Child Care Decision Making Among Parents of Young Children: A Constructivist Inquiry

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CHILD CARE DECISION MAKING AMONG PARENTS OF YOUNG CHILDREN:

A CONSTRUCTIVIST INQUIRY

A Dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy at Virginia Commonwealth University.

by

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Abstract

CHILD CARE DECISION MAKING AMONG PARENTS OF YOUNG CHILDREN: A CONSTRUCTIVIST INQUIRY

By Kathleen A. Didden, Ph. D.

A Dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy at Virginia Commonwealth University.

Virginia Commonwealth University, 2006

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In order to understand parents’ child care decision making for young children (under 6), this interpretive research interviewed 24 parents and 7 child care professionals from a mid-sized region in Virginia. Using a constructivist research design, the research question explored how parents make child care decisions. Working hypotheses focused the data collection on the role of experience in shaping parents’ preferences, the relationship between family needs and child care decisions, and the interactions with family and child care services. The research product is a narrative case study. Child care decision making is conceptualized as an ongoing process bounded by the family context and the child care resources of the community. The four major conceptual categories describing the decision making process are: Multiple Pathways to Child Care Decisions,
Selecting Child Care, Child Care Experiences, and Positions Regarding Changes in Child Care.

Lessons learned were that families came to any child care decision with different circumstances, resources and preferences. Families’ options appeared related to the resources they had: financial, support from others, and supportive workplaces. When selecting child care families experienced both external and internal challenges; accessing information was a common challenge. Another challenge to child care decision making voiced by parents were the trade-offs they felt compelled to make given the mismatches between their preferences and the child care resource context. Limitations to existing child care information, referral and assistance programs were noted and viewed as related to state policy limitations. Parents emphasized the importance of relationships with providers in selecting care and in maintaining quality child care. Parents were able to articulate what worked and didn’t work with their child care choices: provider/child and provider/parent compatibility, connection to other families/children in care, work demands, transitions to child care, and a family’s resources.

Implications for policy and practice include increasing child care services, supporting caring partnerships among families and child care providers, enacting policies that support increasing options for families, and involving the business sector in creating child care resources that better correspond to families’ needs. Further research into developing relational models of child care decision making, the role of values, the meaning of trade-offs, and the intersection of time with decision making are suggested.
CHAPTER 1 SUMMARY

Introduction

Currently, the majority of parents with young children -- children who are not yet attending school -- make child care arrangements for some part of their children's care (Hofferth, Shauman, Herke, and West, 1998). Although using child care is not historically new (Lamb, 1998), shifts in family economics and structure have rendered the middle class norm of a two parent family with the mother providing sole care for young children obsolete. It now appears that arranging child care is a normal developmental task for families with young children.

However, unlike the institution of public education which clearly defines its role in educating young children, the public role in caring for young children is a contested area for policy and practice. A review of federal, state and local policy on child care in the setting of this research suggests that minimal policy has been formulated which influences parents’ decision making options to care for their young children. There is no unified system of early childhood education and care in the United States (Heymann, 2000). Likewise, a parent’s decision where to send a child for care is minimally influenced by policy. The establishment and enforcement of regulations that ensure the safety and standards of care settings only apply to a portion of the care available to parents. Parents may legally choose unregulated care settings including: family care, in-
home care, home settings below a certain number of children, and religiously exempt settings. Programs to assist parents in finding care revolve around subsidies and tax incentives to help pay for child care, education regarding care selections, and referrals to care settings.

Policy analysts (Klein, 1990; Kamerman & Kahn, 1987) suggest that the goals of current child care policy may reflect two competing interests: custodial care for low income working parents and educational enhancement for at-risk children. This analysis indicates that child care policy is not universal, but is intended to shape the experiences of a specific population of families. Criticism has been leveled at policy efforts with numerous authors calling for an increased public role in the provision and funding of child care programs (see for example Chaudry, 2004; Blau, 2001; Helburn & Bergman, 2002; Kahn & Kamerman, 1987; Mezey, Schumacher, Greenberg, Lombardi & Hutchins, 2002). The current child care system has been characterized as problematic. The problems most frequently cited are low quality (Blau, 2001; Kontos, Howe, Shinn & Galinsky, 1995), lack of availability of specific types or hours of care (Fuller, Holloway & Liang, 1996; Queralt & Witte, 1998; Smith, 2000) and high cost (Schulman, 2000). Access to high quality child care is seen as the domain of the privileged (Levy & Michel, 2002; Vandell, 1998). The ensuing paradox is that policy intends to maximize parental choice within a constrained market while parents have also been cited as contributing to child care problems because of their lack of knowledge and inability to distinguish high quality from low quality care (Blau, 2001).
Distinguishing quality care, however, is not always easy. Research has been conducted on the impact of child care on children's development. Lamb (1998) suggests that research in this area has moved beyond answering the question of whether child care is good for children or not to defining what constitutes good child care and ultimately to how child care interacts with other environments in shaping the development of young children (NICHD, 1996). Higher quality child care has been linked to positive outcomes in the cognitive, social, and emotional development of children (Burchinal, 1999; NICHD, 2000; Helburn, 1995; Scarr & Eisenberg, 1993). Research has been advanced that provides a basis for defining and measuring quality care. Provider education and training (Burchinal, Howes, Kontos, 2002; Kontos, Howes, Shinn & Galinsky, 1995) and caregiver sensitivity and responsiveness (Clarke-Stewart, Vande1l., Burchinal, O'Brien., & McCartney2002, NICHD, 1996; NICHD, 2002a) are among those components typically associated with high quality child care. The role of values in shaping our understanding of positive outcomes in child development has been pointed out, with some researchers calling for inclusion of a diverse set of values in defining developmental outcomes (Johnson, Jaeger, Randolph, Cauce, & Ward, 2003).

Contrary to the belief that quality is paramount for positive child development outcomes, recent research indicates that the amount of time spent in child care (NICHD, 2003a; 2003b) and the age of the child in child care (NICHD, 1999b) may also be related to developmental outcomes regardless of the quality of a setting. Moreover, the role of the family care environment has been shown to interact with the effects of the child care environment (NICHD, 1996). The ongoing debate over the effects of child
care on child development for young children decreases the possibility that one equation for good child care can be found and necessitates further research and examination of the role of child care in the early years of life (Maccoby & Lewis, 2003). Yet, parents are still tasked with choosing care based on existing knowledge.

The current inquiry adds to an understanding of child care problems. More specifically, the inquiry helps expand an understanding of how families of young children fare, given the problems with child care as defined by policy analysts, economists, and child development experts. The ontological perspective used in this inquiry assumes that reality is multiple and, therefore, can only be described or understood from a given perspective that is contextually situated. Following, the problems associated with child care, can only be understood from multiple perspectives. Having reviewed the problem definitions associated with child care in the literature, the current inquiry turns to parents to explore their problem definitions. In order to expand the notion of quality in child care, numerous admonitions have been made to include the voices of parents and providers (Kagen & Cohen, 1996; Peters & Pence, 1992). The current inquiry does this.

Parents are ideally situated to add to an understanding of child care problems. Parents and their children are the intended beneficiaries of child care policies. Families interact with child care policy, as it is implemented in their locality. Furthermore, families negotiate the child care market and must make decisions in spite of constraints. Finally, families, in the chosen research context, must gauge the quality of any child care setting. Despite the paradoxes in child care policy, the constraints in child care markets,
and the lack of consensus on what constitutes quality child care -- parents of young children are making child care decisions everyday.

The experiences of parents making child care decisions have not been entirely excluded from discussions of child care policy and child care development. Parents’ decision making has been studied for its compatibility with research that defines quality child care. Parents have been shown to value many of the quality measures defined by research (Kontos, et al., 1995; Kagen & Cohen, 1996), but they have also been found to value other aspects of child care settings such as trustworthiness (Kontos, et al., 1995; Lerner & Phillips, 1994), the importance of the relationship with the provider (Powell, 1997; Uttal, 2002), and cultural continuity (Huang, 1999). Findings have also linked family characteristics with preferences, suggesting that preferences may vary according to a parent’s child rearing values, marital status, income, and the child’s age (Smith, 2002; Meyers & Heintze, 1999; Liang, Fuller & Singer, 2000).

However, additional research finds that there is not always congruence between what parents want or prefer and their actual care choices (Early & Burchinal, 2000). Indeed, most current decision making models factor in the role of constraints such as resources (Lowe & Weisner, 2004), family demographics (Pungello & Kurtz, 1999), cost (Seo, 2003), and workplace flexibility (Emlen, Koren & Schultze, 1999) in addition to families’ values and preferences, environment and supply, and child’s characteristics. Not surprisingly, parents have been found to be dissatisfied with some of their child care choices (Lifton & Torres, 1999; Kontos, et al., 1995; Uttal, 2002) and low income parents have been shown to worry about the number of child care settings their young children
use and the amount of time in care (Chaudry, 2004). The dynamic nature of decision making or how parents manage child care (Uttal, 2002; Chaudry, 2004) is just beginning to surface in child care literature, despite the admonitions of some professionals (Powell, 1997) that parent and provider interactions are key to child care quality.

Parents can illuminate child care problems in many ways. Not only do parents have the potential to expand upon existing conceptions of quality care, parents also have the potential to illuminate, through their concerns, some of the aspects of care, unrelated to quality, which may shape a child’s development. As consumers of policy, moreover, parents can illuminate how the policy and practice context, or environment, relates to their decision making. Further review of the literature and the location of the parental voice in the child caring challenge is presented in Chapter 2.

Methodology

The voices of parents as the ultimate decision makers and partners in policy within the child care system are underrepresented. Their perspective, as contained in their experiences making child care arrangements, is a critical voice. Parents hold knowledge about what is working and what isn’t working in the child care system (Weber & Wolfe, 2002). Using their knowledge and experiences is key to shaping policies and practice in a given context that reflect families’ needs. The current inquiry explores the knowledge and experiences of parents of young children making child care decisions while posing the following research question: How are child care choices made among adult parents of young children in a mid-sized region in Virginia? A profile of the policy and social context of the community is provided in Chapter 2.
The current inquiry hopes to achieve an expanded understanding of parents’ decision making with a specific context. It looks at preferences and how they are enacted within the family context, the local child care system context, and the economic and policy environment. The research question is connected to several working hypotheses.

- *H1*: Parents have unique preferences for child care based on values and personal experience.

- *H2*: The process of bounding child care choices includes relating child care preferences to parents’ understandings of child care options.

- *H3*: Interactions with policy, programs, and care providers are related to the child care decision-making process.

The current inquiry aims to illuminate how policies and practices in a specific area, a mid-sized Virginia region, can be more responsive to parents’ needs.

This inquiry emphasizes context for several reasons. First, deregulation of child care policy means that any given locality may differ in its implementation of policy and resulting programs to assist parents with child care decisions. Second, the ontological assumptions that inform this inquiry do not assert one reality. Thus, the epistemological and methodological foundations of the inquiry call for defining the context of the inquiry.

The theoretical basis for this inquiry is pragmatism, a philosophical theory within an epistemology well suited to the inquiry’s ontological foundations. Through the work of Dewey (1922), pragmatism sets forth a way of generating the “best” solutions to problems through pluralism and democracy. Through the work of Rorty (1990), pragmatism emphasizes language and shared meaning as the basis of knowing reality.
The work of West (1989) sees pragmatism as a way to reflect on present circumstances in order to change future circumstances. All these conceptualizations of pragmatism have shaped the research approach and have guided this inquiry.

Theory testing, the usual role of theory in guiding inquiry, is not pursued in this inquiry. Instead, the inquiry seeks to explore the experiences of parents, making child care decisions for their young children, in a specific context. Drawing from Dewey (1922), the inquiry positions parents as participants in a democratic process; bringing their voices to the political process. Drawing from Rorty (1990) the inquiry eschews previously developed theoretical concepts and relies on parent participants’ words and language to form the basis of the findings. Drawing from West (1989) the inquiry embraces change as inherent to knowledge building activities.

The inquiry uses a constructivist research design. Beyond its congruence with the ontological and epistemological, or theoretical, basis of the inquiry, the constructivist model is ideally suited to explore policy in experience (Guba, 1985). The three separate phases of constructivist inquiry were undertaken in this inquiry and further described in Chapter 3 including: Orientation and Overview; Focused Exploration; and Member Checking (Rodwell, 1998). The first phase of the research ensured the focus, fit, and feasibility of the research question with the methodology and the given context. The midsized town that serves as the context is ideally situated for this research: local policy and practice is progressive with respect to child care, with an interest in increasing quality in child care as well as assistance to parents making child care decisions. In addition, the overall economic health and growth of the area further make child care an
important topic to the community. State policy surrounding child care, on the other hand, was gauged by stakeholders to be more conservative. Despite the contested political terrain, the research proceeded to the next phase with gatekeeper support from local agencies assisting parents with decisions. Information from parents of young children is a worthwhile inquiry topic in the context.

The second phase of inquiry, Focused Exploration, included formal data collection and analysis. Using semi-structured, in-person interviews, the inquiry collected data from 25 parent participants and 7 child care professional participants. An interview guide that corresponded to the working hypotheses shaped the interview process. The sampling strategy was purposive and was based on Patton’s (1990) strategy of maximizing variation. The sample of parent participants ranged from typical child care decision making experiences to unique child care experiences. The need to include professionals to respond to parents’ perspectives on local policy emerged during this phase of research. The sample expanded to include child care professionals assisting parents from all public and non-profit agencies in the context. Primary data collection was limited to a single interview; however, when necessary, participants were re-contacted to clarify meaning or to reflect on themes emerging from the research process.

Once data were collected, they were transcribed. Data collection ended when data saturation was reached, meaning that no new themes were being introduced in interviews and the range of participant experiences met sampling criteria. Informal data analysis was ongoing. Emerging themes were introduced in the data collection via the research
design's model of an hermeneutic circle in which the researcher recycles data among participants to develop inter-subjective meaning (Rodwell, 1998).

Formal data collection involved using the constant comparative method first developed by Glaser and Strauss (1964). In this case, data from the transcribed interviews were unitized and then sorted and categorized to create a conceptual framework from the deconstructed material (Rodwell, 1998). The logic of developing the conceptual framework allows the pieces of data to be reassembled into a meaningful whole. Rules were created and categories labeled to ensure that categories were not duplicative. At the same time, the conceptual framework also detailed the relationships among categories.

The result of this analytic process is the case study presented in Chapter 4. The case study adheres to the conceptual framework and provided a clear audit trail whereby each assertion could be traced to the conceptual framework, the transcribed units and the raw notes of the original data collection. The case study serves as a presentation of both the content and process of data collection. Participant data is clearly identifiable as well as the researcher's interpretations of themes and activities in creating the hermeneutic exchange among participants.

The third phase of the research, Member Checking, once again included parent and child care participants to ensure that the case study reflected their perspectives and the constructed case study was not missing data or reporting data incorrectly. All participants were given the opportunity to review the case study. A total of 18 participants reviewed the case study. Any changes suggested by participants were incorporated into the case study or negotiated with the researcher.
An outside auditor was also employed to ensure the rigor of the research process and product. The auditor conducted an assessment of several dimensions of trustworthiness and authenticity as outlined by Rodwell (1998). A favorable audit report attested to the following: the research was true to the methodology; the case study was grounded in the participant data; and the case study had transferable impact or its ability to create deep, rich conjoint meaning among child care professionals, parents of young children and other readers was attained.

Results

The findings of this research are best understood within the context of the conceptual framework. The conceptual framework describes the child care decision making process as consisting of three related stages: Pathways to the Child Care Decision, Selecting Child Care, and Child Care Experiences. The family context is central to the entire process and the context of local resources is central to the latter two stages. Related to the decision making process are *Positions on Child Care Changes* that parents and professionals take with regard to policy and practice as a result of their child care experiences.

The case study presents conversations between a professional “child care finder” who represents the voice of the researcher, and her friend Roz, who represents the voices of child care professionals. The child care finder introduces the reader to the experiences of the parent participants. Parents’ perspectives are reconstructed primarily through eight composite families created for the case study. The eight families are aggregates of parents’ knowledge and experiences choosing child care in the research context.
The family context encompasses not only the traditional demographic variables, but also the family history including early care experiences and family formation. Each family can be seen as embarking on a journey of caring for their young children that includes child care decision making. This inquiry suggests that child care decision making does not begin with selection of a child care setting. Rather, families' multiple pathways to child care selection are an important precursor to the actual selection. These pathways can be conceptualized as related to three areas. First, families had unique understandings of options for work, staying at home and using child care. Second, the dimensions of their decisions varied with respect to their child’s age and stage, work situations, and current child care situations. Third, the involvement of other decision makers shaped their pathway. While a few parent participants chose pathways that took detours around selecting child care, the majority took a pathway that at some time included the selection of a child care setting beyond parental care.

When selecting care, parent participants articulated specific hopes and dreams for child care setting characteristics. These, along with parental understanding of options, appeared related to the challenges they faced when selecting care. Parent participants described a wide variety of activities they engaged in to select care in light of decision making challenges. The context of local resources appears related to all activities parents engage in to make decisions: collecting information, getting financial assistance, and assessing dimensions.

This inquiry also suggests that the decision making process does not end with the selection of a child care setting. Rather, parent participants seemed to engage in ongoing
assessments of whether their settings were working or not for their child or themselves. Management of their child care arrangements was also ongoing. Their assessments encompassed: child/provider interactions, parent/provider interaction, child care/work compatibility, child care/family needs, transitions, and connection with other families in the care setting. Again, the context of local resources appeared related to all the activities parent participants engaged in to make their care settings work: monitoring, working with providers, and changing settings.

Based on their experiences and reflection on all stages of the decision making process, parent and professional participants took positions on changes within the child care system. These changes encompass policies at all levels of government and practices regarding cultural values and service provision for families with young children. Strategies for achieving change were also offered and evaluated by participants.

Several lessons were drawn by the inquirer from the case study. These include recognition of: the multiplicity of decision making experiences given family and local resource contexts; the need for expanding options for all families; the costs associated with settling for less than desired care; the limits of community resources in assisting parents; differentials in accessing information; the importance of relationships between families and providers. Discussion of these lessons is also provided in Chapter 4.

Implications stemming from this inquiry were found related to policy and practice, research and social work education are presented in Chapter 5. Policy and practice implications drawn from the inquiry relate to participants’ voiced concern for increasing options for all parents, workplaces compatible with affording and managing
child care, increased access to information and evaluation of child care settings, and assistance managing child care arrangements.

Research implications centered on redefining the resource packages parents bring to the child care decision making by further explorations of how support in decision making, family friendly workplaces, time, back-up care, and options may relate to positive decision making experiences for parents. Similarly, exploring the meaning of trade-offs and costs of decision making for families and children is suggested from the findings. Further exploration of the role of relationships is also warranted, including developing models of decision making that emphasize relationship building as opposed to market exchanges. Further research on time and child care, on caring partnerships and on the role of power in child care settings are seen as suggested by the inquiry findings and relevant to the emphasis on relationships in child care decision making.

Research implications included methodological implications. Methodological implications encompass the role of technology in constructivist inquiry, barriers to recruitment of under-researched populations, and the advantages of constructivist stakeholder definition and hermeneutic dialog for policy development. Finally, implications for social work education centered on increased attention to caregiving responsibilities and developing curriculums about forming and maintaining caring partnerships between care settings and among care providers.

Conclusion

This inquiry successfully captures parents’ experiences of child care decision making in one geographical context. Parents and professional participants were able to
add to our knowledge of what was working and what wasn’t working in the local child care system. Their descriptions of the challenges and resources they brought to making and managing child care decisions illustrates that the lack of comprehensive child care policy has left parents relying on creative solutions to find what they believe works for their child and their family. Evaluations of existing child care resources by parent and professional participants highlight that the terrain of public responsibility in child care is still being negotiated. Treating child care services as market goods also appears contradictory to parent participants’ experiences selecting and managing child care and supports expanding social responsibility for supporting families in accessing child care that works. By increasing our understanding of how parents make decisions within their families and social and political contexts, implications for local policy and practice that are responsive to parents’ needs will surface.
CHAPTER 2 LITERATURE REVIEW

Introduction

Parents and caretakers are faced with making child care decisions in a complex social and political environment. Within this environment, the competing interests of child development and family economics or self-sufficiency must be reconciled amidst a framework of public policy that is frequently divided in its intent. Localities are more frequently determining policies which influence parents’ child care decisions. In order to highlight areas if best practice, this inquiry focuses on one locality which has invested in child care quality initiatives. Although child care policy advocates often speak on behalf of parents and children, the experiences of parents -- the ultimate arbiters of child care -- are underrepresented. Capturing parents’ voices, particularly those parents who may be underrepresented in research, may bring unique perspectives on how the child care system can meet both children and families’ needs. In addition, a thorough analysis of parental experiences in child care choice may advance policy efforts directed towards parents.

The objectives of this research are to understand how parents make child care choices within a given locality and to illuminate policies and practices which best meet the needs of parents as they engage in the process of making child care choices. The justification for this research relies on the following assertions:
• Although the child care system is portrayed as problematic, parents’ perspectives on problems within the child care system are lacking.

• Any inquiry into parents’ perspectives must be grounded in a policy context that incorporates an understanding of the national and local policies which shape parents’ experiences.

• Multiple models for understanding parental child care choice are being developed. Further development of child care decision making models are needed that incorporate a diversity of child, family, and locality characteristics.

The following literature review provides an examination of these assertions and concludes with the research question and working hypotheses that guide this research.

Understanding Child Care Problems

The decisions and arrangements that families make regarding the care of their children are very complex during early childhood or the years prior to school age. During these early years, parents are faced with two connected decisions: the extent of child care and the nature of the child care arrangements. Although policies tend to favor maximizing parental choice and limiting regulation of child care, the idea that parents are free agents in a perfect child care market is very questionable. Parents’ decisions regarding child care are made within specific family and cultural contexts. Furthermore, parents make decisions in a socio-political environment heavily influenced by media and societal attention to the developmental needs of young children, and policies such as welfare reform and the Family Medical Leave Act (FMLA).
In securing early child care, families negotiate a system that is portrayed as one that is in crisis (Blau, 2001; Helburn & Bergmann, 2002) and in a state of political and economic disorganization (Kahn & Kamerman, 1987). According to Blau (2001), there are multiple problems with the child care system: low quality care, lack of availability, high expense and short supply of high quality care, low earnings and a high turnover among providers. Additionally, Blau characterizes the current child care system as one that acts as a barrier to escaping welfare and a system marked by its own consumers’ lack of knowledge. The disorganized child care market is comprised of competing sponsorship groups, decentralization and deregulation, and regressive child care tax policies. Decentralization has removed any federal provision of child care services save Head Start; deregulation has allowed states to decrease standards and monitoring; and privatization has virtually eliminated publicly run child care programs. Kahn and Kamerman (1987) conclude that families face a two-tiered child care system with poorer children receiving unregulated, informal care and richer children receiving higher quality center-based care. Levy and Michel (2002) echo this sentiment by distinguishing two types of care: private care with better quality and supply and public or directly subsidized care limited in quality and supply.

The multiple perspectives on the child care crisis reflect the variety of interests, goals and values that permeate child care discussions. Typically, the problems associated with this system have been summarized as those of quality, access, and affordability (Mezey, Schumacher, Greenberg, Lombardi, & Hutchins, 2002; Blau, 2001; Kahn & Kamerman, 1987). Multiple definitions of these three problems and interrelationships
among them reveal that diagnosing child care problems will not yield a definition of
singular, universal causes and solutions. Instead,

Problem definition is a matter of representation because every description
of a situation is a portrayal from only one of many points of view.
Dissatisfactions are not registered as degrees of change on some universal
thermometer, but as claims in a political process (Stone, 1997, p. 133).
While many of these claims are made on behalf of children and families, fewer are made
by parents themselves who are the “underrepresented partners in policy deliberations of
child care issues.” (Weber & Wolfe, 2002, p. 3) Parents’ voices are critical if we are to
shape polices that are relevant to all families’ needs.

Child Care Quality

One of the voices defining child care problems focuses on children’s interests.
Research in this area has focused on linking high quality child care to child development
outcomes and has resulted in several measurements of child care quality that
operationalize structural and process components of quality. Models that are looking
specifically at what determines child care quality, define structural components (those
specific to child care environment) and process components (those specific to the child’s
experience in child care) as causally related to global quality measures (e.g. Early
Childhood Environmental Rating Scale (ECERS), Harms & Clifford, 1980).
Applications of these measures across child care settings paint a picture of average
quality child care in the United States (Kontos, et al., 1995; Whitebook, Howes &
Phillips, 1990) with even the states ranked highest in regulating child care lacking high quality child care settings (Ceglowski & Davis, 2004).

Recent research sees child care as only one environment influencing children’s outcomes and attempts to capture the “multiple, interacting features of the child’s experiences in shaping development” (Hungerford, Brownell & Campbell, 2000, p. 521). Lamb (1998) and Shonkoff & Phillips (2000) proposed several possible models to explain the inter-relationships if these domains. Child development professionals remain interested in isolating and predicting the impact of child care on children’s development in spite of agreement that an approach to child development must take into consideration the multiple and interacting environments of the young child. The emphasis on child care settings related to child developmental outcomes as opposed to family or other settings raises several important questions. Is child care being studied because it is more plausible that policy can effect change in these settings more than in the family, or, is child care being studied because it is a more questionable setting than the family?

With regard to the question does quality matter for children’s development, a review of the literature suggests that quality of child care is consistently related to developmental outcomes, with higher quality care related to more desired outcomes (Vandell & Wolfe, 2000, Shonkoff & Phillips, 2000). Structural components consistently associated with higher quality child care are caretakers’ training and education (Burchinal, Howes, Kontos, 2002; Burchinal, Cryer, Clifford & Howes, 2002; Kontos, et al. 1995; Clarke-Stewart, K. A., Vandell, D. L., Burchinal, M., O’Brien, M., & McCartney, K., 2002) and, for infants and toddlers, a lower staff to child ratio (National
Institute of Child Health and Human Development Early Child Care Research Network (NICHD), 1996). Process components of caregiver sensitivity and responsiveness are also found to be consistently related to better developmental outcomes for children (Clarke-Stewart, et. al., 2002; NICHD, 1996; NICHD, 2002a).

Contrary to the belief that quality is paramount for positive child development outcomes, the latest reports from the National Institute of Child Health and Human Development’s Early Child Care Research Network (NICHD, 2003a; 2003b) indicate that increased quantity of time spent in non-maternal care is associated with more socio-behavioral problems regardless of the quality of the child care setting and negative cognitive effects on children up to 9 months (Brooks-Gunn, Han, Waldfogel, 2002). Earlier findings (NICHD, 1999b) had indicated a link between quantity and number of child care settings and negative outcomes at age 2. The ability to generalize these NICHD findings to other contexts and groups of children has been questioned and reviews of other child care studies (Love, J. M., Harrison, L., Sagi-Schwartz, A., van Ijzendoor, M. H., Ross, C., Ungerer, J. A., Raikes, H., Brady-Smith, C., Boller, K., Brooks-Gunn, J., Constantine, J., Kisker, E. E., Paulsell, D., Chazan-Cohen, R., 2003) suggest that stability and other factors rather than quantity of child care are related to socio-behavioral problems.

The ongoing debate over the effects of child care on child development for young children provides no guarantee that one equation for good child care can be found, and further research and examination of the role of child care in the early years of life is necessary (Maccoby & Lewis, 2003). Several responses to these uncertainties in research
have been made. Some suggest limiting non-parental child care for the early years
(Belsky & Eggebeen, 1991; Greenspan, 2003; Maccoby & Lewis, 2003). Others use
research to inform best universal practices while realizing that the equation for good child
care may be less universal and increasingly specific based on family, child and setting
characteristics (Maccoby & Lewis, 2003). Finally, some recognize the role of values and
subjectivity in shaping definitions of positive child outcomes and how child rearing and
socialization values in our diverse society must be accounted for (Johnson, Jaeger,

Implicit in studies of child development and child care are outcomes that are
assumed to be universally valued by parents. From these outcomes stem specific
definitions of good care and quality care. It is questionable to what degree parents share
all the values associated with the outcomes and if the related definitions of good care
coincide with how parents define good child care. In their study of parents' measures of
quality child care, Emlen, Koren & Schultze (1999) conclude that parents' knowledge
about quality may not differ as much from expert measures. Rather, the context of
applying this knowledge is different. Alternately, parents' notions of quality child care
have been cited as inconsistent with expert notions of quality care as represented in
measurements such as the Early Childhood Environment Rating Scale (Harms &
Clifford, 1980). In addition to measures typically captured in child care research that
focus on dimensions of process, structure, or global quality, parents have been found to
value trustworthiness, continuity in parent/provider care, and the ability to relate to the
provider (Kagen & Cohen, 1996; Kontos, Howe, Shinn & Galinsky, 1995).
Furthermore, current measurements of child care quality and child outcomes may be lacking cultural relevance, particularly an understanding of the differing socialization goals parents may have for their children and related racial coping skills and multiculturality outcomes (Johnson et al., 2003). Parents can illuminate when cultural continuity is purposefully sought and when it is a result of supply or affordability constraints. Prior research indicates that both preference and constraints may be involved in cultural continuity with similarities in parent and provider income level and ethnicity (Kontos, et al., 1995) being used as a proxy measure of cultural continuity as well as parent self-report of expressed preference for cultural continuity (Huang, 1999).

Parents may expand our understanding of child care quality to incorporate the importance of provider and parent relationships (Uttal, 2002). The notion that choosing child care might be comparable to expanding a family circle for some parents (Baker & Manfredi/Petitt, 1998) or that provider and parent interactions may also be linked to quality (Uttal, 2002; Powell, 1997) extend the concept of quality child care beyond what is best for the child. Indeed, quality child care may also be linked to the match between providers and parents as well as the setting characteristics and family needs.

Despite the complexity of understanding child care quality in relation to children’s development, parents are tasked with the role of being informed consumers. Proposals to educate parents about quality care are offered as one solution to the child care crisis. Checklists that are designed for parents to assess quality care reflect the complexity of this task. There are multiple checklists and brochures which emphasize different features of care such as health and safety minimums or provider skills and
training (National Association of Child Care Resource and Referral Agencies, 2001). With variability in state regulation and licensing and no easy formula for child care quality, it is challenging to be a child care consumer.

*Child Care Supply*

In 1995, 59% of children under five were in regular non-parental care according to the Survey of American Families (Hofferth, Shauman, Henke, & West, 1998). The number of children in non-parental care has increased over the past three decades and is expected to continue to increase, especially as a result of welfare reform measures (Vandell, 1998; Levy & Michel, 2002). In addition, the supply of infant care, toddler care, non-traditional hours of care and sick child care is viewed as inadequate (Schulman, 2000; Proctor & Johnson-Staub, 1998, US GAO, 1997, US GAO 1995).

For those children who do remain in parental care, the assumption that the mother or even an unemployed parent is the primary caretaker must be questioned. Increasing numbers of fathers are providing care for their preschool aged children and parents are also engaging in shift work which sometimes enables them to remain as the primary caretakers of their children (Presser, 2003; Casper, 1997). Couples may adopt Greenspan’s (2002) “four-thirds solution” to care for their young child with each parent working flexible or part time hours in order that one parent may also stay at home.

Parents also rely on family and friends for child care. According to the 1997 National Survey of American Families, relative care is second only to center-based care for all young children and is the first choice for children under three, with poorer families more often choosing relative care (Tout, Zaslow, Papillo, & Vandivere, 2001). Finally,
many families are patching together systems of care, as indicated by the National Survey of American Families. In that study, close to 40% of all young children who experience non-parental care used two or more arrangements (Tout, Zaslow, Papillo & Vandiver, 2001). Child care decision making also includes recognition of the complexity and quantity of arrangements a family chooses.

*Child Care Financing*

Although child care is often placed within the framework of a market commodity, there are several direct and indirect subsidy programs. The 1990 Child Care and Development Block Grant Act is the principal child care policy enacted in the United States that provides subsidized child care. The act defines eligible children as those under 13 whose family incomes are less than 75% of the state’s median income. Seventy-five percent of the money in this act was available for child care services and twenty-five percent was reserved for early childhood development, latchkey children, and quality improvement. Title XX Social Security block grants are provided to states to allocate among competing programs, including child care. Eligibility is restricted to each state’s low income guidelines. Project Head Start is intended to serve all low income children from 3-5 years of age. Other funding vehicles exist for funding child care services but are specific and tied to employment, nutrition, educational or development grants. Indirect services consist of consumer tax deductions, specifically the Dependent Care tax credit, which provides tax relief to parents with children under the age of 13 (Cohen, 2001).
Despite these policy instruments, not every eligible family is covered by child care subsidies or takes advantage of programs that assist with child care financing. Estimates of child care costs are twice that of pubic college tuition, and poor families spend disproportionate amounts of income on child care to access the quality middle and upper classes can afford. Consequently the Children's Defense Funds is advocating for federal involvement in increasing subsidies for child care (Schulman, 2000). Extending subsidies to more families is a means of minimizing the inequality in child care choices created when wealthy families can afford quality care and those lacking financial resources can not. Furthermore, child care subsidies have the potential to increase the employment of the working poor more than tax credits (Bainbridge, Meyers, & Waldfogel, 2003): a stated goal of welfare reform policies.

Beyond the Market Paradigm

Although the failures of the child care system are expressed in the language of the market, policy solutions often call for increasing the public role in provision of child care services. Abundant policy remedies have been offered: universal child care, universal subsidies, and increased subsidies, paid family leave, subsidizing child care workers, and incentives for child care centers and providers to improve quality (Helburn & Bergmann, 2002; Blau, 2000; Kagen & Cohen, 1996; Schulman, 2000). This trend in policy recommendations suggests that a private market paradigm for child care is not working.

Indeed, a growing area of literature questions the assumptions of private market economics, especially the maximization of self-interest and profit as compatible with services that provide care to others (Held, 2002). Proponents of an ethic of care (Held,
1993, 2002; Tronto, 1993; Kittay, 1999) point out that activities like health care, child care and education that focus on relationships of care between the provider and client should not be considered economic markets, but they currently are. Thus parents, as child care consumers, may be acting “irrationally,” as assessed by a market paradigm, when they value trusting relationships with providers over cost or environment. Similarly, child care providers may be behaving “irrationally” when they charge rates below market standards so that they remain affordable to working class parents in their community. In fact, policies that seek to encourage child development may be at odds with the market norms of efficiency and profit.

The debate over whether caring work, work that involves caregiving or nurturing, should be in the market is not an issue for Held (2002). Instead, she argues that the model of private, unfettered markets may not be appropriate for caring work and the goal of limiting or bounding the market model must be attained. Today’s child care system forces parents to reconcile the contradictory values that are present in seeking child care within a policy framework that may position child care services as market commodities.

Understanding Child Care Policy

Until the 20th century, child care for young children was predominantly a domestic or private concern with little involvement from the public sector. During the 1900’s, however, we have seen responsibility for child care decisions shift from purely private to a mix of private and public responsibility. The latter part of the century saw a proliferation of child care related policy and services. Parents now have a broader choice of child care services with for-profit, not-for-profit and public child care services in
existence for young children. Parents also have access to both regulated and unregulated child care services. Finally, parents have access to subsidies, child care tax incentives, and family leave. It is unclear, however, how the goals of these policies and their implementation coincide with or contradict parents' goals for their child's care. Furthermore, it is unclear how parents' interactions with existing policies relate to their child care choices and which policies and practices are best meeting parents' and families' needs.

*Federal Child Care Policy*

Federal child care policy is housed in many governmental agencies. Kamerman and Gatenio (2003) describe current child care policy as consisting of:

- direct delivery of services such as public school based kindergarten and pre-kindergarten programs
- direct and indirect subsidies to private providers of education and care such as grants, contracts, tax incentives
- financial subsidies to parents/consumers such as grants and tax benefits
- establishment and enforcement of regulations such as those pertaining to safety (p. 3).

Fiscally, the financial subsidies for parents have been most dramatically impacted in recent years by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA). This act requires low-income women with children 3 months and older to engage in work within 2 years of claiming Temporary Assistance to Needy Families (TANF) and limits lifetime receipt of assistance to 5 years. PRWORA
consolidated four separate funding streams including the Child Care and Development Block Grant into the Child Care and Development Fund (CCDF). States could transfer money from TANF block grant into the Child Care Development Fund. Despite increases in funding, however, research suggests that large portions of eligible, low-income families are not receiving subsidies (Adams & Rohacek, 2002), nor is quality a central focus. A small portion of the CCDF (4%) is used for initiatives to enhance the quality and supply of child care in communities and fund child care resource and referral agencies.

Most child care policy analysis comments on the multiple and potentially disparate goals of child care policies. While Klein (1990) has defined up to nine competing goals of child care policy along with associated interest groups, others have condensed the list of competing interests to two main goals: care/custody for children of low-income working parents, and education or developmental enhancement for at risk children. This simplification of competing goals characterizes current federal child care policy which has consisted of responding to the former goal by making child care services available to low income women (TANF) as an incentive to work and providing federal income tax credits for child and dependent care (which disproportionately affects lower income parents). Federal policy has responded to the latter goal by providing compensatory education to high risk children via Head Start and other early intervention programs.

Despite a history of advocacy and research that point to the benefits of increasing the supply, quality and affordability of child care, little has changed -- outside of
PROWORA -- in federal child care policy. The decentralization of child care policy or division of responsibility between the federal government and states is important. Federal policy dictates that states are responsible for determining eligibility for services, the scope/quality of services, allocation of services/benefits, and determining health and safety standards for regulation. Whereas, some states encourage local involvement in planning for state funding, other states assume near complete fiscal, regulatory, and policy-making responsibility for Early Childhood Education and Care. While government financing overall has increased over the years, states are assuming more responsibilities for funding/policy making for both educational and care aspects of child care policy (Kamerman & Gatenio, 2003).

*Virginia’s Child Care Policy*

With devolution, states have primary responsibility for establishing child care policies including regulation, subsidy programs, child care workforce initiatives, and child care quality initiatives. The state of Virginia’s income eligibility for subsidies is lower than 35 states and it ranks 42nd in the percent of children served by subsidies. Furthermore, since the state does not keep waiting lists there is no measure of the unmet need for subsidies (Voices for Virginia’s Children, 2004a). With regard to regulations the state is among only 13 that do not require registration or some regulation of all family day care homes (JLARC, 1997). A comparison of Virginia’s standards to the other 49 states found the state near the mean with respect to staff to child ratios and staff qualifications (JLARC, 1990). Virginia is not a leader in quality child care initiatives; there remain many opportunities for child care policy to be developed.
In the 1990s, the Joint Legislative Audit and Review Commission (JLARC) of the Virginia legislature undertook two studies to examine the regulation and provision of child day care in Virginia. The resulting reports made several suggestions for child care policy in Virginia: revising regulatory standards, expanding the supply of regulated care, and educating parents about child care selection. Regulation was a key concern in the early 1990s based on findings from a commonwealth-wide survey that estimated only 20% of children was in regulated care despite the fact that 76% of parents favored regulation (JLARC, 1990). Increasing the supply of day care provided at non-traditional hours, expanding financial support for low-income working families, and training providers and parent consumers were other recommendations of the first JLARC report (JLARC, 1990). A survey conducted by JLARC also revealed that 68% of parents using child care experienced problems with quality, affordability, and availability when looking for care and 62% had difficulty finding special care arrangements (JLARC, 1989).

The follow up report cited several areas for improvement, including consistency in regulation and licensing standards across settings (e.g. requiring CPS checks in centers and homes); improving enforcement of standards (e.g. all centers inspected twice annually); and improving funding of child care assistance for low income families (JLARC, 1997). Changes in child care financing and welfare reform have dramatically increased child care expenditures with the anticipated costs of serving every eligible family far exceeding current expenditures (JLARC, 1997). As of 1999, Virginia’s income eligibility for child care assistance under the Child Care Development Fund was 185% of the federal poverty level or $2,140 per month (SPDP, 2000). Of those families
eligible for assistance, less than 14% actually receive assistance (Voices for Virginia’s Children, 2004a).

Advocacy groups, namely Voices for Virginia’s Children, are focused on improving the quality of child care in Virginia via policy initiatives to increase child care staff qualifications and training and decrease staff to child ratios and group size (Voices for Virginia’s Children, 2004b). This organization has also been successful in bringing the TEACH-VA program to the Commonwealth. TEACH-VA provides scholarship and educational support to child care providers pursuing associate’s degrees at community colleges (Voices for Virginia’s Children, 2004c). Establishment of a Kinship Care Program, a program designed for relative caregivers, is also an emergent policy priority that is connected to a statistic that shows 40% of all TANF recipients in the Commonwealth used non-parent relative child care (Office of Justice and Peace, 2004).

*Local Policy and Social Context*

In the context of the inquiry, several agencies are responsible for implementing child care policy and programs. The child care system, outside of providers, consists of an information and referral agency that is also the registering entity for family child care homes, the USDA child care food program, and information on child care through the United Way. Financing for child care is provided through the Departments of Social Services and also the United Way, which manages the child care scholarship fund. Training for child care providers is provided through the public education system’s vocational education system and one community college. Regulatory oversight is conducted by the Commonwealth regional licensing division in a county an hour away.
While the child care system contains the basic elements of support for parents, providers and children, there is a movement to improve child care in the community. One of the concerns is with quality (J. Nafzinger, Personal Communication, October 5, 2002). Grants and programs to provide training and outreach to family child care providers in low-income neighborhoods were instituted over the past three years (K. Flanders, Personal Communication, September, 2002). In addition, a working group on child care has noted a need to improve child care quality (Partnership for Children – Child Care Working Group, 2002). In many ways the community is already engaged in the evaluative process of examining its child care system, identifying concerns, and generating solutions.

The formation of a working group on child care occurred several years ago and drew together researchers from a local university, program directors from the child care system, and child care providers and advocates. This group’s work has centered on assessing child care needs, sharing information and opportunities, and, most recently, exploring initiatives for improving quality (Partnership for Children – Child Care Workgroup, 2002). The working group has been pursuing the introduction of a quality recognition and rating system for providers. The initiative is currently being piloted with a handful of child care providers in the community (J. Nafzinger, personal communication, October 5, 2002; K. Flanders, personal communication, March, 2005). It is hoped that this system will provide parents with an easy format for recognizing quality.

