending to 15 toddlers, outdoor play was predominated by free play with minimal interactions between teachers and children. One teacher stood in the middle of the outdoor area monitoring children distributed across a variety of activities. Another teacher sat at a table writing names on children's artwork and distributing paper and markers to children. The last teacher sat on the ground with an upset child talking about missing her mom. During the transition from outdoors to indoors, the teachers required children to line up single file to use the restroom, and children faced a harsh scolding if they deviated from the rules. For example, one child kept wandering out of the single file, and she was pulled to the back of the line with a teacher who firmly told her that her behavior was unacceptable. Once they returned to the indoor space, children were required to sit at their small group tables with their hands on their laps while their teachers prepared and distributed the materials for a structured activity. Children were going to be stringing large wooden beads onto a shoelace. Children kept their hands on their laps while the

teacher put a shoelace with an end bead tied to one end in front of each child. She then allowed the children to take a handful of beads to put on their individual trays, which is when they could start the activity. One boy creatively tried to use his wooden beads for stacking into a block structure until his teacher scolded him. She modeled how to string the beads, and when he still did not follow her lead, she put her hands over his hands to guide him into doing the exact same activity.

Several observations should be noted from this vignette. First, even though adult:child ratios met licensing requirements, this center-based program featured much larger group sizes for infant and toddler classrooms. To account for the larger group size in the infant classrooms, several different adults came and went from the classroom to assist. Within both classrooms, some children experienced 1:1 individualized attention, but neither classroom featured teachers frequently participating in cognitively stimulating activities. In the toddler classroom, children spent a large portion of their time waiting between activities, and toddlers faced negative scolding when failing to conform to the highly structured setting. Naturalistic observations in these programs provide support for these field note observations. Across the 8 classrooms observed serving low SES families, children only spent about 13% of the observation engaged in meaningful learning activities (e.g., mutual exchanges, reading, singing songs, playing games, or group activities), while spending approximately 41% time not engaged with an adult at all. Additionally, these children spent 14% of the observation in transitions between activities and 9% of the observation wandering with no purposeful activity. On a four-point scale, caregivers scored 2.88 on sensitivity, 2.13 on intrusiveness, and 2.00 on detachment. On a four-point scale, classroom environments scored 2.25 on chaos, 1.75 on overcontrol, and 3.00 on expressed community.

Two programs situated in the Northern side of the community serve low, middle, and high-income families (66 available spaces). For example, one program described these diverse professions of parents: doctor, engineer, actress, restaurant waiter, dishwasher, and maid. Both of these programs accept subsidies from local child care resource and referral agency or Department for Child and Family Services. One of these programs offers the state sliding scale for eligible families. The following vignette describes a portrait of a center-based program serving diverse SES families.

Tucked away on a side street off of a busy street that leads into downtown, a child care program serves diverse clientele. From the street, this building appears like a modern, renovated garage or trailer; the facility is deceptively larger than would be expected based on the curb appeal. Some of the parents earn higher salaries such as doctors or engineers, but other parents make lower wages cleaning houses or working in restaurants. The building is divided into multiple classrooms serving infants, toddlers, and preschoolers. Some of the classrooms are actually large rooms separated by a floor-to-ceiling accordion divider. The director and assistant director share a large room as an office right next to the program entry. A couple bulletin boards line the lobby describing events, subsidies, and the program.

In the toddler classroom, one bubbly teacher leads a circle time with 6 children, one of whom demonstrates special needs. With the child with special needs sitting in her lap, the teacher uses a large storybook to guide a conversation about different kinds of animals. On the first page, the teacher asks the children to name the farm animals she points at, and then she calls on specific children by name to say what sound the animal makes. On the next page, the teacher talks about the kinds of animals who live in the forest. The children become excited, moving their bodies closer to the book and bouncing up and down while chanting responses the

teacher's questions. Amidst the engaging conversation with 5 of the attentive children, the child with special needs climbs off the teacher's lap and opens the accordion divider separating the toddler classroom from a preschool classroom. Circle time abruptly ends when the preschool teacher returns the child with special needs. An assistant enters the classroom to help the child with special needs.

The toddler teacher directs the children to sit at a table to participate in an art activity. She has the children sit with their hands on their laps while she passes out the materials. Today, the children will use dot paint to create pictures. The teacher hands each child a piece of paper and dot paint; the children are allowed to ask for new colors from the teacher or trade with nearby peers. The teacher shows some children how to use the dot paints but primarily spends her time distributing materials and writing names on pictures. Most children create one picture, and once children lose interest at the table, they are allowed to play in the different areas of the classroom with puzzles, legos, or books. As children move on to different areas of the classroom, the teacher remains at the table with a child who just arrived to the classroom. She talks with him about his weekend while he uses the dot paint. The assistant sits at another table with children playing with the puzzles; most of her attention remains on the child with special needs. Once all children are done with the art activity and the teacher has cleaned up the materials, she sits in the lego area with a few children. As conflicts arise, the teacher helps the children negotiate and redirects when necessary. With all of the children dispersed throughout the classroom, the environment becomes slightly chaotic, and the toddler teacher puts on a CD of toddler tunes to play freeze dance as a group.

This particular toddler classroom in a program serving diverse SES families demonstrates a group size in between the high and low-SES programs described above. Before an assistant

helps relieve the solo toddler teacher, the ratio is somewhat high, but this skilled teacher manages to engage most of the toddlers in an interesting circle time about animals. This teacher was able to sense the needs of the toddlers in her classroom and shift activities when appropriate. These toddlers are offered several different learning opportunities, some more structured than others. Naturalistic observations in these programs provide support for these field note observations. Across the 3 classrooms observed serving diverse SES families, children spent about 27% of the observation engaged in meaningful learning activities (e.g., mutual exchanges, reading, singing songs, playing games, or group activities), but children also spent approximately 38% time not engaged with an adult at all. Additionally, these children spent 6% of the observation in transitions between activities and 9% of the observation wandering with no purposeful activity. On a four-point scale, caregivers scored 3.67 on sensitivity, 1.33 on intrusiveness, and 1.67 on detachment. On a four-point scale, classroom environments scored 2.33 on chaos, 1.33 on overcontrol, and 3.33 on expressed community.

Type of employment data was unavailable for four programs, but geographic location and program websites provided insight into the clientele they serve. Based on geographic location in a particularly rundown area of the community (South Central LA), three of these four programs also most likely serve low-income families (52 available spaces). Based on geographic location in the Northern side of the community and program website, the remaining one program most likely serves low, middle, and high-income families (6 available spaces).

In contrast to the three-income group breakdown for child care centers, all family child care providers that were interviewed reported serving at least some low-income families. The majority interviewed serves exclusively low-income families (17 out of 26 serve exclusively low-income families). Examples of these low-wage jobs include: garment district, construction,

cleaning houses, day laborers, janitor, manual labor, fast food restaurants, factories, and working in stores. The remaining 9 programs serve both low-wage workers and higher paid employees. In addition to the low-wage jobs, these programs also serve parents who work in administrative or office work, medical profession, teachers, social workers, accountants, or business people. The majority of family child care programs interviewed accept child care subsidies from the local child care resource and referral agencies or from the state (24 out of 26 accept subsidies). This vignette depicts the setup and typical activities of a mixed age family child care home that serves diverse SES families.

In a one-story home, a Spanish-speaking woman operates a family child care program. The front room includes a multitude of toys divided roughly into play centers with child-height room dividers: dramatic play (kitchen area) and fine motor skills (puzzles, large building blocks, legos, and toy cars). The adjoining living room included further play centers: language/literacy (library of books, musical instruments), fine motor (manipulatives), art/literacy (table and chairs with writing/drawing materials). The cemented driveway and front yard provide the outdoor play space with bikes, cars, small jungle gym, and a table for small group activities.

On the morning I visited, four children (ages 18 months, 36 months, 48 months, and 60 months) were at the home being supervised by the owner, her husband, and an assistant. All of these teachers speak primarily Spanish, except for reading books in English or labeling objects in English. While the older children sit at the table writing in a small group activity, the 18-month-old boy toddles around pulling various manipulatives off of the shelves, intermittently interacting with the assistant. The assistant expresses warm affect with the child, and she tries to encourage him to clean up the manipulatives he tosses onto the floor once he moves on to a new toy. Once the 48-month-old girl finishes her activity at the table, she comes over to play the

young boy. The older girl tries to engage the toddler in reciprocal play, and the two children hand toys back and forth to each other.

As all of the children finish up at the table, the owner plays some loud music and encourages all of the children to dance around and play instruments. When the 18-month-old seems hesitant, the owner takes him by the hand to engage him in the music time. As the children lose interest, all of the children and caregivers move into the front room where the two older girls play in the pretend kitchen with the owner, while the two younger boys play in the area with toy cars and building blocks with the owner's husband. The owner participates in an extended dramatic play scenario with the older girls pretending they operated a restaurant featuring rich conversations about the roles at a restaurant (e.g., waitress, chef, customer), preparing food, eating food, and exchanging money for food. The young boys roll cars across the floor, stack large cardboard blocks, and knock over their block towers. The owner's husband smiles at the boys, but he does not talk with them at all about the toys or activities they are engaged. In this program, children seem happy, and the caregivers all interact with the children in a warm, positive manner. While some caregivers demonstrated extended and contingent adult-child interactions with the older children, the adults in this program did not have the same rich and meaningful interactions with toddlers.

Compared to the center-based programs, the family child care home contains some unique features. The group size and adult:child ratio are very low; this program, like many other family child care programs, had only 4 children with 3 adults present. With this small group size and adult:child ratio, the toddler often has the attention of at least one adult. Additionally, all family child care homes in this sample included mixed age groups. Even when infants or toddlers did not experience developmentally appropriate practices, these younger children were often

pulled into whole group activities as much as possible (with modifications when necessary).

Naturalistic of the 2 family child care programs observed serving diverse SES families indicated that children spent about 51% of the observation engaged in meaningful learning activities (e.g., mutual exchanges, reading, singing songs, playing games or group activities), and children only spent 18% time not engaged with any adult at all. At 1% of time during the observation respectively, children rarely spent time transitioning between activities or wandering with no purposeful activity. On a four-point scale, caregivers scored 4.00 on sensitivity, 1.00 on intrusiveness, and 1.50 on detachment. On a four-point scale, classroom environments scored 1.50 on chaos, 1.00 on overcontrol, and 4.00 on expressed community.

Naturalistic observations of the family child care programs serving low SES families share some commonalities with the diverse SES family child care programs and other commonalities with the low SES centers. Across the 8 family child care programs observed serving low SES families, children spent about 26% of the observation engaged in meaningful learning activities (e.g., mutual exchanges, reading, singing songs, playing games, or group activities), and children only spent 26% time not engaged with any adult at all. Additionally, these children spent 11% of the observation in transitions between activities and 3% of the observation wandering with no purposeful activity. On a four-point scale, caregivers scored 3.13 on sensitivity, 1.63 on intrusiveness, and 1.63 on detachment. On a four-point scale, classroom environments scored 1.50 on chaos, 1.63 on overcontrol, and 3.38 on expressed community.

As illustrated through the vignettes and the M-ORCE naturalistic observations, patterns started to emerge when broken down into these groups by program type and family socioeconomic status. Due to the small and uneven number of classrooms/programs within each group, tests of statistical significance were deemed as not appropriate and not used in comparing

these various groups. However, a brief discussion of the patterns across these groups will be provided.

Programs serving low SES families, in particular center-based programs, tended to demonstrate lower scores on the indicators of process quality. First, children spent greater periods of time in purposeful transitions in programs serving low SES families than programs serving diverse or high SES families. Second, the programs serving low SES families were scored the highest in overcontrol compared to the programs serving diverse and high SES families. Caregivers serving low SES families in centers scored the lowest on sensitivity and highest on intrusiveness and detachment. Learning activities occurred for the shortest percentage of time in low SES centers, only 13%, compared to low SES FCC (26%), diverse center (27%), diverse FCC (51%), and high SES center (23%).

Family child care programs tended to exemplify higher scores on many of the indicators of process quality. Within their respective family socioeconomic status groups, family child care teachers scored higher than center-based teachers on sensitivity, while scoring lower on intrusiveness and detachment. On average, family child care programs were rated as less chaotic than center-based programs. Children in family child care programs spent less time wandering than children in center-based programs. Expressed community was highest in family child care programs. Low SES and diverse SES children in family child care settings spent more time integrated with their teachers than low SES and diverse SES children in center-based settings.

Summary

In this largely Latino and low-income community, access to high quality licensed child care remains unequal. While several family child care programs and infant centers exist within this community, the number of spaces still pales in comparison to the total population of young

children. The prevalence of long waiting lists for infant centers acts as another testament to the limited availability of licensed child care. Based on director report, licensed child care programs were meaningfully grouped into categories by the socioeconomic status of the families served, which again shows that the number of available spaces becomes even smaller when searching for licensed care who actually serve low-income families. Based on director report and direct observation, centers and family child care programs met licensing requirements for structural quality indicators such as group size and adult:child ratio. Observations of process quality demonstrated variation in caregiver ratings, environmental ratings, child activities, and caregiver stimulation by program type and SES of program families.

Figure 1: *Race/ethnicity in target community*

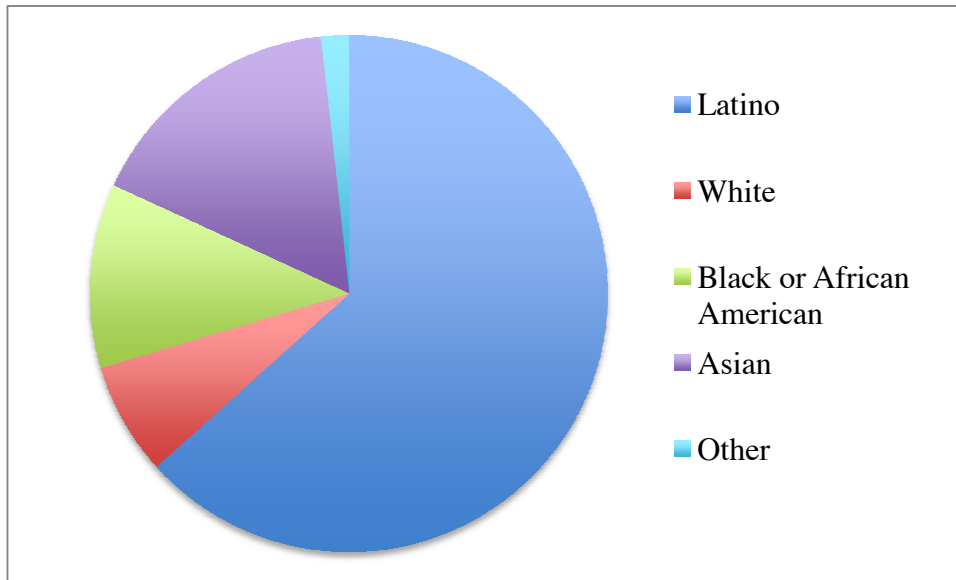


Figure 2: *Household income in target community*

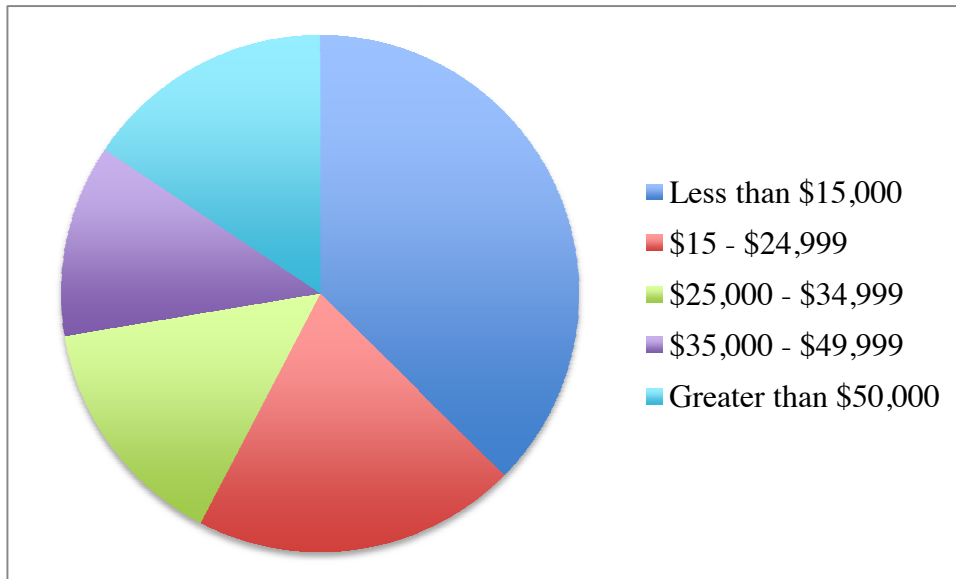


Table 5: *Waitlist utilization in licensed child care programs*

	N	M (SD)	Frequency	Percent
Family child care homes				
Utilizes waitlist	26		15	57.69%
# children on waitlist	15	1.47(1.73)		
Child care centers				
Utilizes waitlist	19		18	94.74%
# children on waitlist	14	60.21(56.12)		

Table 6: *Average tuition costs per week of licensed infant and toddler care*

	N	M	SD	Range
Family child care homes				
Infant cost	21	170.46	22.33	[105, 225]
Toddler cost	21	158.47	21.73	[105, 200]
Child care centers*				
Infant cost	12	255.75	127.98	[37.50, 537.50]
Toddler cost	10	250.63	106.88	[65, 462.50]
Twos cost	7	229.18	100.58	[37.50, 367.50]

*The 9 programs that offer free care are not included in the average tuition costs.

Table 7: *Child ethnicities served in licensed child care programs*

	Frequency	Percent
Family child care home		
Latino	13	50.00%
African American & Latino	7	26.92%
Asian	1	3.85%
Diverse	5	19.23%
Child care centers		
Latino	5	22.73%
African American & Latino	4	18.18%
Whites and Asians	2	9.09%
Latinos and Koreans	1	4.55%
Diverse	10	45.45%

Table 8: *Average teacher wages by program type*

	<i>N</i>	<i>M</i>	<i>SD</i>	Range
Family child care home				
Average teacher wage*	21	\$8.82	.91	[\$7, \$10]
Child care center				
Average teacher wage	15	\$14.19	\$6.89	[\$9.25, \$38.38]

*Two programs report not paying teacher assistants any wages because they are family members.

Table 9: *Group size in infant and toddler programs*

		<i>N</i>	<i>M</i>	<i>SD</i>	Median	Minimum	Maximum
Centers	Infants	20	9.70	3.69	9	4	18
	Toddlers	20	11.45	6.64	8.5	4	29
	Two-year-olds	12	13.83	6.48	12	6	24
FCC	Infants	26	1.81	1.10	2	0	4
	Toddlers	26	2.53	1.63	2	0	6

CHAPTER 4: CHILD CARE USAGE AMONG COMMUNITY MOTHERS: FAMILY SURVEY DATA RESULTS

This chapter addresses the following two research questions. First, this chapter provides an overview of the types of care used by low-income families in this community. Next, this chapter reviews the results from the analyses examining which family characteristics predict type of child care arrangements for infants and toddlers.

Family Survey Sample Descriptives

The majority of mothers and children from the family survey sample were of Latina descent (over 90%). Approximately 75% of the mothers spoke a non-English language at home, primarily Spanish, and were immigrants. The mothers in this sample had completed low levels of education, with about half earning less than a high school diploma. The majority of mothers reported being married or in a relationship. See Table 10: *Maternal demographics* and Table 11: *Child demographics* for a full description of participant characteristics.

Mothers report living in Los Angeles for about 14.29 years ($SD=8.56$, Range: 1-43) and living in their current neighborhood for about 8.49 years ($SD=7.47$, Range: 1-43). Despite living in their neighborhoods for several years, only 37.77% of mothers believe that their neighborhood is a good place to raise children. On average, mothers feel a mediocre sense of community ($M=15.46$, $SD=3.61$, Range: 5-25).

12-Month Family Economic and Child Care Data

The 12-month sample represents a low-income population, with most families earning less than \$2,000 per month to support on average 4 individuals ($SD=1.38$, Range: 1-9). Maternal employment or school attendance necessitates use of child care. Within this sample, approximately 25% of mothers are working, and approximately 15% are attending school.

Because some women work and attend school, about 37% of mothers in this sample are either working and/or attending school, which reflects the overall trend of 38.5% of women employed in the broader community. These mothers who are working or attending school must either coordinate work schedules with their partners to ensure parental care for child, or they must search elsewhere for child care. See Table 12: *Maternal need for child care at 12-months*.

Only 139 out of 493 mothers (28.19%) report that somebody else takes care of their child for at least 10 hours per week. Of these mothers who reported more specific information about their child care arrangement, 76% use only 1 child care arrangement, while the remaining mothers report between 2 and 4 child care arrangements for their 12-month-old. From this small sample of mothers utilizing non-parental care, 58.7% choose to use relative care for their infants. The next most frequently chosen child care type was using a babysitter not related to the child, either a friend or neighbor. Only 16 families have their child in licensed care options such as registered family child care, child care center, or Early Head Start program, which represents 11.5% of the sample with children in care and only 3.25% of the total sample. The use of licensed family childcare or other center-based care remains extremely low at the 12-month time point. See Table 13: *Type of child care used for the most hours at 12-month time point*.

Only 17 mothers reported receiving child care subsidies to help them pay for their child care costs, representing 3.45% of the total sample. Of these 17 moms, only 13 reported on what type of child care they currently use for the most hours. About half of these 13 moms use kith and kin care, while the other half use a licensed child care center.

24-Month Family Economic and Child Care Data

The 24-month sample continued to represent a low-income population, with most families earning less than \$2,000 per month to support on average 4 individuals ($SD=1.34$,

Range: 2-9). About 40% of the families in this sample reported some type of material hardship over the past year, such as not being able to pay rent or essential bills (e.g., gas, electric, etc.). Furthermore, 60% of the sample reports marginal to very low food security among adults.

Rates of maternal employment and school attendance slightly increased at the 24-month time point. Approximately 32% of mothers are working, and 14% are attending school. Because some women work and attend school, about 41% of mothers in this sample are either working and/or attending school. See Table 14: *Maternal need for child care at 24-months*.

Use of non-parental infant and toddler care remains low at the 24-month time point. Only 160 out of 483 mothers (33.13%) report that somebody else takes care of their child for at least 10 hours per week. Of these 160 mothers, 86% use only 1 child care arrangement, while the remaining mothers report between 2 and 4 child care arrangements for their 24-month-old. From this small sample of mothers utilizing non-parental care, 58.75% choose to use relative care for their infants. The next most frequently chosen child care type was using a babysitter not related to the child, either a friend or neighbor (23.75%). Only 28 families have their child in licensed care options such as registered family child care, child care center, or Early Head Start program, which represents 17.5% of the sample with children in care and only 5.80% of the total sample. The use of licensed care options increased from the 12-month data point but still remained extremely low in this sample. See Table 15: *Type of child care used for the most hours at 24-month time point*.

Only 29 mothers reported receiving child care subsidies to help them pay for their child care costs, representing 6% of the total sample. Of these 29 moms, about one-third use the subsidies to pay unlicensed kith and kin care, while the remaining mothers use subsidies to pay a

licensed child care center. Compared to the 12-month time point, more mothers are using subsidies to help pay for licensed care rather than kith and kin by 24-months.