The situation in the inquiry context offers a promising setting for inquiry into
parents' experiences making child care arrangements within the context of developing child care policy. The differing values between the state and local setting are noticeable. These differing values include a statewide orientation towards defining care as custodial care for working mothers and minimizing the Commonwealth’s role in regulating care, thus leaning on the side of care as a private rather than public responsibility. The locality, on the other hand, is seeking to emphasize the developmental/educational aspects of care through attention to quality issues.

Socially, the inquiry context is characterized by a strong economy, a growing population, and combines features of both rural and urban populations. The need in the community for child care can be predicted to grow and the economic resources in the community have the potential to support quality initiatives in child care. The setting encompasses a midsized Virginia city and the surrounding county. The population of the city, in 2000, was 45,000 and the surrounding county was 79,000 (Geospatial and Statistical Center University of Virginia Library, 2006). Both city and county are areas of population growth. From 1990 to 2000 the city population increased 11.3% and the county 16.2% (Geospatial and Statistical Center University of Virginia Library, 2006). The city is more racially diverse than the surrounding county. In 2000, 22% of city residents and 10% of county residents identified as African-American; 5% of city and 3% of county residents identified as Asian Americans; 70% of city and 85% of county residents identified as White, 2% of city and 1.3% of county residents identified as more than one race/ethnicity and 1% of both as another racial/ethnic identity. Across
racial/ethnic categories, 2.6% of county residents and 2.4% of city residents also identify as Latino/a (Geospatial and Statistical Center University of Virginia Library, 2006).

Four and a half percent of the city’s population is under 5 compared to 6.3% of the county’s population (Geospatial and Statistical Center University of Virginia Library, 2006). Of the 3453 family households with their own children under 18 in the city, 1840 were married couples and 1393 were considered female householders. In the county 10,187 families had children under 18. Of those, 7896 were married couples and 1803 were female householders (Geospatial and Statistical Center University of Virginia Library, 2006).

Economically, the city had a 2% unemployment rate in 2000 compared with the county’s 1.3% rate (Geospatial and Statistical Center University of Virginia Library, 2006). The median county income in 2004 was $50,749 and the city’s was $31,007 (Epodunk, 2006). Twenty-five percent of individuals in the city live below the poverty level compared to 8.5% of the county’s individuals. The city percentage is considered inflated, however, due to the large number of college students residing in the city (Geospatial and Statistical Center University of Virginia Library, 2006; University of Virginia, 2006). The primary employers in the county are the county, an insurance agency, and the department of defense. Agricultural use of land accounts for a little less than half the land in the county. The primary employers in the city are the university, hospitals, the city, a bottling plant, and publisher (Convention and Visitors Bureau, 2006).
Understanding Parental Choice

Regardless of the problems associated with the child care system, parents must make child care choices. They struggle with securing child care in workplaces and social contexts that are unsupportive. Their perspective, as contained in their experiences making child care arrangements, is a critical voice.

Parents have been the most underrepresented partners in policy deliberations of child care issues. Yet parents hold the most intimate knowledge of how the child care system works – or doesn’t. Accessing this knowledge and experience is essential if we are to shape policies and programs that are responsive, relevant, and realistic (Weber & Wolfe, 2002, p. 3).

To understand parents’ decision making involves understanding the entire process including how parents define the decision, make the decision and their reflection on the decision.

Extent and Nature of Choice

The extent to which parents choose non-parental child care for their young children is a critical aspect of decision making for parents of young children. Overlapping this choice are family characteristics, family beliefs and the social and political context. For all families, the Family Medical Leave Act and implementation of this act by employers relates to this decision. For lower class women, welfare reform limits the choices they may have in this area. Despite the lack of federal policy ensuring
a parents' ability to choose to care for their own child, this option may be the choice that they desire. Policy initiatives have begun to experiment with paying TANF eligible parents for caring for their young children (Minnesota Department of Children, Families and Learning, 2000). Child development experts have proffered the advantages of shift work parenting (Greenspan, 2002) in order to minimize non-parental care. This choice, however, may also be accompanied by family stress (Presser, 2003).

In addition to the political context that shapes the choice to care for a young child at home and the resources a family might have to enact this choice are a family’s beliefs about what is best for their young child and the social construction of parenting. Hothschild’s (1989) study of dual career couples highlights how individuals’ understanding of gender roles and options is enacted in a couple’s management of work and family issues. Using this framework, child care choices and responsibilities are related to each family’s negotiation of gender. A study of managerial women describes the construction of the “good working mother” role as one in which mothers arrange child care, organize household work, and get pleasure both from working and mothering in order to maintain traditional gender roles and social expectations of children and home as women’s domain (Buzzanell, Meisenbach, Remke, Liu, Bowers & Conn, 2005). Indeed, much attention has been paid to the “mommy wars” or the divide between working mothers and stay-at-home mothers in the social construction of the good mother role (Warner, 2005). It follows that this discourse relates to women’s child care decisions; but it must be clarified that the majority of this research and ensuing dialogue
is the realm of the upper and middle classes, for whom “choice” in child care affords an examination of their mothering identity (Buzzanell et. al, 2005).

However, the role of managing gendered and other identities has primarily been studied in middle and upper class women who are viewed as actually having a choice regarding how much time they elect to spend caring for their children. Recently, analyses of National Institute of Child Health and Human Development’s Early Child Care Research Network’s data concur that the element of having a choice may be important in an overall discussion of child development outcomes. Mothers’ decisions to be employed or to be at home with infants were not directly related to sensitive care giving and the quality of the home environment, but were seen as personal dispositions. More important was how they interacted with their infants in the available time (Huston & Aronson, 2005). Moreover, congruency between mothers’ beliefs about the effects of employment and their ability to enact these beliefs in child care choices may be related to their family/work satisfaction and subsequent interactions with their infant.

For those parents who choose care outside of the home, the choice of setting has been captured through large scale surveys. According to the 1995 Survey of Income and Program Participation (SIPP), approximately 75% of all children under age 5 were in some kind of regular child care arrangement and 25% were not. Because children are in multiple care arrangements, the percentages of children in each type of setting is not additive. Eighteen percent of children under five were cared for by their other working parent (usually father). Relative care, or kith and kin care, was a setting for 44% of all children under age 5 in the United States (Smith, 2000). Relative care is often
unregulated and efforts to support relative caregivers have become a policy concern. Another choice for parents is non-relative care. Approximately 49% of children under 5 were cared for by non-relatives during parents’ work/school hours: 30% in organized centers (child care centers, preschools, and Head Start) and another 28% in non-relative care including care in the child’s home or at a family child care provider’s home (Smith, 2000).

According to SIPP data, parents are also likely to enroll their child in more than one setting, with 44% of children under five in more than one setting (Smith, 2000). Similar findings for NICHD data (NICHD, 1996) clarify that making child care arrangements quite likely includes arranging care in several settings. Recent literature reveals that those parents who are most constrained in their child care choices often rely on patchworks of child care or multiple care arrangements that are unstable (Scott, London & Hurst, 2003). Exploring how these multiple arrangements relate to parental preference and constraints is essential for increasing an understanding of child care decision making. In considering the experiences of parents, understanding how choices are defined and decisions made will help illuminate the processes which lead to these multiple arrangements.

Preference and Constraints

Understanding how parents manage preference and constraints is necessary. “In reality, any parent’s child care choices are intensely personal and reflect a complex (and poorly understood) mix of preferences and constraints” (Phillips & Adams, 2001, p. 45). In balancing parental preference for child care with parental employment and income
considerations, parents may experience many constraints. Early and Burchinal (2000) looked at actual care choices and parental preferences and found only a small relationship between preferred characteristics and actual selection, indicating that parents may use care because of unavailability of alternatives, economic or workplace constraints. Lower income families seem most constrained in their child care choices due to the relationships between quality, affordability, and supply. Research shows that most relative care for young children is unpaid (US Bureau of the Census, 1996), making it the most affordable option for low income parents who are faced with paying a disproportionate amount of their income for child care.

It is unclear, however, how the balance of preference and constraints plays out in any decision. While it may appear that economic and workplace constraints coupled with availability of services are the ultimate factors in decision making, this undermines the self-determination that parents may wish to bring to the equation. While it is unclear to what extent parents’ preferences are enacted in child care decisions, research does indicate that parents are able to articulate their preferences. Values and child care preferences have been shown to vary among families. Middle and higher income families emphasize quality based on provider attributes and educational opportunities in the child care setting, while lower income families desire these attributes as well as safety in the child care environment, flexibility, and the trustworthiness of the provider (Brayfield, Deich & Hoffer, 1993; Larner & Phillips, 1994). The emphasis on safety and trust has been suggested as one reason why lower income families may be more likely to rely on familiar or kith and kin care (Lowe & Weisman, 2004). Whereas, other authors
suggest that kith and kin care may provide cultural continuity and be a preference for parents because of socialization goals they have for their children (Johnson, et. al., 2003).

It is important to note that constraints and preferences are specific to any given family. But because child care decisions are ongoing over a period of years (Phillips & Adams, 2001), the constraints and preferences a family has may differ at any given time. For instance, child age has been related to child care selection, with more 3-5 year old children in formal care such as center care or preschool care across ethnic and socioeconomic groupings (Smith, 2002; Meyers & Heintze, 1999). Other varying family attributes such as marital status and family size may be related to choosing care, with single parent families and families with fewer children more likely to enroll in center based care (Liang, Fuller, & Singer, 2000). Finally, families who hold child-rearing beliefs that focus on education and early literacy are more likely to select center care (Liang, et. al., 2000), indicating that child rearing values may play as important a role in child care selection as any other family characteristic.

Finally, parents may be constrained by provider selection or discrimination. Whether it is through setting fees and hours, geographic location, or communication in an interview, providers and parents negotiate any child care decision. Providers are making choices about the children they will accept based on policies regarding age, toilet training ability, special needs accommodations, or on subjective assessments of their ability to work well with a family (Nelson, 1990). The idea of provider decision making is especially important in light of child care subsidies. Research on these subsidies has pointed to provider reluctance to accept children receiving subsidies due to the highly
involved reporting and payment systems associated with some states' policies (Adams & Rohacek, 2002).

**Parental Decision Making Models**

The literature provides multiple descriptions of the child care decision making process. The rational decision making model is best articulated through programs that seek to educate parents as consumers and have them "shop" for child care using a list of quality components to compare settings they may visit (National Association of Child Care Resource and Referral Agencies, 2001). This model assumes that different child care arrangements can be compared and ranked. The research and knowledge production associated with this perspective is intertwined with market discourse that views choice as neutral; links choice to individual freedom; and assumes parents will approach choice as responsible consumerism. Brochures provided to parents that guide their decision making process through checklists are one example of this decision making process.

Implicit in the rational decision making model is the assumption that the role the parent enacts in child care decision making is as a consumer. It is doubtful, however, that all parents enact this role in their decision making. Parents may occupy differing roles when seeking child care, be it as consumer, employer, or collaborator in care. These roles may relate parental values and preferences for care, suggesting that values may not only shape what a parent is looking for but also how a parent looks for child care.

Perhaps the most compelling argument that choosing child care cannot be viewed solely as a rational decision making process based on the best interests of the child is that choosing child care entails unique family preferences and constraints. More recent
conceptualizations of child care decision making incorporate values, preference and
subjectivity into the decision making process and attempt to show the complex
interactions between family and child characteristics, work environments, and values.
Emlen, Koren and Schultze (1999) describe a flexible choice model in which child care
decision making hinges on flexibility. If families have low workplace or family
flexibility, they seek child care flexibility such as family or relative care. If they have
high family or workplace flexibility, they are able to choose lower child care flexibility
such as centers with specific hours/guidelines. This model incorporates the unique
family situation including work hours and family structure within its child care decision
making model.

In an ethnographic study of 38 low-income families, child care choice was
hypothesized to be related to four major themes. Parents’ choices and their use of
subsidies were related to their material and social resources such as presence of family
and friends, their beliefs about parenting and child rearing, family dynamics, and their
quest to find predictable and stable child care in light of changing work and resource
options (Lowe & Weisner, 2004). Child care choice was described as finding a fit
between parents’ daily routines and beliefs about child rearing and available resources
(Lowe & Weisner, 2004). Their study expands the notion of constraints beyond finances,
employment and child care markets to include personal beliefs and values and the notion
of supply beyond formal child care markets to personal resources such as family and
friends.

Pungello & Kurtz (1999) using ecological theory modeled child care decision
making based on four inter-related factors: environment, maternal beliefs, maternal/family demographics and child characteristics. The environment included availability, parent’s employment and relatives and friends. The advantage of this model rests in showing the dynamic nature of child care decision making, including how family and friends may influence maternal beliefs and how past child care experiences may effect beliefs and, thus, future decisions.

A critical approach to child care decision making is connected to the work of Bourdieu (1979) and his concepts surrounding the reproduction of class through consumer and lifestyle choices. His ideas have been applied to public school decision making in the United Kingdom by Gewirtz (1995). This research found choice systems as discriminatory and favoring middle class parents needs. Gewirtz (1995) maintains that choice is determined by social class and identifies three types of choosers: privileged/skilled chooser, semi-skilled chooser, and disconnected chooser. Differences in choice are not deficiencies in information and education; but are, instead, determined by a family’s position/location. Government policy, based on a rational consumerist model of decision making, matches the dominant upper classes’ culture. This class is thus able use the system for the benefit of their children. This model also includes the writings of Kahn and Kamerman (1987) who decry the two-tiered system of child care in which upper class parents are the only parents with a real choice in the child care market.

The disadvantages of most current models of decision making are twofold: first, they present decision making as a systematic process; and, second, they do not fully incorporate the role of federal and local policy. For instance Seo (2003), using an
ecological model for decision making, incorporated program characteristics such as cost and availability and found these factors as important to decisions as any other criteria. His study indicates that parents might be selecting the first acceptable setting rather than systematically choosing among a variety of settings. Indeed the "illusion of choice" (Uttal, 2002) may be the best descriptor for parents negotiating today's child care system.

Decision as an Ongoing Process

The actual selection of a child care arrangement is clearly only one stage in an important and related series of actions and decisions. The selection of one child care arrangement is closely followed by parents' management of the child care situation and subsequent decisions when the child care arrangement must be changed. The selection, maintenance, and termination process is described by Uttal (2002) as parents' ongoing efforts to provide quality care for their children. Any research that attempts to look at decision making must acknowledge the ongoing activities that parents engage in to monitor and assess their child care decisions. Parental monitoring of care, assessments of care, and relationships with providers have all been studied and are assisting with a more robust understanding of child care relationships (Powell, 1997; Neslon, 1990; Baker & Manfredi/Pettit, 1998).

One area of research examines parental satisfaction with child care choice. A study found that parents rated the quality of their current child care setting significantly higher than data collectors (Cryer & Burchinal, 1997). On the other hand, in a survey of parents on a waiting list for child care assistance, 77% believed the current child care setting was harmful for their child (Lifton & Torres, 1999). Other surveys found that
parents settled for arrangements that were not their preference (Kontos et al., 1995).

Acknowledging dissatisfaction comes with a cost: finding another arrangement for their children (Howes & Ponciano, 2000), or dealing with the psychic cost of providing a less than ideal setting for a child. These findings suggest we cannot view parental assessments of their child care settings as the equivalent of quality evaluations. Possibly, their assessments reflect rationalizations for their decisions and adaptations to a less than ideal child care system.

Relationships Between Parents and Child Care Providers

Another aspect of child care decision making is the relationships between parents and providers. Baker and Manfredi/Petitt (1998) discuss elements of a good match between parents and providers including mutual respect, common vision, commitment to conflict resolution, and a mesh in attitudes toward child rearing. They liken the relationship between provider and parent to the relationship between a new couple with a new child. Child care researchers champion the hope for collaboration and shared caring. Powell (1997) denotes parent-provider relationships as the sustaining force in quality child care, with supportive linkages between child care and home as enhancing child development. Uttal (2002) suggests that parent and provider relationships become the recourse for regulating and increasing quality care in light of minimal child care policy. Through her research on mothers’ experiences managing child care and their relationships with providers, Uttal concludes that the mother and provider relationship are the means to ensuring stable and quality care for children. Mothers’ efforts to monitor, communicate, and advocate for their child are essential. In assessing the multiple
interacting environments of home and child care, the most recent wave of child care research (NICHD, 2002a; 2002b) points to the need for further exploration of relationships that connect these multiple environments.

Parental-provider interactions are priorities for both parents and providers, indicating that reciprocity may be involved in making child care arrangements. Specific aspects of the relationships that have been discussed in research include managing the contractual arrangements including fees, hours and policies (Nelson, 1990); support of provider to parent (Bromer, 2000; Nelson, 1990); support from parent to provider (outside of fees) (Powell & Bolin, 1992; Nelson, 1990; Kontos et al., 1995; Uttal, 2002); congruence of child-rearing beliefs (NICHD, 1996); and cultural continuity (Huang, 1999; Kontos et al., 1995; Uttal, 2002). In addition, Uttal (2002) has described the range of relationship styles that parents might select to use with child care providers including business like relationships, friendships, and childrearing partnerships.

Child care researchers also studied the work that families undertake to manage child care decisions. For dual career couples, the daily practices of managing work and family may be actions and interactions undertaken to maintain and improvise routines and to restructure or create new routines (Medved, 2004). Daily interactions including connecting, reciprocating, deliberating and negotiating form the relational work that accompanies these routines. Key to Medved’s (2004) research is the concept that emotional work is part of child care decision making, be it the connections a parent makes with a child care provider or the negotiations made with an employer or spouse over child care issues. Uttal (2002) calls this emotional work performed by mothers and
child care providers “invisible work” and maintains that it is absent from public policy, public support, and sometimes even private support within the family.

Understanding the Inquiry

This review of the literature underscores the complexity of child care decision making and illuminates the need for further study and attention to the subjective experiences of parents and the connection of policy and practice to these experiences. The state of research that looks at the connection between child care and child development outcomes, while increasing in sophistication, has not been able to produce one recipe that guarantees good child care environments or child development outcomes. Rather, it has emphasized the importance of child/provider interaction, family/child interaction and family/provider interaction as components of successful child care equations. At the same time, the effect of child care is still questioned. Thus, parents are left to navigate decisions at best with a partial set of guidelines for making good choices.

Meanwhile child care policy favors maximizing choice while simultaneously limiting state responsibility for regulating care. Child care policy also can be viewed as limiting choices through enactment of welfare reform policies and family leave policies that dictate how much time a parent with a young child can stay at home. Furthermore, the use of a market model for child care activities may not be an appropriate perspective for understanding parents’ experiences. The most recent models of parental decision-making highlight the role of values and beliefs and internal and external resources, such as family and work, and constraints, such as child care supply and policy and practice, in the decision making process. Furthermore, the process may best be conceptualized as an
ongoing decision making process with adjustments and changes in decisions as part of
the experience of parents of young children.

This inquiry into parental choice and decision making in child care will broaden
an understanding of child care challenges, and may illuminate areas where parents’
understanding of child care choice making concurs or conflicts with policy. It will also
contribute to an understanding of how parents define their preferences and constraints,
how they assess care, and the process of choice. Parents’ perspectives on child care can
be viewed in relation to their experiences of securing child care. Issues of preferences
and constraints, supply and quality may differ dramatically based on family and child
characteristics and local context. Through including the perspective of parents into the
current voices shaping local policy, a broader understanding of child care issues to aid in
developing the “best solutions” for policy and practice may be possible. This pragmatic
approach to social problems is one where the social sciences, through inquiry, can
contribute to a participatory, democratic process (Rorty, 1990).

This research begins with the premise that subjective understandings of child care
decision making experiences are needed to map out the grey area where preference meets
constraint and to acknowledge that any given policy and practice context may contribute
to parents’ and families’ experiences. From this premise, the research question for this
inquiry is: *How are child care choices made among adult parents of young children in a
specific geographic context within the Commonwealth of Virginia?*

By revealing a range of parents’ experiences securing care in a given setting this
research may contribute to a broader understanding of child care decision making.
Questions this study will pursue to contribute to our understanding include: How do parents’ preferences, values, beliefs, family needs and resources relate to each other and to their decisions about child care? At the same time, can understanding the context in which these preferences are enacted and associated external resources and constraints help expand our understanding of decision making? Furthermore, can accounts of child care experiences and reflections on securing and managing care help expand an understanding of local and state policy and practice?

Parents’ accounts of choosing care highlight their lived experience of bringing their personal and familial values, constraints and resources to an environmental context with its own unique set of resources and supports. The ongoing nature of child care decision making further illuminates points where individual and family needs interact with policy and services. Emlen, Koren, and Schultz (1999) reflect on the context of child care decision making and suggest that the solution to child care problems requires looking beyond the child care system to broader issues of family support and workplace support that will enable parents to have more options in child care decision making. This inquiry will contribute to weaving together the social issues of family, work and child care by focusing on parents’ experiences making child care choices.
CHAPTER 3 METHODOLOGY

Introduction

Existing research on parents and child care suggests that parents’ voices are distinct from expert voices; parents’ child care choices are made in natural or real settings rather than ideal settings; and there are multiple understandings of choice arrays and decision making around child care. Translating these reflections to the language of research requires an appropriate research paradigm which includes attention to power differentials between groups; allows for seeking knowledge in the context of natural settings; and assumes multiple realities. The goal of this research is broadening an understanding child care decision making in one locality to contribute to the usefulness of policy development. This goal assumes that non-reductionist knowledge is a worthy endeavor and that a context-based interpretive framework for an inquiry is worthwhile.

This research hopes to expand an understanding of child care decision making by placing this phenomena within a context or locality that has specific social characteristics and policies and practices that shape the child care supply and assistance to parents of young children. Within the interpretive framework parents’ decision making preferences and constraints are able to be explained in relationship to context and focusing on the unique and multiple perceptions each family has of their constraints or options regarding
child care. The research question for this inquiry is: how are child care choices made among adult parents of young children in a mid-sized region in Virginia?

It is believed that by understanding a range of parents’ experiences securing care in a given setting this research will be able to illustrate that what parents want for child care is unique, related to values and beliefs such as those pertaining to child rearing, child care, and parenting roles, and will interact with their choices. At the same time, understanding the context in which these preferences are enacted will provide an understanding of how parents view their options, or their internal and external resources and constraints, and how those relate to their decision making. Furthermore, accounts of the actual child care experiences and reflections on securing and managing care are needed to bring together subjective understandings within a specific social and policy context. These experiences will highlight the relationship between the context and parents’ decision making.

Following these aims, the working hypotheses for this inquiry are as follows:

• **H1**: Parents have unique preferences for child care based on values and personal experience.

• **H2**: The process of bounding child care choices includes relating child care preferences to parents’ understandings of child care options.

• **H3**: Interactions with policy, programs, and care providers are related to the child care decision making process.

The interpretive paradigm is well-suited to this inquiry. Ontologically, the interpretive paradigm does not assume a singular reality but multiple, subjective realities.
Epistemologically, this paradigm is anti-foundationalist and anti-reductionist. Methodologically, this paradigm calls for local, context bound inquiry that focuses on meaning and interpretation (Burrell & Morgan, 1979). Within this paradigm, the use of a theory to guide research questions and delimit the language and concepts of the research is antithetical to the search for expanding understanding and meaning to incorporate multiple realities. Instead, the role of theory in this research is two-fold. First, as illustrated in my previous chapter, theory surfaces in any discussion of child care as conceptual language that makes sense of the social world. Just as I have used theoretical language in my discussion of the literature surrounding child care quality and child care decision making, the parents in this inquiry use theoretical concepts to express their understanding of child care decision making. Theory will indirectly become a part of the research process as conceptual language or models for understanding offered by participants or the researcher. However, in interpretive inquiry theory is not tested in the research process nor will it be developed for the purpose of generalization.

A second role of theory in this inquiry is to guide the method of the research. By selecting an ontological framework that does not subscribe to one objective reality or generalized knowledge, the use of a theory to explain the given phenomena is not consistent with the ontological approach. Instead, the direct role of a priori theory use in interpretive inquiry is best suited to correspond to the process of inquiry (Creswell, 1994). Theory, used in this fashion, explains how knowledge can best be developed about any phenomenon. By choosing a specific theory to guide the research process, this research is asserting that a particular approach to understanding is best suited for the
phenomena at hand. The theory, then, becomes an epistemological statement: this is how we know what we know. An appropriate epistemological theory must be congruent, of course, with the assumptions of the interpretive paradigm. One such theoretical perspective is pragmatism with an emphasis on neopragmatism as developed by Rorty and prophetic pragmatism as developed by West.

Theoretical Foundation of the Current Inquiry

Pragmatism has had a multidisciplinary renaissance in philosophy, theology, cultural studies and the humanities (Rorty, 1999; West, 1989; Menard, 1997). Pragmatism is congruent with the ontological assumptions of the interpretive paradigm. Plus it also corresponds to the purposes of the social work profession. Despite the early allegiance of social work and pragmatism, through the work of Jane Addams and the Chicago School (e.g. Addams in Menard, 1997), more recent allegiances between pragmatism and the social sciences are less available. One of the missions of our profession is to be an advocate for those individuals who are disenfranchised and oppressed. This mandate leaves social workers with several options for framing their advocacy: starting a revolution, effecting systemic change with the introduction of new information, relying on postmodern critique, or the way of pragmatism, which is consonant with generating solutions to social problems via civic engagement (Dewey in West, 1989).

This inquiry used assumptions and concepts from pragmatism as a guide to the inquiry process. These concepts are drawn from both classical conceptualizations of the theory (Dewey) and more recent conceptualizations found in the works of Rorty (1980,
1999) and West (1989) which have been labeled neopragmatism and prophetic pragmatism, respectively. Rorty (1999) refers to pragmatism as a philosophy that is committed to a utopian vision of a “classless global society” where social equality and justice is possible and in which “...the moral identity of every human being is constituted in large part, though obviously not exclusively, by his or her sense of participation in a democratic society” (p. 238). Pragmatism, thus defined, mirrors some current trends in social work namely, emphases on strengths, empowerment, social justice, and multiculturalism. Cornel West (1989) has developed a prophetic pragmatism which introduces a historicist and materialist element to pragmatism. His recent efforts with Sylvia Hewlett (2000, 2002) are focused on organizing United States parents as a political voice.

**Pragmatism and Knowledge**

Pragmatism is referred to as an American philosophy that reflects our unique experience and commitment to pluralism and democracy. Pragmatism is considered by Menard (1997) as an account of the way people think which is succinctly stated as, “...what people believe to be true is just what they think it is good to believe to be true” (p.xii). For pragmatists, then, meaning is related to practical experience and it follows that inquiry is related to solving practical, real life problems. The literature previously reviewed establishes child care as a problem relevant to this time and the findings in this research support this conclusion.

Pragmatism’s anti-representational approach to knowledge, articulation of the relational self, creative democracy and value laden nature of knowledge are appropriate
guides for this inquiry and congruent with its paradigmatic perspective. Anti-representationalism challenges the correspondence theory of truth and maintains that all characterizations of what is objective or real are related to context and interests (Stanford Encyclopedia of Philosophy, 2003). Knowledge, rather than representing a universal and singular reality, is subjective. Dewey (1917/1997) argued that pragmatism did not need a theory of “reality” because, “...reality is a denotive term, a word used to designate indifferently everything that happens” (p. 222). Rorty (1999) through his linguistic turn denies a correspondence theory of truth and looks at theory as interpretations. Since theory and knowledge in a pragmatist framework will not yield the Truth or “knowledge of,” it follows that knowledge serves a very different function.

Pragmatists start with the premise that knowledge is for something and can be thought of as a tool for action (West, 1989). For instance, to state that child care quality can be understood as constituted of structural and process components is not a representation of reality; but, instead, is related to a social and political context that seeks to take action about child care quality. Dewey (1922) decried the separation of knowing and doing and theory and practice and held that, “Knowledge as an act is bringing some of our dispositions to consciousness with a view to straightening out a perplexity, by conceiving the connection between ourselves and the world in which we live” (p. 400). The implications of this statement lead to a reconfiguring of the relationship between theory and practice. Theory, for pragmatism, is intended to be knowledge for action.

Using pragmatism as a theoretical basis for this dissertation entails a conceptualization of child care policy as part of a democratic process, or dialog. Dewey
(1888/1997) had faith that democracy was more than a governmental system. For him it was a method or model for social relations and organizations that prioritized the individual’s contribution to shaping their social reality.

It is the form of society in which every man has a chance and knows that he has it—and we may add, a chance to which no possible limits can be put, a chance which is truly infinite, the chance to become a person. Equality, in short, is the ideal of humanity; an ideal in the consciousness of which democracy lives and moves (p.201).

Dewey’s (1922) concept of democracy entails a belief in human agency and that the most beneficial solutions or “readjustments” to society are generated through a democratic process that is characterized by a plurality of voices and “conjoint communicated experience” (p. 101).

Pragmatism assumes inquiry is a value laden process. Answering who, what or for what ends our knowledge seeking activities are designed is an explication of values, be they personal or related to funding entities. Furthermore, at all phases of knowledge production, values come into play from problem definition to the evaluation of the product of inquiry. “More pointedly, pragmatism conceives of truth as a species of the good; the procedures that produce warranted assertions are themselves value-laden and exemplary of human beings working in solidarity for the common good” (West, 1989, p. 100).

Pragmatism offers an understanding of the self that transcends the dichotomies of moral philosophy and ethics and positions the universal, moral, and reasonable self
against the individual, passionate, and irrational self (Rorty, 1990). According to Rorty (1990), “Baier and Dewey agree that the central flaw in much traditional moral philosophy has been the myth of the self as nonrelational, as capable of existing independently of any concern for others, as a cold psychopath needing to be constrained to take account of other people’s needs” (p. 77). This assumption as it relates to inquiry suggests that a relationship between researcher and participants is possible, desirable and can be productive. Furthermore, West (1989) decries the separation of researcher from political, public life.

Pragmatism views the future as full of potential. West (1989) attributes to American pragmatism an, “unashamedly moral emphasis and it’s unequivocally ameliorative impulse” (p.4). West (1989) develops a unique brand of pragmatism that encompasses a critique of tradition and history in developing a prophetic view for the future. Rorty (1990) also sees pragmatism as a philosophy of social hope but he differs from West by focusing on meaning and would not espouse West’s social critique. For Rorty (1990) one of the significant differences between classical pragmatism and neopragmatism is a shift from an emphasis on experience to an emphasis on language. Social problems are recast as problems of meaning and, thus, the focus turns towards language: the words that are used in social exchange. For neopragmatists, the solutions to social problems lie in the direction of maximizing intersubjective understanding or meaning. Like much in pragmatism, this linguistic turn requires us to think about knowledge as horizontal. Finding solutions becomes a process not of building upon pre-
existing knowledge but in weaving together understandings to make sense of social problems.

Pragmatism and the Current Inquiry

Pragmatism has been well suited as a guide to this inquiry. The anti-representational assumption is congruent with the interpretive understanding of the relative, multiple nature of reality. The interpretive paradigm also assumes that values bound the inquiry and reject subject-object dualism for the researcher and participant relationship (Rodwell, 1998). While not fully developing these ideas, pragmatism’s attention to values and the denial of a disinterested self parallel these assumptions. Lastly, the interpretive position can be seen as defining “good science” as that which captures the individual’s subjective understanding of creating his or her world (Rodwell, 1998). This sentiment is echoed in pragmatism’s focus on knowledge for action achieved through a democratic process that enhances individuality and personhood.

In reviewing the following methodological summary of the inquiry and data findings it is clear that the inquiry remained true to the interpretive paradigm and pragmatism’s theoretical tenets. Via purposive sampling and prioritizing parents’ voices over professional voices, this research has attended to the notion of pluralism and equality in pragmatism. The role of personal values, community values, and cultural values all emerged in the data collection. Questions about policy surfaced in this research and the use of methods to bring parents’ questions to policy makers or stakeholders via the hermeneutic circle achieved, in part, Dewey’s (1922) concept of political agency. Also, the findings from the research attend to the concept of
“knowledge for” as the participants in the research discussed solutions to the problems of child care from their perspectives (West, 1989).

Methodological Foundation of the Current Inquiry

Constructivist inquiry, as defined by Rodwell (1998) was the research model used for this inquiry. Constructivist inquiry assumes the construction of reality based on shared or intersubjective meaning. This methodological approach incorporates attention to context, power, and values. The product of constructivist inquiry is local knowledge that is “verified” by the participants in the research process. The relationship between inquirer and participant is ongoing and central to the research process (Rodwell, 1998). This methodology is congruent with the paradigmatic and theoretical assumptions I have chosen to guide this inquiry.

Multiple realities are a core ontological assumption. Achieving intersubjective meaning is another assumption of this research model. The use of the hermeneutic circle, which enables exchange and consideration of viewpoints ensured intersubjectivity. Agreement on a shared meaning was further ensured through the final member check of the finished research product. The research was designed to empower parents as they make sense of their child care decision making process within a political and social context. The element of praxis associated with constructivist inquiry permits an understanding of the research process that is similar to an intervention whereby changes in thinking or even acting as a result of the inquiry process are related to dimensions of authenticity in the inquiry.
Constructivism is congruent with pragmatism. The research design calls for purposive sampling to maximize different perspectives on the phenomenon under investigation. This sampling strategy is consistent with Dewey’s (1922) and Rorty’s (1999) concepts of pluralism, participation and democracy. The research design calls for the emergence of important themes in the inquiry. The idea of emergence can be linked to pragmatism’s belief in human agency and in the individual’s potential to generate solutions to social problems (West, 1989). Finally, the final research product of constructivism, a case study that reconstructs the words of participants appropriately captures Rorty’s (1990) emphasis on language and intersubjective meaning.

The methodological account of constructivist research shows both the planned process and associated stages of the research and the emergence of the design that shapes the contents of each stage (Rodwell, 1998). Emergence is an important part of a constructivist design. Emergence allows that the participants and stakeholders in an inquiry have an opportunity to point the researcher to what is important to know and what are the salient themes for a particular context. Both the interpretive paradigm and pragmatism (West, 1989) focus on the importance of values in shaping the inquiry and the need for explication of the values informing research. Through emergence, constructivism positions the values of the participants and stakeholders as a priority. Descriptions of methodological decisions at each phase of research are discussed below.
Phase I: Orientation and Overview

The first step taken in constructivist inquiry is determining the focus, fit and feasibility of the methodology with the research questions and implicit goals of inquiry (Rodwell, 1998, p. 37).

- Focus. The initial focus of this research was pure research within a policy context. The phenomenon of choosing child care was examined within a locality that was creating policy around quality child care. As the research progressed, parents had questions and concerns about their experiences with policy that moved the research from pure research to policy analysis and the research became, according to Guba (1985), an analysis of “policy in experience” focusing on parents’ experiences with both a broad range of local, state and federal policies connected to child care and family support. Because constructivist inquiry is appropriate for policy analysis, evaluation or pure research, and recognizes the interrelations between these forms of inquiry (Rodwell, 1998; Guba, 1990), the focus of the research remained feasible, given the methodology.

- Fit. The research question must fit the assumptions of the interpretive paradigm in order to conduct constructivist inquiry. Assumptions of this paradigm include the existence of multiple realities, subjectivity, role of values, possibility for intersubjective shared meaning, context, and power (Burrell & Morgan, 1979). The research question sought to understand the multiple ways parents choose child care, related to their subjective experience and articulated through their values and preferences for care. The research question defined the context and
devolution of child care policy dictates that context is paramount for making sense of the phenomenon of child care decision making. The research question was attentive to issues of power, from the onset, recognizing that parents have not been an organized voice in child care policy discussion.

- Feasibility. This inquiry attempted to describe the diversity of experiences of parents making child care decisions. While this inquiry was not likely to create risk for participants or be seen as threatening, there was the potential for information to be revealed that did place the participant at risk. Based on my former position as a social worker in early intervention and my social and professional contacts with a variety of childcare agencies, centers, family day care providers, and parents of young children I had access to an appropriate variety and number of parents of young children as well as the other stakeholders that were included as the inquiry emerged.

The research question met the stated criteria for the methodology.

*Prior Ethnography and Association with Research Setting*

An important product of the first phase of this research was bounding the problem and engaging in a prior ethnography. The prior ethnography in constructivist research serves as an opportunity for the researcher to “get smart” about the inquiry topic within the setting of the inquiry in order to develop the research question and working hypotheses for Phase II of the inquiry (Rodwell, 1998). Whereas these products might be viewed as having corollaries in a positivist paradigm, namely the research question and
hypotheses, they are distinctly different in that they are situated in time and context and are dynamic rather than static.

The prior ethnography was not formal but an informal discussion that occurred between me and gatekeepers and parents in the community prior to Phase II of the research process as I attempted to make sense of both literature on childcare policy and practice and the local child care context. Stemming from these interactions, I learned that community leaders in early childhood care are interested in improving child care quality in the community. There is a sense that there are few incentives, however, for providers to improve quality and little concrete measures for parents to differentiate quality. The working group on child care in the community is currently looking at models for assigning and promoting quality among child care providers, but nothing has been established to guide parents in need that is specific to the locality. Enrolling stakeholders including parents, businesses, and providers in the quality initiative seems to be one of the goals of the working group on child care. Other issues are a sense of bifurcated or unequal care given the divide in the city and county between low income families and upper-class well-educated families. Despite the abundance of professional jobs, few employee-sponsored child care settings exist in the context. The population growth of the area also means the supply, although difficult to assess according to professionals, is an issue.

Given that this group is still experimenting with different options for improving child care, this research was a timely and potentially a useful contribution to the discussions and policy making that is occurring at the local level. Furthermore, the
collaboration in this community between early care and education professionals and the range of resources available provide a context whereby inquiry had the potential to generate local recommendations for best practices. The inclusion of parents’ voices into the current policy making and initiatives can be used to validate and support efforts as well as make them most responsive to parents’ needs.

Prior knowledge and research pointed to the importance of garnering parents input into a discussion of child care policy since they are the ultimate arbiters of child care and, therefore, consumers of policy. Specifically, how could the ways that parents choose child care help inform the best policy solution, the one that also takes into consideration parents’ preferences and needs as child care negotiators? The prior ethnography led to the development of the research question and the development of working hypotheses. The research question focuses on looking at parents’ child care decision making within a policy context. The working hypotheses look at the preferences parents bring to the decision making process and how these preferences are created; the unique family resources and needs that relate to decision making; and parents’ account of their interaction with local child care market, policy and programs.

During the research process a long term association with the inquiry setting that is described as prolonged engagement with persistent observation was begun (Rodwell, 1998). This ensured that the researcher was able to ascertain the salient themes not by chance but from purposive engagement over a significant period of time. Likewise, persistent observation which entailed an in-depth familiarity with the setting required continuous and repeated engagements with both gatekeepers and research participants.
The timeframe for this research project occurred over two years from January of 2004 through March of 2006. During this period, stakeholders were first contacted to discuss the research project and goals and to secure their assistance with the research project. As data collection began in the fall of 2004, stakeholders were involved in recruitment and then also as participants in the research process. Over half of the parents were contacted more than once during the data collection process.

*Phase II: Focused Exploration*

The goal of constructivist research is not reducing a phenomenon but expanding a phenomenon, via exploring how individuals think about the phenomenon, with the goal of forming consensus or intersubjective shared meaning. This expansion of a phenomenon can be understood as a “composite picture of how people think” by seeking an understanding of parents’ internal cognitive structures related to child care decision making (Rodwell, 1998, p.27). The skill in constructivist research is attaining this composite picture which requires achieving intersubjective shared meaning or agreement among participants of a co-constructed reality. First, participants become aware of their own understandings of the phenomenon of child care decision making and then they are asked to consider the realities of other participants. Creating a hermeneutic circle involves both assembling the participants through recruitment and sampling and then enacting and sustaining the hermeneutic dialog in data collection.

*Recruitment*

The IRB approved recruitment plan included two strategies for recruitment. The initial strategy relied on the three gatekeeper agencies to nominate and then contact
potential participants. Gatekeepers met with the researcher prior to and during recruitment to engage in a discussion around the types of parents that may help achieve maximum variation in the sample. Gatekeepers were asked to contact 10 parents per week and to continue contacting 10 parent/caretakers per week until an initial sample of approximately 10 participants from each agency had been reached. For this recruitment, prospective participants were invited by gatekeepers using a verbal recruitment script or by mail using a letter and approved recruitment brochure (See Appendix A).

When a parent/caretaker agreed to participate, they contacted the researcher by telephone, e-mail or the response card located on the written recruitment announcement. Upon contact, each person was sent a Cover Letter and Research Subject Information and Consent Form (Appendix B) or was informed about the document. Contact information received from potential participants consisted of a name and phone number or e-mail which was secured by the researcher and kept in a locked file.

The remainder of the sample, was obtained through snowball sampling, another approved strategy. Any participant who completed an interview was asked if they knew of any parent/caretaker who may have a unique perspective on child care choices. If they did, they were given a brochure to pass on to the potential participant (See Appendix A) who then contacted the student researcher. On most occasions participants indicated families with family formations differing from theirs such as single parents, parents with many children, parents using kin to provide childcare or parents with adopted children. Although the sampling strategy already was considering a variety of family formations, adoptive families was a variable suggested by participants that had not previously been
considered for achieving maximum variation. Families with adopted children were actively recruited and one was included in the sample.

Barriers to recruitment at the initial agencies included low response rates, organizational and staffing changes as well as the difficulty of performing on-site recruitment. These barriers were unanticipated and precluded the use of another approved sampling method, on-site recruitment. Because minimal response was obtained through the initial wave of agency recruitment, the researcher worked with each agency gatekeeper to explore expanding the pool of potential participants through including other agencies serving populations with young children, according to the research plan. Working with gatekeepers, additional nominations were secured that met sampling variation needs.