Mothers using child care were asked the primary reason they chose their current child care arrangement used for the most hours. Mothers using kith and kin care significantly differed in their responses from mothers using licensed child care, $X^2(10) = 39.14, p < .001$. Mothers using kith and kin care most frequently reported choosing their child care arrangement due to positive relationships with trusted caregiver, preference for this type of care (family or friend), and cost. Mothers using licensed care most frequently reported choosing their child care arrangement due to convenient location, cost, and reputation for high quality care. See Tables 16-17: *Reasons for choosing toddler care arrangement*.

Stability in Child Care Usage Over Time

Using the available longitudinal data on 418 mothers who were interviewed at both the 12- and 24-month time point, I examined the stability of maternal school/employment and child care usage. Ninety-one mothers demonstrated changes in school/employment from the 12- to 24-month time point; 40 mothers stopped working or attending school, while 51 mothers started working or attending school from the 12- to the 24-month time point.

Corresponding to these shifts in maternal school/employment status, 95 children experienced a change in child care setting from 12- to 24-months. Thirty-five children moved from kith and kin or licensed care back into parental care; 47 children moved from parental care into kith and kin care; only 13 children moved from parental or kith and kin care into licensed child care programs.

Child Care Usage Prediction Results

To answer the research question asking which family characteristics predict type of child care arrangements for infants and toddlers, I used multinomial logistic regression for unordered categories. This method allows for multiple logistic regressions to be tested simultaneously on an unordered categorical dependent variable. In these analyses, type of child care served as the unordered categorical dependent variable – parental, kith and kin, or licensed care. Models were run first with parental care as the reference group and subsequently with kith and kin as the reference group to assess all potential differences between the three groups.

Prior to running the regressions, chi-square tests and one-way ANOVAs examined if mothers using these three types of care differed significantly on covariates and predictors of interest. Chi-square tests illustrated that mothers using different types of care differed significantly on treatment group, immigrant status, maternal education, maternal employment status, and mother attends school at either the 12- or 24-month time point. Depending on the significant differences at each time point, the appropriate variables were selected as covariates in the subsequent regression analyses. Using one-way ANOVAs to look at differences on continuous variables, fewer differences than expected by chance and no meaningful differences were uncovered. Therefore, mothers were looking remarkably similar in terms of the predictors of interest such as knowledge of infant development, home environment, household chaos, and parental stress (see Tables 18 and 19 for group means).

For the 12-month multinomial logistic regressions, the following covariates were used: treatment group, maternal age, immigrant status, maternal employment, and mother attends school. While these covariates were significant predictors of child care usage across some or all models, the predictors of interest did not significantly predict child care usage. Models

individually tested the following parental or family predictors of interest: social support, maternal knowledge of infant development, parental sense of community, collective efficacy, home environment, and parent-child activities (see Table 20).

For the 24-month multinomial logistic regressions, the following covariates were used: treatment group, maternal age, maternal education, maternal employment, and mother attends school. While these covariates were significant predictors of child care usage across some or all models, the predictors of interest did not significantly predict child care usage. Models individually tested the following parental or family predictors of interest: social support, household chaos, parental distress, home environment, and parent-child activities (see Table 21).

Summary

The family survey data provides an overview of the child care trends of a large sample of mothers living in the target community. In this predominantly Latina sample, approximately one-third of mothers utilize non-parental care. By and large, most mothers using non-parental care (over 80%) rely on kith and kin care including extended family members or babysitters for infants and toddlers. Very few mothers use licensed family child care or center-based programs when their children are only 12- or 24-months-old. Similarly, only a handful of mothers use child care subsidies, which are often used to pay kith and kin care rather than licensed programs. Type of child care used at 12- or 24-months was not significantly predicted from any of the maternal and family characteristics tested.

Table 10: *Maternal demographics*

	N	Frequency	Percent
Maternal ethnicity	551		
Mexican		356	64.61
Salvadoran		63	11.43
Guatemalan		50	9.07
Other Latina		38	6.90
African American		25	4.54
White		7	1.27
Asian		7	1.27
Other		5	0.91
Maternal language	550		
English		128	23.27
Non-English		422	76.73
Maternal immigrant	556		
Born in US		141	25.36
Immigrant		415	74.64
Maternal education	547		
8th grade or less		116	21.21
Some high school		159	29.07
High school degree		165	30.16
Some college		55	10.05
AA/Trade school		37	6.76
BA or more		15	2.74
Marital status	547		
Married		208	38.03
Legally single but in relationship		249	45.52
Single		70	12.80
Separated/divorced/widowed		20	3.66

Note. Within maternal ethnicity: Other Latina includes Central American and mixed Latina descent mothers; Asian includes Chinese, Filipino, Korean, and unspecified; Other includes American Indian, biracial, and unspecified.

Table 11: *Child demographics*

	<i>N</i>	Frequency	Percent
Child ethnicity	483		
Mexican		212	43.89
Salvadoran		21	4.35
Guatemalan		16	3.31
Other Latino/a African American		192	39.75
White		21	4.35
Asian		3	0.62
Other		3	0.62
Child sex	556		
Female		277	49.82
Male		279	50.18
Prematurity status	543		
Not premature		492	90.61
Premature		51	9.39

Table 12: *Maternal need for child care at 12-months*

		Is mother going to school?		Total
		No	Yes	
Is mother employed?	No	311	56	367
	Yes	105	20	125
Total		416	76	492

Table 13: *Type of child care used for the most hours at 12-month time point*

	Frequency	Percent
Child's grandparent	56	40.58%
Another relative of child	25	18.12%
Babysitter not related to child	39	28.26%
Registered family child care	2	1.45%
Childcare center	10	7.25%
Early Head Start	4	2.90%
Other	2	1.45%

Note. N = 138. Babysitters include friends or neighbors. Other includes "Child care professional" and mother declined to specify.

Table 14: *Maternal need for child care at 24-months*

		Is mother going to school?		
		No	Yes	Total
Is mother employed?	No	286	43	329
	Yes	128	25	153
Total		414	68	482

Table 15: *Type of child care used for the most hours at 24-month time point*

	Frequency	Percent
Child's grandparent	62	38.75%
Another relative of child	32	20.00%
Babysitter not related to child	38	23.75%
Registered family child care	1	0.01%
Childcare center	21	13.75%
Early Head Start or Head Start	6	3.75%

Note. N = 160.

Table 16: *Reasons for choosing toddler child care arrangement (kith and kin care)*

	Frequency	Percent
Positive relationship with caregiver; trusted caregiver	56	43.75
Preference for this type: relative, center, etc.	23	17.97
Cost is most reasonable/cheapest	16	12.50
Convenient location close to home, work, or school	13	10.16
Availability: place had space for child	5	3.91
Schedule fits my needs	5	3.91
Reference: family or friend recommended	5	3.91
Reputation for high quality care	2	1.56
Past experience: siblings attended	2	1.56
Accepts subsidies or vouchers	1	0.78

Note. N = 128.

Table 17: *Reasons for choosing toddler child care arrangement (licensed care)*

	Frequency	Percent
Convenient location close to home, work, or school	9	32.14
Cost is most reasonable/cheapest	5	17.86
Reputation for high quality care	5	17.86
Availability: place had space for child	2	7.14
Schedule fits my needs	2	7.14
Reference: family or friend recommended	2	7.14
Preference for this type: relative, center, etc.	1	3.57
Past experience: siblings attended	1	3.57
Positive relationship with caregiver; trusted caregiver	1	3.57

Note. N = 28.

Table 18: *Family characteristics by type of infant child care at 12-months*

	Social support <i>M(SD)</i>	Sense of community <i>M(SD)</i>	Collective efficacy <i>M(SD)</i>	Knowledge of infant development <i>M(SD)</i>	Home environment <i>M(SD)</i>	Parent-child activities <i>M(SD)</i>
Maternal care	3.20(.91)	18.48(4.02)	14.18(4.80)	2.42(4.24)	36.19(4.68)	42.78(7.94)
Informal care	3.09(.83)	18.28(4.91)	13.43(4.68)	3.00(3.89)	36.46(4.42)	43.72(6.19)
Licensed care	2.95(.63)	18.81(3.60)	14.53(4.81)	3.27(4.32)	37.00(3.61)	43.19(7.18)

Table 19: *Family characteristics by type of toddler child care at 24-months*

	Social support <i>M(SD)</i>	Household chaos <i>M(SD)</i>	Parental distress <i>M(SD)</i>	Home environment <i>M(SD)</i>	Parent-child activities <i>M(SD)</i>
Maternal care	26.44(5.89)	20.03(4.51)	26.91(8.63)	28.73(3.69)	45.82(7.55)
Informal care	29.19(5.21)	20.21(4.19)	26.67(8.92)	29.48(3.08)	44.95(7.14)
Licensed care	28.57(6.33)	20.29(4.39)	24.50(7.73)	29.96(4.74)	45.36(6.74)

Table 20: *Multinomial logistic regression results predicting type of child care at 12-months*

		Coefficient(SE)	p-value
Kith and kin (Reference: Parental)	Social support	-.22(.16)	.17
	Knowledge of infant development	-.02(.03)	.53
	Sense of community	-.00(.03)	.94
	Collective efficacy	-.03(.03)	.39
	Home environment	-.06(.03)	.06
	Early learning activities	.02(.02)	.42
Licensed care (Reference: Parental)	Social support	-.25(.32)	.44
	Knowledge of infant development	.03(.07)	.67
	Sense of community	-.03(.07)	.60
	Collective efficacy	.05(.06)	.42
	Home environment	-.03(.07)	.68
	Early learning activities	-.00(.04)	.83
Licensed care (Reference: Kith and kin)	Social support	-.03(.32)	.93
	Knowledge of infant development	.05(.07)	.47
	Sense of community	-.03(.07)	.63
	Collective efficacy	.07(.06)	.23
	Home environment	.03(.07)	.65
	Early learning activities	-.02(.04)	.54

Note. All analyses controlled for treatment group, maternal age, maternal immigrant status, maternal employment, and mother attends school.

Table 21: *Multinomial logistic regression results predicting type of child care at 24-months*

		Coefficient(SE)	p-value
Kith and kin (Reference: Parental)	Social support	.04(.03)	.15
	Household chaos	.01(.03)	.67
	Parental distress	.02(.02)	.25
	Home environment	-.04(.04)	.39
	Early learning activities	-.04(.02)	.09
Licensed care (Reference: Parental)	Social support	.01(.04)	.89
	Household chaos	.06(.05)	.23
	Parental distress	-.00(.03)	.87
	Home environment	-.03(.07)	.65
	Early learning activities	-.05(.03)	.12
Licensed care (Reference: Kith and kin)	Social support	.03(.04)	.39
	Household chaos	.05(.05)	.34
	Parental distress	-.02(.03)	.37
	Home environment	.01(.07)	.93
	Early learning activities	-.02(.03)	.59

Note. All analyses controlled for treatment group, maternal age, maternal education, maternal employment, and mother attends school.

CHAPTER 5: DIGGING DEEPER INTO CHILD CARE PREFERENCES: SEMI-STRUCTURED INTERVIEW RESULTS

The semi-structured interviews revealed that mothers use a wide range of child care arrangements to meet the needs of their unique employment situations; therefore, this chapter first provides a rich and thick description of the diverse child care typologies these families employ. Next, this chapter answers the final three research questions. Qualitative analyses uncovered the maternal preferences for infant and toddler child care, maternal beliefs about the various types of care, and how mothers approach the child care search process.

Parental Employment

Twenty-eight women participated in the semi-structured interview portion of the study. These women represent diverse jobs in the low-wage workforce. Ana, like eleven other women, works as a seamstress making clothes. Jessica, like five other women, works in an administrative position in a hospital. Some of the other women in administrative positions work in banks, collections, or business offices. Reyna, like six other women, works as a cashier in the service industry at a local sporting arena. Other women in the service industry work in fast food restaurants, theaters, retailers, or dry cleaners. Rosa and Yolanda clean houses for a living, and Yvonne works as a caregiver to her sick, elderly auntie. Several of these women also attend school in addition to their job.

Following the birth of their children, each of these women grappled with the question of whether or not to continue working or attending school and what to do with their young children. Each with their own trials and tribulations, fifteen of these mothers stop working. Some mothers quit their jobs during their pregnancy due to the poor working conditions in cramped quarters, poorly ventilated rooms, and exposure to chemicals. Another mother quit her job once her baby was born because she found it too difficult to breastfeed during work hours, and she was

experiencing severe breast pain throughout her shifts. Other mothers quit their jobs once their baby was born because they wanted to care for their own children. Some mothers tried to continue working with their new babies but faced difficulties with child care such as not liking their child care arrangement or not being able to afford child care.

Thirteen of the mothers interviewed managed to continue working and/or attending school. Eight mothers worked only; three mothers attended school only; two mothers worked and attended school simultaneously. Seven of these mothers worked non-traditional schedules that include evening or weekend hours or shifts that vary from week to week, while the remaining six mothers worked more traditional schedules sometime during the hours of 7 am and 5 pm.

In addition to employment status, marital status plays a role in the need for child care. Twenty-four of the mothers live with their husband or partner in the home. Twenty-two of the 24 spouses were employed. The remaining two spouses recently lost their jobs and were actively looking for work. Twelve of the husbands work non-traditional schedules that include early morning, evenings, or weekend hours or shifts that vary from week to week, while the remaining ten husbands work more traditional schedules that fall between the hours of 7 am and 5 pm. Most husbands tended to work in production, manual labor, or service industry. The six fathers in production either made clothes or jewelry. Five fathers who did manual labor worked as carpenters or construction workers. Seven fathers in the service industry worked at restaurants, car wash, dry cleaners, or retail. The remaining five fathers worked in slightly higher level jobs such as a collections supervisor, after-school program teacher, auto parts distributor, or owning a business.

Child Care Typologies

As intended, a wide range of mothers with various experiences regarding infant and toddler child care were recruited for the semi-structured subsample. From these various experiences, six child care typologies emerged: no child care, parent tag team, relative care, non-relative babysitter, early riser licensed care, late riser licensed care (see Figure 3). From the 28 mothers recruited, 10 mothers were categorized into the no child care typology and did not use any child care when their child was less than 24-months-old. The following vignette describes Ana's story. Ana represents the ten mothers in this subsample who stopped working when the target child was born.

When asked why she stopped working when her children were born, Ana replied, "Pues para cuidarlos. En primer lugar, cuidarlos yo porque nadie los va a cuidar mejor que yo. Y en segundo lugar, pues, porque no me saldría pagar babysitter y no me quedaría nada de sueldo." [Translation: Well, to take care of them. In the first place, I care for them because nobody is going to take care of them better than me. And in second place, well, I wouldn't pay a babysitter and nothing would be leftover.] Ana, a mother of three sons, has only worked for a brief stint of three years when her oldest son was in school and she was not yet pregnant with her second child. Once she was a few months pregnant with her second son, she quit working again to take care of her children. Ana whole-heartedly prefers staying at home with her children rather than working and sending them elsewhere to be cared for by another. She believes that a mother knows her children best and does the best job raising them. Ana also brings up a common belief that children should not be in group care when they are not yet talking. If something happened to the child, he cannot yet report back to his parents. Ana did acknowledge that she sent one of her older sons to a part-time preschool, which she thought really helped prepare him for

kindergarten. She will most likely send her youngest son to a similar program once he turns three-years-old.

This vignette describes Ana's desire to be the primary caretaker of her young children. She, like another nine mothers in this subsample, believes that mothers provide the best care for infants and toddlers. While the majority of mothers expressed this sentiment, only these ten mothers felt so strongly as to not use any type of child care arrangement while their child was less than 24-months-old.

Another six mothers fell into the parent tag team typology and described how they minimized their need for child care by either taking their child to work or setting up a tag team system between the two working parents. Two of these six mothers were able to manage their child care needs between both parents, while the remaining four of these mothers supplemented parental care with primarily other relatives. Cecilia's story depicts this group of parents who do their best to minimize their child care needs.

Cecilia, a mother of three children, currently attends GED classes for half-days Monday through Friday from 8 am to 12:15 pm. Because her husband goes to work later than her, he drops off their son, Paco, with his grandmother every morning and takes care of the drop-off/pick-up of their school-age daughters. Paco never cries when he gets dropped off because he loves spending time with his grandmother. When Cecilia completes her GED class for the morning, she picks up Paco and takes him with her to work. For her job, she sells things at a local swap meet. Paco is the only child at the swap meet, but he is entertained by playing with his toys while his mother works. Cecilia finally ends her workday at about 7 pm when she returns home. She also works on Saturdays when Paco and his two sisters stay home with their dad.

Cecilia, like the other mothers in this group, does not feel comfortable sending her children to child care centers when they are infants and toddlers because young children need a lot of individualized attention, which can be compromised in group care. Cecilia had experienced previous negative experiences using non-relative babysitters for her daughters when they were younger, and she much prefers to divide the task of child care between herself, her husband, and her mother. Other mothers in this group similarly reported taking their child to work with them or setting up a system where the parents work opposite shifts to minimize the need for any child care. When these plans did not pan out, the mothers in this group would typically turn to family members to supplement their child care needs.

The mothers who needed to rely on child care outside of the home came up with diverse solutions to the challenge of securing child care for their infants and toddlers. For six mothers who had sporadic bouts of working or attending school in the relative care typology, family members served as the best option for on-again, off-again child care needs. Nancy represents this group of mothers who experienced sporadic bouts of working or attending school. Nancy's several experiences with caregivers during her daughter's first two years of life demonstrate a mother's preference for close family members to care for their youngest children.

Since her daughter, Angela, has been born, Nancy has worked on-again, off-again three different times (among two different jobs) and attended school. Her first job after giving birth was working at a clothing store (8 am – 6 pm). While working at the clothing store, Nancy relied on her husband's aunt to take care of Angela. Nancy referred to the husband's aunt as "this lady." The aunt lived in the back unit of her house, and the arrangement was very convenient to bring her daughter there early in the morning. However, at the end of the day, children who lived in another unit of the same house would tell Nancy that they would often hear Angela

crying during the day. Nancy was also very concerned that this “lady” would not give Angela the food she prepared for her and would not even change her into the spare clothes Nancy packed for her each day if Angela got really dirty. This “lady” proved herself to be very unreliable as sometimes Nancy would knock to drop her off, but nobody would answer the door even though it appeared like someone was home. Nancy even grew suspicious that this “lady” would scream at her daughter as she noticed that Angela would become very upset even when someone jovially shouted at home. In the end, Nancy really did not feel comfortable leaving Angela with this “lady,” and she switched her child care to one of her mother’s neighbors whom she trusted more.

In her new child care arrangement, this neighbor made Nancy feel slightly more comfortable. The neighbor had two daughters of her own that Angela loved to play with. This neighbor would do her hair and make sure Angela was nice and clean by the end of the day. With the neighbor, Nancy also noticed that Angela didn’t seem as hungry in the evenings compared to when she was being cared for by the other “lady.”

Nancy then worked at a place that trims the little strings off of clothes before sending to the stores (7 am – 3 pm). When Nancy started this job, her mother was no longer working and was able to care for Angela. Nancy felt the most comfortable with her mother since Angela was familiar with her grandparents and their house. Nancy knew that her daughter was well-taken care of with her own mother. Eventually, though, Nancy quit her job because she felt like she was missing everything important in her daughter’s life, and she felt that her daughter missed her too much. She would like to go back to school, but she feels that her daughter is too attached to her right now to leave her in the care of somebody else. Angela’s strong attachment and clingy behavior towards her mom may keep Nancy at home until Angela starts kindergarten.

From her three bouts of working, Nancy most often chose family members as caregivers for her daughter. Throughout all of these experiences, Nancy expressed that her best option for child care would be her own mother. Nancy, like many of the other mothers in this group, felt that if they themselves could not stay home with their children, then the next best option would be to leave them in the care of a close family member. Many mothers would not even consider a non-relative child care arrangement because these mothers believed that strangers could not be trusted.

As opposed to all of the mothers described above, the remaining six mothers felt more comfortable leaving their child with a non-relative caregiver. The two mothers in the non-relative babysitter typology almost exclusively relied on babysitters while their children were less than 24-months-old. Jessica's story below represents this small group of mothers who find that a non-relative babysitter best suits their child care needs.

Jessica is the mother of a twenty-, eighteen-, sixteen-, eight-, and two-year-old child with one more on the way. She works full-time at a nearby hospital, while her husband is a truck driver who works odd shifts. When her two-year-old daughter, Flor, was born, Jessica and her husband needed to figure out who would take care of her while the two of them worked. With varying experiences from her four older children, Jessica and her husband were unsure what to do. They tossed around different ideas of having Flor cared for in their own home, in the home of somebody else, or in a child care center. However, Jessica had had two of her older sons in child care centers, and she was very unsatisfied with those arrangements. Within one week, one of her sons came home with bruises and scratches without any information from the teacher. Her other son had more diaper rashes than he typically had presumably because his diaper wasn't being changed frequently enough in the group care setting. Jessica and her husband could confidently

agree that they did not want Flor to experience either of those issues in a child care center. Even though a child care center would have been cheaper, Jessica couldn't bear to send her extremely young daughter to one.

They both liked the idea of having a nanny to provide individualized care for their daughter since she was still so young – only six-weeks-old. Babies need a lot of 1:1 attention, and they wanted to find someone who wasn't taking care of any other children. Jessica's husband suggested somebody, but ultimately Jessica didn't feel comfortable with that individual. Finally, they agreed to have Jessica's best friend's mother take care of Flor. Jessica felt the most comfortable with this woman she knew and additionally because this woman had taken care of plenty of other young children before.

The nanny initially requested to be paid \$200 per week like she had been paid with previous families. Since Jessica could not afford this sum of money, the nanny allowed her to pay \$80 per week. When Jessica earned a raise at her job, though, she was so pleased with her nanny that she gave her a raise to \$100 per week. The nanny only lives a few blocks away and is very flexible about drop-off and pick-up times. Jessica really appreciates the flexible hours because she sometimes is asked to work later shifts at work and likes to be a reliable employee.

Jessica has been very pleased with her nanny over the past two years. She reads books with her and takes her to the park. She provides her additional food when Flor wants to try what someone else in her home is eating. If Flor gets hurt, the nanny knows how to respond appropriately and immediately tells Jessica when she arrives for pickup, which didn't ever happen at the child care centers. Most importantly, the nanny treats Flor as if she were her own daughter. Flor sometimes even calls the nanny "Mommy." The only downside is that the nanny does not speak any English and continues to speak to Flor in "baby talk." Since Flor is not

speaking too much and the mother's eight-year-old son has a learning disability, she would prefer the nanny to speak to her like an older person to help her language development. Jessica also feels sad sometimes thinking that Flor likes the nanny more than her since she spends so much time with the nanny; she feels sad that she misses many of Flor's "firsts."

Jessica plans on continuing to use the nanny until her daughter turns 3, when she will start looking for a preschool program. She may send her to the program where her son received early childhood intervention because she really liked how the program made her son feel part of the group despite his special needs. She thinks that when Flor turns 3, she will be ready to start socializing with other children and preparing for prekindergarten.