After five or six initial interviews with parents, participants brought up questions about licensing and access to information that were not able to be fully answered without the inclusion of professionals from child care information and referral and licensing programs. A methodological decision was made to include child care professionals in the sample as the construction of the meaning of child care decision making necessitated establishing a hermeneutic dialog between parents and professionals regarding services provided and policies that inform service delivery. The sample was extended to include professionals from organizations that assisted parents in their decision making process. Childcare professionals, adults (18 years or older) who had direct contact with parents or supervise workers directly in contact with parents seeking childcare were included in this inquiry. These participants were drawn from three local public or non-profit agencies.
that provide subsidies, information and referral to parents and a regional childcare
licensing division

Sampling

The objective of constructivist research is to obtain multiple understandings of the
phenomenon of child care decision making and to achieve a co-construction of this
process that accommodates these multiple understandings (Rodwell, 1998). Two
sampling goals of this research were to maximize the variation of research participants
and to allow the sampling frame to emerge during the research process. Maximizing
variation (Patton, 1980) ensures that the phenomenon being studied is made more
complex rather than simplified by including multiple perspectives and experiences.
Emergence of the sampling frame attends to the possibility that participants may need to
be included to construct the meaning of child care decision making that had not been
accounted for in the initial sampling plan. Sample size is deemed sufficient when
redundancy in data is apparent.

The proposed sample was from 30-60 participants. A total of 24 interviews were
conducted with 25 parents. In one interview both parents were present for the interview.
Additionally 7 interviews were conducted with child care professionals. The addition of
this population did not change the originally estimated sample size. The total number of
participants in the inquiry was 32. To determine the sample size was adequate, several
checks were employed. First, participants were not nominating any additional
participants to be included in the study. Second, sampling had achieved variation across
family and child characteristics and across organizations assisting parents with decision
making. Third, the data collected was not revealing any new issues with respect to child
care decision making. Finally, a third of the parents were re-contacted to check out
emerging themes and during this follow up no new issues emerged.

The first stage of the sample limited the research participants to parents or other
legal guardians who currently have children who have not begun kindergarten. All
parents had children who were not in kindergarten at the time of their interview. The
second stage of sampling sought to maximize participant diversity through the strategy of
maximum variation. Patton (1980) advises to include cases that are typical, extreme,
political or convenient to achieve maximum variation and subsequent understanding of a
phenomenon. Typical cases are those that are not remarkable. Extreme or deviant cases
are those that present unique or unexpected perspectives on the phenomenon. Political
cases are those that raise issues with current policies or practices regarding the
phenomenon. Convenient cases are those cases readily available.

Initially, sampling was based on variables that the literature supports influences
parents’ decision making:

- *Parent characteristics*: religion, ethnicity, education, income, employment,
  parenting philosophy, family formation, job flexibility

- *Child characteristics*: number of children, temperament, age of child

- *Care characteristics*: hours needed, quantity needed, special needs

- *Child care setting*: parental care, kin care, center care, in-home care, family
daycare, preschool, other
- **Child care regulation/subsidy**: unregulated, regulated, subsidized, unsubsidized, scholarship

This sampling allowed for access to typical, convenient and extreme cases. Typical cases falling into the expected ranges of characteristics and extreme cases representing less expected or minority viewpoints such as parents who bring their children to work, parents using overnight care, or large families were included. Political cases were obtained through the recruitment process.

Sampling variation among childcare professionals was less important because there are limited formal organizations that provide child care assistance to parents. Based on interviews with participants and from prior ethnography, the childcare agencies assisting parents in the local area were contacted and asked to participate in the inquiry. Diversity in child care professionals was intended to capture participants from all agencies, public and private, that assist parents with child care information and referral, subsidies or regulating child care quality. Because the local context, at the time, did not support any private agencies that supplied child care information, the sample was limited to public and not-for-profit agencies.

Although this research did not formally collect demographic data, these characteristics were discussed in the interviews and were monitored by the researcher and tracked via a participant form that documented characteristics of research participants presented in Table 1.
### Table 1: Characteristics of Research Participants

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Parents</th>
<th>Professionals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Participants</td>
<td>25</td>
<td>7</td>
</tr>
<tr>
<td>Gender (^a)</td>
<td>22 F/3 M</td>
<td>5 F/2 M</td>
</tr>
<tr>
<td>Current Work(^b)</td>
<td>10 FT/10 PT/ 3S/ 2H</td>
<td>7 FT</td>
</tr>
<tr>
<td>Marital Status(^c)</td>
<td>19 C, 2 CP, 4 S</td>
<td>-- (^d)</td>
</tr>
<tr>
<td>Age of Children</td>
<td>Pregnant – 18 yrs</td>
<td>1 with child &lt; 5</td>
</tr>
<tr>
<td>Number of Children</td>
<td>1 – 5</td>
<td>All had children</td>
</tr>
<tr>
<td>Race/Ethnicity(^e)</td>
<td>3AA, 2 A, 20 C</td>
<td>7 C</td>
</tr>
</tbody>
</table>

\(^a\) M=male, F=female  
\(^b\) FT=full time, PT=part time, S=school, H=home only  
\(^c\) Couple=C, Single = S, Co-Parenting = CP  
\(^d\) Not available  
\(^e\) African-American=AA, Caucasian=C, Asian = A; beyond race, 1 participant identified as Latina/o
With regard to nationality the majority of the participants were citizens of the United States with the exception of two legal immigrants. Variation in income, education, and employment also were achieved. The age of children in research participants' families varied from unborn to teenagers with a variety of child temperaments. Care characteristics varied from needing no non-parental child care to full time child care and also a situation where around-the-clock care was needed by a participant with a health emergency. One participant discussed child care decisions for a child with special needs. Childcare settings included center care (regulated and unregulated), family child care homes (regulated and unregulated), family (regulated and unregulated), friends (regulated and unregulated), and preschool (public and private), with the addition that three participants had some experience caring for their children while also working. Childcare financing varied with four families having experience using subsidies for childcare, one using personal loans and the rest paying for their childcare out-of-pocket.

Despite the diversity of research participants' limits to the sample do exist. The first limit is endemic to the phenomena. In the current context of changing family structures there are almost limitless family formations. This research did not include any grandparents as primary caregivers, nor did it include any same sex couples with children. Both of these family formations would have enhanced the current inquiry as issues of access to both formal child care assistance programs and child care services may have differed from other parent participants' experiences. There are also limits to the
professional samples. None of these participants were new to the child care field. All were Caucasian and middle class.

The second limit is related to recruitment challenges. While a range of income levels did exist, this research is definitely skewed towards a middle class parental perspective. Among the families with the least financial resources, one receiving TANF (Temporary Assistance to Needy Families) was college educated and three others receiving subsidies were not on TANF and had either stable work (11 years) or semi-skilled professions (beautician and former telecommunications employee attending community college). Interviews with childcare professionals indicated there was a group of parents in unstable, low-paying jobs who presented challenges for both finding care and managing interactions with the subsidy system who were not part of this research.

Interview Protocol

The primary data collection method was face to face, open-ended interviews with participants. Initial interviews with each participant were conducted in natural settings and included parents’ homes (9) workplaces (7) or over lunch/coffee (7) and professionals’ workplaces (6) and over coffee (1). At almost half of the interviews with parents their children were also present. These interviews were used to explore the experiences parents have choosing child care and the experiences agencies have assisting parents with finding suitable child care.

Data collection began with an approved interview guide related to the research question and working hypotheses. The approved interview guide was constructed by focusing on exploring the three working hypotheses. Foreshadowed questions related to
each working hypothesis served to create the interview protocol. These questions were: How are parents’ preferences for child care constructed? How do parents understand their options given their internal resources and the external resources in the community? How does context shape the child care decision making experience? The interview guide can be found at Appendix C.

The questions in the interview guide served as a conversational guide for the unstructured interviews. As interviews progressed hypotheses were refined and the initial general questions were supplemented with more specific probes. A reflexive and a methodological journal were the repositories for tracking the development of hypotheses and the specific probing questions that correspond to the initial guide. The same interview guide was used for the childcare professionals who were interviewed, albeit the questions focused on professionals perceptions of how parents made decisions and the experiences professionals had interacting with parents.

Data collection was continuous, meaning many participants were interviewed multiple times. These subsequent interviews were named follow-ups. At each initial interview, participants were given an option of preferred method of contact for follow-ups. All follow-ups with parents were conducted either via the phone or e-mail. All follow-ups with child care professionals were in person or via e-mail. Follow-ups via e-mail were printed and coded and transmissions were immediately removed from the researcher’s hard drive to protect confidentiality. Follow ups via phone or in person employed the same data collection procedures as for the initial interviews.
Notes were taken at each interview or follow-up and recorded in spiral notebooks that were coded for each interview. There raw notes were then expanded to complete transcripts, or full notes, within 24 hours for the majority of the interviews. In several cases raw notes were not expanded within 24 hours but within 48 hours. This change in methodology was due to instances where travel combined with multiple interviews did not permit immediate transcription or where extenuating circumstances delayed transcription by a day. Only 5 of the interviews fell into this category. The full notes are the basis for the data analysis. An audit trail was created that can connect the final data units used in analysis to the full notes and then back to the original raw notes. Part of the creation of the audit trail is a coding scheme applied to each unit of data used in analysis.

Documents and Records

On several occasions participants provided the researcher with documents related to the phenomenon under study. These documents were similarly coded so that they can be clearly identified as to which interview or follow-up they came from. Documents became part of the research process as another source of data.

Triangulation

Unlike positivistic research in which triangulation serves to establish truth, triangulation is used in constructivist research for verisimilitude. Triangulation can expand participants’ understandings of phenomena or cognitive processes. A main area of triangulation used in this inquiry was for understanding the availability and accessibility of information services. Several documents were collected by the researcher
that sought to confirm or expand on participants statements made about information availability and access. These documents were dated and filed separately.

*Developing and Managing the Hermeneutic Circle*

The development of a hermeneutic circle whereby perspectives are circulated among research participants and more complex understandings of child care decision making are possible is the crux of constructivist inquiry. In this research the hermeneutic circle was achieved through dyadic conversations with the researcher serving as the hub of the circle, responsible for creating a dialog over space and time between parents and between parents and child care professionals (Rodwell, 1998). Several tools were used during the research process to establish a quality hermeneutic circle.

First, as themes related to the working hypotheses were brought up by participants they were incorporated into the interview guide as probes. Probes were used not only to expand upon themes but also to introduce multiple perspectives. The interview guide thus became a tool for establishing the hermeneutic circle. The interview guide served as a dialogue between parents and between parents and child care professionals.

Second, after 17 interviews had been conducted with parents, emergent themes were checked in follow up contacts with the first six of the initial participants to help further the hermeneutic circle or shared understanding among participants. Follow ups with professionals also were used to check out themes developed during the research process. Follow-ups that allowed participants to comment on themes were a means of achieving a more complex understanding of child care decision making.
Additionally, changes in the research context also helped shape the inquiry. First, the quality rating system was beginning to be piloted in the community. Although no child care providers had yet been assigned a quality rating, four had been recruited to be part of the system. Second, the state passed legislation in the year prior to data collection that changed several regulations pertaining to child care centers. Changes included increasing the minimum square footage per child in care, decreasing ratios of staff to children, increasing staff training, and adding resilient flooring under outdoor playground equipment (JLARC, 2004). Third, the state introduced a public database of licensed child care centers and family day care homes that included inspection reports and associated violations in January of 2005. All of these issues were brought up by participants and were followed up by inserting probes into subsequent interviews. Inserting local developments into the data collection process through specific probes further ensured a quality hermeneutic circle.

Data Analysis

Formal data analysis began when data collection ceased. Ceasing data collection occurred after it was ascertained that data redundancy or data saturation has occurred (Rodwell, 1998) and an accurate co-construction of meaning was plausible. In order to make this determination, the researcher engaged in dialog with the peer reviewer and reviewed the data. These exercises were to assess whether the experiences of parents were duplicative and whether the breadth and depth of the data collected was deemed adequate. The final data analysis drew from the constant comparison method outlined in Glaser and Strauss’ (1967) development of grounded theory. The process of constant
comparison serves to create a joint construction among participants. Data analysis consists of deconstructing the word data of the expanded transcripts and reconstructing it into a pattern of related concepts. Data analysis following the constant comparison method consisted of several processes including unitization, categorization, assigning decision rules, and connecting and creating an overall conceptual framework.

*Unitization*

At the completion of data collection, the extended or full field notes were unitized. This process involved taking the text of the interview and separating it into the smallest possible units of words or sentences that could stand alone as a meaningful comment. All transcribed interviews and follow up contacts were parsed into units of data that represent a word or series of words that could be understood in context (Rodwell, 1998). Spreadsheet software was used to facilitate this process. The resulting unitization process was a spreadsheet for each interview or follow up that contained each unit with associated codes. These units of data were assigned chronological numbers which were then made part of the overall coding sequence and audit trail. A total of 3,820 units were created.

*Categorizing and Assigning Decision Rules*

A two-stage process was used to categorize the units. The first stage involved assigning each unit to one of approximately twenty rough categories. Each rough category contained from 80 to 400 units. The units in these rough categories were then printed onto index cards. The second stage consisted of the sorting and lumping process described by Rodwell (1998). Units were compared to each other for themes in sorting
and then lumped into temporary smaller categories. These lumped categories were subsequently named and the process continued for approximately 100 units. At this time, categories were further defined by associating a decision rule with the label. Each category, once defined, did not overlap conceptually with other categories. During further sorting, categories were modified, deleted or combined with other categories or new subcategories were added to them. After all units had been sorted they were checked against the decision rules to ensure consistency with the definitions (See Appendix D).

All units were placed in a category except for 29 miscellaneous units constituting less than 1% of the total units. This number falls within guidelines (Rodwell, 1998) for ensuring that relevant data has not been excluded from the conceptual framework.

*Conceptual Framework*

While units were sorted into categories, categories were also being physically arranged in proximity which formed the beginning of the conceptual framework. Rearranging these sub grouped categories and labeling the larger abstracted categories was another activity that helped form the conceptual framework. Ultimately, the initial conceptual frame was physically mapped out on the large space used for sorting and documented. The final conceptual framework for this inquiry contained four major categories. Each category held between two and four subcategories for a total of 11 subcategories. The next step in this analysis was the writing of the case study which resulted in clarifying the relationships between categories and subcategories. The final conceptual framework is provided in Chapter 4.
Phase III: Member Checking

The goal of the final phase of the constructivist inquiry is the production of a case report that has been reviewed by both the participants in the research and by an independent auditor (Rodwell, 1998). After data collection and analysis a preliminary case report was written and submitted to as many participants as possible for a final member check. This final member check ensures that participants’ perspectives are accurate, or that participants are able to see their voices in the report. Full consensus on the themes that emerge from the data analysis and grounded theory are not required, but participants should be aware of how the researcher arrived at constructions and be comfortable that areas of disagreement are addressed. If necessary, a minority report is possible (Rodwell, 1998), but was not necessary for this inquiry. This final member check also serves as a continuation of sorts of the hermeneutic circle, where participants are introduced to information in the form of the case report that may continue to challenge and change their constructions of parents understanding of securing child care.

Final Member Check

Ideally, a final member check allows each participant to review the findings of the research as presented in the case study. Time and other constraints, however, allow for the researcher to choose a sample of participants to review the case study (Rodwell, 1998). The decision rule for selecting participants from this inquiry for final member checking was simple, at a minimum, 25% of each stakeholding group should participate in the final member check (6 parents/2 child care professionals). Rather than determining a procedure for selecting participants, the researcher allowed participants to
self-select for the final member check. A letter was sent to each participant, along with
the case report. This letter encouraged everyone to participate in the final member check.
Participants could choose not to review the final case study, and, thus, give their consent
for their data to be included without modifications.

Each participant was given a guideline for reviewing the case study (See
Appendix E) and suggesting changes. All factual changes were incorporated into the
final case report and indicated in the audit trail. Any expansions or modifications of data
were negotiated with the researcher. Those that were included in the case study were
identified in the audit trail. For any suggestions that were not included in the case study,
participants were given the option of adding a minority report as an Appendix to the case
study. A total of 18 participants participated in the grand member check (13 parents/5
professionals). Five substantive changes were made to the case study and documented.
Three changes were errors in facts and two changes were to add clarification to a
participant’s words.

After the final member check, the case study and entire research process were
submitted for review by the outside auditor. After the audit was completed the final case
study was written and the entire results of the inquiry returned to participants who
indicated interest. At this point the research process was completed, but, according to
Rodwell (1998) the findings should continue to reverberate in unexpected ways.

Assessing the Current Inquiry

Understanding the criteria for rigor, assessment of rigor, and ethical
considerations are important parts of the research process. Constructivist inquiry relies
on two dimensions of rigor: trustworthiness and authenticity (Rodwell, 1998). Below I discuss the steps that were taken to ensure each of these dimensions was addressed in the research process. In addition, I describe an assessment of the rigor that is part of constructivist research. To conclude I address ethics in the research process.

Trustworthiness

Trustworthiness attends to whether the final research product or case report is credible, dependable, confirmable and transferable. Credibility is assessed by determining how well the data represents participants’ perspectives. In order to ensure that the data did reflect participants’ perspectives a member check, or verbal summary of the data collected was performed at the end of every verbal data collection. All data were included in the analysis and a data trail was established so that every assertion could be traced back to participants’ original data. The final member check also ensured that each participant was given a chance to read the case report and have a chance to suggest corrections, amendments and extensions of data presented in the case report related to their perspectives. Through negotiations with the researcher, participant suggestions for modifications of the case report are dropped or incorporated into the final case report.

Methodological issues are important for ensuring confirmability and dependability. A methodological journal was kept that documented all methodological decision making associated with the emergent research design (Rodwell, 1998). Issues of sampling, data collection and analysis were documented and clear descriptions of the researcher’s decision making process were recorded in this journal. A reflexive journal was also begun at the onset of the inquiry and served to assist the researcher’s increasing
understanding of herself in relation to the inquiry process including values and thoughts, feelings and decisions related to inquiry. The evidence of a hermeneutic circle is also an important part of dependability and appeared in both the account of the data collection and the data analysis.

Confirmability is assessed by judging how well the logic of the data analysis is developed. To document the logic of the data analysis, decision rules were recorded for each analytic category and subcategory and connections between themes were recorded to aid in a confirmability audit. Dependability is assessed by judging how well the research attends to constructivist methodology. The use of peer review, and keeping of methodological and reflexive journals, all document sampling and data collection decisions were made in keeping with the emergence necessary to constructivist assumptions.

Finally, the last dimension of trustworthiness, transferability, is how well readers can connect to the final case study. The presentation of the data analysis and findings in a case report needs to be sufficiently detailed or "thick" for the reader to be able to understand the multiple perspectives presented and the intersubjective meaning achieved through the hermeneutic circle. Although, you, the reader, are part of this judgment, the final member check and use of peer review were employed to make sure the data analysis was engaging and provided an in-depth discussion of parents' experiences.

Authenticity

Authenticity attends to whether the inquiry process is fair to all participants. Authenticity also means that a quality hermeneutic circle is achieved so that change in
participants' constructions of the child care decision making process is possible (Rodwell, 1998). Fairness attends to the management of power and multiple perspectives. The purposive sampling strategy, use of all data and member checks all contribute to fairness. In addition, the decision to interview professionals after parents also contributed to fairness. The hermeneutic dialectic, whereby the researcher was able to introduce parent perspectives to professionals and also recycle professional perspectives to parents during data collection, attests to a quality hermeneutic circle.

Educative authenticity occurs when an appreciation or empathy for different understandings is achieved. Educative authenticity is connected to the idea of intersubjective meaning. Participants needed to be able to understand their subjective child care decision making within a framework of other participants' subjective experiences. Educative authenticity occurred during the inquiry as parents began to reflect on their own role as child care decision makers and began to consider other parents' experiences. Attempts by the researcher to introduce participants' perspectives to each other form the substance of the hermeneutic circle. Parents and professionals were able to acknowledge the uniqueness of family positions with respect to decision making as documented in the case study and reflexive journal.

Ontological authenticity occurs when participants attain an increased understanding of the complexity of the phenomena. Ontological authenticity is related to the notion that reality is multiple and non-reductionistic. Ontological authenticity or the ability to understand the complexity of child care decision making can be seen when participants were able to recast previously held generalizations or simplifications about
child care decision making or add to their knowledge about the phenomena at hand. Plans to introduce this dimension of authenticity into the research process included questioning generalizations held about groups of parents, policies or programs or actions undertaken by parents and professionals as well as introducing new information to participants. Evidence that participants had learned from the research process were documented in the case report as well as reflexive journals.

Catalytic authenticity is when participants engage in possible or actual plans related to change regarding the phenomena. Catalytic authenticity, in particular, reflects the element of praxis in constructivist inquiry. By participating in an inquiry that is creating knowledge “for,” the process is only authentic when it moves participants and the researcher to think about doing something with the knowledge gained during the inquiry process. Catalytic authenticity was evident in several interchanges with participants and was documented in the case report as well as in reflexive journals.

Tactical authenticity means that the research process does not just introduce the possibility for change, but that change that occurs is seen as meaningful by stakeholders. Tactical and catalytic authenticity are both difficult to assess during the research process and require follow-ups and feedback from participants. It was not anticipated that tactical authenticity would be assessable during the research process. It is hoped that after the final member check, when participants have a chance to look at the entire story and reflect on its meaning, changes might occur that are meaningful to other stakeholders. Examples might be changes on the parts of parents in their use of resources or political advocacy or changes on the part of child care professionals in their practices with parents.
Assessment of Rigor

Assessment of the quality of the research product and process is not the purview of the researcher alone. Constructivist inquiry relies on the use of an outside auditor at the completion of the inquiry and a peer reviewer during the entirety of the research process to assure that the plans for rigor resulted in the desired quality. From the onset of the inquiry, a peer reviewer was in dialog with the researcher to discuss methodological, ethical and other issues related to the inquiry. Although this is not a formal audit, the peer reviewer served as a supervisor of the entire research process, challenging the researcher to distinguish personal values and constructions from those of the participants (credibility) and ensuring decisions were made in keeping with the demands of constructivist inquiry (dependability). Peer review with Carol Hurst was used throughout the research process. Carol is a doctoral candidate in the VCU School of Social Work who has experience with constructivist inquiry and as a peer reviewer as well as extensive professional experience in the area of children and families. Contacts with the peer reviewer occurred in-person, via telephone and through e-mail. Approximately 25 contacts were made with the peer reviewer. On average, one or more contacts were made with the peer reviewer each month during the inquiry process. In addition, information was reviewed by the peer reviewer at each stage. Review of materials by the peer reviewer included researcher reflections and methodological decisions, interview themes, sample interview transcriptions, decision rules, and the case study.

A final audit of trustworthiness, authenticity and the quality of the hermeneutic process was performed at the completion of the research project by Mike Howell. Mike
is a doctoral candidate in the VCU School of Social Work who has experience performing constructivist research and constructivist audits. He also has professional experience in the field of child welfare. The purpose of the outside audit is to assess the rigor of the research. The researcher and auditor negotiated the scope of the audit and logistics of the audit. For the purposes of this inquiry the audit included all dimensions of trustworthiness and some dimensions of authenticity. Tactical and catalytic authenticity were not included in the audit because the amount of time needed from the conclusion of the inquiry to assess these change dimensions is unclear and an audit at the time of the draft report was considered premature.

Guidelines for the audit were drawn from Schwandt and Halpern (1988). The researcher provided the auditor with an audit trail and all necessary resources to conduct the audit including:

- Copies of methodological, reflexive and peer review journals which document emergence of the research design and methodological decisions.

- All stages of data analysis: raw transcripts, expanded transcripts, coding, decision rules and case report.

- Evidence of ethical inquiry.

After successful completion of the audit a final report was written and is found in Appendix F.

*Ethical Considerations*

In any research with human subjects ethical considerations are paramount. In addition to fulfilling institutional criteria for a research design that protects human
subjects from risk, the researcher is tasked with ensuring participants understand, consent to and are competent to engage in the research. Another ethical consideration is that participants trust the researcher and the researcher is competent to engage in constructivist research. These are all ethical considerations that were addressed in the inquiry.

Informed consent is conceived of as a continuous process in constructivist inquiry (Rodwell, 1998). Every participant signed a consent form (see Appendix B) after a discussion with the researcher that ensured they understood the form and the ongoing nature of consent. Elements contained in the informed consent included a thorough description of the research process and the expectations of the research participant including risk to the participant, time and other commitments, and procedures for withdrawing from the research. Most participants were mailed a copy of the consent form for their review prior to meeting to review and sign the form. Ongoing consent was obtained during all subsequent contacts when participants were again given the opportunity to provide data in a format they were comfortable with and were given the opportunity to refuse any follow up question. The final member check added another element of consent with each participant being given the opportunity to review or decline to review the case study and potentially make changes to their data as represented in the report. Additionally, procedures for obtaining assistance or information about the research or results were provided to all participants.
CHAPTER 4 CASE STUDY

Introduction

The following case study presents the analysis and findings of the thirty-one interviews and follow-up conversations with parents of young children and professionals who assist parents with child care decisions in a midsize college town in Virginia. The case study is the story of the results. A description of the conceptual framework for the study introduces the chapter, followed by an overview of the characters in the case study, a guide to the data that supports the assertions in the case study, and criteria for assessing the case study. Finally, the case study is presented and the chapter ends with lessons learned from the process.

The Framework for the Case Study

The conceptual framework that was developed during the analysis gives the case study its structure. The relationships between the four major concepts developed in this case study are illustrated at Figure 1. At its most basic, child care decision making among parents with young children is a process with three stages: pathways to child care, selecting child care, and child care experiences. The parents and professionals I interviewed discussed all the different stages of the child care decision-making process. Each family takes a unique journey, illustrated by the wavy line that passes through the stages. The decision making process does not begin or end with selecting a child care
setting. Rather, there are multiple pathways that parents take to arrive at the need for making a child care selection. Following selection, there are ongoing experiences assessing and managing child care.

The data I collected suggest many different child care decisions: future, current, and past decisions. The ongoing cycle of child care decision making is illustrated by the line that connects child care experiences to pathways to child care. Even discussions of how parents were cared for as a young child were considered part of the process of child care decision making.

The process of decision making is context bound. There are two important contexts for these decisions. The first context is the specific family. Each family brings a unique set of resources, values and needs to the decision-making process. The family context shapes the entire decision making process: pathways to care, selecting care and child care experiences. The second important context is the locality or the agency resources that are available to assist parents with selecting and managing child care. This context appears to become most important when parents are selecting and managing their child care experiences.

Related to the child care decision-making process are positions on child care changes taken by parents and professionals. These positions are parents’ and professionals’ reflections on individual, cultural, political, and organizational changes around the issue of child care that are connected to their experiences in the decision making process. Rather than being a stage of the decision making process, however, these positions are a reflection of parents’ and professionals’ experiences at all stages of
the decision making process. The line that stands for parents' decision making process touches but does not travel through positions on child care changes, indicating that this concept is connected but not a part of the process of decision making.

![Conceptual Map]

**Figure 1: Conceptual Map**

Each family embarks on a journey of caring for their child. Child care decision making is ongoing and dynamic with many turns in the road: unexpected changes in family circumstances, challenges in finding care, or situations that occur after care is selected. The options parents have and the circumstances surrounding their decision shape their experiences selecting child care. Before parents begin selecting care they define their options, needs for child care, and support in child care decision making. These specific dimensions of their decision connect to their experiences selecting child care.
The second stage of decision making, selecting child care, is placed at the center of the decision making process. This placement corresponds to the discourse that surrounds child care that places issues of preference and supply as the central issues in child care. For those parents who engage in selecting non-parental child care, the families' hopes and dreams for the care shape their experiences selecting care. Families experience different challenges when they bring their hopes and dreams to the child care market. How parents contend with these challenges is told in the description of how they choose care: the decision approach they use, dimensions they assess, and resources they use. As parents engage in activities to select care, they interact with community resources.

The process of child care decision making does not end, however, with a selection of a setting. After choosing a setting parents continue to assess whether the setting is working or not which relates to their hopes and dreams for child care. They engage in a variety of activities to assess and manage their child care and again interact with community resources in these activities. For many participants the child care decision making process is ongoing and begins again as their child's needs change or their family circumstances change.

This conceptual map suggests that in discussing child care we need to take into account the decisions leading up to choosing child care and the decisions and activities parents engage in after a child care decision is made. The journey is specific to each family context and the local resource context. Furthermore, the decision making process is connected to positions parents take regarding changes in the local community's child
care services and policy at all levels. The following case study details the conceptual map by reconstructing the journeys of parent participants and professional participants in the child care decision making process.

Introduction to This Case Study

The child care finder/consultant represents the voice of the researcher. The metaphor of researcher as consultant to parents is particularly appropriate for this research. On several occasions during the process I was asked about resources available in the community. This metaphor also relates to findings throughout the analysis that parents are seeking more information and more assistance in making and managing child care decisions.

In this role I relate the stories of the twenty-five parents who participated in this research. On a few occasions, professionals also talked to me from their parent role and in these instances their data is included with the twenty-five parents' data. Although I do not identify each parent separately, I have created eight families who combine characteristics and experiences of all the parents. You will be introduced to the Smith, Davis, Birksohn, Keller, Kidrich, Garcia, Parker, and Rothberg families soon. These families are aggregations rather than reductions of data. At times, the child care consultant will discuss "another family" or "other families" that provide perspectives not covered by one of the eight families.

The character, Roz, represents the composite voices of the child care professionals in the local community who participated in this research. Roz's voice is supplemented with two other professional voices. The child care consultant will talk
about her conversations with Joan, another professional in the community. Joan shows
that local agencies do not always share the same opinion and may not be aware of each
other’s practices helping parents. We will also meet Naomi, Roz’s “friend in licensing.”
Licensing and regulation offices are regional offices in the state. The licensing division
is not co-located within the locality the other professional’s service. This highlights the
organizational difference between the state’s division of licensing that licenses centers
and licensed family homes, and the local agencies that do not license, but who also
regulate care by voluntarily registering family providers and also approving family and
friend care for families using subsidized care.

Presentation of Data

In this case study, you will see two types of text. Italicized text represents the
voice of the researcher and the thoughts of the researcher as developed over the course of
this inquiry. Regular text, either attached to Roz’s voice or the child care consultant’s
voice, is all constructed from the data collected in participant interviews. In some cases
the words are the exact words of the participants. In other cases the data are
combinations of different participants’ words or have been paraphrased. The quotations
do not necessarily signify exact quotes of single participants.

Superscripts are provided throughout the text. Each superscript can be traced to
original data collected in the interviews. At Appendix G, a table of the superscripts and
corresponding data is provided. Beside each superscript in the table is a list of different
data that were used to construct the assertion.
Criteria for Assessing the Case Study

The primary audience for this case study is the parents of young children and professionals who serve them within the research setting. Criteria for assessing this case study are derived from Guba and Lincoln (1990) and Zeller (1987, 1991). Paramount in these criteria is the case study’s congruence with constructivist assumptions. One of these assumptions is that reality is multiple. Individuals have diverse perspectives that are not captured in generalizations. From this assumption the readers need ask themselves:

- Do I see different, detailed realities based on family and professional perspectives in this case study?
- Does the case study focus on causes and results or rather does it explore themes and the relationships among them within a clearly defined context?

A second assumption is that values shape any research project. From this assumption the readers need ask themselves:

- Does the case study present diverse viewpoints respectfully and equally or are some viewpoints favored over others?
- Are values explicit in the case study? Can the reader identify the values of the participants and the values of the researcher/narrator?

A third assumption is that knowledge is not passive. Research results are not a reporting of facts from an objective perspective; rather, knowledge is subjective and interactive, and changes the way we look at and interact with our environments. From this assumption the readers need ask themselves:
• Does reading this case study encourage me to explore different ways of thinking about child care?

• Does it inspire me to take some action or interact in some new way with child care?

A fourth assumption is that research is an effort taken by an individual to make sense out of something. From this assumption the readers need ask themselves:

• Can I follow how this researcher makes sense of child care decision making and her or his central ideas?

• Do I see the researcher’s commitment to presenting a well organized case study?

Although not an explicit assumption of constructivism, if this case study is meant to be interacted with, it follows that reading the case study should not be difficult to read and should capture the interest of the reader. It is hoped that the reader will answer favorably to the following questions:

• Is this case study clear and simple?

• Is the case study creative and engaging?

Preface: The Families

For some people, my job is incomprehensible. “Are you still doing whatever it is you do?” my mother asks each time we speak on the phone. I remind her it’s not that different from my previous life. I help people with their problems, I tell her. It’s just that this time the people all happen to have little kids and their problems are usually all about how to get good care for them. She murmurs, “OK, as long as you’re happy and paying your bills.”
I look at it as though I'm a pioneer, sort of like Bill Gates with computers. I'm just doing something no one understands, yet—except maybe my friend Roz, who is, you could say, the reason for this career switch. I met Roz at the dog park. Well, my dog met her dog and when dogs bond, their owners are not far behind. Roz was a veteran in the child care field and had done a little of everything in the business. When I told her I needed a new career she said she had the perfect idea—I could help parents with their child care decisions, be a child care finder. At first I was skeptical. I thought, 'This is really personal. Why would a family want some outsider's help?' But she convinced me to give it a try. I had been a private investigator in my previous life (as I like to call it) so I felt I would be able to help families with anything they needed, and so a little over a year ago, I listed my business in the phone book.

Over the past few years, Roz and I have become walking partners. We meet at the doggy park and walk for a couple of hours. On these journeys, she has listened to and advised me, and I have listened to her. I'd like to say that together we have figured out child care, although that's far from the truth. But we do learn a lot from each other. Roz has taught me all about the agencies that help parents with child care and I think I have taught her about the emotional weight of child care decisions and the variety of challenges with which parents contend.

When I first started, I didn't know exactly what to ask my clients, so Roz gave me a few ideas. I guess somewhere along the line my old career kicked in and I found out what I needed to know. On the surface the families I work with would look similar. You see them at the grocery store: families with young children, struggling with strollers and
juice cups, talking, shopping, and dodging the candy aisle all at the same time. I've worked with so many families now that, at times, they seem to blend together despite the fact that they are all so unique. They live in different homes, have different types of families, and have different resources. How they came to be a family also differs. Their children are different, with their own unique personalities. All of them share something, however: they have to care for their children.

I've talked with Roz about many of the families I work with. It seems that understanding the family is an important step in understanding their experiences making child care decisions. When I talk with Roz I never use any names of course. I could never describe all the families, but here are a few that came up again and again in our conversations.

The Smith Family

When I first met Laurel Smith for coffee this is how she described her family:

"We are a two-parent, married family with two children, Will and Clare, both three. We live in Middletown and we both work. Before kids, or BK as my husband and I call it, we were double income, no kids with an enormous amount of disposable income, probably making $70K a year with a just a $700 mortgage payment. We were able to vacation in the Caribbean, but overall we lived pretty frugally. Now, with children, we are still solidly middle class, but our income is less because I work less.

After we moved here I was determined to find good child care. But you have to understand that I didn’t know anyone in the area -- no family, no friends, only my colleagues at work. My husband, Sean, doesn’t even have the community of peers I’ve
got now. Most of his friends and coworkers are computer geeks who couldn’t tell you anything about child care. I’m a librarian and my husband is a computer programmer. He works at a smaller company than I do. Before I had my children, I was working full time at a busy job.  

I know that life is a struggle and it is hard to make it, but I believe you have to put family before anything else and that a strong family is most important. Well, my mom sacrificed everything so it could be her job to stay at home. We grew up on food stamps, we didn’t get to take any lessons or go to summer camp. But growing up I think her being around kept us grounded. We grew up in a neighborhood with a lot of kids, but a lot of them became prostitutes or drug dealers. When I think about the kids in our neighborhood, not really many of us made it. The handful of those who did, had a mom at home. The rest were latchkey kids. For my husband, his aunt and grandma watched him while his mom was working. His family comes from Eastern Europe and there the common practice is to have extended family watch your children. Well, I got pregnant unexpectedly. I had just gotten the new library job, the job I’m still in now. I was accepted and the next week I found out I was expecting. I didn’t know then that it was twins: I thought I was going to have just one baby!  

The Davis Family

When I met Kathy Davis, she told me about their family: “We are a two-parent, married family with one child who is three. We adopted our son, Mark, from Yugoslavia. Sometimes when we were trying to have children I would ask myself, ‘Why? Why do we have to adopt?’ And then I’d think, ‘Well, maybe it’s because we
could. We did have the resources to go to another country and adopt. We are fortunate.’ When we adopted, we went twice. The first time, you go and visit the child and get to say ‘yes’ and sign the paperwork. Then the second time we went, we actually adopted and brought home our son. We went in December and returned in February. The trip was amazing; they had ice sculptures and everything.8

Aside from my nurse friend, most of my friends are stay-at-home moms. I’ve got my sisters and my family around here. I’m a health educator and my husband, Robert, is a teacher. My mother cared for me; we were from a small city with no day care centers. My husband’s background is a family with five kids and a stay-at-home mom. Neither of us went to preschool; we just went to kindergarten when the time came. We were both born in the 1960s and I don’t think day care was widely available then -- I think it really came about in the 70s.9

I’m very grateful for my child; when you go through adoption, you have to fight for a child. Meanwhile some people sort of take children as a given. We waited a long time to bring a child into our lives. We debated a lot about to what extent we would go to have children. Eventually we said if we were meant to have kids it would happen, either naturally or through adoption. We made a conscious decision to adopt and in some ways were more prepared than some people who get pregnant. We had read up on everything we felt we needed to know about children and adopting. I told my director we were planning to adopt and whenever it happened I knew I would be missing work afterwards. I was very open about the whole thing and told everyone.”10
The Birksohn Family

Regarding the Birksohn family, a friend of theirs actually called me when the mother was sick. They were trying to figure out some child care help for her. I ended up calling the family and getting to know them. Anna told me, "We are a two-parent, married family with three children, ages four, two, and one. We rent in Middletown and my husband, Zach, is a graduate student and I do some work, but I am from Sweden and do not have a green card. Our income has really changed over the years; with our first we were struggling. When our second was coming along, at that time, my husband was making enough money for us to eat, pay the rent, and keep the car working most of the time. Now we are financially challenged. With the third I had to quit work. As a pair, we are both highly educated, but we are also close to the poverty level for our family size. But we are implicitly middle class and that makes us different from other people who might be at the poverty level." \(^{11}\)

Part of our problem is that I'm Swedish. My family is out of the country and my husband's family is on the West Coast. My youngest still hasn't met his grandparents. We feel cut off from family and are trying to figure it out. A teacher is what I was trained to do in my country; of course, it still wouldn't make us rich in Virginia. At first I worked about three hours a day with my first -- I watched a friend's baby and through my pregnancy with my third child I kept watching kids.\(^{12}\) My husband is a student and with our first he was still in the third year of his coursework. With the second he was done with classes and working in the computer lab. Now he is getting ready to defend his
dissertation in April. At one point he also did some freelance computer programming, since it’s so expensive being a graduate student.\textsuperscript{13}

You know the mother-child relationship is very important. After my third child I became very ill and wondered what would happen if something happened to me. Should we let my daughter continue to sleep with me in my bed? But then after a while I got over it; it’s OK if my children want to be with me. I can’t figure everything out. My parents shared the care, always keeping a parent with us. They weren’t rich and we didn’t have a lot of money; mom was at home during the day and then went to work at night. Then my dad did the nighttime thing, feeding us and putting us to bed.\textsuperscript{14}

We thought about having kids and we were about thirty with our first child. We knew my husband would be in school for eight more years and I was like, ‘No way can we wait that long, I don’t want to be sixty when my kids are just going to college.’ Overall we are thankful we’re doing the parent thing before we are too much older. At the school we go to we are like the youngest parents. We see a lot of other parents and the mean age is older, even into the forties for some of them. The whole age at which parents are having children is changing. Also with my husband being in school we knew he only had to be in certain places at certain times. My first was so easy that I was thinking I could have thirty. We planned to have our second so our first could have a close sibling, but then we doubted our decision. But it didn’t matter, the second was still coming. There is really no way to go back at that point, so he was born in 2004. Then I got pregnant in 2005 and was diagnosed with lupus when the third was born.\textsuperscript{15}
Kim Keller came to me, a young mother but with a wealth of experience. When I met her at her home, she told me about her background. "I am a single parent with two children, five and three. I work and I receive Medicaid for my children’s health care, but other than that, I do it on my own. I make sure I am in a house with a good environment. I’m Christian, Baptist, but don’t go to church regularly. Most of the people I work with are single, but I do have a few friends who are also single parents. I worked at the phone company for four years and then I got laid off. I’m now working at an amazing job as a receptionist at a firm downtown where eventually I feel I will go somewhere.