As evidenced by this vignette, Jessica put a lot of thought into what type of child care setting and caregiver she preferred. In the end, she settled on what she refers to as a "nanny." For both mothers who used non-relative babysitters, the mothers really appreciated the flexibility of a personal babysitter for their child. Both mothers discuss how their babysitters willingly accommodate changing work or school schedules. Additionally, these mothers both point out that they like the individualized care their children receive with a babysitter.

Another three mothers, categorized as late riser licensed care, moved their child into licensed care by the time they were 24-months after having either a babysitter or family member cared for their child while still an infant. Reyna's vignette offers one example of this category of mothers who feel comfortable leaving their babies in the care of babysitters or family members and even desire the more structured environment of a licensed child care provider by age two.

Her alarm goes off at 5 am. Reyna quietly climbs out of bed and takes a shower. Once she has gotten herself ready, she wakes up her two-year-old daughter, Marissa, to begin getting her ready for school. By about 7:30 am, the two on are both on their way to school. As they enter

the parking structure, Marissa gets very excited and runs all the way to her classroom. As she is already potty-trained, Marissa has the habit of using the restroom when she arrives in school. After this morning ritual, Reyna signs her daughter in to the classroom and gets ready to go to her own vocational classes. Marissa becomes very serious, but she doesn't cry. Since she has been in the program for almost a year, she understands that her mom needs to go to school. When Reyna leaves, Marissa tells her, "Bye."

After dropping her off at the child care center, Reyna heads to her class that starts at 8:35 am. She is currently taking the pre-requisite courses to become a Registered Nurse. She stays in class until 1 pm, when she heads to the library to study until Marissa's pick-up time at 2:30 pm. Once she arrives back at the child care center, Marissa's teachers tell Reyna about her day. The teacher struggled getting Marissa to use the potty before naptime, but the teacher also reports that Marissa was very engaged in morning circle time. By the end of the day, Marissa is very excited to go home.

*They arrive back home around 3 pm, which is conveniently when Marissa's favorite TV show, *Sponge Bob*, begins. Reyna puts the TV on for her in hopes that she might be able to get some more homework done. However, Marissa has a different idea. When Reyna gets her backpack out to do work at the table, Marissa comes over and climbs into her lap. Instead, Reyna changes her plan and sets up some paper with crayons and markers for Marissa to do some drawing with her. Grandma arrives home around 4 pm, and Marissa faces another transition of saying goodbye to her mother because Reyna needs to be to work by 4:50 pm. This time of the day, Marissa begins to cry when her mother has to leave.*

Reyna is covering an NBA game this evening as a cashier at the Staples Center. Once her shift ends, she counts her money and heads home around 10:30 pm. Thankfully when she gets

home, Marissa is asleep. Reyna finally gets to finish her homework she was unable to do earlier when Marissa wanted to play with her between school and work. After a long day, Reyna is able to go to sleep around midnight knowing that she'll have to be up at 5 am the next day to start it all over again.

During her interview, Reyna expressed the dual purposes of child care centers: this center-based program allows Reyna to finish her education, while also promoting the development of her daughter. Reyna has already seen an improvement in her daughter's language abilities in less than a year. The mothers in this group recognize that individualized care might be best for their babies, but these mothers also see the benefits of having their children in group care starting before the age of two.

Finally, one unique mother was a strong supporter of the center-based care her son received while she attended ESL classes. The vignette below describes Guadalupe's strong preference for the center-based care she receives for her one- and two-year-old children. Because she was the only mother who expressed having her children in center-based care at such an early age, Guadalupe stands alone in the typology of early riser licensed care.

Guadalupe, a mother of three children, currently takes English classes in a comprehensive family literacy setting everyday so that her children can attend the child care facility affiliated with this program. Brenda is two-years-old and has attended since she was 11 months, while Daniel is one-year-old and has attended since he was 2 months. She finds the child care center to be extremely beneficial for her children's development and for her parenting skills. Guadalupe knows that this program is not only supporting her family's English skills, but she feels like she is a better parent and will even be able to acquire some part-time work as a result of participating in the comprehensive program. She also describes other benefits such as

access to a psychologist to help with depression among other services. Guadalupe is extremely proud of her experiences with this program as she showed us her children's artwork and the most recent program newsletter. She feels very comfortable leaving her children in this child care center because she is nearby taking classes and visits the infant classroom to breastfeed throughout the day. Guadalupe thinks that other people do not use child care centers because they lack information on programs and the benefits of programs.

Similar to the mothers in the previous category, Guadalupe recognizes and describes the dual purpose of child care centers: enabling Guadalupe to further her English skills in hopes of acquiring part-time work as well as stimulating the development of her young children. She sings nothing but praise of the program that showers her with English classes, parental guidance, and other social resources as well as provides her children with a plethora of learning opportunities.

Preferences for Type of Care

When mothers were asked what type of care is best for infants, 21 out of 28 responded that mothers provide the best care. When asked why mothers provide the best care, one mother responded, “Porque pues como este es su madre o su padre uno lo cuida mejor que la demás gente. La demás gente no tal vez no le ponen mucho cuidado al niño” [*Translation: Because this person is either the mother or the father, he/she takes care of the child better than other people. It is possible that other people will not give as much care to the child.*] When mothers were asked the same question about toddlers, 18 out of 28 still responded mothers provide the best care. Yet, when mothers were asked this question about preschool-aged children, only 3 mothers still responded that mothers offer the best care. The remaining mothers felt that family members, babysitters, or a child care program could also provide adequate care for infants and toddlers. Some of the more flexible mothers commented, “Well, it would be ideal for all moms to stay

home with their babies, but if you can't and you have to work, there's nothing wrong with having them at a day care or with a babysitter" or "Individual care that's one on one, whether that's with a nanny or at a child care place."

When mothers could not be with their children, most mothers expressed a preference for family member or babysitter to take care of their child for the following reasons. First, mothers most frequently reported that trust helps to explain their strong preference for family members or babysitters (N=15). Mothers trust family members or other individuals they "know" rather than strangers in group care settings. For example, "Well when they're small small, somebody in your family because you can't trust nobody else. You know like cuz other people like yeah they might be nice but they don't have the patience and they're not gonna have the dedication of being with your kid." Second, family members or trusted babysitters had an existing relationship with the child, which made mothers think that the child would feel comfortable and that the individual would know the child's needs (N=6). One mother expresses her opinion about leaving her daughter with her sister, "Fue fácil porque la niña la quiere mucho. Siempre desde que nació la niña, ella estuvo cerca de ella y no fue difícil para ella cuidarla. O sea ella ya sabía perfectamente que es lo que a ella le gusta, como le gusta la leche, como le gusta que le cambien el Pampers. Todo. Ella sabe en todo lo que a ella le gusta" [*Translation: It has been easy because my child loves her (aunt) a lot. Since my daughter was born, her aunt has always been close to her and did not have any difficulty taking care of her. That is, her aunt knew exactly how she liked things, how she liked her milk, how she liked getting her diaper changed. Everything. She knows everything my daughter likes.*] However, a handful of mothers did recognize that family members or babysitters are often less educationally stimulating than more formal care options (N=8). For example, one mother explained, "Well his sister and his aunt...they were really good,

and they cared for her a lot. But his sister has a speech impediment; so I kind of was worried about that affecting her – the way she starts to learn how to talk. And then his aunt also...I mean I just didn't feel like they were really educating her. So cuz her father and I are big on trying to teach her how to read and stuff like that. So that would have been a sacrifice if we continued to go the route of just his aunt taking care of her. Like she would, I mean she would take care of her, but she wouldn't really educate her.”

Mothers demonstrated variability on their beliefs surrounding the appropriate age for young children to start attending a school-like environment. This school-like environment might be an infant or toddler child care center, preschool classroom, or kindergarten classroom depending on the age. As depicted in Figure 4, about 40% of mothers believe that children should start attending a school-like environment between the ages of 0 and 2, while 60% prefer to enroll their child in a school-like environment as a 3- or 4-year-old preschooler or even waiting until kindergarten. One mother states, “I think they need to make more schools for 2-year-olds. Yeah, I think it's a good thing to start um education early. So I mean, there's nothing' wrong with getting' a little bit earlier education. You know kids be smart, you can never be too smart. You can never learn too much so you know why not? They soak up everything anyway; so why not put 'em in now so they could learn everything?” On the contrary, another mother wishes to wait until her son is 3 or 4-years-old to send to school, “Porque ya está más grande, ya entiende que tiene que quedarse, separarse un poquito de la familia, y mamá tiene que ir a trabajar. Yo creo que es mejor en la guardería de tres en adelante.” *[Translation: Because he is old enough, he understands that he has to stay, separate himself from the family a little bit, and that his mom has to go to work. I think it's best [to be] in the child care center from the age of three or older.]*

Purpose of Child Care

Mothers had difficulty responding to the interview question about what purpose child care serves in their personal lives. With further probing, eleven mothers provided responses. Ten mothers describe how their child care arrangement allows them to achieve their goals of learning English, attending school, or working to provide for their family. Several of these same mothers also report that their child care arrangement allots time to do errands and have some “me time.” Finally, a few mothers (N = 3) discuss how their various child care arrangements (e.g., parent tag team, relative care, licensed care) give them peace of mind to be able to accomplish other necessary tasks.

Mothers had an easier time discussing the significance of child care arrangements in the lives of their developing infant or toddler. Fourteen moms provided 29 responses to this question. The most commonly cited purposes of child care for infants and toddlers were to socialize with other children (N = 8) and to support children’s learning (N = 8). In terms of learning, mothers gave concrete examples of learning letters, numbers, colors, and shapes or how to read/write. Some mothers specifically stated that infant and toddler child care could prepare their young child for preschool or Kindergarten (N = 4). Fewer mothers gave other purposes of infant and toddler child care as an opportunity to learn English (N = 2), meet other adults (N = 1), and develop independence (N = 4).

Prerequisites of Infant and Toddler Care

Regardless of their child care usage, all mothers were asked about what factors would be important to them when thinking about choosing infant and toddler child care. On average, parents mentioned 3 different factors, ranging from 1 to 7. The types of responses mothers provided to this prompt were categorized into four different groups: child and family factors,

environmental qualities, program characteristics, and provider characteristics. Twelve mothers cited child and family factors, and twenty-three mothers were represented in each of the remaining categories of environment, program, and provider.