I love my kids. They are my life, and I don’t want to just dump them anywhere. Mom was home with me until I was four or so. Then she worked two jobs and I practically raised myself; I used to go over to the neighbors after school. I had my first child when I was nineteen years old. I was a single parent. I never married the dad and I have two kids from him who are an amazing blessing from a terrible relationship. I fell in love with a jerk. I got pregnant, not knowing he was an alcoholic. Well, my experience seemed so different from others; it wasn’t like we had bought a home and decided to have children or even prepared for the pregnancy. I didn’t know what I was going to do at all, let alone about child care. It was an on-again, off-again relationship. I tried to really work it out, but he didn’t change and I ended up pregnant again. With my first child it was different because I had a really good job, but with the second, the only reason that I moved back to Middletown was because I got pregnant again."
The Kidrich Family

I started working with Traci Kidrich accidentally; she cuts my hair. When she found out what I did, we started talking. We met for coffee one morning and she told me her background. "I am a single parent with one child, Katrice, who is eighteen months. I work and get help from my daughter's father and with child care from DSS. We do all right, but the money became really tight for us one time and I was glad that DSS was there. I rent in Hamilton County and work in Middletown. I come from a great big loving family. I couldn't imagine only seeing my mom once in a blue moon. But when I first moved here I didn't have many friends. It wasn't like South Carolina where my best friend, my daughter's godmother, got me through my pregnancy." Well, for my first paid work I found a position at a child care center where I was the cook. That didn't work out, so then I found a great job at Cuts 'R Us, a hair salon. I think I'll stay there; I really like it there. I wasn't looking for it but I guess I just stepped into it. As far as how I feel about being a parent, my little niece and I are really close. She was the first and only baby in our family for twelve, thirteen years and I thought I couldn't love anyone as much as her -- until my baby was born." My mom, she had to work and didn't have a choice about using child care. She was the family's main income. My dad only worked seasonally and was always between jobs. I hated coming home and having to go to a babysitter who wasn't my mom. For some reason I just had always wanted to be with my mom. At school I used to pee in my pants on purpose, so that my mom would come and get me!"
The Garcia Family

The Garcias called me and we met at the café of a local athletic club, so Mrs. Garcia’s children could be cared for in the on-site nursery while we talked. She told me about herself, “We are a two-parent, married family with two children, one three years old and the other one year. We own a home in Middletown and I stay at home with my children, Gabrielle and Christopher. My husband is a professor at the university. Before we moved here last year we lived in Oregon. That was really nice -- the community, everything was in walking distance. We don’t have any family close by; but I do have friends, a lot of stay-at-home moms and pretty much every one of them has a college degree like me, plus my sister-in-law, whom I’m really close to. She worked for a while with her kids then quit. And I do know friends from where I used to work that don’t stay at home. I worked full time until my son was born and after. I was working as a lab tech at the college in Oregon. When we moved, my husband accepted a tenure-track position at the University and it was demanding. He had to work fifty or more hours a week and he would leave early and come home and sleep.\textsuperscript{22}

I know that with my mom, who was a single parent, she had to throw us into any situation. She didn’t get the option of having to find what made her comfortable. With my husband, his mom was a stay-at-home mom and he totally respects her career -- that was her whole existence.\textsuperscript{23} We decided to have another child when we moved here. We were financially secure and six months before we got pregnant we began budgeting and saving money so we could afford for me not to work. I know we’d be in a very different
situation if we had had children earlier. It would have been scary because I don’t think our choices would have been as open.”

*The Parker Family*

Willa Parker called me up to find out what my services included. We met over coffee initially where she told me about herself. “We are a two-parent, married family with two children and one on the way. We own a home in Hamilton County, in the country with a lot of land, about twenty miles from Middletown. Do you know where that is? My husband is a physician and I am vice president of a financial services company. I have no family around. My husband’s parents are here, but we don’t get along well. I would say that the void of support from them is filled in other ways through these alternative support systems we’ve created.” I started by working part time and then have gradually eased my way back to full-time work. You see, when I was working part time, I realized this probably was equal to full time. So I worked for three days a week for the first year of her life and now I work four days a week.” Before I had children I had no idea of how much I would love my new baby. I just like to be with them. My first daughter was born with special needs, she was also born prematurely. With my second, I got pregnant shortly after my daughter had started at our employee child care center. Now I could relax, this was going to be easy to have another.”

*The Rothberg Family*

The Rothbergs called me because they wanted to be a referral source for parents who were considering bringing their children to work with them. Since I didn’t know much about this option, I asked them if they would meet me for lunch one day. Over
some tacos, Courtney Rothberg told me, while feeding their toddler, about their family situation. "We are a two-parent, married family with one toddler, Sam, and one on the way. We live in Middletown and both work at our business. My husband, Peter, is a naturopath and has a practice in Hamilton County. After we were married my husband went to school for naturopathy and I was already a nurse. Before we had any kids I had the option to work in my husband’s office, so we could take the chance to see if we could work together. I wasn’t working as a nurse but became the office manager. This is part of our philosophy. We want a close connection with our child. I grew up with a father who worked all day and didn’t see him a lot, only in the evening. I knew the impact that had on me and I wanted that connection. My mom stayed at home. I was home schooled starting in the third grade; I wasn’t doing well and she took us all out of school. For Peter, his mom stayed at home and for part of his life his Dad had an office at home and it was huge. For the most part it was absolutely positive for him, but there were some downfalls -- like he tells me he used to like to play drums and couldn’t do that at home when his dad was working."

Part 1: Pathways to Child Care

After I had been working for six months, I decided I could tell Roz about my work. Starting on one of our walks, I confessed to her: I’ve found out that while I first thought there was a clear line between the families who had a parent staying home and the ones who were working and needed child care, sort of like whether you preferred cats or dogs, this isn’t always so. I thought I’d only be talking with the ones who liked dogs. Oops, I mean the ones who were working. But I found out soon enough that this divide doesn’t
Some parents may spend a few months at home before they return to full-time work; others may work part time, full time, or be in school and need child care. Others need preschool, but not always because they are working.

And, I think what is really important is how they make the decision about work, staying at home, and using child care. Not every parent feels they have options when it comes to these interrelated decisions. Each family evaluates their available options, given their family circumstances. They also tell me about the options they choose, every kind of child care, work and staying at home situation you could imagine. Regardless, it seems like there are challenges with each option, and their evaluation of options begins an emotional experience that seems to follow them through the child care decision making process. Roz nodded and said she was interested in hearing what I had to say, so I went on.

Child Care Options

Option to Stay at Home

For some parents staying at home is the ideal. They are doing it by choice, deciding not to look for work or return to work after the birth of a child or some other transitional point in their lives. Some moms tell me they had always wanted to be at home and knew even before they got pregnant, or from a very young age, that they would stay at home with their children. Others did not see their plan to stay at home as concrete: they might say they wanted to stay at home for the first year, or at least hoped that one parent could.
The reasons they give are diverse. They tell me, "Work is not important. I needed a break. The timing wasn’t right. It is easier and less stressful to stay at home than think about going back to work." I want to see my child more than just the evening, so I can be there for their first experiences. This time only happens once." And, "Little children are dependent. They do better with me. They will be smarter. At home I can teach them, protect them, and have peace of mind." Some say it is not due to horror stories about child care, yet others tell me point blank, "I don’t want day care. He has stranger anxiety; plus, what would happen if they were crying because another child was mean to them."  

Parents also say they look at the way they were raised. They might have grown up with mothers at home. They are aware of the pros associated with this and have a strong sense kids should be a part of everything. They think their parents did a great job raising them; or, they may have had negative experiences with child care. One mother remembers being sad when she was dropped off at child care, feeling like she just wanted her mom. Another remembers crying every time his mother left them with his dad and wondered if it would have been different if his father had been a primary caregiver.  

When they talk about the decision to stay home parents often say, "It worked well. I wish I could have done it more. I would still make the same choice." But they recognize that along with the pros of staying home, there are also means sacrifices. For Anna Birksohn, the sacrifice was material: "We ate rice and beans and Oodles of Noodles. I don’t think we ever had a piece of fruit or a vegetable. We did without everything, like cable or a car, just so we could live on one income. I was so desperate to
stay home with my kids I put us on state health insurance and got WIC. And even though the staff at these places could be very condescending, the humiliation was worth every second because I got to be at home with my kids.” One father I met stayed at home for a year and worried that it hurt his wife’s feelings when their child came to him for comfort. He would have been more comfortable going off to work himself, and so it was a sacrifice emotionally that she was the one working. On the other hand, Blanca Garcia wanted to keep her career but it was her husband’s preference that she stay at home, so she said she would try it for a year. Then she got pregnant again and ended up staying home longer than a year.

And, Roz, keep in mind that parents that choose to stay at home have challenges just like parents who work outside of the house. The challenges may be a little different though: the energy it takes, the need to get out and see other adults, the not always being happy at home. They might feel lazy, feel like they should be working to make money, or be made to feel by other family members that they are using the kids to “cop out” of working. But some of these parents know they can always leave open the opportunity to return to work if they are bored or unhappy. And some, like Blanca, plan for returning to work when their children begin school. They say, their income will be “gravy,” to add to their savings for college, retirement, and vacations. I think most of the parents I talk to who have stayed at home recognize that it is a luxury. They tell me, “I couldn’t have stayed at home if it wasn’t for my husband. We had the finances not to need a second income and found the cost of living manageable. We just made some changes in our lifestyle.”
But, as Laurel Parker reminded me, “Not everyone can afford to stay at home.” Some say they couldn’t afford to stay home because of the cost of living or because of another child. I remember when Traci met me for the second time. She told me, “I wanted to be at home with my son, and I wondered how -- because I am poor and a single parent -- can I stay home? I guess from a single parent point of view, I didn’t have a choice to stay at home. It’s not an option; I don’t have the resources to choose not to work.”

“Even two-parent families,” Blanca Garcia told me, “of ‘the working poor’ find they must work.” I think middle class couples may have more flexibility but they also weigh how to balance their money versus time spent with the children. Some look at everything: one person doesn’t work, both work part time and they split the workweek, one works on weekends and the other during the week. For some of these parents, the decision to have someone at home at all times may be financial; they don’t have to pay for child care. For others it means the children are only or primarily cared for by a parent. It is not without its own challenges, though; the decision to do the handoff entails a big commitment since parents do not get to see each other and are run ragged.

There are also other considerations that relate to the choice to stay at home. Parents who do not have green cards or work permits cannot work legally, so in reality staying at home is not a choice. Other parents realize that there is a point where it does not make to sense to work financially if you have more than one young child or if you don’t make enough money to afford child care. Laurel told me how she recalled that during a separation from her husband it was all she could do to afford rent. She believes
that for single women with children it’s much easier to stay home with welfare than to get a job because when you are working you are likely to be making minimum wage.  

"But under current welfare reform," Roz reminded me, "this scenario is less plausible. By receiving TANF a parent can choose to stay at home while the child is less than eighteen months old, but then parents enrolled in the VIEW program must work for thirty hours a week. So for those parents receiving TANF or a child care subsidy the option to work part time may be available, although it is debatable if these parents can afford to do this." But for most of our clients there is not an option to stay at home with their child since they just don’t have the resources to stay at home for a year. For instance, only a small percentage gets child support."

Option to Work

You are right, I said to Roz. For some parents in the welfare system, work is not an option, but is mandatory. For other parents with young children, it is optional, particularly the amount of work they choose and the timing and sequencing of work while their children are young.

The reasons that parents gave for working were diverse. Parents expressed that they were career-oriented, were determined to make use of their education and training, and felt they were set up to be a working parent. They also wanted to work, were self-proclaimed workaholics, or found the work to be easy. Evaluating their decision, these parents say that they would still choose to work. To Willa Parker, the reason to work was also tied to her ability to support her family by herself, "Not that my marriage has any problems but it’s just a security of knowing I could make it alone. My mom was a stay-
at-home mom and then when I was 14 she got divorced and had no career...maybe I was determined not to be in the same position she was.”

Parents enjoy their work whether it means they enjoy earning money and having a cushion, love their job, or their schedule.

One parent told me, “Being around other cooking professionals, not having another community was hard. I was 29 when I had my first son and had spent about 10 years building a professional identity. Even now my job is stressful at times. It gets pretty crazy, my boss is a real yeller, but he is a friend so he is pretty respectful with me. I still like having something else, keeping in touch with my profession.”

Other reasons were the benefits for the child. Laurel Smith described how her decision had two parts, “I really like working and it is important for us that the twins can gain independence. They are exposed to all those great things like art, music, teaching opportunities that I probably wouldn’t be able to offer being at home with them.”

Other parents were very candid about their estimation of their capabilities to be a full-time stay-at-home parent. They discussed how they wanted to work instead of being at home. Parents described the fear of going stir-crazy, the challenge of dealing with colicky babies, and the exhaustion and postpartum depression they experienced after the birth of their child that contributed to their decision to work.

As Kathy Davis mentioned, “I think this is a conversation that every mom has with herself: Am I up to this? Do I have the skills to be a stay-at-home mom? I don’t know if I have that.”

Some parents decided to return to work only part time, spending twenty to thirty hours a week at work. One of the reasons parents chose part-time work was their assessment that full-time work and parenting was too stressful and thus might not be the
best for them. Other parents did not want to be catching up on housework and also trying to see their kids at night. Like stay-at-home parents, they agree that the time kids are young goes by fast. And some parents chose part-time work based on their previous experiences of either working full time or staying at home full time.  

The decision to work is not always a preferred one. Some working mothers, like Traci, did not want to return to work and wished they didn’t have to work for pay. For those who chose work, their choice is also based on the support of their employers. For some, the decision to work part time didn’t come as an unpleasant surprise to their employers, but for others even the decision to work flextime (full-time hours on a flexible schedule) required a lot of negotiating up front. Some parents recognized the ability to work part time in their occupation was exceptional. Laurel Smith told me, “I went back to work for twenty hours a week as a branch manager, which was very unusual. I had an employee who was willing to take on extra responsibilities, which is why it worked. I did this for about a year. It was very nice to be given this option and then to decide what would work best for us.”

Indeed, for some parents work really is an option, I told Roz, and they can play with what amount works best for them. Some though, see part-time work only as a temporary option, and their need to return to full-time work looms in the future. But others have the option to return to full-time work in the future, when their children are in school, or even to return to school. And others, like Laurel, choose to return to work on a “trial basis to see if child care works” or that they will “maybe work after six months.” And those parents who do have the option to work or stay at home do not always have a
long-range plan about working or staying at home. Or they realize one day, as Anna Birksohn confessed, “For me for a long time I thought that it was all-or-nothing, meaning I’d have to work full time or not at all. Now I think there are possibilities to be created.”

Other Possibilities

So you can see, Roz, that parents of young children are not all staying at home full time and not using child care or working full time and using child care. But the really unique situations I’ve come across are like the Rothbergs and Anna Birksohn, who are working while they are caring for their child.

For Anna her choice is becoming a family child care provider. Anna explained to me, “I kept watching kids for it was a good way to make extra money. It was having a good reason to be at home with your kids. I did this before our second came and then I stopped for a little in between, after I had him, and then went back to it. This way when people say, ‘What do you do?’ I can say, ‘Oh, I do day care.’ Once you have the logistics down, like you can cook easy dinners and you can clean up quickly, it’s easy. It’s funny though, I never feel like I am doing real work. Unlike some of my friends, who I can see getting tenser with all the kids around, I can just go along and I don’t hear anything, just kids being kids. Now some days I feel icky without other kids. I’m more patient with other kids around, not only is there less time for me to concentrate on my own children’s misdoings, but I think I do well with other children. Plus, I am trying to give them a solid basis -- you know those studies, these are the years when they learn about compassion.”
Indeed, this choice is not for everyone, since as Traci reminded me, “It’s a lot watching kids.”

Another choice is to bring your children to work. For some parents this is the only option to make some money or the only alternative to child care for forty hours a week. Some parents who brought their child to work said it was a good job to do with their child coming along. For others, however, bringing your child to work is not seen as an option.

When I met the Rothbergs, they told me their reasons for bringing Arlo to work, “I think the benefits are that we get to see him more and his security. We feel really present, like we are making the most of these moments. We get time with him throughout the day whether it’s sitting and reading a story or just being there for his rests and lunch. Sometimes for lunch we go to the playground at the mall, the airport or church -- we get to see the world through his eyes.” We wanted to be the providers of his care rather than someone else. We didn’t want someone else or some other kids teaching him values. This is the time, up until five or so, I’ve read, when his view of the world is developing and we wanted to be shaping it. Part of it is our progressive philosophy: life is intelligent, and we don’t interfere with the process, so we bring this to our child care. Also, we wanted him to have access to family throughout the day. We see our patients as family and we wanted our son to be part of that. Our office has become like a second home. It has been so great. I can’t imagine not letting our son be here and not letting our next child see his or her father everyday. For the most part we didn’t have to consider what would happen if it didn’t work, so we didn’t need to figure
out a way to make it work. Still, managing work needs and his needs is the most challenging part: we pretty much have him in the front lobby area. At one point we had to gate the front area since he was walking into the back examination rooms.70

Option to Use Child Care

For those working parents who do not have the options to bring their children to work, there is the choice to use non-parental child care. Parents I’ve worked with use the whole range of child care settings. As Willa Parker told me, despite having said we wanted a nanny, we have ended up doing a little bit of everything, we’ve tried it all.71 Some decide to stay at home for a year and only use child care at local gyms during this time. Others send their children to preschool, both public and private, with some preschools also serving as day care in the afternoon. Others use family members -- mothers, in-laws, fathers, sisters -- either part-time or full-time, and sometimes they come to help out in between child care arrangements. Parents use nannies or in-home care, hiring them locally or from out of town. In the case of a special needs child, parents may hire someone for extra help while the child is at a child care setting. Family child care providers and centers are used by many parents. Finally parents may use friends and neighbors, sometimes swapping child care.72

Parents use regulated care. Some note that their provider was in the process of getting licensed, that their center is licensed but not accredited, or that their babysitter is licensed. Parents also use unregulated care, family members, friends, home providers, and even centers with no licensing. As Laurel Smith told me, “Many, many parents use unregulated care.”73 Parents tell me about the diversity of the families at their setting.
Some say their setting ranges from the extremely wealthy to families living in the ghetto in Middletown. Some parents find that centers are more diverse and preschools more homogeneous. One parent said her center was in theory integrated, with a sliding scale, but not in reality.\textsuperscript{74}

The age children begin child care ranges from a few weeks to three months to one or more years before they are cared for by someone other than the parent. The length of time at a setting also varies: a dad takes a leave of absence to stay at home for one year, grandparents provide in-between care for six months, a child is at a setting for one-to-two years or as little as a month or a week, and everything in between.\textsuperscript{75} Willa Parker gave me a child care chronology when I first met her, "She was with my mother-in-law from three to six months and I was working part time. Her health cleared up and we hired a wonderful nanny, we included her in all of my daughter's therapy. We moved to Middletown when my daughter was twenty months old. Dad helped out until we got a part-time spot at the center. A couple of months later we got a full-time spot for her and she has been there since."\textsuperscript{76}

*When parents talk about their decision to use child care, I explained to Roz, they seem to talk about the time the child spends at a setting, the cost of the setting, the emotions involved with sharing the care of their child with another adult, and how they manage working and child care. These seem to be both the challenges with using this option and the basis for evaluating the option.*

The amount of time a child spends at a setting varies. As one parent told me, I only needed three hours a week so she, the provider, was not really their primary
caregiver. Other children spend part of the week in care: five half-days per week, or two or three full days a week. Other children are in care full-time which may mean six hours a day for five days a week or it may mean being dropped off at a provider at 7:30AM and picked up at 5:30PM.\(^{77}\) Or, they have multiple settings, as Kathy Davis described to me: “What we do with my neighbor is basically a co-op. She has a child the same age as mine. I have Monday and Wednesday mornings with her child for a total of four hours and she takes my son for one afternoon a week. One day a week my husband’s parents watch him for a full day. I work fifteen hours a week. The day I work from 1-9PM they are with my neighbor from 1-5PM and then my husband gets them.”\(^{78}\)

For some the key is that their children are only in child care a minimum amount of time, and the children have a great time. On their days off with the children parents are able to do errands they otherwise would have done on weekends, meaning the family spends more time together. Mothers discuss how they feel they are better moms because they appreciate their time with their children instead of being with them twenty-four hours a day. They may tell me their decision to have more time in child care is helpful.\(^{79}\) The downside is when parents don’t have enough time with their children: they see their child maybe an hour each day, they are apart from the kids for so long and never get to see them. Or the day is long for the child and for the parent spending even a second without their baby is devastating and they feel they are missing out on something.\(^{80}\) As Kim Keller told me, “The hardest part of the decision was letting go of my kids and leaving them at day care for more of the day than I would like -- saying goodbye to my kids has to be the hardest part of child care.”\(^{81}\)
Some parents do not pay a cent for child care. Others compensate family members, as Kathy Davis said, "but nothing like market rate." For those who pay, the amount varies: $5-$10 an hour, $100 or $110 a partial week, $160 or $185 a week, $160 or $1000 a month. Some parents pay tuitions of $7500 a year, comparable to college tuition they tell me. For some, part-time child care is prorated and for others it isn’t.82 Parents tell me the cost is expensive and is getting more expensive. Providers change rates. They may compare costs at their setting to other settings they know. Parents also need to pay for additional child care during provider vacations. Some discuss the cost of care in relation to their income.83 Kim Keller told me, "At one point, with two kids in child care I paid $175 a week and I made $400 a week, so the majority of my pay was going to day care and I was only bringing home like $125."84

Parents explain that cost is related to the salary a center provides or whether a child care center is subsidized by an employer. For parents receiving subsidies from the Department of Social Services (DSS), the cost they pay is a percentage of their income. The cost that DSS will pay a provider is found on a very specific chart, based on the age of the child and whether the care is a center or a private home, but parents guess the subsidy reimbursement rate is based on an average.85 The way parents pay for care also varies. At one point they may have had a scholarship or subsidy. They may pay their provider under the table. A provider may let the parent pay as they can or pay the best they can. They may also have the cost directly deducted from a paycheck and, therefore, be tax-free.86
Sometimes the decision to send a child to child care is emotionally difficult: parents remember their feelings on the first day of child care. They may have found the thought of putting their child in care for forty hours a week, sending them to be with a stranger eight hours a day, depressing to them. Some parents felt sending their child away from the house was foreign. They struggled, saying they weren’t ready for their child to go because they had always been with them. They felt anxiety over letting them go or losing control. Their discomfort may even extend to a safe and secure environment like visiting a grandmother or sending a child to public school.\textsuperscript{87}

It is hard for some parents when their children seem to prefer the child care provider over them. “The one time she didn’t want to go home with me,” Kathy Davis says, “that was bad; I really felt that. She was less than a year old and it was only that one time, but it just hurt.” Others confess they feel guilty bringing their child to child care, working and not being there. As Willa Parker told me, “Basically a mother can’t win. I am very settled with where my children are and I like the idea they are around professionals. I have also done good screens on their providers. But still there is a level of guilt and it is my inheritance both socially and familiarly with my mom staying at home.”\textsuperscript{88} On the other hand, the implication that they have ‘given up’ or outsourced the job of raising their children is unacceptable to parents who use child care. “I still do everything a stay-at-home mom does,” says Laurel Smith, “I just manage to do all of that and still have a full-time job. I don’t see my children’s child care providers as replacements for me.”\textsuperscript{89}
Many parents who use child care feel they put a lot of attention into their jobs and their children. At times, however, they feel like they work all day long, or they tell me with two careers and kids it clearly doesn’t work. In order to make it work, though, some parents psychologically cross the threshold of accepting that they need more help and use the money they make from working to make their life easier.90

Parents say they are happy with using child care when it gives them a couple of extra hours that they can have for themselves, perhaps time enough for a pregnant mom to take a nap or a break from the kids that is increasingly important. “With young children it is hard to get anything done. Kids are hard to handle. At home my son is bored easily and it makes things unpleasant with him dumping things out, getting into trouble pushing the baby, throwing things,” acknowledges Laurel Smith.91 They may be lucky to have a friend or family member who will take their child for a couple of hours or an overnight. Even Courtney Rothberg found she needed time so they rearranged Peter’s work schedule to give her an afternoon without child care or work responsibilities.92

Getting a break, for other parents, is not so easy. Willa Parker tells me, “I don’t hire a babysitter while I’m off so I can have some time for myself, although maybe I should. The hardest thing is our families aren’t involved and we don’t have their support. One set of grandparents are so far away I have yet to feel comfortable leaving our children with them. The others, well, they’ve never really taken the kids. I just wish they would offer, so I wouldn’t feel like I was imposing. Any ideas?” Besides not having family support, parents might also feel they don’t know any other parents in the community with whom they could arrange reciprocal care.93
Couples tell me that having two parents around makes a big difference. It scares them to think of single parents, and how they do it, with the kids being away from one parent for so long. Some couples have relationships based on extreme equality. Anna Birksohn told me that for her and Zach it is very balanced: "We always have had a nighttime policy of whoever took the night switched with the other the next night. One of us slept in a separate room and the other was on call: now we even have it set up so each of us alternates having breaks, one day in charge of the kids in the evening, one down day, we learn who is doing what and it's extremely clear."

When couples are balanced in their roles they don't feel like one is doing more than the other; for instance one drops off at child care and one picks up. They share in the logistics of child care and maintaining relationships with child care providers. When one is working late or on weekends, the other takes care of the children. Some couples feel dividing child care responsibilities is not a problem, even if one parent does more. A family will tell me, "he works full time and I work part time, so this is part of my job." Or they are okay handling the majority of child care responsibilities because they moved to Middletown first and have the leg up on the child care.

For some couples, though, achieving the right balance is not easy. "Couples are different," Anna Birksohn told me, "in their negotiations and who is going to sacrifice, I talk with other families and the fathers have never changed a diaper." Laurel Smith told me, "It's aggravating and stressful, and I get angry because I thought that I wouldn't have as much anxiety but it is all on my shoulders. The child care is all on me when you come down to it."
It's interesting to me, I mentioned to Roz, that across the board parents have challenges with any option, be it working, bringing kids to work, staying at home or using chill care. They also seem to have a good sense of what works best for them and their relationship with their child, in terms of options, whether they are able to pursue that option or not. “It really is interesting to reflect on parents’ options”, agreed Roz. “But what really captured my attention is how parents described balancing work and child care. It has always amazed me how parents do this.”

Decision Points

Yes, I replied, work is one of the main circumstances, I think, that shapes the child care decision and experience. But what I like about my job, Roz, is that it's never the same. Just like in Private Investigation where no case is the same, no child care decision is the same: different families, different options, different circumstances, and input from different decision makers. The families' work needs coupled with the age of their child, the time they have to find child care, and the support they have in making child care decisions are unique. There seem to be multiple pathways to the child care decision, but of course work is one of the main reasons parents come to see me.

Work

Parents return to work at different times after a child is born. Parents take six, seven, or eight weeks off after the birth of a child or a three- or four-month maternity leave. Some take a year or more at home before returning to work. For some this time is paid leave or they take vacation. Others take unpaid leaves of absence from school or weren’t working to begin with.
Other times that parents need to make child care decisions are related to changes in hours or shifts a parent has to work. They may be at the end of a job, leaving work or school, getting fired, taking on a new job, taking on new responsibilities, starting school, or moving for work.\textsuperscript{101} Parents know there is a connection between work and child care decisions. Even the Rothbergs recognize they may get to the point of hiring more staff and that could change things for their child care needs. For others, a switch in hours may mean a child could attend preschool or that they now can justify going out of their way for child care since it are only part-time.\textsuperscript{102}

On the other hand, some parents have child care decisions shape their work needs. In Traci Kidrich's case, "I put day care first on my list. First I would find day care and then I would find a job. And that's what I did."\textsuperscript{103} Kim Keller told me about one of her first jobs, "I found the job at the child care center: it paid $10 an hour and my son could be there at the center while I was responsible for cooking breakfast and lunch for 100 kids."\textsuperscript{104} Some parents look at jobs because of the child care options they presented: the option to get into an employee sponsored child care center, better hours, or the ability to do the job from home. Some parents realize that jobs they are looking at are not compatible with young children, like those with travel demands. While some consider new jobs to change their child care options, others do not.\textsuperscript{105}

\textit{Age and Stage of Child}

Parents come see me because their child care needs change with the age of the child. They might realize the caregiver they wanted for their newborn is not the same as the caregiver they want for their two year old. Some parents define ages when they
believe a setting isn’t best anymore, or a stage when they knew their child needed social interaction. Many decide to send their child to preschool when they are two to four years old. When a child reaches school age, kindergarten choices and choices for after school care must be made. For some parents these ages and stages present their first child care need, while for others they constitute a change or modification to current child care settings.106 Kathy Davis discussed how their son’s ages and stages shaped their child care need: “From the beginning we knew we needed more time to bond with him, since he had been in the orphanage. After a year or so with his grandparents, we knew that he had to get out of the house and be with some other children. At that point I was more interested in a preschool environment. My son was two then.”107

Changes in Care

Parents also come see me when their current child care situation is ending: a provider can’t keep a second child born to a family and they do not want to split up the children; providers decide to go back to school, stop doing child care, or find other jobs with benefits; and centers close down.108 In these and other cases parents externalize the reasons for the change. It may be an instance where regulations are the cause because a provider needs to limit the number of children based on ratios. Or, providers may choose to no longer accept children on subsidies or are themselves no longer qualified to receive subsidies.109 “Along those lines,” Roz added, “we have even had cases where centers have thrown children out because they say they can’t handle a child’s aggression, the child is ‘difficult,’ or they can’t deal with a child with special needs.”110
Finally, parents realize there are times when they have to reassess a care situation and times when they think they may need to pull a child out of a setting. For instance, another setting seems better or their provider is having personal difficulties. These changes are not easy. As Willa Parker expressed, "I found myself searching on the Internet for nanny surveillance cameras, but that was the end of that; she stopped working for us. And when you can't make it work, you think that this is my fault and I need to start all over again."\(^{111}\)

**Decision Makers**

In addition to different circumstances, families also bring different decision makers to the decision. Roz added, "But it really is parents who have to shoulder the responsibility since they have to judge for themselves what they want for child care and what is best for their child."\(^ {112}\) Yes, I told her, ultimately parents do agree it is their responsibility to choose a child care setting. At the same time, within families the parceling out of responsibility is different. Some couples collaborate and others do not. Some are supportive and others are not — not to mention the input of friends and extended family that needs to be considered. Plus there are parents’ feelings about whether they are supported by other parents and the community in their decision making.

**Expectations in Decision Making Responsibility**

Parents agree with you, Roz; they tell me, "That's how I've been brought up and it's my responsibility for everything that happens in my life." They tell me that it is their responsibility as the parent to determine if the hazards are major or minor and they need to review each place and find a good match for their child. When I ask them if they'd
rather use the services out there they may say it is their responsibility to do the research and they don’t want to rely on the system because they can do it without assistance and don’t need to ask anyone for anything. It is sometimes strange to me, I would think they would want more help, more services, but they will say, like Kim Keller, “I feel, in my situation, I brought this upon myself. So, so, so many girls out there are doing the same thing, living on welfare and I would have gone back to him then, but now it is my responsibility to have a job and support them.” Or they feel that that the public responsibility is for ensuring kids have access to quality day care, specifically preschools, and especially for kids in poverty.113

*Family Involvement*

In some families one parent takes the lead on all child care decisions. Kim Keller, a single parent, told me that every single decision she makes for her kids she makes by herself and that is one of the things that is so hard. Even parents who have a partner make decisions on their own: they may talk to their spouse about the places they visit, but they are clear that they are making the decision, and their partners do not actively participate in the search.114 Laurel Smith told me that her husband didn’t visit or make any phone calls and told her, “You decide. You know I support you whatever you decide.” She said she thinks he really didn’t want the hassle of making the decision.115

In other families they seem to use the divide and conquer strategy: sometimes it’s a time issue, if one isn’t working as much s/he takes the lead on investigating options. Other times it is the family culture, just the way things are done, what they are comfortable with, or an agreement that one person takes the lead with the kid and
developmental stuff. Kathy Davis told me, “The majority of it I did; we didn’t seem to have any issues. I involved my husband in the money aspect.” Efficiency also plays a part: perhaps one spouse has moved to Middletown first, another knows more parents, still another is more organized.

Couple collaboration on decision making seems to range from talking about the decision, to visiting and interviewing providers together, to being supportive of each other’s decisions. Willa Parker described her and her spouse’s decision making, “We actually had a number of discussions, a lot, because we had heard about other people’s stress with child care. We were very equal in the decisions. He interviewed the care providers with me and went to see the preschools. When we talked he’d be like, well, if you think this place is OK, I trust your judgment. We never had disagreements over our decisions. I’m blessed.”

Others’ Involvement

Not just spouses but others are involved in decision making. First there are the families -- the sisters, mothers, brothers-in-law and mothers-in-law -- who get consulted for advice. They don’t make the decisions but they may give ideas, give their approval or leave it up to the parents. Friends are also called on to bounce off ideas, to talk with, and get support, or to share their own stories. Parents say that these exchanges are beneficial in helping them get through and manage child care decisions. Friends and former child care providers sometimes tell parents when they need to make changes in their child care arrangements. And yes, some parents even talk with professionals — health professionals or child care professionals. Kathy Davis had access to the folks in the child care program
at a local agency. She said it was kind of like she did some child care counseling with her colleague. She found it really helpful and felt privileged to have this support.\textsuperscript{119}

But for some parents, other people didn’t really influence their decision, or were unsupportive of their choices. One mother told me, “I have a mother-in-law who is an uber-stay-at-home mom. She canned all of their own food and I got a lot of negative stuff about day care from the beginning. I hear her say, ‘Oh yes, it’s a sacrifice staying at home, but I’m glad that you do it,’ I don’t think she knows how much it affects me. I have a hard time doing things that other people disapprove of.” Another mother thought her deceased mother, who had been all for women’s liberation, would have been horrified at her decision to stay at home. Laurel Parker told me, “I feel we are leading the way for working parents. There seems to be a gap between my mom’s generation and mine.”\textsuperscript{120}

\textit{Support for Other Parents’ Decisions}

Parents describe their decisions about work and staying at home as personal, individual, or preferential and recognize they are different from other families. They tell me it really depends on the family, their values, and what works for them.\textsuperscript{121} For Traci Kidrich, it was easy to see that some parents might want to work part time or stay at home. It might depend on their job options or education. Blanca Garcia agreed, saying to me, “Even though I do not have the ability to be the person who can do it all and my priority is my children, this is not to say this is for everyone. Some people don’t have a hard time sending their child to child care. They can juggle and make it work.”\textsuperscript{122}

But not all parents support each others’ decisions. Anna Birksohn understood how some parents can’t stay at home with their kids. Yet, she also felt that some parents
made lifestyle choices such as driving a new vehicle and wearing expensive clothes in place of staying at home with their children. Similarly, parents expressed difficulties in relating to others' choices that were different from theirs. One client told me that every person in the world, every mom or dad, should have the choice to stay at home or work during the first five years of his or her child's life, but after they start school they should get out there and work, even part-time, or do something.123 The ability of parents to understand the uniqueness of each others' decisions has limits. Kim Keller described one of her experiences with a co-worker to me, "...I know my co-worker loves her daughter and cares for her, but listening to her talk about how she can't understand stay-at-home moms when that is my whole idea to stay at home. I'm like saying to myself, gosh, what is your problem? You have a choice."124

Community Support for Child Care Decisions

Additionally, families may or may not feel the community is supportive of their decisions. Blanca Garcia described how Middletown was different from a bigger city, where it seems more women worked and there was more emphasis on career.125 "This town is so kid friendly; it is not too big. People know each other. It seems slower paced than more urban areas but it is also more diverse than other small southern towns. To me this town is about living life and not just work. This allows me not to feel the pressure of having to work. People in this town are respectful of others values, for the most part. Basically what I'm doing is thinking out loud: 'I don't know if this makes sense, but maybe I've never asked myself these questions'."126 Another perspective was that perhaps the community was more supportive of stay-at-home moms, and that there just
weren’t many working women, especially with several children.127 “Yes,” says Roz, as we are loading the dogs in our cars, “I’ve sometimes felt that the many Christian families in the community feel it is right to stay at home.”128

Part 2: Selecting Child Care

What are parents really looking for, I asked myself on the car ride home? Are they really seeking me out because they need to find a new child care situation or because they have no other support in decision making? Yes and no. Yes, they come to me for practical reasons but if I were a philosopher or some social analyst writing for my favorite magazine, The Nation, I would tell you that they are really looking for something else. Parents want good work and child care, time with their kids and a feeling that they are deeply involved in raising their kids whether they work for four hours a week or forty hours a week. Plus they want to feel supported and that their decision is respected by those close to them and others in the community.

Hopes and Dreams

General

I think about what Traci Kidrich tells me, “I want to work and have time with my kids, but I want to do fulfilling work and have my child cared for in a way similar to my life philosophy, plus I want a raise so I can afford a good private school when they are older!”129 Parents want to be available: if the school calls and a child is sick, they want to be there for them. They value their time with their children and would like more time, time off and days off with their kids to really be with them. The reasons they want time: the kids are so little, they are dependent, they want to minimize the time a child is with
someone else because they believe they are the best their child can have.\textsuperscript{130} And parents say that it is important for them to be able to raise their own children and not have someone else do it. Their goals are to be there over anyone else. Their time at home means their child will be a better child.\textsuperscript{131} Parents also tell me that their ideas about good child care were partially shaped by their parents and their ideas from growing up.\textsuperscript{132}

\textit{On our next walk I told Roz about these thoughts and how I had decided to create a form to help me work with parents to define what they wanted in child care. I told Roz not to laugh at the name I had decided to give the form. “You may think it is hokey but I call it ‘Hopes and Dreams.’ It basically defines what the parent wants for child care. She asked me how I would organize the form and I told her that was easy. Parents I have already met with have clearly articulated by whom, what and where they want their child cared for.}

\textit{Who Parents Want to Care for their Children}

\textit{So the first question I put on the form is ‘Who do you want to take care of your children?’ This is how parents respond...}

\textit{Good Interaction}

Parents are looking for someone who loves and interacts well with their child, as Kim Keller said to me, “I want people I leave my kids with to care for them genuinely and love them for who they are.” Many times I have heard, “I want to make sure I can find a place that I feel my child will be well cared for, safe, treated well, picked up when he is crying, held and loved more as deemed needed instead of on a schedule.”\textsuperscript{133} Parents know their children and tell me about them. They know how long their attention span is.
They know if their child has any developmental delays or special needs. They know if their child is an easy baby and what his or her personality is, be it quiet and shy or loud. They are looking for someone who interacts well with their child.\textsuperscript{134}

\textit{Trust}

For some of them they want someone they know, someone they can work with, a personal relationship between them and the provider. “And trust,” Blanca Garcia reminds me, “you have to find someone to trust, I don’t think you could use child care if you didn’t have some trust in your provider.” “Yes,” agreed Roz, “I think that part of knowing the person is the idea of the extended family. Maybe that’s what all parents of young children are wanting, that support when raising a child. Maybe that is what good day care provides, that sense of extended family. So they are looking for trust, and maybe that is part of the reason to use unregulated care like family and friends.”\textsuperscript{135}

“How do parents establish trust?” Roz asked out loud, “I guess they have to click with the provider.”\textsuperscript{136} \textit{I have wondered about that also, I said to Roz. Like so much, it seems to vary with the individual, I said.} I think about what Laurel Smith explained to me, “I think trust is a personal issue, Kate, and a lot depends on what experiences a parent has endured.” For instance, some parents might describe themselves as control freaks, letting nothing ever go wrong for their children. “As parents,” they say, “we want to protect our children.” Others say it is really hard for them to trust someone taking care of their child: it takes them a long time to trust anyone and this is how they have been since they were a child. What this means, then, is some parents do not want to leave their child with someone they do not know. Some do not even trust family with raising their
child. Others say their preference is not about mistrust and they realize they can’t control their children’s lives. Instead, they may say the reason they don’t want to send their child to someone else is because they don’t want to “put anyone else out.”

*Experience*

Of course, everyone values experience, wants someone who has done child care before. Some of my parents introduced me to a whole new perspective on the person they want: someone who was otherwise unemployed, not working at nights and then tired when they are watching your kids. They also realize every parent is different and as Traci Kidrich said one day, “the best is to find someone who takes care of your children as close to the way you take care of them.” Parents like sharing similar values with providers. Whether it is antiauthoritarian or putting minimal limits on a child, parents want to pass on their ideas. My parents who are not new to child care tell me that they realize the person they wanted at the beginning is much different from the person they want now, or that there is a real difference between their first and second child with respect to day care.

*What Parents Want in a Child Care Setting*

The second question I put on the form was “What do you want to see at the child care setting?” And here is how the parents I talk with respond.

*Convenience, Safety, Activities and Philosophy*

They tell me the ideal setting is shaped as much by what they don’t want as what they do want, so they also tell me what they don’t want. For some their wants are general: a place that has full-time care, a setting that matches their work hours,
convenient along their work path or within a ten minute drive. Others talk about the activities they want: exposure to a foreign language or an active place with outside time, snack time, arts and crafts, field trips, and not too much TV. They want a small place with one-on-one attention, but still a chance to be around other kids and build social skills (but not too wild). It may be they want a safe place, a provider who owns their own home, or a place that will pay attention to their child’s food allergies.

Parents are also specific about the philosophy they prefer, perhaps wanting a Christian, Montessori, or Waldorf approach. Then there are the ones who say, “It doesn’t matter, just the basics,” like Kathy Davis who told me, “It doesn’t have to be a Montessori preschool or teach a different language; it doesn’t have to be specialized. They can eat junky snacks and there can be religion -- a grace or blessing is fine unless it is scary brimstone stuff -- we’re not specifically looking for a Christian place.”

Valued and Stable Staff

Some of my parents tell me they want the teachers paid well wherever they take their children to child care. Some may decide to go to social services for a subsidy so they can pay their child care provider and value the work of child care workers. Stability is also important: these parents know that stability plays some role. Many want their child at one place and not having to adapt to two different sets of people. They also want the actual people caring for their children to stay the same. Some of my clients have said that they can’t imagine how people piece together care to work. Kim Keller told me that the reason stability was so important was that her children didn’t know from one weekend to the next if they would see their dad.
“Of course,” Roz noted, “if you are stable in a bad child care situation that is not what you want. But I think you are right on track. I’ve learned from my clients that it always depends on the family what kind of care they want for their children.” I’d have to agree, I replied, and so would the parents I talk with. When Traci Kidrich was talking to me one day she added, “I suppose if you have certain values, like religion, then you will seek that out.”

Where Parents Want Their Child Care

“And also,” Roz tells me, “a lot of folks who apply for child care assistance come in knowing where they want to take their kids. I’m not sure whether it’s based on cost or convenience or what but they do have an idea.” Absolutely, I replied, and that is why the last question on my form is “What setting do you want for your child care?” The terms they use are not always consistent, I told Roz. Plus they are not the ones you may use. They may want what they call day care (also called center care), home day care (some call them family providers or babysitters), in-home care (also known as nannies or babysitters) or preschools (everyone uses the same term here!) — and they tell me the reasons.

Day Care/Center Care

Some of the parents who want day care say it’s more flexible, more consistent, and more like a school. Others grew up with two working parents and were taken to day care, so that is how they thought they’d do it and didn’t feel guilty about bringing their children to day care. And, like Kim Keller told me, “There you can go talk with the director if something is happening that you don’t like; you’ve got more leverage and if
you had to be legal with them you could be more so than with a home day care. This is why I always felt more comfortable in day care centers because I knew there were checks and balances.\textsuperscript{145} “My friend at licensing would agree,” says Roz, “she told me the other day that at a center there are more eyes and ears; the staff is more vocal and they will make complaints about things going on, plus you have oversight by the inspectors.”\textsuperscript{146}

But there are also the clients who just don’t want to send their kids to day care: do they think there is something bad across the board with day care? No, but they think maybe they are a little impersonal in a scary sort of institutional way. There isn’t the personal relationship with the children. They also say that maybe the kids are sick more at day care; don’t get as much attention; get lost a big setting. I think some people even attach a stigma to day care.\textsuperscript{147}

\textit{Family, Friends, and Home Day Cares/Family Homes}

Other folks’ preference is for family or friends to take care of the kids. Relying on family or friends means to them that they know what they are getting and they can work with a family or friend, can tell them “no you can’t do this with her” or “she needs to do that.” Some knew their mother would take care of their kids. They grew up with their grandparents close and involved and wanted their children to have the same. They don’t think care at a center is the same. They talk about wanting nice, small settings for the early years when a child is an infant. They prefer a home day care at this age but may want to put a child in a center later. Anna Birksohn, who does take care of children, explained it to me, “If I was a parent I would think families are good child care providers. I like to provide very personal care and like to take care of all kinds of kids.”\textsuperscript{148} Roz
agrees, "I have seen more families choosing home care for their infants. I think that families who choose family care enjoy not handing their child to a stranger, or a teacher that may change from time to time. They like the close relationship with the provider. But I do think that the idea that after the first year or two a child needs to move is erroneous."\(^{149}\)

There are also naysayers regarding care by family and home day cares. Some say they have witnessed things with a family member, or they don’t think it would be good for the family member or child. Others just aren’t comfortable with someone caring for a child in their own home: they feel it is not as beneficial, there is not as much of a routine, and they aren’t always equipped for the number of kids they have. "Plus family homes are not always licensed or even registered" Blanca Garcia told me one day.\(^{150}\) "Yes," Roz says, "I often tell my clients about the problems that may come up with friends and neighbors but parents still want them." And my friend in licensing tells me that even though some parents may think family homes are safer, there are less eyes and ears and not enough monitoring. There may be one or two adults and they are not going to tell on one another.\(^{151}\)

\textit{In-home Care/Nanny}

And there are parents who are looking for in-home care. They like not having to take their children out of their home, they feel the kids get lots of attention, and the parents have more control. For some kids 1-on-1 is seen as the best since they are less social and parents want to keep them at home. For one family, because their child had special needs, they were focused on a nanny because they did not want the child to be the
first at a center with special needs. Yet, they also realize the disadvantage of leaving a
nanny unattended with none of their behaviors witnessed. I even have some parents who
are looking for co-op care, sharing a nanny among several families, starting their own
preschool or doing swaps with friends because they like the connection to others.\textsuperscript{152}

\textit{Preschool}

Then there is preschool. A few parents come in looking exclusively for
preschool: they don’t want day care. They say that all their friends’ children go to
preschool and they want their child to have the kindergarten preparation. They explain to
me, “When you get to elementary school, you can tell a difference in the kids who got to
go to preschool and those who didn’t.” A parent may also decide to send a child to
preschool for socialization, whether they play alone a lot or they are social.\textsuperscript{153}

Not every parent feels this way. Some parents don’t see the difference and ask
me, “Is it when they turn three they need it?” Or they think preschool means mornings
and day care means all day. Some say there isn’t much difference in the activities at the
centers and the preschools from what they have seen: both do the alphabet and numbers
and the staff’s education is comparable. Anna Birksohn told me other child care
providers she knows have had children stay with them until they start kindergarten, and
there is no difference between them and the children who leave to go to preschool. A few
parents say that they are not convinced every child needs preschool.

Let me tell you about a conversation I had with Laurel Smith one day. She said,
“It’s interesting to think about preschool and status. I do agree that some parents believe
preschool prepares their kids better. They may even be ashamed if their kids are in day
care, thinking day care isn't good enough -- it's custodial care. But I asked the center we go to what they did for preschool. They do incorporate preschool, which, from my understanding, is the exception. But I didn’t think that every child who goes to preschool has a stay-at-home mom so I explored our options which were to stay at the center or go to a private preschool. Neither was a great fit. If she went to a private preschool they said they would put her on a bus back to day care. I couldn’t imagine how you could put a four year old on a bus back to day care. If you need full-day care, it doesn’t really work -- it seems like you have to go pure center or pure preschool.” Parents agree that not everyone has the luxury of having someone to pick up their children from preschool.  

_We had finished our walk and as we were packing up the dogs, a car pulled into the parking lot blaring the Rolling Stones song, “You Can't Always Get What You Want.” I looked over at Roz in disbelief. I couldn’t have chosen a more perfect ending note._

**Decision Challenges**

*Roz was away with her husband on a trip to some exotic island and I was doing my best to walk her dog and my dog. It certainly wasn’t the same, though, and I was eager for her to return so we could start talking some more about child care. I was starting to get a lot of calls from folks seeking child care, and I wanted to tell her how I was running into a few problems. I don’t know who was happier to see her when she returned, me or my dog, Dave. I told her I was glad I had called my form ‘Hopes and Dreams’ because I was realizing there was no guarantee that parents could find or access what they wanted. The amount of time had something to do with the difficulties.*
Cost, availability and quality were certainly issues but there were also other issues such as the trust theme that kept coming up. It seemed that parents had to contend with both personal challenges and challenges in the supply of available child care.

As Laurel Smith told me, “Just looking at child care is a hard decision. I can honestly say it’s been the hardest thing I’ve done trying to get child care: I don’t think professionals know how hard it is to find day care, the time it takes -- it’s so much more than a week, and in the meantime you are trying to work at your jobs and call references and call social services. Oh, and on top of making these child care decisions, your family still has to run. You start out excited, maybe expecting it will be easy to find a good place, and then you actually start looking and you’re not as excited. Or you only have a month to set up the child care and you start panicking -- I don’t want to leave her with anyone or just anywhere.”

Parents never think it will be this emotional, but they end up scared, stressed, and worried. Kim Keller told me, “It’s a decision that really eats up a lot of your brain. The effects are a lot more than just the decision, it affects everything. I never thought that there was so much at stake with one decision; whether it is good or bad and whatever happens as a consequence will be all my fault.”

Fears

Some parents have witnessed too many things at child care settings to fully trust anyone. Whether they have talked with friends who had challenges at day care, observed how child care providers talk to children in their care in public, or seen child care providers do things they are not comfortable with, it changes how they feel about child
care. Some know of children who were neglected or abused in care. One parent described a high school internship where she witnessed home day care providers leaving children unattended. She saw the provider place the children in front of the TV and clean them up just before the parents came to pick them up. She summed it up by saying, “You have no way of knowing what people do with the kids unless the kids are old enough to talk. All you know is what you see.” Even their own experience with their children shapes their view, as Kathy Davis reflected, “If I would get frustrated, I could see how maybe someone who doesn’t love my child like I do might shake a baby. I knew how easy it was to lose patience and even having the thought of hurting a child totally reiterated for me why I would never ever put my kids in day care.”

You can blame the media in part for parents’ beliefs that people can be cruel when it comes to children. Parents turn on Dateline and see nannies beating up on kids, or their father-in-law tells them about a movie where kids going to day care were in front of the TV for most of the day. Parents remember news stories about abuse cases -- a man who ran a child care center and took kids into a tunnel, for example. They have to know, they say, if providers are married because there are so many scary stories about men and children. Others feel they will worry regardless and don’t know if having heard of abuse had any effect on their child care choices. They filter what they see and hear, realizing that you are quick to hear about abuse by child care providers, babysitters, or parents; but never hear of excellent care.

Parents also struggle with what it means to have their young children exposed to children and adults who may have different values or backgrounds than their own. Some
parents think this is good and want their children to be exposed to all different social backgrounds and all sorts of people. They recognize kids will come into contact with other people, especially if they choose to send them to public schools. They value giving their children wide exposure to the world. They believe that it is an important life skill to learn how to deal with other people and that it is their job as parents to teach them what is acceptable or not and the social skills to handle these situations.

On the other hand, parents like Anna Birksohn take a different position, stating, “Up until about two their brains are just sponges... I am pretty specific about what I want my children exposed to. There are certain types of music, books, words, and attitudes. A lot of character building is going on and the rest of the world is not always a pleasant place to be. You know how cruel kids can be. I think there is so much time for them to get involved in the rest of the world.” They may feel embarrassed when they admit that they think maybe children who get subsidies will be sick or have lice. So for some families, sheltering their children is part of their child care decision. Parents also struggle with how much they can protect their children in child care settings. They might fear that if they try to say that they don’t want their kids hanging around certain kids, the school will react like they have a problem.160

Transitions and Uncertainty

Uncertainty is the name of the game for families of young children. For one parent this is experienced as ambivalence, for another it is self-criticism and doubt -- am I doing the right thing? Are things going to work out? Do I look for something else because I’m not sure if this is good enough or do I start over looking for child care
because two good friends have pulled their kids out of the center? For a parent with special needs children the uncertainty extends to the decision to put your child in child care: Do you choose not to work and do it all yourself? Is it better if I am the one caring for my special needs child or would it be better to have someone else? Will they work as hard with them?\textsuperscript{161}

Then there is the uncertainty that comes with the future: parents expecting another child wonder how will I be able to manage the baby’s needs and the toddler’s needs? I don’t know if staying at home will happen with the second. Or uncertainty over jobs and providers, “At some time my provider is going to go back to work, or I could get laid off. When she first took the boys she said she would like to do it on a trial basis. She said a while ago it was working out so I assume we are going to keep going. Right now I don’t count on anything lasting very long.” Parents don’t always know what will happen in the following year as their child is older or where they may be living.\textsuperscript{162}

Willa Parker summed it up, “Basically the whole child care thing has been a whole series of transitions which is really hard for my husband and I since we’re both type A personalities and we like to plan for things; but there has been a real need to be fluid as we learned transitioning. It seems like the decisions never end and every six months or so we need to reevaluate. I wish someone has told me at the beginning that these decisions would be recurring and that you have to plan for the worst possible situation, like when we hired the crazy nanny and had to get rid of her. Just having the feeling that things aren’t going well, being up at nights thinking about firing a nanny, and then giving them two weeks… and what makes it really hard is you have a relationship with them.”\textsuperscript{163}
Parents are also worried about instability. They say that even though everyone they know has bounced their kids around, they wonder if it is good for their child to be put in the hands of so many different people. Laurel Smith told me, “If we had gone to the new center that would have been now up to 5 caregivers. It’s bad enough that I’m working, but in trying to reach my ideal setting, how do I explain to a three year old “this is for your own good.” It doesn’t happen: children his age want stability and I was not providing that. I still think ‘oh my God,’ my kid has been at four places in four years, that is terrible!”\textsuperscript{164} And at the end, there is the feeling of uncertainty: Will my kids know how lucky they were? What will our child think of our decision? Hopefully they won’t remember the changes.\textsuperscript{165}

\textit{Capabilities}

Parents vary in their perception of their capabilities to make child care decisions. Some feel confident about their skills to find a preschool or day care; they may have worked in child care or had studied questions that local agencies recommend to ask when you are looking for child care. Others admit they were not knowledgeable about everything when making child care decisions. For instance, they didn’t know about licensing and that you could call to get a list of violations, the different educational approaches schools take, the questions to ask, or how to get references or find out about teachers’ backgrounds.

For some parents, they believe they had lower standards when first looking for care or they just didn’t have any experience looking for care, so like Kim Keller, they went out looking at child care centers to find, “I didn’t know, they said a typical meal is
an open faced cheese sandwich and crackers and frozen peas. But I never ate those things; I didn’t know if this is a good meal for a toddler. Now I know from experience that frozen peas are a staple of her diet, they are about the only green vegetable she eats. But basically I made judgments based on not knowing.”

Some parents, however, have grown secure in their capabilities. They tell me they just don’t feel stressed about these decisions, that they have really learned a lot and it’s put them in the position of an office manager. They had never done personnel and hiring before, but now it’s up to them.

*Availability of Care*

Laurel Smith came to me when they had just moved to town and were looking for a child care setting for their son and newborn. “As a family with two full-time working parents, I think this is a difficult child care market. To begin, there are just not a lot of child care options here. Every avenue I tried didn’t seem to work. It also seemed that every place I looked had no openings. It was really bad. Sometimes I would call places and ask if they had openings and I’d get a laugh. My problem was not just finding child care for my son but for both of them, with my daughter an infant. There’s a shortage of infant care -- a lot of places just don’t accept infants and then there are the waiting lists. Maybe it’s different in other places, more urban areas. There are a lot of pretty wealthy people here in Middletown.”

Willa Parker also had a problem finding care: “Mainstream child care centers -- no, they do not meet all parents’ work schedules. They basically meet the demands of the ‘9-5’ crowd. Most close by 6, some by 5:30 and that is not suited to a lot of work schedules. If you want to work part time, you can’t get a day care slot. And it is really
difficult finding a preschool that is full-time. Do you know of any? The hours don’t have a lot of flexibility. The preschool I looked at does offer an extended day from 9-4 but they have no extended pickup. I wanted a full-day Christian preschool and they aren’t out there.” “And,” she added, “when our children were younger, and we were living where we did, there were not a lot of options for child care. There were no centers and I only found one sitter. We were afraid we wouldn’t be able to find a nanny that would want to come out so far. We ran an ad for several months and only got about 5 responses. The hardest thing about that decision was probably the pool of applicants being so limited and making sure I made the right choice.”

There are also families that would like to have family and friends to help with child care but they aren’t available. In these cases I just listen, because maybe, as Kathy Davis told me, “I think this, in part, is a reason why people have to look outside and use child care providers they otherwise wouldn’t have -- because none of their family lives nearby.” Other families do have family and friends nearby, but those people may also be working or may not be willing to take on child care responsibilities. Parents understand that it takes a special grandparent to take care of a grandchild for forty hours a week. It comes down to the person, and not every grandparent has the patience. Or, parents believe that since they can afford to pay for child care, their parents are not as interested in assuming child care responsibilities. Additionally, some parents are reluctant to ask family or friends for help.

But not everyone has problems finding care: for some parents finding care is not difficult. They say there were enough choices for them and that they were able to find
suitable care. Some, though, are not basing these opinions on personal experience. Parents say there seems to be availability because agencies give you lists of providers or because they know of many providers. They may base their opinion on friends who lost child care and found a new provider. Parents qualify their statements by saying there are lots of preschools and more choices for older aged children, or if you search months in advance there are plenty of options, or that they had a broad range geographically. Others have family members around who are able to provide full-time or part-time child care, or know of babysitters who will work their schedule around the families’ needs.172

Roz agrees that there are issues with availability. “At our last child care quality meeting, Joan said there were forty-five requests for care in one month and she didn’t know of too many places with openings. I agree that you rarely find a center without a waiting list and that maybe because our community is growing fast, the supply of child care hasn’t kept up with the demand. Specific types of care are particularly difficult to find: part-time care for infants, infant care, and nontraditional hours. A lot of my clients work non-traditional hours like evenings and weekends. They don’t have the 8-5 jobs and centers aren’t much use for them. They don’t have maybe as many choices. I know of only two or three home providers who do twenty-four hour care, and one center that stays open from 6AM to 7PM. Plus my clients may also have a special needs child. I wonder why businesses and employers who have staff who work at night aren’t doing more to support child care. But I do see more programs being started and have heard some centers are starting to expand hours. I think this is a positive sign, although as soon as they open, they are filling up. But not all professionals are aware of availability
issues,” Roz said, “for some the clients they work with may not be looking at centers or
are using public preschools so preschool availability is not an issue.”

Getting In

Clients come see me when they don’t get into the child care setting they want. A
family came to me once and told me, “It’s not just about finding a good place for your
child, but it is also about how to get your child in. We had our plan but we didn’t get in
so what do you do then? It’s crazy. We thought it was a done deal, there was the 9
months of pregnancy and then I intended to take the full three months of maternity leave:
we had that period of time and were sure a space would come open.” The whole
process of spaces coming available is such an inexact science, parents complain, and they
are not clear how children are selected from waiting lists.

From what I’ve heard, waiting lists are not always straightforward. At employee-
sponsored centers, different employees may have priority. There is sometimes an outside
and an inside list where families enrolled at a center have dibs on a space with a second
child. If you work at a center you may move to the top of the list. The way that spaces
come open also differs, each year a new class may be started or when a child moves up to
another class a slot may come open. In one case a parent was told the center would
telephone and if you weren’t there they would go on to the next family. Parents describe
waiting lists of 72-180 children. They may ask a center director if there is any point on
staying on the waiting list. Sometimes they tell me, “We wondered if maybe we just
needed to write a check and slip it to the director.”
Some parents wonder if they didn’t get in a center because of their race. Other parents also suggest that centers may not have chosen them: a family with special needs is not sure if centers are willing to accommodate their child because of the questions they ask, or a family feels that because they weren’t able to afford a private preschool they weren’t given the time of day. Other parents comment that children who are not vaccinated, or those who have discipline problems aren’t allowed at some child care settings.

Traci Kidrich didn’t like how at the public preschool she was given a brochure about was listed as a program for low income families and kids with special needs. The wording said for parents with limited or low education and it made Traci feel like everyone there was a dummy. She went on to say that, “Because I was poor, I felt my caseworker didn’t think I deserved to have any criteria for child care. I felt she was judging me and maybe if I made more money I had the right -- maybe I didn’t have the right to so many choices. All along we are pointed to different places. You are not going to tell me that I have to go down this road just because I am black and low income.”

Kim Keller agreed that discrimination was largely due to money. “I should be willing to leave my son with a perfect stranger because I have no money and have to work? When I was trying to use a preschool again it occurred to me, oh I don’t have money so I don’t get time with my kids… I was just trying to figure it out.”

After I finished saying this Roz added, “I have always wondered about segregation in child care. My feeling is that centers tend to be more heterogeneous and family day care is more homogeneous. And discrimination, well, for a while we had
complaints that one center was subtly discouraging our clients. But, if they’re privately owned I’m not sure they can’t do this or if they actually have to accept kids with special needs. If you have a waiting list you can do what you want. Whenever we’ve checked into things we’ve heard, the centers say it was a misunderstanding. One of them stopped accepting subsidies: they said it was the payment system, but personally I think it’s an excuse. I don’t want parents to go to places they are made to feel subhuman.”

*Time*

So many parents are in crisis over child care. They are trying to find a space for two children in a short time. They say last-minute child care is the hardest to find and it’s almost impossible to have back-up plans. “I think professionals do know that finding child care takes time and parents are busy,” Roz says. “I think, though, that some of the difficulty for my clients is the nature of jobs they are in. They may apply today and the employer wants them to start tomorrow: they don’t have two weeks to set up child care because the employers are desperate.”

*Employment Opportunities, Cost of Living and Affording Care*

Other challenges are the type of jobs and closely related salaries, cost of living and affordability of child care. Parents will tell me there is less job flexibility in Middletown and the hours are more traditional. Roz jumped in, “Yes, for my clients the jobs make it hard to find child care. There are only a few jobs that have flexibility, stability, and pay a higher rate and they really seem to make a difference. Salaries are not keeping up at the same rate that child care costs are going up and even with a living wage, if you have two children it will take all the money you make to pay for their child
care.” The number of low wage jobs coming in is also felt by parents, I told her. When Traci Kidrich got laid off from her job at a utilities company she said nothing else was out there like the $19 an hour she was making. Other parents tell me that it seems like you need two salaries to live a middle class existence.

How this affects child care is that parents find child care to be expensive and that the cost of living and employment market are real constraints. They realize that their day care options are limited unless you have a relatively high income: for those with no money, all their choices are cut off. They say it is a catch-22: they want good child care but can’t afford it. Traci even told me she knew young women who placed their children in foster care because they couldn’t afford care for them.181

“Yes,” said Roz, “The parents who are above our agency’s income threshold, I can’t imagine how they are affording child care -- it’s easy to understand how someone might leave a four year old with a ten- or eleven-year old sibling over the summer since otherwise they can’t pay their rent. Only the elite can afford the $200 a week for infant care that one of the local centers charges. Some care is only for families where both parents have good paying jobs. Even unregulated providers may be only $100 off the cost and that is not a big difference.”182

Quality of Care

Some parents will say they can’t comment on all the quality in the area. But others will say that there is not enough quality care for as big an area as Middletown is: there are no stand-out excellent places for infants and there are a limited number of centers that meet accreditation standards, which they believe are related to quality.
Parents may comment on specific centers that have "issues" or believe that in-home care tends to be of lower quality, or wish there were more schools that were child-appropriate. They also report they know providers who are doing child care just for a check and don't take any time with the children. More quality in any form or fashion would be welcome by parents. On the other hand, some parents believe that most preschools are good, there are a couple of wonderful centers, and that there are good people out there who are willing to take care of children and the notion that there is not good care is a misconception. Furthermore, parents say the one employee-sponsored child care center in town is such good quality that you never hear any complaints and people don't want to leave their job because of the day care. 183

Roz noted, "The belief among professionals is quality can be found across the board in the community. Even in home care and public centers or centers serving more subsidized clients, you can find people who will nurture your child and communicate well. Just because a place may get rated low in provider education or environment does not mean it can't still be a quality setting. Of course, employee sponsored centers are regarded well in the entire region. But, it's not the truth that quality care is available at all costs and it would be wrong to say there is no correlation between cost and quality.

A reason there is some quality at all levels of cost is largely due to either centers or individual providers subsidizing the cost of care. It is not always the highest cost choice that reflects the quality of care, despite what some parents think. You can find caregivers charging below market rates or working at lower cost centers because they see it as a calling; however, this gets into other equity issues about who is providing care. I
think there are different levels of quality for different populations. There are a limited
numbers of accredited centers but there is lots of care around the edges of accreditation.
Plus, my friend Naomi is concerned that some places may look beautiful, but they really
aren't and parents may be marketed a substandard product. She says there are centers
having difficulties in Middletown, especially those serving lower socio-economic
families, as well as family day homes in more rural areas. We are all concerned, like the
parents, about providers who are in it for the money and not because they love kids.\textsuperscript{184}

\textit{And, I told Roz, one of the biggest challenges seems to be there that is not even
consensus on what quality is. Remember when I went to that child care quality meeting
with you?} One of the members said that when you are talking about quality you have to
be aware of imposing a set of values and that it all depends on your standard. He said,
"Parenting values are significantly different so some parents may be happy with care that
isn't considered 'quality' but it fits their values and home environment better." Also, the
researcher from the university pointed out that studies have shown small percentages of
child care is actually "quality" but parents consider their care good and need to believe
that psychologically. Some research shows that more training and education is related to
improvements in "quality." Other professionals at the meeting claimed that quality was
related to other things and you couldn't judge it until you visited and thought about how
the provider fits with the parent and child. They said a good setting is child dependent:
even with the best provider training you will still have kids who don't connect with a
teacher. Plus, you can't say all unregulated care is not good quality.\textsuperscript{185}
“There are two systems of unregulated care, one that is high quality serving a specific set of parents, who get all their business through word of mouth, and another providing really low cost care to another set of parents. We do have regulated care in Middletown, but there are some counties in the state and communities, like the Mennonites, that have no regulated care.”

“The supply of child care is so hard to tell,” Roz says. “We really don’t know what is out there because unregulated care, it’s like catching a cloud. We only keep track of voluntarily registered, licensed, and religiously exempt child care facilities. I can tell you that there are 347,240 licensed child care slots in the state, but that is all.” “And,” added Roz, “there is a lot of unregulated, but approved care for the subsidy clients. We know that in the city there are more who use unregulated care, because of the proximity of kids to neighbors but it may also be an education or a resource issue. As agencies, we don’t make substantial changes in increasing the supply of quality child care. We can only encourage people to apply for a license or to be voluntarily registered and we try to make licensed and registered homes as good as they can be with regulation and training.”

“As for the church exempt facilities, my friend Naomi says they are notoriously lax and they can’t do a thing about it; they are totally off limits. In addition to legally unregulated homes, you have unlicensed homes. In this area, she says, we need to address immigrants and child care because they keep to themselves and under the radar. There was a provider she told me about, unlicensed, who was keeping children and one infant died. It was called a SIDS death but it was probably alcohol poisoning. Kids are
vulnerable in these situations, and trying to regulate unlicensed care is difficult.”

188 Naomi also says that getting unlicensed care licensed is sometimes challenging. For instance martial arts clubs try to claim they are a 'come and go' exemption meaning that the children are free to come and leave without supervision. This is meant for true drop-in programs like an apartment complex with a center. They also fight hard to get boys’ and girls’ clubs licensed. It’s ridiculous, but truthfully it’s political: there was a judge who sent the licensing commissioner a letter that basically said to leave these people alone or you will lose more child support cases.”189

   It started raining then, so even though we hadn't finished we both rushed to our cars. While I was driving home, the dismal weather matched my dismal thoughts. If parents face challenges with the supply of affordable, available, quality care and professionals agree that there are shortages, then, some parents don't seem to have any chance at all to get what they ideally want.

   Decision Making

   “What do you think parents are basing their decisions on?” Roz asked me on our next walk. “A lot of times it seems their decisions are based on emotions at the spur of the moment and aren’t thought through. We try to work with them not to make a decision based solely on who is available or close by. When they go to centers, I think they are judging much more on what the facility looks like and their first impression of the staff -- which may or may not be connected to quality. You know that some of these centers have directors that are very salesman-like, and I worry. I think as long as it works and the kids are treated OK -- that is the level they are looking for, unaware that there
could be a risk for their children. And cost is a big driver for people’s decisions; they go with the place which is less money or where they won’t have to pay anything with their subsidy.” 190

“On the other hand,” she said, “we do have parents who choose a provider they won’t be able to afford in the future, when they have a co-pay or when their TANF closes. It’s too confusing and we try to explain this to them; but they are not thinking about someone they can afford in the future, they are thinking about right now. They can’t see that cost doesn’t necessarily mean quality. They would rather have their child at a center for 3 months than no time at all to give them what they feel they haven’t been able to give.” 191

I asked Roz if we were just talking here about your subsidized clients, but she replied, “Not exactly. Of course the cost issue may be more pressing for them, but parents need to be smarter across education and income levels. Sometimes I wonder if parents have a real understanding of what is best for their kids and even if they are involved enough in their child’s life. Some parents could use help with their level of understanding of what’s important in choosing child care. What they really need is to see the interaction between the provider and child and to be conscious if the provider is attentive to the children and interacting as much as possible.” 192

_Do you think parents are dumb? I had to ask._ “Of course not,” she said, “it’s a couple of things. First, parents really don’t know that much about child development. It’s only been about twelve years that we’ve started to publicly discuss brain development and research in the early years. Second, it’s tough for parents to judge provider and child
interaction from a single visit. It's hard to rate warmth and sensitivity, things that are not concrete." So do you think parents care about whether a place is good or not? I asked her. "Well, yes I do, and every now and then I'll have a parent who says 'I interviewed a provider and I didn't feel good,' they will say. And I say to go with your gut feeling. And Naomi says that she believes when parents find out there are founded complaints they are thinking there must be something wrong at the facility. So there are moments..."^193

"But," Roz said, "Naomi has also asked me why more parents aren't concerned with regulation. She has seen facilities that are unlicensed where convicted drug felons are working with school age kids and unqualified people giving out medications or treating children without permission. Some care that is not regulated really concerns licensing inspectors for the safety of the children. These programs know no one is looking over their shoulder and there is too much opportunity for things to get lax."^194

I think I know what is bothering you, Roz, I said. I want an answer to this question also. I often wonder which is driving a decision more — the parent's idea that the care is good, or the pragmatics, that the care fits what the family needs in terms of cost, hours, and convenience. Are they reviewing their options thoughtfully? And parents do have different decision making styles that may mean they are more or less logical. I still don't know, I told her, but I can tell you I think every family is trying to make the best decision.

Assessing Dimensions

I described to Roz a friend of Traci's, another hairdresser I met while Traci was doing my hair. This mother had a friend who was starting an in-home day care and she
said she liked her because she had run an after school program at a Montessori school before and had two kids of her own who were very loving and nurturing. She liked seeing the provider with her own children and the fact that she was so close meant that the parent could bike there. Plus the provider was willing to go through the hoops for social services. She charged more but was willing to exchange hair cuts for the difference. Then I went on to explain the other dimensions I saw parents looking at.

*Setting*

For some parents, they assess a setting positively because it is their preference: family oriented care, exchanging care with friends, or a co-op. Parents also assess the director, and her leadership, as well as the association of the setting with an institution. They assess the values of the child care provider or setting to determine if the philosophy is close to the parents own philosophy of raising kids, the approach to discipline, and if the setting is child oriented. There is also education: does the setting have a preschool program or a curriculum for older children? Parents are also assessing when they believe values are inappropriately introduced in a setting. Blanca Garcia didn’t like one preschool that claimed to be non-denominational, but only served specific types of food based on their faith. She didn’t believe those specific values should be emphasized.

Safety is also assessed to see if a setting is attentive to security issues. At a home daycare setting, parents assess if there are guns around in the house and if all the adults are safe. Traci Kidrich wanted to know all about the adults at her provider’s home, telling me, “You know, not just the babysitter, but if the babysitter is married and has other adults in her life, has a boyfriend...” Parents look at the setting’s written policies
and hours and whether there is sick care. Parents also base their decision on whether a setting is licensed or accredited. They assess past regulation violations to see if they are major or not. 198

Laurel Smith told me that their decision basically came down to three things, the first of which was the environment of the day care. "I was very comfortable with her home set-up; she showed me where they ate and rested; she has a living room and a kitchen and a playroom that is solely for the day care children. The other rooms are part of her house. She had a table set up, had some music for the babies some, had a hand washing thing, like a Germ-Ex dispenser all set up for the kids. She wasn’t in a glamorous house, that’s not important to me, but I liked her house and it was impeccably clean. I liked the environment more than the environment in day care centers, it was warmer, it didn’t have hard, tile floors. My view of the day care centers I visited was that they were institutional. I guess it was more of a gut feeling, but the day care centers reminded me of a nursing home. They were smelly with sort of that urine and sanitary smell. When I was growing up I remember I hated visiting family members in nursing homes..." 199

Other parents tell me they like an environment because it is modern, clean, not dark; has new toys and supplies such as a good craft area; or the physical property is nice for playing. They might like it if siblings can be in separate classrooms or can see each other during the day. They tell me they like a good vibe, people with smiles on their faces, places that didn’t smell like dirty diapers, places where artwork was on the walls
and the children looked happy. The environments leave varying impressions which parents can only describe as vibes or gut feelings.\textsuperscript{200}

Blanca Garcia describes one visit to a child care setting: “I met another mother who had a daughter close to my daughter’s age and she was taking her child to a family provider. I went and checked out the home. I remember there was an enormous TV that was on. It may have been Nick, Jr., but we are not big TV people; all the kids were under three and the TV was just on in the background. For lunch they had Domino’s pizza. There were also lots of animals running around and it turns out one was a stray. This sort of turned us off to home providers.”\textsuperscript{201}

Does a setting have a lot going on? Are there interesting things for the kids to get engaged in? It’s exciting for parents to see all the things their children will be doing and not so exciting when they see kids in playpens with the TV on and bottles. Parents agree kids need outside time. “Especially because we live on the third floor,” says Kim Keller. Language immersion is exciting for some parents and yoga classes are exciting for others who are doing yoga themselves.\textsuperscript{202} Parents find it amazing how providers get all the kids in their care on a schedule. They appreciate the same structure every day and tell me that kids love routine. They look at the amount of television and are attentive to meals: are they nutritious? Will they work for a child’s food allergies?\textsuperscript{203}

\textit{Staff}

Parents also comment on the ratio of adults to children in care. Parents are comfortable with different ratios: one adult to two infants, one adult to five children (some part-time). At other times they feel there are too many kids, “It is like a day care,”
they may say, "how do two people taking care of eight babies deal with it over a long 
period of time."204

Parents comment on staff turnover. They have reservations about settings where 
turnover seems high or they doubt staff commitment to being long term caregivers.
Parents say stability is key. They enjoy settings where substitutes are limited and the 
child is familiar with caregivers. Lastly, parents are concerned about the number of 
transitions their child would make during the day and some felt that beyond a 
coordination nightmare, having two sets of people with different rules was expecting a lot 
from their child.205

Parents think that for any child care situation the people are a factor, the staff that 
is working with your child. Parents describe staff as "fantastic," "amazing," and
"outstanding." Liking the staff at a setting is often the basis for decisions: both choosing
and remaining at a setting. Parents look for staff members who want to be there, who
love to take care of kids and have chosen to work in child care. They look for staff
members who are gentle, loving, kind, and attentive in their interactions with children. A
provider’s speaking tone with children and how they talk and relate to children can be a
decisive factor in a parent’s decision. Willa Parker tells of visiting one center, “I
would’ve quit my job before I left my child there, there was a child lying on the floor
crying. He was three months old and one of the staff said, ‘oh, he is always crying to be
picked up’ and I thought 'pick him up. He is three months old!’”206

Parents want to be comfortable with the people taking care of their children: if 
they are happy with them, they are happy with the setting. Feeling you can trust a
provider, knowing a provider, feeling a provider is friendly and nice and someone you'd like to hang out with and form a partnership with, seeing a willingness to communicate and work together are important to parents. Unfortunately, though, some parents believe that no matter how nice the staff is they are still strangers and this leaves parents to assess staff knowing that relationships and trust will have to be built. 207

Finally, parents are looking at providers' experience. For some parents, experience means that providers have raised their own kids or have worked in child care settings. For Anna Birksohn this means, "A provider who has kids, a parent looks at them to see how well behaved they are. Are the kids nice? If they are older are they into sports and positive things? Parents like this." On the other hand, some parents feel that kind of assessment is a mistake and just because a provider raised her children well doesn't mean that she will raise other children well. Some are looking for life experience and maturity and do not want young providers. Others see youth as favorable. Provider training and education are also assessed: some parents express peace of mind with providers who are teachers or have degrees in early childhood education. Sometimes education means that a provider is open to children with special needs or would be better for preschoolers. 208

Parents also comment favorably on personal attributes of providers: "She stays at home and doesn't work." "She was a shamanist." "She was very granola-ey." "She was a cool mom -- adventurous and outgoing." "She was diverse, from a middle eastern country." "She wasn't crazy." The downside of choosing a center based on a provider is
that each age group has a different provider in charge. In some cases there can be two classrooms; one has a great set of teachers and the other is not so great.209

Others in care

Parents also look at the other children in care; they want to know who the other children are, if they have similar ages or interests, and how much time they will be together. They assess the behavior of the other children in care. This may become a part of their decision, as Laurel Smith admitted, “One thing I did see though at the center, for example, there was one little boy who caused a lot of problems. The quality of the people and kids was not the same… that seems an awful way to say it. I would ask about diversity and whether the center took subsidies. I thought that was a good thing and then in reality when you see the JAUNT bus (transporting children receiving subsidies) and kids get off with runny noses, there are things that come with it that I didn’t like and this made me feel yucky.” Other parents wonder why it matters when they hear friends comment that day care centers seem geared to low-income families.210

Availability, Convenience & Cost

Then there are the constraints as some parents call them: availability, cost and convenience. For some parents, their first priority is availability. When they find an open spot at a center or a provider that says the schedule they need works that is where they end up. Providers or centers who don’t return phone calls get taken off of parents’ lists.211 As Laurel Smith described it, “It also depends on who has availability and how desperate you are to find child care. In one situation I was 1) desperate for some child
care; 2) had no time to check into more child care; 3) saw another family there I really thought I'd like. So I ended up putting my son there.”

Some parents tell me they can't justify going out of their way for child care so need to find a setting that is either close to work (theirs or another family member's) or is close to their home. A decision is made because it means all of their kids go to the same place. Others determine that leaving the house at 7AM in the morning with a child and newborn would not work for their family.

For some parents finances are not an issue or worry and when they go looking they aren't looking at price. These parents realize, however, that under different circumstances cost would be an issue. Some choices are driven by where a parent can afford as opposed to where is the best place for their child. Cost is one reason parents give for choosing a setting. Parents admit cheaper child care is sometimes chosen: if they could afford to go to a different place they would have chosen it. More often, parents discount using a nanny, center, or preschool from the beginning because they cannot afford the rates for their child or for two children when another comes along.

Conversely, having a good salary means that they can consider different settings. Some parents come to me with a rough price range or they know exactly how much they can afford to spend on child care. For others their goal is just to break even with earnings from a part-time job. They realize that the more money they spend does not always mean the better services they get. Some parents say, “I will pay what it takes.” They do this for their jobs, the safety of their children, for convenience, and for control. These parents would rather spend money on a more expensive child care option because, as Kim Keller
reminded me, "You get what you pay for. That is one of the things, especially at one place I visited, it was a cheap place and why? Because they weren't hiring good teachers."\textsuperscript{215}

I think parents are looking at a lot of the aspects the blue book you give them mentions\textsuperscript{216}, I told Roz. The other things they look at that don't seem to be covered are convenience, availability, and other children and families at the setting. I also felt that Laurel Smith made a good point that for some decisions the circumstances are not ideal. Like we talked about before, a sudden job change or loss of child care provider is a different set of circumstances than looking several months in advance.

Approaching Decisions

When you ask parents how they make their decisions, they might say that they make them based on logic, emotions or a combination. Some parents say their decisions are not whimsical but are reasonably logical and researched. They are looking for quality, and they know what they can live with or not. Financial logic also plays into decisions, although, some parents admit, "If it was logical I'd be working to pay off our bills."

Others will say their decision is more emotional because it is based on their child's needs and what is best for their child. Parents describe how they make decisions based on what makes them comfortable, their gut feelings, their first impression and the feeling they get when they walk in the door. As Laurel Smith told me, "A first reaction often makes it or breaks it for me. I know as soon as I walk in if this is the place. But if it's an uneasy feeling around a certain person you kind of have to go with it."\textsuperscript{217}
Other parents have a more philosophical approach to decision making. When the Rothbergs discussed how they made their decision, they told me that it all came back to their understanding of life and reality and the impact an individual can have. They look at a situation and decide where they want to go and what needs to be done to get there. They believe that you have to have your own experience and choose something, not because it’s normal, but because it’s congruent with whom you want to be in all areas of your life.\textsuperscript{218}

But not every family may take this approach. Some don’t feel like they are making a decision but are going with the flow of it all. When Kathy Davis described her choice to use family care, she said, “They took care of another grandchild, the decision was known and it really wasn’t a decision.”\textsuperscript{219} Parents, like Kathy Davis, tell me some decisions are easy. Some parents step out on faith, make a decision and ask for an application. They say the decision was a no-brainer.\textsuperscript{220}

\textit{Planning Ahead}

Roz added, “It seems like it’s hard to get our clients to plan, and they won’t access any information until it hits them in the face: the need to make a choice. A lot of people who come to us their lives are chaotic. I’m not judging them for living in the moment; but with child care they could avoid more problems in the future if they did more planning.” I asked her if she thought it was families who apply for subsidies who had this issue. She said she didn’t know; that at times it seemed a class difference but maybe it was a personality difference.\textsuperscript{221}
I told her I had met with parents who began thinking about child care before they had children. Some parents start looking at child care well in advance of their need: before they move to a new area or when they first find out they are pregnant. Parents know they need to start early and apply to settings early, from talking with other parents. They may take several months looking for child care.²²² But not every parent chooses to start early. Some wait until they know they need child care. Willa Parker didn’t start looking until later, stating, “it wasn’t until I was about 6-7 months pregnant that we started advertising. I was just like that. I didn’t want to go setting up the baby room right away.”²²³

Laurel Smith told me about a coworker of hers who “peed on a stick and the next day went and got on the waiting list at the center.” Some parents’ plans also include waiting lists. They get on waiting lists at lots of places; they put their children on waiting lists when their baby is born, even though they are told it might be two years before they would get into the center. Some parents regret they did not look at other centers and get on their waiting lists. Other parents tell me they have done “parallel paths,” looking for child care alternatives while on a waiting list, knowing they will need something else for awhile until their child gets into a center.²²⁴

**Luck**

Parents also talk about the role of luck in finding child care, being at the right place at the right time, being lucky child care was available to them, and finding that timing is everything. Other parents talk about the role of serendipity, God and fortune in selecting child care.²²⁵ Willa Parker described her selection of child care, “But then the
center, which I truly believe was a godsend, they were moving from one area of town to another, closer to the downtown, do you know the area? Well I guess some people had reservations with the area. We were coming from a city and it wasn’t an issue.\textsuperscript{226}

\textit{Keeping Expectations High}

\textit{It may be personality but it also seems to be about resources and options.} I have some parents and they tell me point blank, “I won’t compromise on my standards. I’m not going to put them in any place, not going to stick them somewhere. I don’t feel like I have to settle, if I had any concerns, I wouldn’t settle, I have the choice, we won’t go if it’s not going well for our child.” Some parents will go somewhere else or pay more to find a place they feel is safe -- or they may decide to take more time off, take leave, or not work and stay home.\textsuperscript{227} Others, though, are not as confident and come to me saying, “I am striving for a higher goal. I don’t want to feel like I have to settle again. I want to have the best finances to get the best child care, and in the meantime I’m going try to get the best, even if I get turned down. I want to keep my expectations high. But finding the right person is a tall order and I have to find a place for my child, so I know I have to be open-minded.”\textsuperscript{228}

Some admit the decisions they make are not the ideal, not exactly what they planned, or not what they would have preferred. I get the feeling most parents are trying for the best care, but at times they realize they may have to dump their kids into day care or rush into making a decision because of a job, family situation, or cost. Even if a child care setting is a last resource or not what they wanted a parent may feel they have no option but to choose them.\textsuperscript{229} As Traci Kidrich described to me, “I wasn’t too confident
with her but sometimes you’ve gotta do what you’ve gotta do. You’re gonna have to settle. When you do not have time to really look, sometimes you just have to put them somewhere. And in a country where the working mentality is not at all sympathetic to the raising of a younger generation, what else can a parent do, you know? 230 For some parents, settling means acknowledging that it will never be them taking care of their children, or the perfect person or school may not be out there. For others it means sacrificing happiness. 231

At this point I had to mention something to Roz: you know what this means. Some parents who have options can boycott child care if they don’t find something that meets their expectation. 232 For others, their circumstances, especially time and money, may make them feel they have to settle.