Child and family factors included two codes: mother feels peace of mind with person/place and child is old enough to talk. Eight mothers mentioned each of these factors as important in choosing a non-parental caregiver for their infant or toddler. Mothers needed to feel peace of mind with their arrangement to be able to leave their child, “That I could go work um calm, not worry. I knew that he was in a safe place, that nothing was gonna happen to him like that. Um his food was on time; everything on time. And that, she took care of him like good like I’ll call anytime I want. Or even for my break, I used to come and you know like see him.” Several mothers had concerns that their child needed to be able to talk to report back to parents if he/she was mistreated, “Cuando el niño tiene dos años, el niño como ya empieza hablar y eso este si lo da cuidar pues el niño se le hacen algo, ya puede decirle a mamá o a papá. Y ya su mamá o papá pueden tomar este cargos sobre eso lo que le hagan hecho al niño.” *[Translation: Once the child is two-years-old and has started talking, the child can tell his/her mother or father if something was done to him/her. At which point, his/her mother or father can take action against what has been done to the child.]*

Environmental qualities included five codes: location close to home/work, location in safe neighborhood, clean environment, safe and secure environment, and big space. From all of these environmental qualities, mothers most commonly cited location close to home/work and safe and secure environment as important factors to consider when deciding on a child care arrangement for infants and toddlers. Safe and secure environment comprise the external environment as well as the internal environment. In terms of the external environment, one

mother commented, “Her yard is gated and locked.” As for the internal environment, another mother mentioned, “Como son niños pequeños tiene uno que estar chequeando cuando se vayan a caer, que no está escaleritas” [*Translation: Because they are young children, one has to continuously check when they might fall, and that there aren’t any staircases.*] or “Estar una casa especialmente para los niños que no haga cosas peligrosas para ellos, que no haga cosas que ellos puedan agarrar.” [*Translation: Be in a home especially for children that doesn’t have dangerous things, things that they can grab.*]

Program characteristics included seven codes: structure of program, history/reputation of program, hours, open door policy, toys and activities, reasonable price, and group size/adult:child ratio. In terms of program characteristics, mothers most frequently cited toys/activities, group size/adult:child ratio, and price. In both her current child care arrangement using a relative and her future plans to search for a child care center, one mother discusses several important program characteristics. In her current child care arrangement using her sister to care for her son, this mother made several points related to group size and adult:child ratio such as “No tiene bebés chiquitos. Su atención iba ser nada más para ellos.” [*Translation: She doesn’t have little babies. Her attention is solely towards them.*] This mother also appreciated the activities her son participates in with his aunt and uncle: “A veces lo baña. Se ponen a bailar, a cantar.” [*Translation: Sometimes she bathes them. They start dancing and singing.*] When discussing potential benefits of using a “guardería,” one mother cited “personal suficiente” [*Translation: adequate staff*] and “el costo” [*Translation: cost*] as important factors to consider. She also points out, “Hay actividades más mejor para él. Son como escuelitas. Allí como juegan, tienen un como un plan como en las escuelas así por eso también. Y luego les enseñan ... a escribir, a colorear, todo eso.” [*Translation: There are better activities for him. They are like*

little schools. There, how they play, they have a set plan like in schools. And subsequently, they teach them...to write, to color, etc.]

Provider characteristics included seven codes: enjoy working with children, ability to teach and have children learn, communication with parents and children, ability to effectively manage children's routines, language/culture, warm and friendly, and experience/training/education. In terms of provider characteristics, several mothers indicate that caregiver must be able to effectively manage and attend to their infant or toddler's daily routines such as eating, napping, and diapering. Secondly, mothers frequently stated that a caregiver's experience, training, or education influences their decision to leave an infant or toddler with that individual. One mother expressed several provider characteristics important to her in choosing an individual to care for her daughter; she specifically mentioned "personas que estén ya estudiadas para cuidar los bebés," "una persona responsable," "una persona adulta," and someone who "les hablan más español que inglés" [*Translation: People that have studied to take care of babies; someone who is responsible; someone who is mature; someone who speaks more to them in Spanish than English*].

Negative Perceptions of Licensed Child Care

"I wouldn't put her in a center like when she was like probably when she was born until like right now [2-years-old] I wouldn't put her. I would stop [going to school] but like I, I thank God that I had my mom and then I found this lady."

Twenty-five out of the twenty-eight mothers in the semi-structured subsample reported negative perceptions of licensed child care. Only a handful of six mothers shared the sources of their negative impressions of licensed care. These mothers cited the news, past experiences, or word of mouth.

Several mothers had some type of negative impression of child care centers (N = 19). Ten of these mothers believed that children were treated poorly in center-based care; mothers gave examples of teachers hitting, yelling, or neglecting children in centers. One mother described her impression of centers, “Porque a veces les pegan, y no los atienden bien. Cuando lloran, especialmente cuando empiezan a llorar cuando los niños están chiquitos y lloran de que les duele algo y a veces dicen, “No, no!” Que luego, luego le empiezan a pegar para que se calle. Y pues no debe de pegarle porque no saben que es lo que tiene. O no saben porque lloran.”

[Translation: Because sometimes they hit them, and they don't treat them well. When they cry, especially when children are very little and they start to cry because of something hurting them and sometimes they [teachers] say, “No, no!” And later, later they start to hit them so that they shut up. They should not hit them because they don't know what is wrong with them. Or they don't know why they are crying.] Another mother echoes this same sentiment, “Because like last time I heard, but I don't remember where was it. Like they used to treat like kids so bad like they used to like, when they used to feed them like if they don't wanna eat like they start hitting them. I was like, ‘I don't want that for my daughter.’ And that's like so, that's like so scary because imagine like something happens to her like that. I would be like, ‘Wow.’ So I'm scared like to put her like right there. Imagine if like that happened to my case.” As evidenced by these quotes, mothers fear for the basic physical safety of their young children in centers.

The remaining nine mothers provided other negative impressions including too many children, incompatible hours, too expensive, long waiting lists, increased likelihood of child getting sick, and even the possibility of death. Concerns about group care were expressed in comments like this one, “Me imagino que se han de enfocar de que hay muchos niños y piensan que el cuidado es menos para cada uno de ellos.” *[Translation: I imagine that because they have*

to focus on so many children and they (other mothers) think that the level of care is less for each individual child.] Specifically, mothers have the perception that children easily get hurt or experience diaper rashes when their basic needs are compromised in a center with too many children and not enough supervision. Additionally, parents fear for the health and safety of their youngest children, “Porque hay unas guarderías que no sé si no los cuidan bien o que pasa que los niños a veces se llegan a enfermar o a veces hasta morir en una guardería.” [Translation: Because there are some childcare centers that I do not know if they take care of children well or what happens is that children sometimes get sick or sometimes even die in a childcare center.]

Similarly, eleven mothers expressed negative impressions of family child care homes. Mothers’ negative impressions often revolved around a deep sense of distrust of strangers caring for young children in their home. Additionally, mothers feared that family child care providers did not have safe and secure environments or that family child care providers would not attend to their infant or toddler appropriately. Lastly, mothers addressed long waitlists and inadequate adult:child ratios as other concerns with this type of care. The following transcript provides evidence of how mothers perceive family child care homes. This mother points out safety and security issues of care in a stranger’s home as well as the importance of the surrounding neighborhood.

Interviewer: *And do you know of any family child care homes where...women have a day care in their home?*

Participant: *Oh yeah. Oh yeah. I mean I seen some like maybe 2-3 blocks away from here, but um I don’t know. Those really don’t bring me like good feelings about ‘em.*

Interviewer: *Yeah what sorts of things, I’ve heard a lot of mixed things about those type of programs. Like what sort of, I don’t know, what gives you bad feelings about them?*

Participant: Yeah um I don't know. It's just like in a house. And like, I haven't really gone and experienced, like to see what is it about just to talk to them. But I mean, it's just, um, I don't like, the thing is that don't bring me good feelings about it is because it's in a house. Like it's a, like I don't know, it's just, I just wouldn't take my daughter there because-

Interviewer: You wouldn't?

Participant: No, I wouldn't.

Interviewer: Because it's in their house, and it's-

Participant: Yeah, I don't know how to say it. I mean over here, they have like in the child development center here, they have cameras around so like they're always on surveillance cameras. Yeah so that's what I like about it and um plus the California state is always going in, the people that go check, they're always going checking in things. What I like about this one is they have a sheriff department right across from it. Because we have a...they have a sheriff department center, um department there. So that's what I like about it. And the court is like on the other side; so there's always police patrolling around always.

Interviewer: So you feel much more secure and safe leaving here there than leaving her in somebody's house where you don't maybe know what's happening there?

Participant: Yeah. And then it's not only that. It's mainly like the neighborhood like, this is over here is 3 blocks away from here, and it's like the neighborhoods around are ghetto. Yeah, like I mean I don't like my neighborhood here, so I mean I'm not about to take her 3 blocks away from here either.

Perceptions of Availability of Infant and Toddler Care

Mothers were asked how many infant and toddler child care centers they knew within their community. As hypothesized, mothers had very limited knowledge of available programs. Fourteen mothers did not know of any infant and toddler centers in their community that accepted children less than three-years-old. Twelve mothers had heard about or seen at least one child care center that serves infants and toddlers nearby. Only two mothers knew of two child care centers within their community. Based on geography, these mothers demonstrated limited access to nearby infant and toddler programs. Furthermore, mothers were asked how many family child care homes they knew within their community. Sixteen mothers did not know of any family child care homes; five mothers knew of at least one family child care programs; four mothers knew of two or more programs.

In addition to reporting on the quantity of licensed child care programs, mothers brought up two other issues related to availability of infant and toddler care. First, when asked what other mothers in their community do for child care, seven moms acknowledged the use of neighbors as a common form of infant and toddler care. Second, fifteen moms casually mention that relying on a family member or a non-relative babysitter often depends on the unstable work conditions of these individuals. Mothers tend to find a family member or babysitter who is unemployed, or mothers occasionally find a family member or babysitter who works the opposite shifts as the parent. These kith and kin care arrangements can fluctuate if the family member or babysitter becomes newly employed or if their shift changes. In these situations, mothers need to quickly scramble to find another child care arrangement or quit their job.

Knowledge of Agencies Affiliated with Child Care

Participants were directly asked about their familiarity with local agencies that provide or help find infant and toddler care in their community including the two child care resource and referral agencies and Early Head Start. Only eight mothers had heard of the local resource and referral agencies, and these mothers typically used the resource and referral agency as a resource to pay family members to take care of their child rather than as a hub for referrals. When asked about Early Head Start, only six mothers had heard of this program; two mothers actually received home-based Early Head Start services. However, over twice as many mothers had heard of the Head Start program that serves preschool-aged children (N = 13). Lastly, three mothers of children with special needs had interfaced with the Regional Center to secure services and/or child care.

Process of Securing Child Care

When mothers discuss the process of securing kith and kin care, they first observe a family member or friend who does not work or who comes recommended by another family member or friend. Next, mothers merely ask if that unemployed individual would mind watching their child. Eight mothers in this sample described this casual process. Another six mothers also reference the negotiation of payment within these informal care arrangements.

Mothers report both informal and formal means of finding out about licensed child care arrangements. Informally, mothers learn about child care options merely by walking-by programs (N = 11) or through word-of-mouth (N = 12). As more formal avenues of learning about care, mothers heard about child care programs from an agency referral (N = 10); these referring agencies included Women, Infants, and Children (WIC); Greater Avenues for Independence (GAIN); Welcome Baby home visiting, Regional Center, Early Head Start, or an

older sibling's elementary school. Only a couple mothers reported doing a formal search on internet (N = 2).

Eighteen mothers discussed the process of securing licensed child care, either for infants/toddlers or preschool-aged children. This process can be broken down into a series of potential steps. First, mothers make some sort of initial inquiry to the licensed program. Next, mothers may take a tour or spend some time observing in the program. Some mothers mention being placed on a waitlist. Once a space is secured, parents must fill out and submit the necessary paperwork such as immunization records, proof of employment, or income eligibility requirements.

Summary

Despite all mothers working prior to having children, several mothers reported a variety of reasons for ceasing to work during pregnancy or shortly after giving birth such as poor working conditions or child care preferences. These mothers comprised the first typology of no child care. The remaining mothers fell into five other child care typologies: parent tag team, relative care, non-relative babysitter, early riser licensed care, and late riser licensed care. These typologies provided more nuanced descriptions of mother's child care arrangements across the infant and toddler years than closed-ended survey data. When asked about important factors to consider when looking for infant and toddler care, mothers described an array of environmental, program, and provider characteristics. Even though mothers demonstrated limited awareness of licensed child care facilities in their communities, mothers expressed wariness about leaving infants in licensed group care settings out of fear that their young children may be mistreated or neglected.