Collecting Information

The next week, Roz called me up at work. She sounded pretty upset, “I don’t think my clients know it is their right to ask questions when they visit a provider. So many kids have asthma and they don’t even ask if the provider smokes, or to see where the kids are going to be during the day, where they will eat, sleep, or play. I don’t think they check if the provider is licensed or not. We give them pamphlets but I don’t think they read them.” 233 It seemed like Roz was concerned that parents weren’t getting enough information to make their child care decisions. I was surprised since parents I spoke with usually collected information from a variety of formal and informal sources. So, on our next walk we talked about collecting information.
You’ll feel better when you hear what Traci Kidrich told me a few weeks ago, I said to Roz. She said, “I don’t care who you are I’m going to check you out. As moms there are just certain things that we have to scope out.” Some parents admit they haven’t read books about quality child care but have a sense of what is good quality stimulation. Others have read the "blue brochure" about assessing quality care, while others have used forms from other agencies, used friends’ research, or had a nanny service filter resumes and do reference checks for them.

**Information from Providers**

Parents visit prospective child care settings; that is how they will know if a setting is right. For some, the visits can be upsetting and others are impressed. Parents believe they should be given the opportunity to visit classrooms, to see how they are doing things, to meet the teachers, and to inspect the facility. They call and schedule an appointment. They may go alone, bring their child to the visit, or a spouse may take time off to visit a setting they have a good feeling about. For some, they are able to "try" a day care center by using an evening camp so parents can go out. Although most parents visit settings before making a decision, one parent did commit to a place she had never looked at. She said it was scary doing this. Kim Keller, who is preparing to send a child to kindergarten, encountered some difficulty visiting the public school with her daughter. She went anyway despite the staff telling her it wasn’t necessary and they would have an orientation.

Parents also interview providers. Sometime it only takes a phone call — a mother hears the TV blaring and asks how long the kids go outside. Laurel Smith met their i-
home provider at a coffee place and their kids met also. “It was casual,” she said, “I didn’t come with prepared questions or anything. I talked with her about my plan with work and then asked her some questions. We talked about basic discipline and the hours.” Others come with a full set of questions or use an interview guide found on a Web site. They ask about experience with children, CPR, First Aid, background experience, and also if there would be other adults in the house. At some child care settings the tables are flipped and parents and child are interviewed.

Parents vary in the number of places they visit: some look around a lot, visiting from three to six settings and interviewing multiple providers. Some may contact several places but only visit one. Some mention they could have visited more settings if they had known about them.

On their visits, parents watch and observe providers interacting with, dealing with and caring for children. Traci Kidrich told me, “I liked to watch her interact with the kids: play with them, discipline them. I went with my sister to check her out, sort of undercover. She didn’t know I was looking for a place for my kids but right away I pulled (drew) her out...saw what she was like.” Other parents pay attention to how their child is treated by the provider. They may hand their child over to the provider. They pay attention to the child’s reaction and whether they seem to like the place. Parents say it is easier finding child care with older children who can communicate a little more.
Using Networks

Then there are the informal sources of information parents use: their friendship networks; other student families; ladies they go to church with; someone they know who works at a preschool; neighbors; people at work; parents at their birthing class, swim class, or park; the directors at centers where they are on a waiting list at. Kathy Davis told me, “The big thing is word of mouth. I tell people who ask me about child care this: tell everyone you know you are looking for child care. I bet that 75% or more of women find child care that way, very informally, through networking. I have a nurse friend who works with migrant families, so she asked folks from that community, thinking maybe someone would come to her home to take care of her kids. You never know. And then my office mate called a friend who worked a similar schedule. Her friend gave her the name of a provider she had used for a couple of years. When she called the provider had no space, but the provider had a friend who maybe had a space.”

Sometimes, I tell parents, you might even create a child care option by asking. When Willa Parker was in between nannies she talked to a colleague of her husband’s, another doctor who knew a woman who was thinking about having one child to care for. The woman didn’t advertise because she wanted to be selective about the child she cared for. Other parents may notice a center from the road and go find out about it. But not everybody uses word of mouth.

Checking references is another tool parents use to get information for making decisions. They rely on references provided by the provider, and judge both the quality of the reference as well as the person giving it. Parents rely on recommendations from
their friends and coworkers. They may talk to their friends about their day care experiences and visit places based on friends’ recommendations. The degree of sophistication of these reports from friends and coworkers varies. One family I spoke with used a list from a friend who was “all about child development.” It was easy for them to take her research and go from there. Parents report that they consider or choose a child care setting because someone at work or a friend used the setting. Reputation also plays a part. Parents make decisions based on what they hear about a setting, how long it has been around, and the reputation of the director. When parents hear negative things about child care settings, such as safety incidents, they may not look at a setting. On the other hand, the absence of negative comments can be a way to judge a setting. As Kathy Davis reported, “It’s sort of like adoption agencies, if you don’t hear anything bad you feel you can go ahead and use them.”

Formal Resources

As far as agencies, parents have contacted the regional licensing division, the local resource and referral (R&R) agency, and those agencies that provide subsidies. From these agencies they have received lists of registered home day cares and licensed settings. One parent I’ve talked with had access to a book from the local R&R. Another worked with a child care educator who was helpful. When Traci Kidrich got laid off from her job they had all the local social services come in and talk to employees about their services.

Parents also use private agencies. Before Willa Parker moved here, the company she had worked for did a child care search and provided a list of day cares available in the
community that met her needs. Parents have used nanny services that provide access to
resumes. Another private agency in town provides a babysitter list that parents can
access. Or parents call centers or facilities directly to get information.\textsuperscript{247}

Many of the parents I work with are using the internet to get information, but
some say they don’t find much. Those who go to the community internet server have
found listings on local child care agencies and the child care lists they provide. Kathy
Davis, who works at a library, told me, “You’d be surprised how many people are asking
to find out about child care at the library, so I have seen the lists online.”\textsuperscript{248} There are
also online parenting sites that parents use to ask other parents for leads. One parent’s
coworker told her to look at the state DSS child care site. Others use the phone book to
find child care options or the local family magazine, which publishes a resource guide.
Parents might also advertise to find a child care provider or put up postings on
community bulletin boards.\textsuperscript{249}

\textit{Getting Financial Assistance}

Parents use subsidies or scholarships to help with child care. They may use them
to pay a portion of the cost of relative, center or home provider care, with the parent
paying the rest.\textsuperscript{250} Anna Birksohn told me about some good friends, also students, who
took out loans specifically to pay for day care. They knew they needed financial help and
even though they were hesitant to spend money they didn’t have, they had to get money
to do it, so they took out student loans for the first time. Originally their parents were
going to give them stock to sell, but since the interest on the loans was less than what the
stock was earning they took out the loans.\textsuperscript{251} Another way parents afford child care is to
cut back -- they make a conscious decision to drive an older car. They say they won’t be rich but they have what they need.²⁵²

Parents might rely on public assistance for health care or food or rely on family for free child care or rent.²⁵³ Parents think about how relieved they will be when a child starts kindergarten. They may consider getting a second job, public assistance, living with their mother to afford child care. Kim Keller told me one day, “Well this really isn’t on topic, but someday I think some rich man will want to marry me and I can home school all my kids.”²⁵⁴

To afford child care parents may work with social services so they can get a few more months of subsidized care or keep their child at home if they can’t afford a preschool.²⁵⁵ Roz said, “Yes, we have parents who quit their job or reduce their hours so they remain eligible for the income level the subsidy serves. For clients to be successful affording child care, they have to have only one or two kids, work the system, or have help from the outside. Even one client who got an education and good job was having difficulty on a high salary budgeting for child care.”²⁵⁶

*Agency Resources*

*Description*

Roz said, “I guess I also feel parents don’t always use the resources available. Some of my clients are reluctant to call and get the referrals for voluntarily registered family day care homes. My friend Naomi says that it may be weeks or a month before she gets a call from a parent and she’d like to see more parents contacting her to talk about facilities.”²⁵⁷ *I told her I wasn’t sure I knew about everything agency resources*
had to offer so maybe she could tell me more. So, we decided to spend our next walk
talking about what resources parents used.

Information and Referral

"The first thing important to understand is state and federal policy which says that
all publicly funded agencies are highly regulated in what information they give parents.
Federal policy is clear about parental choice. Agencies are not to make choices for
parents; localities are not allowed to make local policy to inhibit parental choice. This
means parents need to read the information and make up their own mind. Agencies can
give parents accurate data on regulated providers, educate parents about selecting quality
care, and let them hear the regulations. But when we are referring, we always need to
give them more than one option and never make the choice for them," Roz said.

"The statewide resource and referral network has established one agency as the
resource and referral agency for the geographic region. This agency receives funding
from the state through the statewide resource and referral contract and is doing the
tracking of parents' need for referrals. For some agencies, like mine, mainly involved in
providing subsidies, this means we are minimally involved in education and referral for
child care providers. We simply refer folks to the community R&R. Another source of
referrals is the regional licensing office, but they also try to keep their focus on licensing
rather than R&R. Also our local policy has established that we do not refer to
unregulated providers, whereas some regions in the state do."258

"Now in practice how much an agency educates a parent depends on how much a
parent is open to discussion, but helping parents is part of what we all do. For instance
we may be able to guess how big a factor cost is for their decision and be able to give
them guidance on what options are available. When I talk with parents I encourage them
to think about what type of care setting they are interested in. Once they get referrals, I
encourage them to visit different providers, look around the facility, and see how
providers interact with the children. I tell them to see if they like the setting and to use
their intuition; pay attention to it. There are so many things parents can look for. They
can see how a child gets treated -- are they (sic) ordered around for everything, or is it
positive, are they redirected? We tell them about red flags such as a lot of people
hanging out at the provider’s home or not having access during the day to the provider. I
tell them to ask for references. We also give out pamphlets, the state one on ‘Choosing
Quality Child Care’ and some new ones in both Spanish and English that we just got at a
conference.”

“Now I imagine if they talk with the regional licensing agency they will tell
parents to look for licenses posted on walls and the most recent inspection findings. They
would probably tell parents to look at the history and types of violations and to call
inspectors who have been in facilities. There is also a video in the community, it follows
the blue pamphlet and shows some really good examples of ‘quality care’ in our
community. I know we show it in our waiting room. Joan, from the local R&R, goes out
and does some community trainings using the video.”

“I’m not sure the extent of education that happens at the local R&R,” Roz said, so
I jumped in. Well, my understanding, from talking to Joan, is that if one of my parents
calls the local R&R they will take information from the parent and generate a list of
providers based on the family's address and needs. They may even sit down with a parent, like one who has special needs, to talk about what they need. With some parents they help them make calls to see what options are available. "Good," said Roz, "sometimes in follow-up contacts with our subsidy clients we may refer them to specific providers. Lately we have gotten a grant, a golden opportunity, to fund a woman who can help some of our clients get referrals from a broad geographic region. The idea is to help specific clients who are burning through child care providers. If we can encourage them to be more thoughtful at the front end maybe there won't be as much turmoil."260

Subsidies

"Then there are also child care subsidies designed to help parents afford child care," Roz added. "There are two agencies that provide subsidies, but as of 2005, they have the same eligibility and income guidelines and share the same waiting list. To receive a scholarship, families are screened, fill out an application and come in for an interview with income documentation. With DSS you can come into the child care system through the welfare system. When you are receiving welfare (TANF) you are required to enter work when a child is eighteen months. At first, you have no child care co-payment. Later, you move to a transitional year in which you have a co-pay of 10% of your income. There is also the fee child care, which has the same 10% income co-pay. You don't need to come through the welfare system to receive this subsidy. It is available to anyone meeting the income guidelines as long as there is money. The co-pay has nothing to do with the amount of child care you are using: it is solely based on the parents' income. DSS clients are given 45 days to process their child care application
after they begin work but they can also apply for day care prior to getting a job. If a
person decides to choose an unregulated provider they need to be approved for payment
through DSS. At this point our walk ended so we decided to continue the next week. I
told Roz I was learning a lot.

Licensing and Regulation

On our next walk, Roz had a surprise for me. “Kate, she said, “This is my friend
Naomi, who is an inspector for our region. I brought her to help make sure you know
everything about licensing and regulation. Plus, she’s been talking about getting a dog
so I thought she could walk Dave or Sunshine.”

Roz started, “Licensing can help people to distinguish regulated from unregulated
care and can give information on monitoring inspections at facilities. There are three
types of regulated care: licensed centers, licensed family day homes and voluntarily
registered providers of home child care. All licensed care requires every adult to have a
background check. Licensed family day care providers also have to have CPR training
and 8 hours of other training. All licensed facilities must post their licenses, and centers
also have to post the regional licensing office’s phone number. Plus, for parents using
subsidies, there is approved care. This means everyone in the home 18 or older has to
have a background check with no barrier crimes, a CPS check and a TB test with no
findings.”

“OK, Naomi,” Roz said “It’s your turn to talk about monitoring.” Naomi started,
“Licensed facilities are visited twice each year by inspectors one visit is announced and
one is unannounced. We go into the field with tablets and the information we gather on
inspections is then uploaded to the DSS database. The inspector gives the facility a corrective action plan that says they are required to correct the violation by a certain date or the next visit. There are no warnings. We get accused of being heavy handed, but the law dictates what the standards are and says there will be no wiggle room. Every violation of regulations from every inspection is listed on the DSS child care Web site which went on line in January of 2005. It lists all licensed facilities, the inspection reports, and the corrective actions taken by the facilities.\textsuperscript{263}

"For family day homes regulations are different than centers, for instance, family day homes are not required to have sight and sound supervision at all times. There are so many specific regulations: children must spend at least an hour outside, children rest between the hours of 12 and 2, etc. Regulations are available to parents. Sometimes they call and request them.\textsuperscript{264} When there is a violation of a regulation we use adverse enforcement. This is a set of gradated actions with more severe punishment for worse violations. There are ways to rein in providers. We can request that a provider gives us progress reports focused on the corrective action. If the violations aren't corrected we have to be stern and tell them it may result in a civil penalty, usually a fine. That seems to get their attention. Other penalties are to put caps on capacity, or put them on probation. On probation they have more visits, like every other month. We can give them a provisional license, which means a provider has six months to fix the problem. The ultimate sanction we have is revocation or denial of a license which we have used for really bad facilities."\textsuperscript{265}
I asked Naomi, Do you find a lot of violations? She said, "Yes, they know we are only coming one or two times and still on those visits we find five, ten, or fifteen violations. This stuff is not rocket science, but it's rare that we go into a facility and don't find some violations. We have providers who complain; they tell us we are being too picky. But, no, we are enforcing the standards. It's more a compliance issue. You may say I'm crazy, but I'm looking out for the health and safety of children. I can't have a day care that doesn't have emergency medical forms on the children, or if kids are parked in front of the television that says something is wrong. So we have to fine them, which sometimes I hate to do, but the laws are for everyone."

"There are currently some centers and family day care homes that we have recommended revocation of their license. One is a big child care corporation, not in Middletown. We found them leaving kids unsupervised, a child was left alone in a classroom for 45 minutes, and driving kids in seats with airbags. They weren't labeling bottles, a whole series of violations. It may not seem big but it adds up. The family day care home has 20 kids all the time, and the regulations are that they are not to take more than 12 children into care. Anywhere we look there are people who don't like to follow the rules. And they bring their lawyers and fight our revocations tooth and nail but we don't start a case we can't win."266

"We also give out information. Parents want information on inspections, violations and complaints but sometimes that is as far as the conversation goes. Sometimes I'll offer to tell them about other inspections at the facility. I also tell them to check with the provider about what they've done to correct the violations. Sometimes a
parent wants to speak with me because they want someone who has actually been in a facility, but I don’t have all the information like logistics and classroom size in one place so I still encourage parents to go and look at a place.”

“What is most uncomfortable to me is when I am asked to rate a facility or asked if I would put a child in a certain place. There is no way I can make that judgment. I tell parents I am not allowed to give my opinion or rating of a facility. We get people everyday who ask for recommendations but we can’t endorse or recommend any particular facility.” Roz nodded and said, “All of the agencies are very controlled in what we say about a facility, what we tell about. For some agencies or professionals, it is not an issue. They may not get parents asking for their opinion.”

“But for the regional licensing office and the R&R office it is more common,” Naomi said. “What happens is that we try to talk in code a little bit. One of my colleagues acknowledges, ‘I can only say what is on public record but I can use my tone of voice to convey more, the enthusiasm in my voice, people can read this stuff.’ Or I might say to a parent, ‘I can’t recommend this facility but I can’t see any reason not to place a child here.’ Or, ‘We have heard things from parents who use that center.’ I also try to educate parents about which violations are more risky, like if there is a violation with staff or supervision it is more serious than a phone number that is missing.” I added that Joan, at the local R&R, said that if they have a complaint on a voluntarily registered home, they don’t refer them until they get to the bottom of the situation.
Evaluation

Well from what you said about coding, I told Roz and Naomi, it sounds like there are some limits to agency resources and what they can do to assist parents. “Yes,” Roz agreed, “from an agency perspective getting information out is not working. Information isn’t as forthcoming as I would like it, but not every professional would agree with me. But then again it depends on the level of quality a parent is looking for in their child care.” “And,” Naomi said, “I’d agree that in the past, parents wanted to make comparisons among centers and it was very difficult to do.”

Access to Agency Resources

I told Roz and Naomi that I got the feeling that child care resources were for different audiences and specific clients. When I talked with Joan about who was eligible to use the local R&R, she said ideally she would serve all parents. The people who get referred to them from DSS, however, needed more guidance in their decision making she thought. Plus, she said almost the same thing you did, Roz. These were her words, “I have to say this off the bat, what some parents are looking for in choosing child care we can’t always…I guess what I’m saying is that you have to have quality out there.” Roz said, “At DSS we spend a lot of time on subsidy clients but not exclusively: a lot of people call just for information, they are looking for help so we serve a range of socio-economic levels.” “Likewise,” Naomi added, “we serve a diverse public, although the parents who call seem like they are a little more apt to educate themselves about quality care.”
Even if services are for all parents, I told Roz and Naomi, I’m not sure that parents know about them. Parents tell me the child care resources in the community are like a patchwork. When they tell me the resources they have tried you’d be surprised at the misinformation. They tell me, “I saw the option about the Youth Alliance online but I wanted to do it on my own.” Or, “I heard social services had a list for a fee; I think there is a list from the planning district, is that them?” Those who do use the existing resources are not always sure how they found out about them. Some parents say you have to be plugged into the system and that child care resources aren’t common knowledge. One parent worked at the hospital, as an educator for the OB floor, and said she had people calling her about day care and she didn’t know anything. Traci Kidrich described this problem well, “When I called the lady back from the center and was asking her questions she said ‘you know you can go through DSS and they can help you get assistance paying for child care.’ I wouldn’t have known anything if she hadn’t told me. Before when I thought about DSS, I thought they were strictly a community action type of agency. It would be good even if it’s out there to make sure that you know it’s out there.”

Roz said, “But I do think we are known in the community. All the agencies are listed in the phone book: the government pages, the community pages, and the R&R is in the yellow pages under child care. The people who don’t know about agency resources, my understanding is they have a higher level of functioning. They can use the internet, and have a larger network of friends they can tap into.”
"I am worried with my own clients accessing services," Roz added. "I am frustrated with the local referral policy, and worried when some of our clients call to try to get referrals and they get an answering machine. Some of them aren’t comfortable using the phone. Also what happens if they need a referral for the next day and the R&R agency is closed? I don’t think the policy is working well and I wish there could be another way to track parents’ referral needs among agencies." "Plus," she said, "It is hard to work with parents on education if you can’t give referrals. I don’t know if parents are getting supporting material with the referrals or if they are given all their options across the board. Now, only one agency has the list of registered providers." I told her I thought the local R&R was interested in increasing access to the home provider list by putting it on the web. But I also mentioned, in my talks with Joan, that I do get the feeling she thinks the difficulty parents had accessing them was overplayed. She said she had received complaints from the local DSS that she hadn’t served some of their clients but in every instance she had served the client. Her goal, she said, was to teach people to fish, not to feed them.276

Information Evaluation

Some parents are comfortable with information available on child care. They feel the phonebook and local family magazine provide enough clearinghouse type of information. Others say information was easy to get, or they don’t think they would have a problem getting information. Finally, others go by the motto "if it’s not available in print, ask." Those who do have problems have the opposite feeling: there is not a lot of
information available. They wish they could have had more, particularly information on violations at licensed facilities or lists of family child care providers.\textsuperscript{277}

Laurel Smith said in frustration, “You can’t get any information from social services. I called them and they said they didn’t have time to tell me about all the centers on my list. They said give me your top two or three centers. If I gave them my list of 10 schools they wouldn’t give me the information. There was no way for me to check the violations on the day cares I visited. You don’t know if places are doing background checks on employees. You can find health violations in the kitchens of day care centers though, because it’s a different agency that monitors this.”\textsuperscript{278}

She also had a different issue, “We didn’t look at any in-home child care since there wasn’t a clearinghouse or anywhere to find out about them. They tend neither to advertise nor to list themselves in any directories. When we went to an agency site online that has child care information their list was the same as what you get in the yellow pages -- no in-home providers.”\textsuperscript{279} Even getting information on how to address the tax aspects of child care is difficult for parents.\textsuperscript{280}

Parents tell me the agencies they get information from say they can’t guarantee the safety of child care settings nor can they endorse anyone. Parents find the professionals at child care agencies are open and answer their questions. But, when parents look at child care lists they say it is scary. On the list they see people they know from the street who may be using drugs.\textsuperscript{281} Traci Kidrich told me about her experiences using the DSS list. “I went to a woman’s house. She had sounded OK, but she wasn’t there and it turned out she was evicted from her home. I actually asked the caseworker,
'Would you send your child to the people listed on this list?' Her reply was, 'Not to half of them.' I asked her, 'Isn't there something wrong with this?'. Roz interjected, 'We will never be able to recommend specific providers because of liability issues. We can't be accountable. We could make a recommendation and the person could turn out to be a sex offender or not a quality provider.'

But it's not just the inability to recommend providers that bothers parents, I told Roz. Some just wish there was more background information on the lists of providers: hours, curriculum, and what they serve for meals. They think the lists should be more updated. Roz said, 'I thought that information was available at the local R&R.'

So maybe, I added, parents are using word of mouth because they just can't get the depth of information easily that they are looking for. The parents I see say part of the reason they rely on word of mouth is that they find themselves in desperate situations; that even with the information from lists, they feel they need word of mouth. "I really want word of mouth information," Blanca Garcia told me, "I trust it: it gives you a chance for feedback, there is more information exchanged, and it is better than what you get from written resources because it is a personal perspective from someone with experience." Of course not every family I work with has the concrete connections to use word of mouth, I tell Roz, and some admit it can be hit or miss. Roz agreed, "I always recommend that people talk with their friends, neighbors and people at church because you never really do know what might be out there as far as options. I do think word of mouth goes pretty far in helping parents get information: satisfied customers make a big
difference, and in a community this small, we can have smaller networks and you hear
when child care settings are having problems.286

Subsidy Evaluation

“How about the subsidy system,” Roz asked, “what do parents think about that?”
Well, Traci Kidrich told me, “it worked all right, you go and apply. I love my
caseworker; she gives you a little piece of her. You know when you get a little piece of
someone, they are not just doing for a job. That’s what I feel about her; she does it from
her heart. My cousin has gotten a scholarship and she said they were always there for
her. When they couldn’t help her, they sent her to other resources. DSS does have its
ups and downs, but I figure I need them, so I have to adjust my life to do what I need to
do for them. Sometimes it is a hassle. It’s more than just time, although I do have to take
off time from work since they moved across town. Every couple of months you have to
do all this paperwork to make sure everything is the same. Just one more thing to do,
when all I want is ten minutes with my kids.”287 Kim Keller wasn’t as positive: her
application for a scholarship had been lost twice. She felt let down and thought it should
be easier for people who really needed help with child care to get it. Instead, she felt like
she got the runaround.288

I’ve heard parents tell me that they felt rushed by their day care worker, or when
they went to apply for benefits the receptionist suggested they take their child to the day
care down the street. It is hard if a parent doesn’t fit into the system or meets the TANF
requirements, and feels like they are a number more than a specific situation. Parents say
that it really depends on the staff you are working with and the agency location.289 Roz
said, "I have to agree, you would have different experiences with different caseworkers. Those who take extra time with clients are better. People want to know that someone cares and there is something to be said for building relationships. I disagree though with the hassle, if people have to take time off work that isn't a problem since they have extended hours. Part of it is a communication problem. Some of my clients are not comfortable communicating with professionals."

"Maybe it's just the sheer number of people we are trying to help," Roz said, "most people would love to take more time with clients but there is so much you have to document. If only you could get rid of some of the paperwork. Most caseworkers have close to a hundred cases. I've heard complaints about one worker, but how much time can she take with clients? Talk about stress. The biggest thing that bothers me, though, is we've taken away the education piece of helping parents look for child care. Now I don't think that education is a magic wand that will solve all child care problems, but with the caseloads, there is not so much time to really help. Plus, with our new lower income levels there is another entire group of parents who will have real problems affording child care for whom there will be no help."

"We do have a waiting list and the financial need for subsidies is not going away. The logic of the cycle, though, is hard to figure out. At one point last fall, none of the agencies providing subsidies had a waiting list. We said, 'oh my, this is good, should we start advertising?' This only lasted about 4-6 months. As soon as we started talking about doing something, the people were there. I'm afraid we'd disappoint a lot of people if we did advertise."
I told Roz, parents who use subsidies seem unclear why they are told they can no longer use a provider. "Again," Roz says, "it is a communication problem with folks, and there is misunderstanding of what we can and can not fund. For instance, it is really hard when a parent wants a family member to be a caretaker but they are not approved. The parent may have committed a crime or been investigated for child abuse. Sometimes the child who was abused is the one asking for that person to be their own child's caretaker."\(^{293}\)

"The other problems with subsidies," Roz said, "are that parents change providers and leave without giving notice, and the provider then wants two weeks of pay. This costs beaucoup money since parents have to give providers two weeks notice. Or clients go from job to job with huge changes in their hours or days. Any change in provider means the paperwork all needs to be redone, which adds to the stress level as we have to change all the child care contracts. Or, parents may enter into an agreement with a family member who is an approved provider where they don't have to pay their co-pay. Then if the parent gets a raise their co-pay goes up and the DSS amount goes down. The family member provider tells the parent they need to make up the difference and it is a source of contention. If they go to a licensed or registered provider they will hold them to the co-pay."\(^{294}\)

**Evaluation of Regulation and Licensing**

Naomi was still with us so she started to talk about licensing and regulation, "I know some parents might be frustrated trying to reach inspectors. The inspectors do have voicemail and are told to get back to parents within a day or two. Inspectors can dig
down to get information like logistics, but right now there is no way to convert that type of data into the database. Also, getting access to standards or regulations is probably not accessible to parents. You have to go to a Web site and know the chapter of the law and there is a different set for centers and family day homes. It would be good though to have a link from the DSS database to the standards and also a summary of the standards.”

Well, I said to Naomi, for some parents the database wasn’t available when they were looking. Others, who were looking later, did not know about it. Parents felt there had not been a media event for it, and couldn’t recall when it had been advertised. Part of the reason, they think, is that they don’t think people know the licensing division and state DSS are a resource for child care. Or they think dealing with them is a nightmare. Roz said, “Most professionals in Middletown would agree that parents don’t know the DSS Web site is out there. If there was a media campaign it never got into the Middletown papers.” “But,” Naomi interjected, “I think most local DSS agencies and maybe the library would know about it. There was a lot of publicity and fanfare when it went online. Plus a lot of editorial writing about the new child care standards was happening at that time. Whenever there were articles about child care they would list the Web site address. Maybe it will just be a matter of time.”

I replied that even though parents don’t think the database is common knowledge, they did believe it would have been good to have had during their search. One parent I mentioned the database to posted it on a parent bulletin board. A parent I later talked with had found out about it this way. When they see it, parents think it is extremely
helpful. But some parents mention limitations. They say that not all child care settings are on the database, that sometimes having all the information about the violations is a source of worry, and that they still get a better feel for the center and violations by talking with an inspector.

"As far as the database," Naomi said, "I think it is easy to use, but parents often type in too much information for the search. I think the database helps parents weed out providers since now, they can print it all out. It really has decreased phone calls at the licensing office and it's cheaper having the information online. Plus providers know about it, and we feel that providers are using the database to compare themselves with one another and that it will help providers shape up."

"And what about regulations?" Naomi asked. I replied that I don't think parents are that unaware of the importance of regulations. Parents are glad regulations are in place. They believe regulations protect the health and safety of their children and are needed for liability. Parents expect regulations to be helpful when there is staff turnover for training new staff. Furthermore, there is concern that parents using unregulated care can only rely on information from the provider -- that means their recourse is on a completely different level. But parents like Laurel Smith do believe there are some cons to regulation. She told me, "Sometimes I think regulation can be worse because they spend so much time meeting the requirements of the license they forget they have kids to take care of. They don't have time to be with the kids and do what they need to do. Plus, some regulations seem a little bit out of control, like my provider got a violation for not having 911 written on her wall by the phone, for not having a copy of
Blake’s vaccines, and for having the kids sleep on a carpeted floor.” “But,” she adds, “if you are caring for someone else’s child for eight to ten hours a day, you have to have precautions. If people are going to take on the responsibility they need rules and regulations.”\textsuperscript{302} Parents don’t understand all regulations such as why a preschool can reopen when it had been closed down, the points system for family child care homes, the new square footage requirements.

Families feel that regulation for home child care providers speaks to their professionalism and commitment to their vocation. Being "legal" is a perk if parents can use a flexible spending account at work for child care expenses. It also means providers can accept subsidized or scholarship child care\textsuperscript{303} For some parents, regulation means the quality of a setting is good, but for others a license doesn’t guarantee anything. “You can be licensed and be the worst person to take care of children,” Traci Kidrich told me. Furthermore, parents feel licensing is less meaningful for home child care settings. They feel the standard for homes seems pretty easy, and they wouldn’t be surprised if parents at home daycares are more concerned about a lack of regulation. “They let anybody babysit kids,” Kim Keller tells me.\textsuperscript{304}

Naomi nodded. “Sometimes centers take the regulations and make them so much worse than they are. I agree that regulated care is not necessarily quality care and regulations for family day homes are less meaningful. They are watered down, they are given a lot more slack, and there are more opportunities for them to be less vigilant. What we are trying to do with regulation, however, is intended to protect the welfare and safety of children. Regulation is designed to look out for the parents and not the facility.”
"I agree with you," said Roz, "I think one of the smartest things the state did is to do background checks on grandparents and relatives who subsidized clients choose for care providers."\(^{305}\)

**Organizational Issues**

*It seems like it is hard being a child care agency, I told Roz. There are all the usual organizational challenges: funding, lack of coordination among agencies, and user friendliness.* She agreed, saying, "We don’t have money to advertise and we don’t have money to keep our Web sites updated or make them more user friendly. The resources going into child care are stretched. At social services we have a limited budget and resources go where the perceived need is greatest. We even use our quality enhancement money now for ourselves, with the new grant I told you about."\(^{306}\)

Yes, I said, and when I talked with Joan she said that local R&R’s do not get contacted when complaints are founded by licensing, programs are not consistent and licensing and voluntary registered databases are not compatible. "If there is a CPS complaint child care agencies are taken out of the loop," said Roz. "There are some folks working for the extension service that do child care in outlying regions who are not tied into anything. Plus, state and local agencies are not allowed to partner to promote quality supply of child care."\(^{307}\)

"Lastly, there is concern among some professionals," says Roz "that we are not always user-friendly and may be too sophisticated, perhaps. First, there is the terminology that keeps jumping around for child care settings -- parents know what they are looking for but they don’t know the terms. Second, the brochures might not all be at
a good reading level. Third, not all people have access to the Internet or are computer savvy.\footnote{}``But I must say,'' Roz said, ``I have a great supervisor and I think the professionals in these agencies are committed. Naomi at licensing says they really work well as a team, are committed to the care and protection of children, and are compensated adequately. And they know a lot, some have been there over 10 years.''

*When I was driving home I thought it was unfortunate in some ways that agencies and parents weren't better connected.*\footnote{} Agencies had committed professionals who wanted to assist parents and had real concerns about their decision making, but also faced policy and organizational limits to how many parents they could serve and the extent to which they could assist them. Parents, on the other hand, really didn't seem to know about agency resources, like the DSS database, or didn't think agencies could provide the type of information they were looking for. So parents patched together their own resources to accommodate. Parents were either tied in to the agency services or not.\footnote{} I couldn't help reflecting that somehow the policy that dictated parents must make their own choices was casting a big shadow on the ability of parents and agencies to connect and work together in meaningful ways.

Part 3: Experiences with Child Care

*The next time we walked I started explaining to Roz my new realization. You know, Roz, many of the parents who come to see me have had some issues with their child care, but I've come to realize it is not just the setting and the provider and child interaction that is always the problem. Parents are assessing several things. Is child care working with their jobs, is it working with their families practical needs for cost and*
hours, and finally is the relationship between the provider and the parents working. Also, I wonder if they can be satisfied with a setting if they aren’t happy with having to use non-parental child care in the first place. It all goes back to their options again. And then regardless of if they are happy with a decision or a setting they have to manage that and it seems to take a lot of energy.

Settings That Work

When parents are satisfied they might say to me, "we’ve had such a good experience there," "we’re happy there," "I’ve found a good fit," and the all time favorite, "it worked out really well."

Positive Emotional Experience

When things work, there are related positive emotional experiences. “We don’t always realize how emotional it is,” Willa Parker tells me, “My biggest relief came when we got into the center. A whole chunk of anxiety about preschool, long term child care decisions all disappeared and I thought OK, now I can have another baby. It was a personal and professional relief. I felt like I had triumphed.” When child care works parents don’t worry if their child is safe, if they are hungry or sad or being mistreated; they feel peaceful and tell me from day one I didn’t worry and I trusted her. For a few, their experience with child care has actually made their trust of people increase. Parents feel no regret when their child care works and that they wouldn’t have done anything differently. They feel confident, 100% positive, and comfortable. They tell me their child care setting meets their expectations. They have made sure their child care is great and they have found stability.
Blanca Garcia talked with me regarding her first child care, “If there had been ongoing problems it would have been hard, but because it was easy it seemed that we seamlessly entered into the care and there was no tension.” Some of the families I talk to feel they are in a unique position to feel so good about their child care and even admit they are the envy of their friends. But other families contend that they do know people who are at other settings and are very happy.

When child care works families are loyal to their providers, they recommend the provider, they don’t see themselves pulling their child out, and they want to continue their arrangements with a second child. Parents consider moving closer to their providers and find other families for their providers. “I am grateful for my child care provider,” says Kim Keller, “I feel blessed with the children I have and the child care I have. I hug my children’s teachers and thank them. I tell them thank you for loving my kids.” When a child care setting works, parents don’t want anything to happen to their provider. They don’t know what they would do if it ended.

*Child Care and Work Works*

For some parents, their setting is positive because they like working and their child care can’t be beat. As Traci Kidrich told me, “the whole thought process was different and I didn’t mind working because I could afford the best day care.” And for Kathy Davis, she says, “I don’t think I could have worked full time, though, if my family wasn’t willing to do it.”

Work flexibility is needed to make child care work. Parents with the benefit of flexibility can afford more child care options. And they have more freedom to juggle
their commitments so that they can pick up their children early, go home when needed, and can take off pretty much whenever they need for appointments or when the kids are sick. Flexibility is definitely a secret to happiness. Parents with it say they don’t feel stress or pressure from work: even when they aren’t enjoying their jobs, the flexibility creates a lot of loyalty. Some parents have flexibility because they have cross trained with another employee. The Rothbergs set up systems so whatever needed to be done at their office either parent could do and they ask their clients to sign themselves in.\textsuperscript{324}

Closely related to flexibility is having employers that are family friendly, which may mean an employer who wants a parent to be the best parent they can, colleagues who are family oriented or a profession that supports family connectedness.\textsuperscript{325} Kim Keller described her office, “I had mono last month and they let me take off, the woman I work for said ‘I’ve had mono, you need to be at home.’ They didn’t even take sick leave away. The man I work for has a wife who is chronically ill and a lot of the other employees have had kids … so they are pretty sensitive to family issues.”\textsuperscript{326} Family friendly workplaces also support breastfeeding for working women and give them time to pump, time to go over to the child care setting at lunch, or adjust schedules at work to nursing schedules.\textsuperscript{327} Parents realize not every employer cares about their families. Not every parent can stay home if a child is sick, or can schedule an appointment during work time and take off.

Parents also need to have back-up. For some parents, working only a few hours a week makes back up care easier. Others feel lucky to have good friends, neighbors, former providers, a child care center, or parents that are really good back up. Others have
jobs where they can take off and they do some juggling and become the back up themselves. 329 Blanca Garcia told me about a discussion on the online coffeehouse for parents, “There was someone online vouching for a woman who does drop-in child care, back up when your child is sick. She said she had never met her but dropped her kids off when they had a snow day and she had to work. I wrote back that it is sad that in our country we have to drop off kids with a total stranger. People wrote back to me angry saying that as an employee it was their responsibility to have back up child care.” 330

*Child and Provider Interaction Works*

Many parents describe how their child care is positive for their child. They talk about providers who are wonderful and who truly adore their children. It makes them feel good at the end of the day. 331 Kathy Davis told me, “I’m lucky she is so kind and that she wants to take care of them. And that she is in a financial position that she can and she is in good physical condition. She has such a good relationship with our kids and a long term relationship with them. I think they are lucky to have more people loving them. To this day when my kids see her at the grocery store they run to get into her arms.” 332 Parents comment on how much their children like the provider and how the children like the setting: they seem happy and comfortable, they don’t get anxiety about separating. They may also comment that they have consistency, the same teachers every day or over a period of time. 333

Parents say child care works when their children are getting good care. Good care means providers are attentive, involved and careful with the children and right there on the floor playing with them. It means providers are fine with any situation that arises, be
it a screaming infant or managing a group of kids. It also means providers are able to discipline the children. It means identifying with each child as an individual, knowing the activities they like, and redirecting their energy in a positive way. Willa Parker described one provider, and I think it's a nice metaphor, "Our second nanny was like a horse whisperer with children, she was amazing." Another good thing, according to parents, is that kindergarten readiness is being given attention. They like to see their children growing and maturing in communication, politeness, and getting along with others. Laurel Davis described her setting, "They teach her so much, her colors and animals, things I just don't have enough time to do. I've seen a distinct change. She is very verbal. She just picks up a book, she wants to read. I think I've got a childhood genius. It is just so neat to watch them grow." They are also positive about family child care providers that keep numbers low so they can go on outings.

Child care that works also means kids are eating, sleeping, having diapers changed on time, are not sitting in a swing for half the day and are safe. Some parents found it was good for their children to have a little bit of structure. They felt their kids were secure knowing what was going to happen every morning. One parent felt that it was huge for her child not to be around the home when a family member was sick. Parents like diversity and exposing their children to other cultures, races, and classes in a respectful environment. They also felt that child care worked because their children loved being around the other children and the parents loved the other families at the settings.
Child Care and Family Needs Work

Parents like providers who are flexible and convenient: settings that don’t close when it snows, providers who pick up their children, settings that are close to home. They appreciate providers who rearrange their schedule, and can add extra care if needed. Parents are also happy with in-home providers who also do light household duties.\(^{342}\)

Child care settings that work are affordable. For some parents this means their salary from work goes to the provider. For others, like Laurel Smith, the cost is less. She told me, “It’s expensive and a big commitment but writing the check doesn’t hurt. The cost is reasonable and works. We are still able to save a lot for the future.”\(^{343}\) Parents who are happy with their child care setting feel that their money is well spent. They are happy to pay for child care.\(^{344}\)

Parent and Provider Interaction Works

Child care works when parents feel they are listened to, the staff complies with their requests, and their concerns are addressed. Parents want providers who are willing to brainstorm, who work with them using cloth diapers or with special diets.\(^{345}\) Laurel Smith describes how her child refused a bottle and didn’t like anything in his mouth. For day care they have to be able to take a bottle, she told me. Well, she did all the right things but he still refused it. She said the child care providers were outstanding with him. They used a cup and used a syringe.\(^{346}\)

Settings that work also have good communication from providers to parents. This communication might be daily notes or weekly updates about the child’s activities.\(^{347}\) Willa Parker told me, “The center we use for back up had better communication with the
parents than our preschool. You knew exactly the themes they were studying and books they were reading. They would also send home day notes that said what your child was doing at specific times during the day like playing with blocks, having trouble settling for rest, etc. These little anecdotes, my husband and I still marvel at what good communication they provided to parents. So now I’m not sure I’m so anti-day care anymore.\textsuperscript{348} Detailed communication from providers increases parents comfort with the setting. Good communication also means that a parent can always reach a provider or, if they leave a message, the provider calls back.\textsuperscript{349}

Some parents may be mellower and question providers less. Parents comment that you can tell first time parents, they are more hyper and won’t give up any control whereas second time parents are different.\textsuperscript{350} Anna Birksohn informed me, “A first time parent may be horrified when a child is bitten by another child. Now a second time parent, they are like, ‘oh, someone’s biting.’”\textsuperscript{351}

When child care works, relationships with providers also work. Parents tell me they really like their provider, have grown to be friends, and even socialize. Parents refer to their providers for parenting questions.\textsuperscript{352} Kim Keller described one of their first providers, “She was a tremendous support to me. She would help me with strategies... she had been doing this for a long time in addition to raising her own kids and to this day I’m very fond of her.”\textsuperscript{353} Relationships with providers that work are two-way: providers become trusted child-rearing partners, and parents have no reason to suspect any misconduct. Parents tell me stories about providers who helped them out at the last
minute, reduced their wages, or made an exception and cared for their child even though they were young or not potty trained.\textsuperscript{354}

Parents say a relationship that works depends in part on how much interaction the parent is willing to put into the equation -- helping out at the center, working with the teachers, and talking with the teachers. Some parents spend time at the center when they drop their child off. Others say their center has parent involvement and they take on roles such as class parent or recycling lady. Parents do not mind this: they get to know the kids and other parents, and it increases their comfort level with the setting.\textsuperscript{355}

\textit{Child Care Transitions Work}

Another experience is transitions to new child care settings. This can be easy, with no problems: children don’t cry and even look forward to going to "school". Transitions might not be an issue because families start their children on half days, or part of the week, to get acclimated to day care, or parents spend a month transitioning with a nanny. Parents tell me this is probably more for them than the child.\textsuperscript{356} But parents don’t always phase in their child: they might just find it’s a good time to transition, or because they know the provider they feel it isn’t like they are sending the child to day care but like they are sending them with a friend. And when parents leave a setting they say it works when both parties are part of the decision. When transitions work, parents feel it is all right for their children and they feel hopeful about new settings.\textsuperscript{357}
Settings Don't Work

There are challenges and issues with any child care setting. The common issues that parents talk to me about are issues with the provider; the child’s safety, treatment or stimulation; and the reliability or fit with a parent’s work needs.

Negative Emotional Experience

For some parents, when a setting isn’t working it is the first time they have had misgivings about a setting or a provider. What follows is a horrible, hard feeling that something is wrong. Parents start to not believe or trust their provider. They are calling constantly, can’t wait to see their children in the evening, and spend their time at their job worrying. They are concerned about how their children are treated or if things could happen like the baby rolling off the bed or eating something off the floor. Traci Kidrich tells me, “I think it could be anywhere. You keep praying and hoping the person caring for your kids doesn’t do anything to harm them. You’re always concerned about their safety.” And parents take emotional cues from others -- another parent is dissatisfied or their mom is worried the provider may take the kids away.

Child Care and Work Doesn’t Work

Clearly, care experiences that don’t work can impact a parent’s feelings about work and their ability to perform their job. Traci Kidrich told me “I’d always be trying to get off work early. I didn’t work long in any place and eventually would quit a job.” Child care experiences also don’t work when jobs aren’t flexible, secure, or parents lack back-up care. For some parents their child care may not work if they are in professions that are not family friendly. Some parents have friends who have left their professions
because the demands didn’t work with children. Parents may feel reluctant to ask for
time off of work in some settings, or feel they can not leave their desk.\textsuperscript{363}

Laurel Smith also described how there seems to be a gender component to work
and child care issues, "People at my husband’s job asked why I couldn’t stay home with
our sick child, and he said she has a job, too – oh, and by the way, she is the one who
carries the benefits and makes more money. What kind of philosophy is that? My
husband’s jaw dropped; obviously his employer is gender stereotyping, concerned about
the bottom dollar and this makes him worried, ‘oh my is he going to have to take a sick
day off?’"\textsuperscript{364}

Child care that doesn’t work also means nursing doesn’t work. For Willa Parker,
having an unpredictable call schedule meant that she would sometimes wake up her
infant at early hours of the morning to nurse. Other parents would spend their lunch hour
pumping, instead of exercising. Anna Birksohn, who stayed at home and worked with
her children, worried a little about her son who wouldn’t take a bottle. She thought that if
she hadn’t decided to be at home with him he would have had to take a bottle or
formula.\textsuperscript{365}

Parents who try working non-traditional schedules face difficulties: part-time
work ends up being full-time, flextime is perceived as part-time, schedules are revisited
every year. Parents who work part time feel there is a need to figure out how to make
part-time work fair in terms of hours and pay.\textsuperscript{366} Work changes can also present
challenges: parents may be planning on part-time work and be called and told they are
wanted full-time or their job could be cut. Parents may leave a job they love or a
company may cut health benefits, devastating parents. Parents feel they are indentured servants to the workplace for healthcare, or even child care, if they have employer-sponsored child care. Willa Parker told me, “If I lost my job, my children would lose a wonderful place and all their buddies.”

Some parents, if they are laid off from a job, are able to keep their child at their setting while they are trying to find a new job. For others, however, it is a real challenge to find work without child care. They take a child to an interview or turn down interviews because they have no child care. As Traci Kidrich told me, “Finding work seemed like an uphill battle. I had no care. I even had to turn down jobs because I had no child care.”

And when parents are called to pick up their child in the middle of the day because they have spiked a temperature, it is challenging when they do not have any back-up care. You can’t just drop a child off at a center, they tell me, and if you don’t have any family close by or your parents aren’t willing to watch them because of their own schedule, or if your own provider can’t watch your children because their kids are sick, what does a parent do? Traci Kidrich worked at a coffee shop for one day and then her son was sick the following day, she couldn’t bring him to child care so stayed home with him and got fired. Roz added “Those are usually the jobs our clients get, just like Traci. People are wanting them to work immediately and they don’t get vacation or leave. It’s so different, like if you have flextime, you can accommodate a breakdown in child care if the provider is sick or something. But our clients don’t have that luxury and
if something happens with their child care, they lose their job and the cycle starts all over again."\textsuperscript{371}

\textit{Child/Provider Interaction Doesn’t Work}

Parents are also concerned about routines at a setting that don’t work for their child such as a sleep or rest routine that doesn’t work, meals that don’t fit a child’s diet, or a structure that isn’t what the parents like.\textsuperscript{372} For Kathy Davis, it was discipline issues: “The only thing is that she is a little spoiled, you know being at Grandma’s house she gets away with things, the spoiling issues are just that the rules are different.”\textsuperscript{373} Children may not like a provider, and it is very difficult for the parent if a child is miserable when they see a provider. Conversely, it is hard when a parent watches a provider either take a child for granted or be in a gripey mood, more off than on, or depressed.\textsuperscript{374} Also parents may be concerned about the level of consistency of their child’s care because of their race or class. Kim Keller described this concern, “You see that when it’s pickup time ‘whose children should we really be closely attending to when the parents show up.’”\textsuperscript{375}

Roz interrupted me, and said, “I’ve also found that it’s a real difficulty for the parents I work with that the provider has certain expectations of the child, have you seen that?” Yes, I replied. Blanca Garcia had an issue when her child wasn’t napping at preschool. Traci Kidrich didn’t like to see her provider expecting 2 year olds to put on their own shoes and coats. Parents will also tell me their child’s personality didn’t fit with the provider’s structure and expectations.\textsuperscript{376}

For some parents it is the lack of one-on-one attention their child gets. They feel there are too many kids in a setting. Still others felt a need for more stimulation or more
academics. They were concerned that not too much was going on at a provider's setting: too much television, or kids being confined to a small yard.377

Parents are concerned about their child's safety: a provider transports children for long distances, can't drive, is always on the phone or away from the children. Supervision is a concern when parents pick their child up and kids are "going every which way," infants are always in their cribs, or children have bite marks.378 Kim Keller came to me primarily because of a safety issue. She described the experience over the phone, "I came to pick them up one day and someone had let them out onto the street with no teacher. My son and daughter were just sitting there on the grass. It was on Main Street. It was the worst thing that happened in my life. They were sitting on the corner with no teacher, no one around them. My son was so dirty. He had streaks of dirt down his face where he had been crying. It turns out they had been outside since 3PM and I came to get him at 5:30PM. The teacher was inside the center with her feet up."379

For Traci Kidrich, it was the presence of other adults. "At my friend's there were these guys I went to high school with sitting around there...living in the hood, five or six adults there, you didn't know what he's been doing, who's been in jail. Plus it is not even her house where she keeps the kids and people are running in and out, Uncle Buck, Cousin Jack, Grandma Jean.....You can't have that, when you have a day care you can't have everyone in."380 Parents tell me about other concerns: staff not changing gloves between diapers, possible abuse, kids being hit with a belt, infants tossed into cribs and left standing with no comforting, providers' high voices, and places where children are forced to eat.381 Sometimes the safety concerns are shared by others. Coworkers and
family members tell a parent they need to report their provider because someone saw her lose a child at the mall, and not to leave children with her. Or a physician tells a mother she needs to pull her son out of a day care and find another.382

Child Care and Family Needs Don’t Work

Then there are issues with hours. Parents feel there is no consideration for working parents at their setting, hours are inflexible, it is hard to stay under the 10 hour/day limit, and they wish centers were open a little later. Parents complain about reliability issues, settings closing for snow, the difficulties finding back-up care or being able to switch hours or days of care. Finally, the drive is sometimes too much when a parent has to cross town for 30 minutes with a screaming child. Some parents wonder how parents do it, especially single parents, keeping their child in a day care not near their work.383 “Yes,” Roz, said, “it’s amazing how some of my clients without transportation work out rides with Grandma taking the child one way and the uncle picking them up… it’s really complex.”384

In addition to logistics, settings don’t work if the cost doesn’t work. Child care isn’t working when parents are just breaking even and the kids cry every time they are left at the babysitters. Families describe themselves living paycheck to paycheck, struggling to pay for child care, and sometimes having to write a check when they don’t have money in their account. Families are not able to save and wonder how they will put their children through college. For many, having young children means a financial crunch, especially with two children’s child care costs. But, some say it’s not so much child care as all the associated things with kids that make finances hard. Families tell me
child care settings really don’t work with them in terms of payment and even centers with sliding scale fees don’t really work for families with average incomes.\textsuperscript{385} 

\textit{Connection with Others Don’t Work}

Parents are concerned about what comes home with their children from a setting - their children being exposed to horrible children with potty mouths, kids who don’t respect, who bite and kick and hit.\textsuperscript{386} They are also concerned about how they relate to other families at a setting. Kim Keller discussed how she felt her choices were radically different from the other families at the setting. She had hoped she would be able to connect with other parents, but that didn’t happen. She didn’t feel valued as both a parent and community member and noted that some of the parents had conflicts with her ideas.\textsuperscript{387} 

\textit{Child Care Transitions Don’t Work}

It is stressful when children are unhappy or cry when parents leave. It’s hard for a parent to know if it’s an uncomfortable place or if separation from the parents is the problem. Plus, it’s hard to change providers: parents say that under the circumstances providers were good to them, they really enjoyed a provider and were very disappointed when they had to get another. For some families it is a huge thing to start all over.\textsuperscript{388} Willa Parker told me she thought it was easier for the kids, “They move on, but the adults fight the transition. It is like a break-up, it was heart wrenching with our first nanny. The day she left we all cried.”\textsuperscript{389} Beginnings can also be hard. Returning to work after maternity leave is terrifying. “Once you’ve been at home for a year or eighteen months,” Kathy Davis said, “I think the transition to day care is harder for the kids.”\textsuperscript{390} Parents see
transitions affecting their children, and notice a change in their behavior when they don’t have consistency. 391

“I know it is hard, an upheaval, for kids and parents to change child care settings,” said Roz. “But I worry that some of my clients think it’s OK to switch providers two or three times a year. The child has problems adjusting, children need stability. And sometimes, the change is worse than the problem to begin with. They move to another place without having some sort of objective measure and they don’t know how the new place is going to be. In some cases they just go to the neighbor across the street and they are back into a desperate situation. Quickly this bad one becomes the permanent one until it blows up.” 392

Parent/Provider Interactions Don’t Work

Parents have problems when providers are not the best communicators. They may have difficulty because no one is in the office at a center or it takes several weeks for them to call back. Parents have issues with providers’ communication either too little, too much, too late or not enough. Child care doesn’t work for parents when providers are not responsive, try to teach them, look down on their suggestions, don’t agree with their way of childrearing, tell them their child is bad, and tell them how to raise their child. When this occurs, parents feel it is a power thing with the provider. Willa Parker described how a provider made it sound like an “ultimatum” when she needed more hours of work. Or parents tell me they don’t like it when providers dispense medicine without asking or buy things they think a child in their care needs and ask the parent for reimbursement. 393
Willa Parker had an issue because she was trying too hard to make her nanny happy. She didn’t like feeling responsible for the provider settling into a new area, and she wasn’t open about her expectations. She confessed to me, “It’s the craziest thing. I had no idea and wouldn’t ever have imagined how hard you try. You so want them to be nice to your child. It’s hard. You can try to ask them to do things, like clean up a little around the house, but you don’t want them to get resentful. I had no idea it would be like that.” Parents also have issues with personal characteristics of a provider, like a provider who drives them crazy because they leave their house so messy.

Managing Child Care

Roz jumped in, “You know, it is interesting that you say all parents have some difficulties with their providers. With my clients things fall apart and then do we hear about it! We end up mediating between providers and our clients. I think the feeling is shared that many of our clients need help working through their differences and dealing with problems in a way that is appropriate. We have clients who aren’t able to resolve conflict and have difficulties managing relationships and if they try to discuss a problem it escalates.”

“So we try to be models, a resource to them. Many will change providers, like the fight or flight syndrome. They don’t want to deal with their problems and aren’t comfortable questioning their provider. So we ask them to talk with their provider but most don’t have the skills to be diplomatic and discuss a problem in a non-threatening way. And some take advantage of their providers, don’t pick a child up on time or leave them overnight. Plus a lot choose family or friends, which are hard relationships to
manage. We try to say, even though this person is a friend, it doesn’t always work and problems arise. We suggest to our clients to use a relative or a friend for a couple of days and then find something else. We also suspect a lot don’t pay their co-pay with their neighbors or relatives; then the relatives will come to us when something goes wrong and want their pay.”

“Well,” I said, “let’s talk about strategies parents use for managing child care. Certainly leaving a setting is one strategy but parents tell me about others. Plus, we can talk about agency resources that might be a strategy. From what you said, there may be a way for parents to use both their personal resources and agency resources to help with managing care.”

Settling

Willa Parker told me, “As a working mother you have to let go psychically or go crazy. You may not like a provider, but you like the kids being there so you swallow it.” Parents make trade-offs: the center is best for their budget and location but there are a high number of kids in the classroom, it costs more, there are time pressures, they forego the religious aspect they wanted in a setting, they make adjustments to their schedule so they can nurse. Roz said, “I definitely agree that parents can resign and accept care even though they know it’s not the best for their kids. I have clients who say, ‘I just have to keep my job.’ It sometimes seems callous.”

Monitoring Child Care Settings

Parents take different approaches to managing child care. Monitoring is often part of their strategy. Parents call settings and providers to check on their child and they
pop-in to visit and continue to visit. They may also use agency resources to monitor their setting: run background checks on providers, call social services, investigate violations and read reports. Parents tell me they have used a booklet on what to look for if there has been abuse or neglect of a child. They have sent another family member to the provider’s to keep an eye out for their child. They hope they know their child well enough to know when something is wrong, and if their child is older they may depend on her to tell them if someone else picks on her or what is going on. As Kim Keller told me, “It’s an everyday thing. I might see something in the papers or see something at their school. You never know what can happen and you never close a door.”

“I’m glad to hear that parents will monitor their care. Parents need to keep their eyes open. So much work and effort goes into finding care and it doesn’t stop then. Parents have to keep looking at the situation. What we get are parents who are over time judging the interactions between provider and child and seeing if it works. Plus they need to do more, be more assertive with their providers and ask the tough questions. They have to be ombudsmen for their children and when something is going wrong, it’s incumbent upon the parent to take the signal seriously,” Roz responded.

“Speaking about monitoring,” added Roz, “What do parents think about nanny-cams? I know that some centers have them so parents can see their children and what they are doing.” You know, I have talked a little about nanny cams with parents, I told her. Many of them don’t believe in nanny cams and feel it’s a terrible way to treat professionals in child care. One parent told me they read that 40-50% of people who get a video camera for their nanny end up firing the nanny. They never wanted to be the kind
of parent to put a camera in their house – they based their decisions on meeting a person. But they do think they would love a camera to feel connected with their children to see what they are doing rather than check up on the sitter to see if they were abusing the children.  

Working with Providers

Parents will also talk with providers, advocate for their child, discuss with the provider their expectations for care and discipline, and create routines that work better for their child. Sometimes parents find that providers do not take these discussions well. Parents describe working together to finesse their children’s care, developing team meetings, and telling staff they are open to all suggestions. Parents describe that having control, and being able to talk with staff about what they like and don’t like is part of managing care. Parents assert themselves with providers and try to be good communicators. They may read books on how to give criticism in a way that is not hurtful. Good communication means that parents keep an open line of communication and make themselves accessible to staff. For some parents this means talking with the provider everyday. Others describe knowing when and what to communicate. Parents are open and clear in their communication and communicate on a personal level.

Changing Settings

Parents will also leave a setting. Like I mentioned to you before, Roz, a lot of the parents who I see are coming to me because they need a new setting. In addition to providers ending care, some parents choose to leave care. For some parents, they tell me everything went fine for awhile, and then it became clearer the setting was not a good
match. For others they say it never really worked; something just never felt right. There could be safety issues at a setting so parents decide to leave. For those parents who may have chosen to work at home with an infant, they may realize that once a child starts walking or gets older it is difficult to get any work done.\textsuperscript{409}

When it feels like a provider doesn’t feel like trying anymore, parents think about looking for someone else. Leaving a child care setting may come on the heels of a provider spanking a child for pooping in a diaper, a child coming home with bite marks on their body, or a child not talking very much. Parents may say that after they leave a provider they really don’t talk with them anymore. Other parents, though, have filed complaints, called the police, sued a center, or recommend not using a provider they leave.\textsuperscript{410}

Well tell me more about the complaint process, how does it work? I asked Roz. She said, "I think we need to get Naomi to take another walk with us." Naomi met us on our next walk to talk with us about the formal resources available to parents whose child care may not be working. Naomi had brought her new dog, Lucky. After Dave, Sunshine and Lucky all greeted each other we settled into our walk.

Agency Resources

I described to Naomi that I had some clients who weren’t very sure about how the complaint system worked. For instance, I continued, When Laurel Smith heard about abuse allegations, she took her infant to a physician to check for abuse. She also confronted the director. Her experience was not satisfying as she recounted: "I was taking a class at the community college on early child development and they had a visitor
from social services licensing. I knew who she was. I had seen her a lot at my child’s center, talking to the teachers in the parking lot, hanging around. I knew that something was going on and she said because there were abuse allegations the parents had no right to know what was going on. The director had told me that the employees were trying to get her fired. Well I got livid with the licensing woman in class. I asked her what was going on. My teacher had to excuse me from class: she said that I was too emotionally involved at this moment."

Naomi replied, “Complaints can be anonymous until it comes up in courts. No records are kept of allegations or complaints but they are all investigated. A complaint can be checked on that day or within 24 hours and licensing can give the provider a corrective action plan. We take everything very seriously and find that sometimes when you uncover one stone you find others. We may talk with parents at a center if the staff seems to be withholding. Until an investigation is complete, it is not public record and is not available to parents. That is done because a provider’s name can’t be ruined if the complaint isn’t founded, and yes, they can’t release CPS information.”

“We do receive complaints from parents, many call with complaints and want to know does it say this in the regulations? Or about ratios and points to know if a provider is understaffed. We get complaints about both centers and licensed family day homes. We may get allegations that someone is operating a child care facility and we try to get the provider’s name if a facility needs to be licensed. Or we will get complaints a staff member is treating kids harshly. A lot of parents are in the social services system, and they will call the local DSS, or they’ll go through CPS and if CPS says there is not a
name or perpetrator they'll call us, or we'll do a parallel investigation. Parents know
when something isn't right for their child. Usually parents are very upset and they want
to know there is a resolution."

Some parents, I replied, tell me they don't know what to do when something is
wrong at their setting. They might know they need to do something, especially since
there are other children involved. They say they feel like calling up all the parents and
telling them to get their children out. As Laurel Smith described her experience, "I felt
like there was nothing I could do. Second, there was no way I could even find out what
was going on. You can find out if there has been food poisoning at a restaurant but not if
your child is being abused. Third, there was no one to turn to: when I turned to the
licensing agent I was told I didn't have the right to the information. I do have a right
since that is my child. That is my take on the situation." Other parents have told me
they can't tell on their providers because they feel the providers are just trying to make a
living. They say they don't want to be their provider's supervisor. Other parents
continue with the provider.

"It concerns me that some say they don't know what to do," said Naomi,
"because I've always wondered if they know what to do. I think they should know what
to do and when to report. Parents need to partner with us. They are there every day at
settings. They drop off and pick up their child and they see what is going on. To be
honest, parents are better equipped to be monitors than we are, because the parent sees it
like it is."
“There are a couple of problems with parents reporting, though,” Naomi
continued, “First, parents often make complaints too late and sometimes they make
complaints for the wrong reasons. Sometimes parents make complaints and it seems like
they are grasping for straws. Then before they hang up they’ll let us know the provider
isn’t going to refund their money and they are leaving. So they are using complaints in
retaliation because they owe $500 back pay to a provider. We even get centers trying to
hurt other centers. It’s kind of unfortunate and a misuse of state money when this
happens. The other problem is the marital disputes -- ex-spouses who want to know if
their child is at a particular center. We can usually tell the made up complaints from the
phony complaints. We are always glad to hear from parents with legitimate concerns
because, as you know, we only go in facilities a certain number of times.”418

“When complaints come late, it never makes sense to me. Why would you wait
to call social services, especially if it’s something serious like a provider jerking or
restraining a child? Parents will say ‘I talked with other parents and started paying more
attention,’ or that they are calling with the final straw,” said Naomi.419

“Sometimes parents call licensing anonymously to get a feel for whether or not
something is wrong with their child care and they will later call back and say they have a
complaint but they don’t always call back,” she continued. Roz replied, “I think the
reluctance parents have with talking to their providers and reporting them in part is they
don’t want to risk it. They don’t want any backlash. They think the provider will get
closed and they won’t have anyone to care for their child. So many parents have to work.
They have to have care and they don’t want to lose the settings they are in. I also think
this is part of the reason parents won’t talk with their providers, too. It’s not all about skills but some of them, when you ask them if they discuss an issue with a provider, they say she won’t watch my child if I try to discuss it.”

“I’ll say it again,” Naomi responded, “we need parents to be involved, especially with family day care. In the family day home we are investigating now, it was the bus driver and not the parents who tipped us off. It seems like when a child gets an arm squeezed at a family day home the parent will say oh, ‘she was just having a bad day,’ but at a center the grapevine is rampant with both parents and staff. Some of our best sources are from staff at centers; although sometimes they can be withholding.”

As we ended our walk, I was wondering how to get parents to partner better with licensing? I asked Roz and Naomi if they ever talked about solutions to try to make things different in the agencies or the relationships with parents. It seemed like on this walk, and some of the previous walks, we had come up with a bunch of ideas about how things could be different for parents and professionals working with them. Roz asked if we could wait until next week. I smiled. Poor Roz, I said, as if you don’t hear enough about child care problems all day long then we have to talk about it on our walks too.

Part 4: Positions on Child Care Changes

Well, I started, on our next walk, now we have to talk about making it better. I mean we’re both part of the solution, Roz — your commitment to your clients and to young children, and me with my newfound identity as child care ombudsperson. I don’t know if this is just my personality, the need to talk about solutions. I ask parents what they think would make child care better and I’m not sure if I should. Sometimes the
parents I speak with don't seem to feel anything needs to be changed on a political level. I wonder if it has to do with the expectations we talked about earlier, how child care is their individual responsibility, or maybe they just don't have the time. The parents who come to see me, they say, "I don't know how you get better child care in this community. We're in a society that has known no other solution to child care." But a few do give me their ideas about changes anyways.

Changes in Practice and Policy

New Services

Parents have discussed some new programs they would like to see in the community. One mother was in the Junior League and said they had talked about making information resources about child care and options an initiative. Others talked about the need for a message board to talk about experiences at day cares, nanny services, and an emergency child care fund for people who can't pay their child care that week. Parents also mention having services that help with back up or emergency care such as an agency that provides reliable, experienced back-up to come to your home when a provider is sick, drop-in child care where you can pay an hourly rate, or sick rooms at child care centers. Parents are looking for more child care resources for both working and non-working parents. Roz said, "I have also thought of new services: a newsletter where parents looking to share care and network can connect and an ombudsman who might help parents with problems with providers."

You know Roz, I laughed, I'm glad you take credit for my career change. Parents also want more services related to information, I said. This should not be a surprise
based on our evaluation of information resources. Parents say they would like to have
lists of child care distributed at OB/GYN offices or the hospital so they have plenty of
time to find care. They would like detailed information on settings such as sample
schedules of the day, class size, names of teachers, and parent references so parents could
put the information together and pick the places that fit their needs. Parents want these
lists to include in-home providers, licensed and unlicensed care. They would like these
lists published as well as available on a Web site. Parents would also like to know all the
violations, injuries, and everything about regulations and inspections.\(^{426}\) Roz said, "I
think that both Naomi and Joan would like to see better use of technology, so parents
could get everything they are looking for and the Voluntary Registration database could
be put on the Web to expand access."\(^{427}\)

"And part of what is also needed," Roz tells me, "is a model that works for
improving child care quality. You know that we have been working on a quality rating
system. With the link to school readiness, there is a case to be made for helping parents
gauge the quality of child care. We won't have liability with the rating system. It's just a
snapshot in time. The standards we would use are not picked out of the blue and are at
the level of quality parents want. The system is modeled after North Carolina's in which
they use a one to five star ranking system. In North Carolina they base their scales on
professional development and training, and the quality system is part of licensing. I think
the quality system would help parents who want more information, could expand parents' options by showing them other places to go, might prevent parents from going back to
using unregulated care, and would support the needs of children."\(^{428}\)
"There are at least twenty states that have a quality rating system and it's working in those states: quality is in fact high no matter where you go because of the higher standards. But this state doesn't have that. The state did recognize the quality system as very innovative but we still didn't get a grant. Some professionals don't see a quality system happening statewide. They don't think it will get through the legislature because it's not popular among politicians and providers here. So the community could pay for the quality rating system, but resources are always an issue," Roz continued.429

"Also some professionals are concerned that the quality rating system might miss a bottom-line quality indicator between the provider and child. The system has a set of assumptions about what good care is, one level of quality, and you can't tailor the program to the individual needs of a child. And, at least at the beginning, it is more a matter of administration like getting places registered or starting training," she added.430

Well, when I have talked to parents about this proposed quality system they are pretty enthusiastic. I think you're right, Roz, it isn't without challenges but it would provide parents more information. They would know that one star is the bare minimum and if providers would be keeping up with the latest training.431 Blanca Garcia was talking to me about it and said, "I guess the downside was that you would have everyone flocking to the first place preschool to have their children in the best school. So maybe we need not a ranking system, but a comparison like this one is better in this area than another. If implemented correctly, it could be useful. But, it comes back to the whole bottled water thing; I'm not missing it until I've tried it."432
Values

First there are values. Some parents tell me this is our culture and this is the way it is going to be -- as if values are fixed. Others tell me part of the problem is cultural change. I think that what they mean is that values shape our policies and programs, so we have to understand them. Parents tell me they believe that in our culture things that are related to children aren’t valued, unlike other cultures they may have experienced. They feel parenting is underrated and symptomatic of the low value we place on children is the fact that child care providers are not paid well, get few benefits, and are not appreciated by parents. Maybe the solution, they say, is to go back to the olden days when everyone traded things and you would say "watch my kids and I'll grow your food" and you knew everyone would do their best at what they did, and be equally valued.

Another thing that kills some parents is that people think it is OK to drop their children off with strangers. "Yes," Roz says, "Naomi always says, the fact that we have unregulated care is a symptom of the value the state puts on children." Another area is family. Parents say our society has gotten further away from a unit family, where many family members are close and help raise children, especially upper middle class families. One father mentions that in western culture it is a big failing that women work and are still responsible for raising the kids. Anna Birksohn told me she thought Americans are such a moving people and that there are lots of problems later in life, because it is really important for one's values that you grow up with and maintain relationships and care for each other. Single parents say they want to break the mold of the rough, poor life of single parents and build different senses of community.
There are other values that parents mention commercialism, materialism, and lack of time that they would like to change. Parents say it is crazy to have children and put them in an institution for most of the day -- more time for parents would be good. More time for children with their parents would also be good, they say.436 “Yes,” Roz says, “and the university researcher is always talking at our quality care meetings about how children don’t have time to play anymore, they play on computers instead of in sandboxes.”437

State Policy

Roz lamented, “It’s always the same states that have been the leaders in improving quality child care. Right now I don’t think this state promotes quality care. The new standards have only come just so far and any more, like the quality rating system, I could not see happening. Did you know the legislature actually passed a bill asking the governor to rescind the new standards? It was harder than hell to get the new standards. And the DSS database -- Naomi says the reason it isn’t more user friendly is they are more interested in building databases for child support. Locally, we are the democratic blip, and I think there is a lot of commitment to child care, but a lot of regions are not like us and even here the conservatism of the community means we change slowly too, I think.”438

“If only we could do away with politics,” sighs Roz, “it does seem like slowly there is more and more coming together related to kids’ issues but it is an extremely slow process. In the past year or two more has happened. The state has allowed an R&R network to happen so now the statistics are statewide. The state has awarded 3 quality
grants. There is the state preschool initiative, the four-year-old program, which had pretty broad support. Plus it has gotten better in the past few years with the state backing up efforts to regulate boys’ and girls’ clubs or denying voluntary registrations when needed. The whole child care issue is getting picked up more by the media and people are starting to notice whether we meet standards statewide. There is the new proposal for universal pre-K in the state, but the governor only has a few more months. I think it’s a winning issue for Democrats but if a Republican gets elected it may just sit.\textsuperscript{439}

“Plus there is the State Day Care Council -- they are part of any changes in child care,” Roz added. “I’m not a big fan of the council, it’s not a workable group. They have a hard time agreeing on things. In the past the chairman seemed to be a political appointee. They rejected a report that looked at the feasibility of the proposed legislation for the new regulations. They wouldn’t accept it even though they found we were on the right track and the report recommended to support and accept the legislation. Now the new chairman, she actually has a child care education or background. She is doing an excellent job. Most professionals are happy about that.”\textsuperscript{440}

\textit{Regulation Policy}

Now, let’s talk about regulations, I said. Parents think they need to be stringent and applicable to both centers and home day cares. They think the ratio of children to staff is too high, so, too, is the amount of kids you can watch for voluntary registration. Their position is the state should work with day cares to educate them about kindergarten readiness. Parents want more visits from inspectors -- a couple of times a month, and some surprise visits. They think that calling providers to tell them an inspector is coming
is dumb because providers can straighten things out.⁴⁴¹ “I know,” agrees Roz, “I wish licensing people could be there more often, too.” Parents also think regulators need to create guidelines of best practices, and teach centers, so that day cares aren’t all out there doing their own thing. Although some families aren’t sure about institutionalizing child care, Laurel Smith told me, “There needs to be more structure. I think now it’s a free for all, and you have to wonder in a capitalist society why we don’t make child care the same quality. Someone asked me a question, ‘if we can make a chain of restaurants like Applebee’s with the same quality and standards across the board, how come the same can’t be made for child care -- with the same standards of quality across the board. How come nobody has tried that?’ It’s like I’m not all for Applebee’s or homogeneity, but at the same time, if we can have standards of quality across the board in hotels and prisons, can’t we do the same for child care? Why not have best practices or SOLs for age groups?” Plus, parents think if any abuse happens a setting should just be shut down.⁴⁴²

“Well it’s not for me to say if the law is too strict or not strict enough,” said Roz. “I do know children are in vulnerable situations with the number of hours they are in care. I think we need more regulations, not less. I don’t think we went far enough with the last legislation, but even with the changes that were made there was so much uproar. Nobody likes regulation but we have to keep up with the times. We are in the bottom 10% of all states in terms of regulation and maybe we have climbed to the halfway point with the new regulations, but most of them don’t even go into effect until 2008. We are moving in the right direction. With the square footage, that is not an issue except for new facilities. I agree about the ratios, too; it’s hard to imagine them going any higher.
Naomi told me about a call they received. A woman had 4-5 kids of her own and was
caring for an additional 4-5 and a neighbor called, but she was right within the law. She
can care for all those kids and not be regulated since she has less than 6 kids in care who
are not her own. So they are not able to do a thing despite the fact that it may be a
dangerous situation.”

Welfare Reform

"With respect to welfare reform," Roz said, "the state is wanting people to look
for work sooner. For years they have been pushing back the age requirement for
working, going the opposite direction of other states who may be saying 'I'll pay you to
stay at home.' And, you know, it would be cheaper for the state to let some mothers stay
at home than to work. For instance, if you apply for TANF, you get $327 a month. If
you have two children, your child care subsidy could be over a thousand dollars easily.
The unbelievable thing is that we are paying more for child care than the parent is
making. It would be cheaper for parents to stay at home. Clearly, it is of value for the
state that welfare recipients work. Even education has taken a backseat. Some agree that
you may get more self-esteem from work, but the value is in being productive.”

Yes, I chimed in. I do think parents are unsure about welfare reform. Blanca
Garcia told me, “I think welfare-to-work has ensured more children are in child care but
it doesn’t ensure the quality of child care.” Parents also tell me that fifty years ago
women didn’t work out of home as much, and now there is not good public assistance. I
think parents want more assistance. They talk to me about lowering the standards for
parents to quality for assistance, both work hours and income. Traci Kidrich told me,
“Say I have a friend who is in school and only works from 5-10PM each night at a
grocery store. That is 25 hours and she won’t qualify for assistance. But that is still a lot
of hours. So what does the parent do, leave a 16 year old in charge of 4 kids?”

“Well,” Roz said, “I do think direct, ongoing help for families in the most distressed
situations is needed.”

*Federal Policy*

*I knew that part of welfare reform policy was dictated by the state but I also knew
part of it was federal. The whole policy issue was very complicated to me.*

Roz, it’s not just state level policy, some of these issues are at a federal level and some
local. Parents tell me it’s not just child care that will solve all families’ problems. There
are other issues facing families: violence, debt, housing, and health care. “Right,” Roz
says, “how do we sell child care versus housing?” Parents take positions on family
related policies. They mention they would like to see socialized medicine. They are
doubtful paid maternity leave will ever happen, but would like to see the Family Medical
Leave Act extended to businesses with under fifty employees, perhaps through
government subsidies to small businesses. As far as financial assistance to families with
young children, they think the tax credit for child care is insulting.

*Local Policy*

“Of course, I think with deregulation the issue is also local policy. One thing
locally is that poverty is not visible for many people in this area and getting beyond the
perception that everyone is doing pretty well would be a start. How can you ignore that
with welfare reform we now have this large group of single moms in our community
working and needing good child care?” Roz added.49 I think parents would agree, and want local policy initiatives to create more child care that is high quality. They say it would help to have more child care available that is safe and flexible. Also they want flexibility on the part of employers. They also say day cares can’t fully educate a child. So they see a need for more preschools. One parent even has a friend starting a preschool for high poverty children.450

Strategies

_I wonder though how these changes might come about, I mentioned to Roz. It is one thing to see the need for changes in policy and practice, and even describe the desired changes but another to plan how that change comes about._

Getting Business Involved

“Yes,” Roz replied, “we also talk about change in our quality meetings. Some professionals think change is going to happen with businesses understanding the economics of child care. Change can happen if businesses understand the importance of work in relation to child care and support child care. The governor’s initiative has focused energy on employers and business people. But I’ve been in this state too long to imagine the possibility of a real public/private partnership to work with parents around child care.” I think parents more often see the role of business as providing on site child care: they see employer-sponsored child care as a model that works. “Yes,” says Roz, “it does seem that some of the best day care is subsidized by employers, since what they are able to spend per child probably occurs at a level of what would be spent for a kindergarten child. And we do see a smattering of businesses getting involved. But then,
like DuPont over in Centerville, they were getting ready to open an on-site center and then they sold that facility to another company. And locally, part of the problem is that nationally the progress has been led by huge employers and I don’t know if we can expect small businesses to lead child care reform." 

“Small businesses, like those with split shifts, aren’t taking into account what is most effective for retaining employees. It’s easiest when shifts stay the same to get day care. I sympathize with small employers though, because they are trying to get someone part-time and the pool of candidates isn’t always good -- not stable people who are wanting to stay in the job, so there isn’t a commitment by the employee and then the employer doesn’t make a commitment. Small businesses are struggling and I guess there needs to be give and take on both ends,” Roz continued. 

Money

“Of course money is an issue for businesses and everyone involved in child care,” Roz added. “In order to have quality it costs money. We can’t have everyone supporting the No Child Left Behind Act and then not putting more money into early childhood education and care. We have to have more resources going into the system beyond what parents can pay. Care has to be affordable to parents. Some say to lower cost we need to lower regulations but I don’t think that is a good direction. Ultimately better child care means smaller ratios, but that takes money and where does it come from? We already know that infant care in centers, with the smallest ratio, is hard to finance.”

“Child care corporations don’t want to spend the money -- sometimes centers are trying to be money saving, but it’s not a money-making enterprise. That is why I
understand centers don’t do part-time, because they make more money with full-time children. I know centers are hurting, it’s an exhausting business. So, I think we need incentives for providers. And then when we do get money, do we try to get all programs to a level of quality the community can settle for or do we raise the top programs with the hope it lifts other programs up?” Roz asked me.453

Advocacy

It sounds like you have thought about this a lot, I mentioned to Roz. Do you and other child care professionals do advocacy work about funding and other issues?

“There are different levels that advocacy occurs at,” Roz answered. “As far as child care professionals and organizations, any advocacy by the state DSS was under the past director. Currently there is some advocacy going on with Voices for Virginia’s Children, National Association for the Education of Young Children (NAEYC) and the state chapter of this association. In the ‘90s it used to be the R&Rs who were perceived as advocates, but then they lost all their funding, so I don’t know if that is the right place for advocacy. Locally we used to have a center director who did a lot of state advocacy work. The local NAEYC group is pretty small, though, and has done more training than advocacy or policy work. At this time I’m not sure how much Middletown is in the thick of things at the state level. We have a very democratic delegate which means we are not in the loop anymore. Also now there are four different delegates, which is better and worse I think.”454

“And,” Roz said, “lobbying is so intense by child care corporations and associations. They want to decrease regulations as much as possible, I think. So instead
of organizing parents, I think centers will advise parents to keep things loosened up. We really need to define some common ground between the anti-regulation and pro-regulation folks. To date, we’ve not had any common ground to speak of. I guess we could focus on regulations as a way to improve quality: even people who are anti-regulation are at least partially interested in quality but just define it differently.”

“But I don’t see how advocates are going to win. It can’t just be people like me saying I support this regulation, we need parents out there doing the same,” Roz added after she had thrown Sunshine a tennis ball. “But there are very few parents that take the time to keep up with advocacy and what’s going on with child care. So as far as how parents can be involved, it’s essential to have some group or network coming together to make these connections, whether it’s through advocacy or supporting quality ratings. We need to give parents the information they need to be advocates. Centers, I think, also should be playing an education/advocacy role with parents and encouraging them to exercise their political will. Plus, we also need to involve the business community as advocates. Another issue is how to get middle class advocates -- if all our programs are income-tested we might only connect with lower income parents who overall might not be as likely to be advocates.”

I added that Kathy Davis told me, “Most of us haven’t gotten involved in writing the legislature. it seems it is more what can I do to make it work for me and my family, rather than what would make it better all around. But I’ve read this book, Perfect Madness and the author points out where women need more support like day care so maybe some of us will get off our duffs and write letters.” And some parents have.
Laurel Smith says, “I never thought I’d be such an advocate, but it is so wrong what is happening in child care and it shouldn’t be happening. I am talking to a reporter in Capitol City who is doing articles on problems with child care. I am part of a study on child care at the university. Plus, I am going to work on talking with the director of my workplace about on site child care.”

What do you think parents should be advocating for?, I ask Roz. “Well, I think that tying child care to Standards of Learning and school success is the key for getting support. But it is tougher to link quality of child care to school success than availability. Some days I think the best way to improve the quality of preschools, for instance, is to push them into the schools. I think this means a level of quality and support staff for preschool that you wouldn’t get any other way than having the school system pay for it. But do we really want to emphasize standards of learning at the preschool age? And what does this mean for infant care?” she answered. I think parents would agree about the importance of quality preschool. Blanca Garcia said to me one day, “The preschool time is so critical: day by day there are changes, it is such a critical time for development. To think you can leave them anywhere, like the place with the big TV, somewhere where they are sitting eating pizza is just scary.” Other parents agree with her: they tell me the public role is getting kids when they are young, improving access to quality preschool to ensure all kids are ready for kindergarten. They see the public role as tied to educational achievement. They tell me as a parent it becomes demonstrable when you end up in a public school setting and you see kids who were not given the same opportunities. It’s really interesting to me that parents and professionals can agree that it makes
sense to tie child care to education to improve quality and garner support for changes. So many of the positions parents took seemed to have implications at the local, state, and federal levels. No wonder it was hard to get advocates: Where do you start? I guess Roz must have read my thoughts.

As we were packing the dogs up, Roz asked me, “Would you be willing to talk with our quality group again? We are doing a retreat and I think you could be a great beginning, an overview of parents’ experiences selecting and managing child care in our community.” How could I refuse? Even though I didn’t feel qualified, I thought maybe this can be my turn to be an advocate and use what I had learned from the parents I had met with and my walks and talks with Roz over the past year.

Part 5: The Retreat and Lessons Learned

I decided to keep my presentation simple. I reminded the audience of professionals sitting in front of me that I was not an expert on child care. If I was accurately reconstructing the many stories and experiences parents and professionals had shared with me, then I felt they could gain something from my presentation. I told them about my former career as a private investigator, where I learned it was all about the questions you asked. The questions I asked myself when thinking about parents and child care decisions were the following: How do parents make decisions? What are the resources available to help parents? What are barriers to making good decisions? What are the costs when parents do not make the best decisions? Then I proceeded to explain the lessons I had learned about child care in my job and hoped it might give them something to think about during their retreat.
1. There are multiple ways to understand how parents make decisions. Each time parents come to a child care decision it is with a unique set of circumstances and resources related to their family. It is also with a unique set of preferences related to their values, experiences and the age and stage of their child. The challenges they face seem to be related to how they make decisions given their internal resources and external resources. A decision doesn’t end. Families assess their ongoing child care experiences in relation to the provider, their work, their family resources and their child’s needs. Families continue working with their provider to ensure continuous quality care and continue to work with employers, spouses, family, and friends to ensure support until the next decision arises.