Figure 3: *Distribution of child care typologies in semi-structured sample*

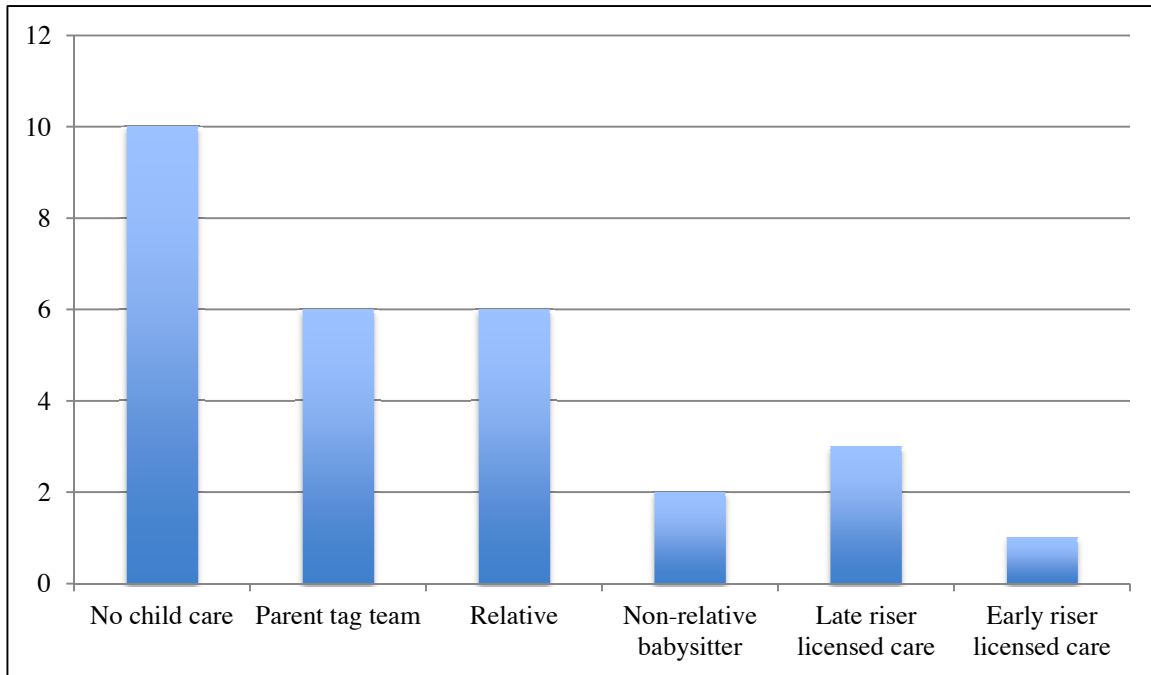
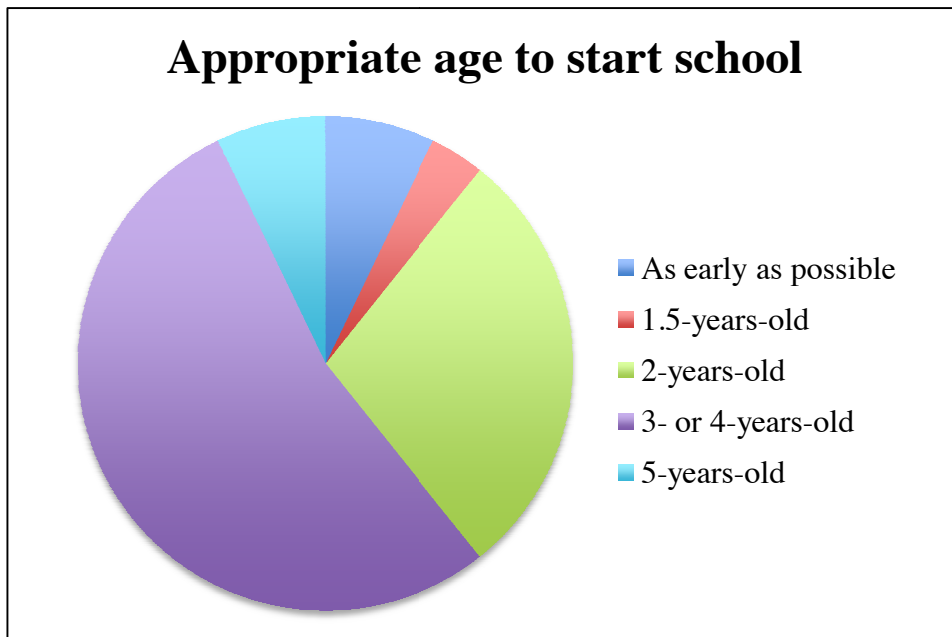


Figure 4: *Mothers' beliefs about appropriate age to start school*



CHAPTER 6: DISCUSSION

Child Care Quality in Target Community

Previous research has shown that high quality early childhood education characterized by sensitivity, responsiveness, and language stimulation can improve children's developmental outcomes, especially for disadvantaged children (Campbell et al., 2001; Loeb et al., 2004; NICHD Early Child Care Research Network, 2000). The child care observations as part of this study illustrated that infants and toddlers most likely do not experience the rich teacher-child interactions that necessitate improved child outcomes. Across all of the observed programs, the most common form of teacher-child interaction was through positive or neutral language towards the target child, ranging from 39-63% of the observations. Despite the amount of positive language towards the children, caregivers rarely engaged in positive physical contact with children (only between 2-8%), which is low given the age range of infants and toddlers. Similarly, such high rates of caregiver positive language were not paralleled by participation in learning activities with adult caregivers such as mutual exchanges, reading, singing songs, playing games, or group activities.

Furthermore, the programs serving low SES families demonstrated less frequent stimulating teacher-child interactions than programs serving diverse or high SES families. For example, children spent greater periods of time in transitions and less time engaged with teachers reading, telling stories, singing songs, and playing games in programs serving low SES families than programs serving diverse or high SES families. Therefore, programs in this community, particularly those serving low-income families, would not necessarily serve as an effective early childhood intervention. As has been suggested in a large body of previous research (see Helburn et al., 1995 as example), efforts at improving infant and toddler child care quality need to be continued (e.g., professional development, Quality Rating and Improvement Systems, etc.).

Because process quality seems to be associated with family income, more heterogeneous family enrollment in licensed programs may benefit low-income families attending such programs.

Previous research suggests that family child care programs tend to exhibit lower quality than center-based programs (Li-Grining & Coley, 2006; Lower et al., 2010). However, this study showed that family child care programs featured characteristics that actually enabled higher caregiver ratings. First, these programs had smaller group sizes. Smaller group sizes provide for lower adult:child ratios, which can result in less chaotic environments. When teachers have to attend to a smaller number of children, teachers can be more responsive to individual children's needs and engage more frequently with individual children. Lastly, family child care programs featured mixed age groups. In these settings, older children can often play by themselves or with peers, which frees up the teachers to spend more quality time with infants and toddlers in contrast to an infant classroom with 6, 8, or even 10 infants. However, family child care programs serving subsidized children demonstrate lower quality than programs not serving subsidized children (Raikes et al., 2013), and the behavioral and qualitative ratings of this study reflect this trend with family child care programs serving only low-SES families scoring slightly lower than family child care programs serving diverse-SES families.

Child Care Use in Target Community

Maternal employment necessitates the need for infant and toddler child care. At just over one-third, the employment rate of the family survey mothers roughly reflects the overall employment rate of females living in the target community. Interestingly, all mothers from the semi-structured sample report being employed prior to the birth of their children. While causation cannot be inferred such that having children decreases maternal employment, the trends of this study suggest a link between mother's ability to work and childrearing

responsibilities. Future research should further untangle the relationship between women's employment patterns, childbearing, and childrearing responsibilities.

The trends in child care use demonstrated by the family survey data indicate that the target community mothers use non-parental care arrangements less frequently than would be expected based on the national and California estimates. In line with previous research (Chaudry et al., 2011; Howes et al., 2007; Riley & Glass, 2002), the family survey mothers report using kith and kin as the most common type of child care arrangement for infants and toddlers. Previous research illustrates that rates of participation in center-based programs increases with children's age, usually with preschool children experiencing licensed care more frequently than infants and toddlers (Chaudry et al., 2011; Tang et al., 2012). The family survey data showed that about 95 children experienced a change in child care setting from 12- to 24-months, corresponding with a comparable number of mothers demonstrating shifts in maternal school/employment status. Of these 95 children, 86% shifted between parental care and kith and kin care arrangements, and only 14% moved into licensed care from parental or kith and kin care. Even though 40% of semi-structured mothers say that starting a more school-like environment between 0-2 would be ideal, less than 6% of the family survey mothers demonstrate using licensed facilities for 12- or 24-month-olds. Overall, mothers in the target community demonstrate low rates of participation in center-based care both due to the limited availability and preferences against this type of care for infants and toddlers.

Limited research has examined families utilizing multiple care arrangements, which serves as a necessity or priority for some families (Gordon, Colaner, Usdansky, & Melgar, 2013). Family survey data suggests that between 14 and 24% of mothers use multiple child care arrangements. The semi-structured interviews further uncover that 8 out of the 28 mothers rely

on multiple child care arrangements to suit their employment or school needs. Previous research suggests “that mothers may combine care arrangements partly to achieve their priorities for care and partly due to their constraints” (Gordon et al., 2013). Priorities for care might include school readiness for center-based programs or cultural similarity for kith and kin care. However, other parents may utilize multiple care arrangements out of necessity due to nonstandard employment (Henly & Lambert, 2005). In this study, some mothers used multiple child care arrangements to meet the demands of their nontraditional or inflexible schedules associated with low-wage work. Other mothers chose multiple child care arrangements to try and balance infant and toddler care only amongst both parents or other close family members (e.g., aunt, grandmother) to meet their preference for only trusting family members.

Recent research found that mother’s psychological resources including psychological distress, parenting control, and cognitive stimulation in the home did not significantly predict type of child care chosen for low-income families (Tang et al., 2012). Using the family survey data to predict type of child care used from several child, mother, and family characteristics similarly yielded null findings. Specifically, this study found that maternal knowledge of infant development, quality of home environment, family functioning, household chaos, and maternal stress did not significantly predict type of child care used at either 12- or 24-months. Because several considerations such as family economic circumstances, child care availability, and maternal preferences and beliefs go into the child care decision making process (Pungello & Kurtz-Costes, 1999; Weber, 2011), maternal parenting practices or other family functioning variables may not act as strong predictors of type of child care used. Additionally, the family survey sample represents a fairly homogenous sample in terms of race/ethnicity, socioeconomic

status, and other key demographics; therefore, limited variability may also play a role in the null findings.

Maternal Preferences for Infant and Toddler Care

Overwhelmingly, the semi-structured sample of mothers reported that mothers provide the best care for infants and toddlers. When mothers could not be with their children, the majority still expressed a strong preference for family members or babysitters that had an existing relationship with the mother and child. Extant qualitative and quantitative studies show that mothers believe the following factors are important when thinking about infant and toddler child care: cost, convenience, safety, provider characteristics, teacher:child ratios, and educational activities (Chaudry et al., 2011; Forry et al., 2012; Henly & Lyons, 2000; Schmit & Matthews, 2013). Mothers in the semi-structured subsample brought up each of these factors with some additional child and family factors. In addition to the environmental, program, and provider characteristics that reflect the existing literature, these mothers discussed the significance of feeling an internal peace of mind with the provider or setting as well as a young child's ability to talk. From their negative impressions of licensed care and distrust of strangers, mothers need to feel comfortable leaving their defenseless infant or toddler in the care of another. Some mothers were unable to overcome such fears and would not even consider group care or nonrelative care until a child was able to communicate with parents if anything bad were to happen.

Previous research shows that even though low-income families do not primarily use licensed child care for their infants or toddlers, these families increase their use of licensed care when given extra resources such as financial assistance or informational resources (e.g., what to look for and where to find it) (Crosby, Gennetian, & Huston, 2005; Lowe & Weisner, 2004).

Because previous intervention studies show promising results in increasing uptake of licensed center-based child care, the qualitative findings from the current study might be used to inform future intervention efforts at helping to link low-income families with high quality center-based care. As discussed above, mothers want to feel peace of mind leaving an infant or toddler in group care. Peace of mind can be attained when mothers can clearly see the safety features of the physical environment, understand the toys/activities available as learning opportunities, perceive adequate adult:child ratio to provide individualized care, can afford the tuition, and know the previous experience/training/education of all caregivers in the environment. This study depicted how these low-income mothers value these various aspects of a potential infant and toddler child care arrangement. Intervention efforts can focus on how to improve these aspects of infant and toddler child care quality in existing programs as well as teaching providers how to communicate how their classrooms or programs meet these criteria. Such efforts have the potential to allay maternal concerns and fears of licensed group care for infants and toddlers. Child care resource and referral agencies can play a strong role in this process. In the semi-structured sample, only 8/28 mothers had even heard of the resource and referral agencies in their community. Mothers who did know of and use the resource and referral agencies typically used them to secure subsidies to pay kith and kin care rather than to learn about licensed care options or attain help in securing licensed care.

Study Limitations

While this dissertation capitalized on both qualitative and quantitative methods to present a detailed case study of infant and toddler care in the target community, several limitations exist. First, as maternal employment necessitates the need for child care, more information on mothers' work histories and employment goals would have been helpful in untangling if mothers were not

working out of preference to care for their infants by themselves or because of no other realistic option for child care. The semi-structured interviews touched upon this issue, but more information could have been gleaned with additional inquiry into work history and employment goals. Furthermore, this study aimed to learn about maternal preferences within the context of available licensed care, but this study was unable to connect with the local resource and referral agencies or other well-known social service organizations in the community that actually serve as the places who try to connect the mothers with child care. This valuable piece of the puzzle may have further illustrated the feasibility of outreach from licensed care to community mothers.

Additionally, this study faced some design and methodological challenges. First, it would have been ideal to stagger data collection such that I researched the available licensed child care prior to conducting the semi-structured interviews. Mothers did not always know the exact names or locations of the child care programs they were aware of, and if I had an in-depth understanding of the community child care context prior to their interviews, I would have been better able to ask probing questions about mother's awareness of licensed child care. Secondly, while the M-ORCE naturalistic observations provide an adequate snapshot of licensed programs, the child care data could have been strengthened by adding qualitative observations to the protocol. Considering the mixed methods approach to this study, qualitative observations would have nicely supplemented the quality ratings from the M-ORCE. Lastly, this study was not able to recruit enough family child care programs to participate in the study, which provides a limited portrayal of the available family child care in the target community.

CHAPTER 7: INTEGRATIVE SUMMARY

Taken together, these various sources of data present a detailed case study of infant and toddler child care in a diverse metropolis. First, the child care data suggests that limited infant and toddler licensed care is available. Within the available care, there are few programs specifically aimed at serving low-income families. From the semi-structured interviews, we know that mothers living in the community have a limited awareness of infant and toddler licensed care. Additionally, these mothers express negative impressions of center-based programs, which seems warranted from my observational data on programs serving low SES families. Furthermore, mothers express fears of family child care homes, which seems partially warranted from my limited observational child care data and from these programs' unwillingness to be observed.

Limited Availability of Licensed Care

The child care data provides insight into the limited availability of licensed infant and toddler care. The target community comprised 40,457 children less than 5-years-old (U.S. Census, 2010). A conservative estimate of infants and toddlers would be 2/5 of this population. From this calculation, approximately 16,182 infants and toddlers reside in the target community. Yet, licensed child care within the target community only allots 1,035 available spaces for infants and toddlers, which equates to over 15 infants and toddlers per available space. Likewise, the prevalence of long waitlists indicates that not enough spaces exist to meet the demand of mothers who need or desire care. For example, programs providing free care to low-income moms demonstrated waitlists between 36 and 150 families. Eleven mothers from the semi-structured sample mentioned waitlists when discussing negative perceptions of licensed care or a likely step in the process for securing licensed care. On the contrary, many family child care homes do not even have a waitlist or only one to two children on the waitlist. Family child care

homes represent an underused resource in this community for infant and toddler care, but many mothers from the semi-structured subsample expressed fears of leaving their child in group care in a stranger's home.

From this limited available licensed child care, mothers in the semi-structured subsample demonstrated minimal awareness of infant and toddler programs. Fourteen mothers did not know of any center based programs, and twelve mothers knew of only one center based program. Similarly, sixteen mothers did not know of any family child care homes, and five mothers knew of only one family child care home. With limited availability and even more limited awareness of infant and toddler licensed care, the prospects for this avenue of early childhood intervention seem dismal.

Child care resource and referral agencies exist as a network to assist families in locating and securing child care for young children. Two resource and referral agencies serve the zip codes of target community, but only eight mothers had heard of these agencies. These mothers typically used the resource and referral agency as a resource to pay kith and kin care rather than as a hub for referrals to licensed care. Instead of using resource and referral agencies, mothers use other agencies that they already have contact with for other purposes. For example, mothers have received help locating care from Greater Avenues for Independence (GAIN); Women, Infants, and Children (WIC); home visiting programs; Regional Center; or an older sibling's elementary school.

In the target community, five Early Head Start programs operate with a total of 163 spaces in center-based programs. Yet, only 6 mothers from the semi-structured subsample have heard of Early Head Start. Interestingly, two mothers in the semi-structured subsample participated in home-based Early Head Start services.

Limited Access to Licensed Care

When free programs are not available, licensed care remains too cost prohibitive for low-income families. On average, families from the family survey dataset make \$1,174.03 per month ($SD = 649.97$, Range: 250-3000) at the 12-month time point and \$1,321.88 per month ($SD = 689.76$, Range: 0-4000) at the 24-month time point. Centers charge monthly tuition between \$917 - \$1,023, while family child care providers charge monthly tuition between \$634 - \$682. Even the cheaper family child care options represent nearly 50% of a family's monthly income. While subsidies exist to help defray the costs of child care, only 3-6% of mothers of infants and toddlers in the family survey sample report taking advantage of these subsidies. Many mothers in the family survey sample report using these subsidies to go towards paying kith and kin care rather than licensed care. Furthermore, mothers in the semi-structured subsample describe how they use child care resource and referral agencies as another avenue to secure funds to pay kith and kin for infant and toddler care.

Maternal Concerns in the Context of Child Care Quality

Recent assessments of California's family child care and center-based programs suggests that mothers should have cause for concern regarding the enforcement of basic licensing regulations; family child care programs score 38 out of a possible 150 points, while centers score 51 out of a possible 150 points on program and oversight standards (Child Care Aware of America, 2013; National Association of Child Care Resource & Referral Agencies, 2012). The child care data in this study lends some further validation to maternal concerns surrounding licensed care for infants and toddlers. The programs serving low SES families scored lower on several indicators of process quality such as caregiver sensitivity or learning activities, which

corresponds to low-income mothers' negative impressions of licensed child care expressed during semi-structured interviews.

Especially in center-based programs, mothers believed that their young children would be treated poorly such as yelled at, physically hit, or neglected. Several of the process quality indicators demonstrated that programs serving low SES families were more negative and harsh than programs serving diverse or high SES families. Caregivers serving low SES families scored lower than caregivers serving high SES families on sensitivity, while scoring higher on intrusiveness and detachment. In terms of environment, low SES programs were scored the highest in overcontrol compared to the programs serving diverse and high SES families. While no episodes of physical harm were observed during this study, these observations provide some support for maternal concerns about young children being treated poorly in center-based care such as being yelled at or neglected. The caregivers serving low SES families were both less sensitive and less involved, while the environments were more controlling.

Furthermore, many mothers described specific concerns with adult:child ratio and group size in group care settings. Considering that programs serving low SES families only show children highly integrated with their teachers between 25-37% of the time confirms mothers' concerns. Mothers believe that their young children need 1:1 attention that a mother can more easily provide than a teacher who must attend to several children at one time. Likewise, caregivers rarely engaged in positive physical contact with children (only between 2-8%), which provides further indication that infants and toddlers receive limited 1:1 interactions with caregivers. The observed data suggests that infant and toddler caregivers spend limited 1:1 time with children, but mothers can compare this to receiving potentially 100% integration with adult or positive physical contact when children are cared for by a parent or other relative.

However, recent time-use studies document that even when mothers spend more time at home, these mothers do not necessarily spend more time engaging in quality time with their children such as talking, playing, reading, or other social activities (Booth, Clarke-Stewart, Vandell, McCartney, & Owen, 2002). While greater time spent with an infant can predict more positive parenting practices, greater time with infant does not necessarily increase infant engagement with mother or improve important social and cognitive child outcomes (Huston & Aronson, 2005). Time-use studies indicate that even when employed mothers with traditional work schedules spend less overall time with their young children, these mothers do not differ in terms of engaging in quality time with their children (Wight, Raley, & Bianchi, 2008); employed mothers and higher SES mothers often actually spend more time in intensive mother-child interactions (Bianchi & Robinson, 1997; Drago, 2009; Huston & Aronson, 2005). Therefore, even though mothers do not trust that their children will receive appropriate individualized care, these stay-at-home mothers or parent tag-team mothers may not be necessarily spending quality time with their children that relates to improved child development. Future research comparing the time use of stay-at-home moms with group care caregivers in both the quantity and quality of time spent with developing infants and toddlers would continue to shed light on this important issue.

A large portion of mothers from the semi-structured sample also expressed distrust of family child care programs. Further corroboration of mothers' distaste for family child care remains in the family survey data; only two mothers at 12-month time point (1.45%) and one mother at 24-month time point (.01%) utilized registered family child care providers. However the child care data suggests that not all family child care programs need to be feared, and family child care programs had some redeeming qualities. Across the board, family child care teachers

scored higher than center-based teachers on sensitivity, while scoring lower on intrusiveness and detachment. Family child care environments were rated as less chaotic and demonstrated higher expressed community than center-based programs. Infants and toddlers in family child care programs also spent more time integrated with caregivers than children in center-based programs. Mutual exchanges most frequently occurred in the family child care programs as caregivers often sat with individual children and engaged in prolonged contingent interactions. Family child care homes offered good adult:child ratios and attentive caregivers, which allowed for some of these more positive interactions. Yet, mothers feared these programs in many of the same ways they feared center-based programs. A mismatch exists; yet a study limitation is that I was only able to observe in 10 programs. Perhaps the unwillingness to be observed of the other 16 family child care programs who participated in the study provides some indication that lower quality care was occurring in those settings.

Study Implications

From this case study of infant and toddler care in a particular Los Angeles community, several policy implications can be discussed. Few mothers use programs set up by policymakers to assist in securing licensed care such as childcare subsidies (only 5% of 556 mothers use subsidies) or resource and referral agencies (8/28 moms know and use resource and referral agencies to pay unlicensed kith and kin care). Previous research has called for policymakers to design policies surrounding child care subsidies with regard to parental preferences (Early & Burchinal, 2001). The current study affirms that child care assistance programs need to be better marketed towards working families with consideration of beliefs and fears surrounding licensed care. Better marketing can build on mothers' beliefs that adult:child ratios, group size, toys/activities, safety/security, and provider experience/education are important aspects of

infant/toddler care as illustrated by this study's qualitative analyses. Additional marketing might aim to quiet fears of mothers that strangers in group care settings might mistreat their youngest children behind closed doors. However, because some of these fears were warranted given the low quality of childcare, policymakers must first strive to improve the quality of care for all infant/toddler programs.

Additionally, practitioners can utilize study findings in three phases. First, infant/toddler providers can learn about the concerns of low-income mothers. Next, practitioners can address any shortcomings their programs face. Last, infant/toddler providers can better communicate with local families to allay maternal concerns. For example, since many mothers fear their children being mistreated, providers can implement an open door policy that allows parents to stop by at any time. Providers might also describe how caregivers attend to and provide individualized care for multiple infants.

CHAPTER 8: REFERENCES

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