2. There seems to be a basis for narrowing and widening options in child care. Parents come to the child care decision with very different options. Options include not only different settings, but also options to work part time or stay at home. Options seem to be greatest, according to parents and professionals, when families have plentiful resources. Optimizing options for parents is certainly, but not only, about optimizing their financial resources. Increasing options also seems to be related to the support networks families have to help with child care selection and management, the access they have to family-friendly employment and the time they have to find child care.

3. Getting the right information at the right time seems to make a difference for child care decision making. Parents admit to different abilities and resources
to access information. If the difficulties parents express finding comprehensive and detailed information on child care options are accurate and professionals' attempts to fill in some of the informational gaps through coding and encouraging families to use word of mouth information are also adequate, then any critique of parents' decision-making skills may benefit from an examination of the extent of information they were able to access and the skills they have in collecting information. Parents may be privileged in their child care selection according to their skills in information collection, prior experiences with child care decision making and access to informal and formal networks. Parents appear to collect information in three ways: gathering information from providers, networks, and formal sources. Local efforts by professionals to provide more assistance in gathering information to specific parents aligns with this finding and may need to consider all aspects of information collection.

4. An expanded understanding of child care costs is needed. There are many costs associated with the problems in the supply of child care. The typically defined challenges of a shortage of affordable, high quality child care are not just challenges parents face and surmount. If my analysis is on point, parents' willingness to articulate that they settle for care, making trade-offs and sacrifices suggests that they pay a price. Job stability, emotional health, family stress, and children's well-being are potentially at stake when families can not find or afford suitable child care.
5. The usefulness of community information and referral services in Middletown to all parents appears limited. Community resources do not assist parents with all aspects of selecting and managing child care decisions. Parents' reliance on a variety of informal resources, luck, and their evaluation of difficulties accessing resources and limitations of resources, coupled with professionals' concerns that parents aren't always making well thought out child care decisions suggests that resources in this community could do more to assist parents. Local efforts to provide a quality rating system, individualize help for struggling families, and efforts to code (give an evaluation of a setting) suggest the locality wants to move resources in line with parents' needs. Professionals tend to feel stymied, however, by the state's political environment and associated funding and regulation of child care.

6. Parents observe others in care as a proxy for value congruency. If these stories are accurate, parents' discussion about exposure to other children and emphasis on "getting along with other children and families" illuminates the role of values in child care settings. Parents vary in the degree of value consistency they are seeking in both providers and the other families that may have children in care at a setting.

7. A positive relationship with a provider is an important dimension in assessment and in creating child care that works. If I have related to you the stories parents have shared with me sufficiently well, the relationship
between provider and parent is related to parents’ ability to manage child care. Parents desire trust between themselves and providers when selecting care, and professionals and parents are concerned about whether this important dimension can be assessed in a short time. Regardless, good communication, trust, and constructive interactions among parents and providers seem to be important differences between child care settings that work and those that do not work. Additionally, efforts by local agencies to mediate parents and providers’ disputes suggest that managing care is an area where resources and education for parents and providers may be useful.

8. The definition of quality care can be expanded by parents’ understandings of care that works. If I have understood parents correctly, care that works not only is safe, but also stable, nurturing, and stimulating for child development. Care that works is also because the relationship between the provider and parent works; work demands and child care are compatible; transitions to child care work and are minimal; and child care does not tax the family’s financial and logistical resources. Universal notions of quality care are necessary for care that works, but are not sufficient for care that works for families.
CHAPTER 5 IMPLICATIONS

Introduction

In any inquiry process, it is hoped that the researcher becomes smarter about the phenomena studied and also becomes smarter about the process used to study the phenomena. Implications should be drawn that not only address scholarly directions for the phenomena that have been explored, but also the research methods used. This inquiry, because of its theoretical grounding in pragmatism, also asserted that undertaking research through a participatory, democratic process would yield the most practical solutions that could be generated for issues associated with parents’ child care decision making for young children in a specific context. Thus, practice and policy implications are also relevant to the inquiry. Finally, because the discipline from which the research was conducted also informs the inquiry, implications for the social work profession are appropriate.

The conceptual framework of the study is reintroduced at Figure 2. The decision making process for families was conceptualized to be shaped by two important contexts: family and local resources. The three stages of the child care decision making process were conceptualized to include the Multiple Pathways to Child Care, Selecting Child Care and Experiences with Child Care. Connected to this process were Positions on Child Care Changes that participants offered in light of their experiences.
Figure 2: Conceptual Map

The following sections discuss the implications that may be drawn from the case study. The findings and lessons learned from the case study inform the implications. For instance, the multiplicity of pathways that parents take in making child care decisions has both practice and research implications. Findings regarding limits to information resources have practice implications. Lessons learned about the different options and resources parents have in the decision making process also have practice and policy implications. Lessons about the role of values and the costs of child care decision making have implications first for further inquiry. Lessons learned about the importance of provider and parent relationships have implications for practice, policy, research, and social work education. It is important to remember that although the findings in the case
study are context bound and not generalizeable, the implications drawn from the inquiry can be considered by the reader as appropriate for other contexts. Whereas the policy and practice implications are particularly well suited for the geographic and political context in which the inquiry took place, an informed reader might consider other similar settings in which these implications may resonate.

The current inquiry suggests that child care decision making is an ongoing and complex process in which parent participants are weighing options within their unique set of circumstances, selecting care and then managing care. If these findings are accurate, implications for social work practice, policy, social work education and research can be described related to the ongoing efforts that parent participants make to secure options that are acceptable and caring relationships that work.

Implications Related to Practice

Practice implications exist for all stages of child care decision making. Findings that recognize the diversity in families and the importance of support calls for practices that tailor services to families and increase support in child care decision making. Based on their experiences selecting and managing care, parent and professional participants offered some ideas for changes. Changes that involved increasing local services were noted. Evaluations of available resources ranged from satisfaction to dissatisfaction. Both parent and professional participants expressed concern about accessing resources, user friendliness and the limitations of resources to provide the types of information parents may want. Parents and professional participants seemed unsure of how to best
improve the child care situation in their community but agreed that involving business, and forging connections among parents, providers and professionals was important.

_Tailoring Services to Families_

The first implication drawn from these findings for social work practice is that the unique background, experiences and circumstances of each family relates to their child care decision. A one-size-fits-all approach to working with families making child care decisions may not be the best practice. Rather, the findings from the case study highlight that differing family circumstances relate to different needs for service provision and decision making assistance. As Maccoby & Lewis (2003) point out, “good” child care is specific to a family’s needs. This inquiry adds to this by suggesting that “good” child care is specific to a family’s circumstances at a given time. This study highlights that good child care may vary with different family formations, needs of a child, and work demands of a parent. Recognizing the variations in family circumstances and tailoring services to families is one way to improve practice with families making child care decisions.

Service provision that addresses specific family circumstances could be useful. Findings from this inquiry suggest that families with infants, families making first time child care decisions, families with children having special needs, families needing part time or non-traditional care hours, and families new to the area could benefit from child care decision making services geared towards their specific circumstances. Cultivating networks among parents who choose to stay home, work part time, use in-home child care, and bring their child to work could also serve to educate parents about the range of
options families might choose regarding work and child care when their children are young.

Another resource that is worthy of attention is the role of support in child care decision making. Parent participants differ in their evaluation of the support they receive from spouses or co-parents, extended family, friends, other parents and the community. Unlike research that looks at support within a family as primarily a gendered issue (Hothschild, 1998) this inquiry suggests that not all support is within families. Single parent participants, particularly, expressed the importance of support in child care decision making. Services to extend support to parents of young children making decisions are needed. These services could include establishing a warm-line, cultivating family to family linkages through mentors or on-line discussion forums about child care.

*Improving Services to Assist Parents in Selecting Child Care*

Parents in this inquiry bring to our attention the role of experience in shaping preferences. Whether through their initial experiences as children, their observations of child care settings as adults or their lived experiences with child care, parents' experiences shape and reshape their child care preferences. For these parents, preferences change as they change and as their children's needs change. Preferences are not static but related to ages and stages of children, family needs, and prior experiences with child care. This inquiry found that first time parents sometimes found they didn't know what to look for in selecting care. Other parents had fears about child care and uncertainties about their capabilities. Increasing education for parents making first time child care selections and increasing the experiences parents have with child care is
warranted. In the research setting, increased viewing opportunities of the child care selection video are needed. Ideally, every parent of young children would have the opportunity to see what quality child care looks like across settings. In addition, the creation of a preschool video might also assist parents looking for child care at this stage.

Programs are needed to increase the amount and accessibility of information on child care choices. The state of Virginia currently supports maximizing choice without providing the resources to ensure that every parent has equal opportunities to become informed consumers. Parent participants expressed a desire for detailed information on all possible child care settings. The state and locality can work with parents to improve the extent of information available and diversify the means by which the information is provided. This will ensure that parents in the research context, despite their computer skills or resources to gather information, can exercise their choice in a meaningful way. These parents would like information so they can perform side-by-side comparisons on settings with respect to cost, environment, curriculum, location, and staff.

The inquiry locality, in adopting a quality rating scale, is setting an example for the state by ensuring that parents have important information to base their decisions on and can benefit from existing research on quality care. This pilot project should be adopted statewide to ensure that parents have information on quality to supplement what they hear through word of mouth or their own assessments. Additional resources, to provide assistance to families who may have the least skills in choosing quality care that works for their family is also needed.
These implications are reminiscent of Gewirtz' (1995) analysis that the choice system is geared to match the upper classes' skills and resources to be informed consumers. Choice can still be preserved within the context of educating parents and improving information. If measures are taken to improve access to information all parents will have the choice not only of child care consumers but also the choice to become informed consumers.

Improving Resources for Managing Care

The ongoing negotiations between a parent and child care provider are associated with quality care and stability of care. Like Uttal's (2002) conclusions to her study of employed mothers managing child care relationships, I agree that this inquiry suggests more resources need to be provided to assist parents and child care providers with shared caring partnerships. First, selection of care should emphasize the importance of finding a child care provider a parent feels they can work with. Second, providers and parents can be educated about the importance of communication and conflict management within a caring partnership. Third, resources for mediation and/or ombudspersons to assist in negotiations are warranted. These resources would have the potential to improve the quality experience for the child, decrease instability and decrease related costs to the locality and state for care transitions.

Forming a partnership for managing care between parents and child care regulators is also needed. In this inquiry, professionals are concerned that some providers are anti-regulation because of the impact of regulation on their economic concerns. Parent and professional participants suggest that the purpose of regulation is
the need to protect children and the rights of parents for ensuring quality care and this outweighs providers' concerns about the interference of regulation with their business goals. Reframing regulatory services as resources for parents and providers to mediate issues may help improve the overall quality of care in the state by increasing the flow of information from parents to regulators.

When faced with challenges selecting care and managing care, parents employ a variety of formal and informal resources. If my reconstructed conversations with parents are accurate, parents compensate for limits in agency resources and local child care markets by using their own personal resources such as luck and networks to gather information about child care and leaving a care situation when they have complaints. Participant parents are not always confident or comfortable as monitors of their children’s care settings. This inquiry found that some parents witnessed incidents at settings that were against regulations or placed children at risk for abuse and neglect but parents chose not to report. Information to parents on monitoring child care and looking for signs of abuse and neglect at child care settings is important, particularly those parents using unregulated care. Sharing the burden of managing care would require a renewed commitment to regulatory resources to provide more education for providers and more visits from regulators. Regulatory services should be redefined not only to protect children, but to assist parents who may not report because of their vulnerability with respect to losing their child care resources. Increased visits from regulators and solicitation of input from parents such as is the standard in child care accreditation, would empower parents to be true partners with regulation and monitors of their children’s care.
Collaboration between Organizations and Professions Serving Young Children and their Families

Currently, a myriad of professionals intersect with parents as they make child care decisions and manage these decisions. A variety of child care professionals may assist parents with information and subsidies, child care educators partner with parents in providing care, and child care and child welfare professionals may assist parents with monitoring and establishing adequate care for young children. Findings from this inquiry suggest that these organizations are not always coordinated. Increased communication and coordination between all organizations serving young children and their families is needed to help parents select and manage child care settings.

The first area of increased collaboration is between agencies interested in the well-being of any young child. This would include the family, child welfare services, child care providers and other health professionals that may be included according to a child’s needs. Collaboration in this area would establish quality caring across settings, particularly for children with special needs or who are in the child welfare system. This collaboration would serve to prevent or minimize the types of situations described in this inquiry where children were asked to leave a child care setting because of behavioral or other difficulties. Arranging quality caring partnerships may extend beyond parent and caregiver to include other professionals. The social work profession, often tasked with coordinating care for young children, is tasked with facilitating this type of coordination. If the new paradigm for seeing child development as related to multiple interacting relationships in several environments is applied to the social work profession, we can no
longer limit practice with young children to the family. Involving child care providers in any assessment or interventions with young children is needed.

The second area of increased collaboration is between parents, child care providers, child care regulators, and child protective service workers. Findings from the inquiry suggested that parent participants felt they were shielded from knowing when regulation and child protective investigations were occurring at child care settings. At the same time, it appears that some child care professionals participating in the inquiry were acting independently to protect children and parents by stopping referrals on settings known to be under investigation. Managing the information flow between child protective services, child care professionals and parents at a child care setting is important. Working together with child care professionals and parents, regulators and child protective service workers may be able to develop new practices that would increase information and options to parents whose settings are under investigation while still maintaining the rights of the child care provider.

The third area of increased collaboration is between information and referral services, subsidy services and regulatory services. Currently, these agencies overlap in the clients they serve but have not developed clear guidelines for optimizing their services to parents. Tension among professionals regarding the best ways to serve clients is apparent from this inquiry. At a minimum increasing communication among all agencies about the services they are currently providing is needed. Finding ways to increase the sharing of resources, especially information on child care providers, while
maintaining different responsibilities for the upkeep and administration of resources is needed.

**Engaging the Business Community**

The findings from this inquiry point to the importance of the business community in making child care work for parents. At a minimum, practices that encourage establishing dialogue with the business community are needed. Educating the business community about practices that would facilitate parents’ child care decision making and child care management are also needed. Businesses could play a role in helping maintain stability in child care settings by offering fixed shifts to employees with young children. Businesses could be encouraged to provide child care or subsidize child care. The business sector could also be encouraged to coordinate shift work hours with the existing availability of child care hours.

**Implications Related to Policy**

Adhering to the conceptual framework developed in this inquiry, policy implications can be found for each stage of the child care decision making process. Parent and professional participants took positions on both practice and policy changes. Skepticism about policy change at state and federal levels is held by both parents and professionals in this inquiry due to the history of state policy surrounding child care, federal policy surrounding family support, and resource distribution. Yet, both parents and professionals agreed that increasing the role of business and tying quality child care to educational readiness and success were worthwhile policy goals. Policy needs to be advanced, however, that increases parents’ access to any pathway they may want to
choose for their child’s care. Policies that minimize the barriers and challenges parents confront when selecting care are also needed. Finally, policies that recognize the ongoing nature of child care decision making and support access to preschool, stability in child care, and time to manage child care are needed.

*Increasing Options for Parents*

In order to increase options for parents, options for staying at home and working must be addressed. The options to stay at home point to the necessity of policies in the State of Virginia that provide financial assistance to allow parents to afford staying at home. For parents receiving subsidies, this may mean adopting a state policy that provides a child care payment to parents choosing to care for their own children. For parents not eligible to receive subsidies increasing the tax credit for young children would be meaningful. By increasing the tax credit, in effect, parents who are staying at home would be receiving a subsidy. Increasing options for working means that minimum wages must include consideration of the cost of child care. A living wage calculated without child care costs is not viable for the many single earner families with young children. The minimum wage should be increased to a living wage level with the addition of child care expenses.

Whereas the abovementioned policy solutions are adjustments to current policy, giving parents a real choice in options calls for considering an entire new set of policies for supporting families and children. Federal policy directions that mirror those of other industrialized countries should be considered to afford parents choice in caring for their
young children. Expanded paid maternity and paternity leaves and universal, subsidized child care are the cornerstones of these policies.

*Improving Resources for Selecting Care*

It is commonly accepted in literature that each family has different material resources entering any child care selection. The child care system is often described as bifurcated, meeting the needs of middle and upper class parents who may have the finances and flexibility to secure high quality care (Kahn & Kamerman, 1987; Cancian, Kurz, London, Reviere, & Tuominen, 2002). While research has certainly pointed out that higher income families have more child care options related to money (Kahn & Kamerman, 1987; Schulman, 2000; Buzzanell et. al., 2005) this inquiry suggests that the notion of resources is more complex and not solely related to class or finances. Access to family friendly occupations and access to family and friends for back-up care were critical resources described by parent participants and professionals in this inquiry. This suggests that work hours and demands and the presence of back up care are related to the options a parent has for child care settings. In some ways this is an extension of Emlen, Koren & Schultze’s (1999) decision making model that links work flexibility and family flexibility to child care decisions. A final resource that this inquiry highlighted was time to find care. Both professionals and parent participants agreed that finding care took time.

Parent participants appeared to have very different resource packages related to their occupations, finances, time and availability of family and friends for child care. In this inquiry, parents’ resource packages related to their decision making. For instance,
resources allowed parents to boycott the child care market or to prolong their search and not settle for care that is less than their ideal. Policies that would maximize families' resources to expand choices among child care settings are also warranted.

Financial resources are needed to ensure that parents in the community can select from a variety of care settings. At a minimum, federal policy should be enacted that makes all parents eligible to receive child care subsidies able to receive these subsidies. This would ensure that parents meeting the income guidelines do not have to choose substandard care while they are on waiting lists for subsidies. Policies to give parents an adequate amount of time to locate child care need to be established for both businesses and employers and incorporated into current welfare reform policies. These policies need to cover both expected and unexpected changes in child care. The Family Medical Leave Act (FMLA) could be expanded to include time off for looking for child care. In addition, policies to provide short-term, high quality child care for parents who lose a setting or need to begin work for Temporary Assistance to Needy Families (TANF) without having child care could assist parents and professionals in managing some of their child care issues in this research context.

*Improving the Supply of Child Care*

If the findings are an accurate reflection of the inquiry setting then child care supply must be addressed. Based on this inquiry, increases in infant care providers, part-time providers, non-traditional hours and providers specializing in care for children with special needs would be appreciated by parents in the research context. Local and state
policies that track child care demand and supply and provide incentives for establishing new child care settings are needed to realize this goal.

Eliminating Discrimination in Child Care Settings

In this inquiry several parents and professionals reported potential discrimination due to income, subsidy status, and families with children having special needs. These experiences suggest a need for policies that define and protect families from discrimination in the child care market. At the federal and state level, transforming child care subsidies to a voucher program would help with minimizing subsidy-based discrimination. Extending the right of children with special needs to child care, under existing education legislation would also be worth pursuing. Finally, local policy to report and address any discrimination should be established.

Encouraging Child Care Stability

This inquiry found, like Smith (2002) that parents often change child care settings several times while their children are young. While some parent participants viewed these transitions as unproblematic and part of changing needs of the child and family, other parents were concerned about the number of transitions their children make during their early years. Given recent research that questions the role of transitions or stability on child development outcomes (Love, et. al., 2003) this inquiry calls for policies that support child care stability in the early years of children’s lives. State and federal policy could be advanced that prioritize stability in child care over employment for welfare recipients. This would mean that parents could leave their children at a setting while they find another employment situation that meshes with the logistics of their current child
care setting. In addition, policies that keep subsidy payments fixed instead of variable and only adjust upwards for price increases would support stability in child care.

This inquiry also suggests there is a time when parents desire preschool settings or preschool activities and this precipitates a change in child care settings. State and local policy proposals that look at “pushing in” preschool curriculum to family daycare homes and centers might help with both increasing the stability parents want for their children while also meeting parents’ preferences for preschool.

*Managing Child Care and Work*

Policy implications are also found with respect to work compatibility with child care. Modifications to the Family Medical Leave Act could be proposed to enhance work flexibility for all families. Policies that ensure that all parents can take time off of work without penalty to care for sick children, to have conferences with child care providers and to attend health and social service appointments related to their young children would make more child care settings and workplaces more family friendly.

*Access to Preschool*

Parents and professional participants both indicated the connection between quality child care and school readiness and success. This inquiry echoes sentiment that not all young children are given the same preparation for entering school. Some policy solutions have suggested linking child care to the public education system in order to increase subsidies for child care and to ensure universal access to quality preschool. While some parent participants welcomed the idea of universal access to high quality preschool, all were not sure this was needed for their child. Social workers, who are
intimately involved with the lives of families with young children, can collaborate with the education profession to ensure that any advocacy work in the direction of universal preschool meets the needs of all families.

Increasing Advocacy

Parents in this study are a missing voice in child care advocacy in the context of this inquiry. As Hewlett and West (1998) suggest, parents in our country do not possess the political organization of an AARP. This inquiry suggests that when they are advocates, parents generally are advocating for their own child. Efforts to create a parenting movement have been suggested (Hewlett, Rankin & West, 2002). In the site of this inquiry, child care professionals are considering an advocacy organization that would include parents. An ideal place to begin organizing parents, some participants felt was through child care settings. The use of on-line resources may be a good way to attract parents based on participants’ report that they use on-line family resources for exchanging child care information. The social work profession, skilled in advocacy work, and also involved in the lives of young children has an active role to play in supporting and championing increased advocacy efforts around child care.

Implications Related to Research

The conceptual framework of the decision making process also relates to a discussion of research implications. The multiple pathways parents took to and through child care decisions calls for expanded research on understanding this experience/stage of the family life cycle. In addition, time research intersects with the multiple pathways families take. In selecting and managing care, defining public and private
responsibilities, examining the role of values, the meaning of trade-offs, and the importance of relationships between family and child care provider are all worthy of further research.

_Charting the Multiple Pathways through Child Care_

Findings suggest that research on child care decision making may benefit from including all parents, even those choosing to stay at home during times when their children are young. Parent participants' understanding of their options and interrelated choices concerning work, child care and time with their child need further exploration. Greenspan's (2000) "two-thirds solution" whereby couples choose staggered work hours so that they can care for their very young children and parents who bring their children to work are pointed examples that not all child care decisions are among the typically defined categories of child care settings: centers, family daycare homes, or kith and kin (family and friend) care. We can no longer assume that all parents who work use non-parental child care or that all parents who use child care, particularly preschool, work.

Moreover, parents in this inquiry have both sequentially stayed at home and worked or some have chosen part time work. It is not clear that all the parents in this inquiry identified completely with the categories of stay-at-home and working parents. The creativity that parents across socio-economic classes employ to circumnavigate the child care market poses several important questions. Are parents avoiding the child care market, as Greenspan (2000) advises for very young children? Or, are parents maximizing their time with young children? Finally, how do differences in class, family structure, race and gender intersect with options and child care choice patterns? Further
research on these non-traditional options and the sequence and timing of work and child care patterns can paint a more detailed understanding of the arrangements parents with young children are opting for and can contribute to supporting policy and practices that maximize the options families have to care for their young children.

*Time Research*

A number of social scientists have been engaged in developing a “sociology of time” (Fuchs-Epstein, 2004). This inquiry found that participants across socio-economic strata experience time pressure (Jacobs & Gerson, 2004) from a variety of time demands. Time norms regulate our lives according to gender and age expectations (Fuchs-Epstein, 2004). The implications of time pressure for family life, marital stability and mental health are all questioned (Presser, 2004).

Social workers are uniquely positioned to contribute to time research. This inquiry suggests that families with young children struggle with time pressures. Some of these parents seem emotionally affected by a lack of time with their young children. Other parent participants were struggling with managing work and child rearing responsibilities without breaks and time for themselves. In describing child care options and settings that work, parents often referred to the dimension of time as an important criterion. In contributing to time research, a worthy goal for social work research would be to develop and articulate methods for assessing time pressure among individuals and families. Secondly, social work research could develop models to explain connections between time pressure and health, mental health and family functioning and to explore differentials in time pressure associated with race, class, gender and power.
Defining Public and Private Responsibility in Child Care Selection

Professionals and parents agree that more assistance for parents to find their best child care match is needed. Policies that support services to provide individualized assistance to families making child care decisions is needed. At the same time, however, defining roles in decision making is needed. One paradoxical finding in this inquiry is that parent participants seem to feel solely responsible for making child care decisions, yet they simultaneously engaged in analysis of the presence or absence of support from family, friends, the community and other parents. Further research exploring the responsibilities and expectations in decision making are needed as practices and policies are developed that support parents in decision making. The following questions would further this line of inquiry: Who are the decision makers in child care? What is the meaning of individual and shared decision making in child care? What are the boundaries of private and public responsibility to children in child care? How do decision makers view their responsibilities and roles in any given context? What is the meaning of public and private in child care decision making?

Expanding an Understanding of the Role of Values in Decision Making

The diversity of parental preferences has been explored in the literature. Parental preference has been hypothesized to be related to many things including class, culture and values (Liang, Fuller & Singer, 2000; Smith, 2002; Meyers & Heintze, 1999; Johnson, et. al. 2003; Huang, 1999; Kontos, Howe, Shinn & Galinsky, 1995). Certainly, findings from this inquiry suggest that parent participants’ values about child rearing and understanding of what constitutes good care for children shapes their ideas about who
they want to care for their child, what they want to see in a child care setting and where they want their child cared for. A more intriguing finding related to values, however, seems to be parents’ concern about exposing their children to other children and congruence with other families at a child care setting. The findings from the inquiry suggest that value congruency is not only assessed through the provider, but also through other families and children at a setting. Cultural continuity may not only be related to the provider but to the behavior of the children in the setting and the families that also bring their children to the setting. Further research that looks at how parents assess other children and other families at a child care setting is needed and may contribute to best practices for assisting parents in selecting child care. Questions related to this topic include: How do parents define their child care communities? What is the role of values in child care settings? How do different child care settings transmit values?

*Expanding an Understanding of Trade Offs in Child Care*

The categories and findings in this study are similar to Lowe & Weisner’s (2004) descriptions of child care choices among families receiving subsidies as well as Early & Burchinal’s (2000) findings that the relationship between preferred care characteristics and actual selection was mediated by constraints in the child care market. Indeed, not all parents in this inquiry chose care that mirrored their preferences. Rather than describing parents choices in terms of satisfaction, this inquiry suggests that research into trade-offs, compromises and the costs that any child care decision entails is needed. Given a limited amount of time, money, or options parents in this inquiry described how decisions were made that were the best, given their circumstances. Exploring the meaning of trade-offs
or compromises for parents and children is a research direction that would help to illustrate the lived experiences of parents in a child care market characterized as low quality, high cost and limited supply (Early & Burchinal, 2000; Seo, 2003; Lifton & Torres, 1999). In turn, this research could support policy that informs child care subsidies and child care supply.

*Developing Relational Models of Child Care Decision Making*

Parents and professionals in this inquiry emphasized the importance of the provider and parent relationship in both assessing a child care setting and making a child care setting work. The ongoing relationship among parent and provider, described by these parents and professionals, suggests that a rational, consumerist model of child care choice may be inappropriate. Choices, as some parents described, were not always logical but were sometimes emotional; parents relied on both their gut feelings and intuitions about child care providers and settings. Parent participants also discussed challenges in relationships: communication, trust, and issues of power.

Literature that decries the organization of child care and other caring work within economic markets (Held, 1993, 2002; Tronto, 1993; Kittay, 1999) has echoes in this study. This inquiry expands our understanding of selecting care and managing care and likens it to entering into a partnership to care for a child. The positioning of parents as consumers minimizes the importance of the parent and child care provider relationship. Further inquiry into the meaning of relationships in child care selection and management is needed to develop best practices for working with parents and child care providers.
Relationships and Quality Child Care

Findings from this inquiry illuminate the dynamic nature of quality care and the capacity of parents and providers to contribute to quality care through a productive working relationship. These parents are finessing their children’s care and engaging in interactions with providers to ensure that their child’s changing needs are met. These findings echo the sentiment expressed by Powell (1997) and Baker & Manfredi/Pettit (1997) that parent and provider interactions are connected to quality care. These findings also add to research that has found parents to value trustworthiness and their ability to relate to the provider in addition to measures typically captured in measurements of process, structure or global quality (Kagen & Cohen, 1996; Kontos, Howe, Shinn & Galinsky, 1995).

It is possible that parents’ emphasis on their relationship with a provider is a proxy for what child development research calls the need for connections between the “multiple, interacting features of the child’s experiences in shaping development” (NICHD, 1996; 2002a; 2002b). Further research on child care decision making from any paradigmatic perspective (positivist, interpretive, or critical) should incorporate questions regarding the activities that parents and providers engage in to sustain quality care for young children. Questions that explore the meaning of trust, getting along and working together can contribute to understanding this important dimension in child care decision making. The decision making process developed in this analysis resembles discussions of parental decision making reported by Uttal (2002), Chaudry (2004) and Pungello and
Kurtz (1999) that conceptualized child care decisions as ongoing efforts by parents to provide quality care for their children.

*Relationship Skills for Managing Child Care*

Social work research that focuses on skills that go into managing child care is warranted. Parents who enroll their children in non-parental child care situations are in effect forming a caring partnership with another adult. Research that illuminates best practices for these partnerships is needed and has the potential to cross family stages of development to encompass all caring partnerships. Research in this area may take several directions. First, research into the factors that increase the workability of a caring partnership would benefit both child care providers and parents. Second, research on communication skills needed to sustain a caring partnership is needed. Third, intervention research on skills training with parents and providers would be a promising start to increasing knowledge about developing effective caring partnerships in child care as well as address some of the issues that parents and professionals raised in this inquiry regarding the difficulties some parents have communicating with providers and the consequences for the child, the family and the social service programs that may serve them.

*Power and Discrimination in Child Care*

Another relationship issue that surfaced in this inquiry involved child care providers and parents and the role of discrimination and power in child care selection and management. It is accepted that while parents make decisions about which settings they want for their child care, providers are also making decisions about their ability to work
well with a family (Nelson, 1990). Social work research on the extent of unjust
discrimination in child care is needed. Closely related to discrimination are issues of
power in child care relationships. Research on power in relationships between providers
and parents does exist (Rutman, 1996; Uttal, 2002). This inquiry contributes to
understandings of the dynamics between parents and providers. One notable finding is
that participant parents sometimes felt powerless to make complaints about providers.
Professionals also felt that providers at time inappropriately used power by refusing to
care for children when a parent decided to leave a setting. Further research is needed on
the use and abuse of power in child care settings particularly as it relates to creating a
quality environment for children.

*Methodological Implications*

The methodological implications for this inquiry primarily concern constructivist
methodology. I have included, however, an implication that I believe crosses research
paradigms and research designs. The challenge of recruiting a diverse sample of families
with young children has important implications for any type of research.

*Implications for Recruiting Parents of Young Children*

Discussion with both the original gatekeepers and subsequent individuals who
assisted in the recruitment process illuminated many of the challenges to recruiting
families with young children. The first issues relevant to research with this population
are time and follow through. The time demands of families with young children may
make following up on being part of a research project a low priority. Many recruitment
sources indicated that parents were enthusiastic about the study; accepted brochures; and
said they would call. Many of the potential participants never followed up and made a
phone call to the researcher.

Research such as the NICHD Child Care study primarily recruited families giving
birth to a child at a medical institution. It can be argued that medical institutions are the
most universally used social organizations by this population. Otherwise, there are few
organizations that a majority of young families subscribe to. In studies specifically
looking for diversity across child care settings and choices, a child care system does not
exist that is sufficient to sample families. Unregulated care and kith and kin care negate
the possibility of accessing all parents through formal organizations. In order to increase
the opportunity to give voice to the perspective of this population it seems that recruiting
through both formal organizations and informal networks could best yield a diverse
sample. Combining recruitment through child care settings or hospitals with recruitment
at libraries, parks, and on-line may be beneficial. Furthermore, recruitment efforts that
are in-person and expedite the consent process and research scheduling are important.

The barrier to using multiple recruitment strategies and more informal strategies
is often the Institutional Review Board or research oversight policies at a given
institution. Although this oversight is designed to protect human subjects, in the case of
hard to reach and under-researched populations the rigidity of recruitment methods may
in fact be denying these same populations access to engaging in research and in shaping
the discourses that relate to their lives. Research that is non-invasive and has minimal
risk, such as the current inquiry could be expedited and improved through developing
standards for non-coercive recruitment that allow for in-person and informal recruitment to occur.

Relationships and Constructivism

Rodwell (1998) defines gatekeepers as the individuals that grant permission for an inquiry to be undertaken and who also will be able to nominate participants. No doubt some gatekeepers may function well in both of these roles. Gatekeepers may only be able to give researchers access to clients via another individual and may not be able to fulfill the role of recruiter. Recruiters are those individuals who have direct contact with individuals who are potential research participants. Many gatekeepers will not have direct access to clients and instead will delegate recruitment responsibilities to case workers or other staff. Relationships with recruiters are equally important for the researcher to establish to ensure commitment to the research process. For instance, in an agency where there are several caseworkers, an entry gatekeeper may suggest three possible caseworkers who would nominate clients. The researcher should then negotiate direct contact with recruitment gatekeepers to explore the potential for productive relationships.

The delegation of recruitment has implications for consistency of the recruitment process as outlined in research protocols. Constructivist research has the potential of having many recruiters and, thus, to ensure compliance with IRB protocols, extensive work outlining gatekeepers and recruiters is needed prior to beginning research. Researchers engaging in constructivist inquiry need to establish relationships with gatekeepers and recruiters and ensure commitment to the research process and viability of
the proposed recruitment script and process in advance of any IRB submission.

Recruitment scripts that have variability are most likely to succeed in instances where a variety of gatekeepers and recruiters from a variety of settings are being used.

In addition, when researching populations that are accessed through agencies, variability also occurs with respect to clients feelings regarding their interactions with these agencies. Working with gatekeepers and/or recruiters, care should be taken to ensure that recruitment is not biased towards recipients with favorable interactions. Thus, purposive recruitment strategies must also include maximizing variation not only based on variables associated with the phenomena but also on variables associated with interactions with the agency. This suggests that any type of inquiry that uses agency gatekeepers will have the agency as an important context of the inquiry. Researchers will need to know about the variability in relationships of clients to the agency and will have to sample accordingly.

This inquiry also pointed out that the relationship of the recruiter to families may serve as an incentive to participation. The families who were recruited commented on their positive connection to the recruiter whether it was a child care professional or provider. This suggests that for participants, the initial contact with a recruiter is part of relational process that continues throughout the research. Throughout constructivist research relationships are paramount. Researchers need to pay attention to the quality of relationships throughout the process including: researcher and gatekeepers/recruiters, recruiters and participants, and researcher and participants.
Use of Technology

This inquiry explored the potential and limitations for the use of technology for constructivist data analysis. Although a variety of software and technology have been used to facilitate constructivist, analysis no program is specifically designed for the reconstruction of data units in which a conceptual framework emerges. The potential for technology to facilitate constructivist inquiry could make this research more feasible given time or resource constraints.

Currently, the process for data analysis consists of transferring units of data to some format that can be easily grouped and sorted such as index cards. This inquiry successfully used technology to facilitate unitizing transcripts and printing them on index cards. Typical spreadsheets are now able to manage large text pieces so are perfectly suited for transforming transcribed interviews into units for analysis. Spreadsheet data can also be used in mail merges to print out units in a variety of formats for further analysis. Furthermore, the use of spreadsheets facilitates the auditing process. One spreadsheet can be easily searched to locate units of data.

The use of spreadsheets, however, is still not entirely feasible for the reconstruction of units into a conceptual framework for all researchers. The cognitive mapping skills required for reconstructing data units require the ability to develop relationships among developing groups of sorted units. Currently, spreadsheet software has the potential to meet some data analysis needs. Units can be grouped on different spreadsheets within a workbook, can be moved around and can be sequentially viewed. Simultaneous viewing of groups of data is still limited, however, which makes working
with large data sets difficult for visual mappers. In constructivist data analysis in which the visualization of a conceptual framework is so important, software that mimics the manual sorting and mapping process are still needed. This inquiry found typical spreadsheet applications to be unsuited to this task. With advances in programming, however, ongoing assessments of how technology can be incorporated into data analysis should be made.

The use of technology in other areas of constructivist inquiry is also promising. Electronic mail was used throughout this process for peer review and communication with gatekeepers. Electronic mail was also used with a sub-sample of participants for the final member checks and for follow up conversations. There is potential of electronic mail to facilitate hermeneutic exchange as well as limitations regarding to participant access. Developing ethical use and guidelines for the use of electronic mail with respect to constructivist research is needed.

*Constructivist Inquiry's Appropriateness for Understanding Policy in Practice*

This inquiry underscores the appropriateness of constructivist inquiry for exploring how policy is implemented and experienced by individuals. This inquiry demonstrated how some parents have issues accessing information, particularly those not already connected with social service agencies. Evaluation research, typically used to understand policy in practice, usually begins with a defined population of users of a given policy. Constructivist inquiry has the potential of letting users of a policy define themselves, so that even those individuals who may not be intended beneficiaries of policies or programs but are unintended stakeholders, can make comments or assessments
of existing or needed resources. This expands our understanding of policy in practice not only to include intended users but potential users and others with a stake in the problem solution. The benefit of this inquiry is that the notion of stakeholders is expanded beyond users and policies are understood as public goods, constructed and reconstructed in a participatory and democratic process.

Social Work Education Implications

As the social work profession develops, populations with unmet needs or with unequal power in the social environment have become the focus of new practice areas, new advocacy work and new education. Examples in the past three of four decades include persons with HIV/AIDS, the gay, lesbian, bi-sexual, and transgender communities, and an emphasis on the aging population. By infusing the curriculum with knowledge pertaining to these populations, developing practice models, and policy analysis the social work profession develops competencies and expertise that reflect the changing needs of a changing society.

Persons engaged in caring for children or other dependents are another potential area of emphasis for the social work profession. Families and individuals now regularly rely on private agencies or individuals to assist them in caring for children, persons with disabilities or illness, and the aging population. In addition, intra family division of caring responsibilities is more complex. The social work profession, by infusing its curriculum with the needs and issues of persons engaged in caring for dependents, may be able to encourage movement towards shared public responsibility in dependent care and policies and programs that are universal.
Infusing Social Work Education with an Emphasis on the Challenges and Issues

Confronting Caregivers

The social work profession would benefit, as the education field is from Nel Noddings (1992) work on developing curriculums of caring, from the development of knowledge, practice and policy solutions to assist individuals and families meeting their caregiving needs. Noddings (1992) details several components of the caring curriculum such as caring for self, caring for others, caring for the community, caring for the environment and caring for the global community. Using this framework, social workers could extend the notion of caring for others to include caring partnerships; helping to develop a curriculum of caring for others with others. In some ways, this curriculum is already the basis of social work practice, in which the social worker is assisting individuals and families to care for themselves or each other. Best practices for working with individuals and families around arranging good care, managing care with private entities, sharing care within families, and advocating for policies that support the care work needs of individuals and families is needed.

Reframing Social Welfare as a Public/Private Caring Partnership

Social work is ideally situated to champion the causes of the many individuals who struggle to provide good care for family members and friends in a social and political environment that now minimizes public responsibility for supporting these roles. In current discourse, care for dependents is positioned as a private responsibility and social welfare institutions have been arranged to assist persons who are not able to manage these caring roles. Rather than the needs-based and deficit model that informs
our social welfare system, the social work profession can advance a model of social welfare within a caring framework. By reframing our discourse to include care as shared public and private responsibility, social welfare institutions may be transformed as well as the social work profession.

Conclusion

This inquiry has many implications for research, practice and policy which is not surprising, given that minimal child care policy currently exists and the first large scale, federal child care research study was only conducted in the past ten years. Policy and practice must change to respond to the growing number of parents with young children who are in need of child care and who are trying to make child care work despite numerous challenges. This inquiry prioritizes the perspective of parents and illuminates their stories of determining how much child care they will use and the experiences they have finding, selecting and managing child care. Parents have not been an organized political voice in shaping child care policy. This inquiry has provided them a vehicle to speak and, perhaps, to reflect on their political possibilities.

The perspectives of parent and professional participants have constructed sophisticated results that lead to a more complex understanding of child care decision making. Parent and professionals participants in this inquiry let us know that decision making is dynamic: it does not begin or end with a trip to the child care market. Rather, the decisions and circumstances leading up to selecting care, as well as the experiences parent participants described after choosing care, are important parts of a decision making cycle that, if attended to, can suggest implications for child care policy and
practice beyond what is typically offered. Parent participants demonstrated that they get better at child care decision making and employ creativity, accessing diverse resources to assist them in making child care decisions. The criteria parents have for finding quality care, while not so different from established notions of structure and process quality, illuminates the importance of the provider and parent relationship and the compatibility of workplace demands and child care options. The candid concerns that parents and professionals express about the meaning of child care for their children’s development and their families well-being seem to parallel, if not preview, the direction of traditional child care research.

This inquiry also suggests that while we, as a society, are figuring out how to fix child care, parents in this study are sometimes left in emotionally challenging situations where they are compromising their standards for care due to the issues of availability, affordability and quality of the child care supply. The costs of some decisions on their children’s development and their family functioning are sometimes unknown and other times too painfully known. Even with the challenges, parents here employ creativity and resourcefulness in trying to find the best care for their children and then working with providers to sustain and even improve the quality of their children’s care.

The pressure of time and the perception that parents are solely responsible for arranging child care may contribute to their lack of advocacy around child care issues. Undoubtedly, there is room for parents and child care professionals to be better advocates. Improving the resources for parents to select and manage their child care is a good beginning that is occurring in the context of the inquiry and could be assisted
greatly by a statewide commitment to more resources for regulatory services, quality enhancement initiatives, and information and referral services.

At a time when using non-parental child care is a normative family task, parents and professionals are entitled to wonder why there are not more resources to assist families and promote quality care in their community and state. By reframing child care decision making from an individual, straightforward market choice to a multi-stakeholder, complex choice to form a caring partnership, findings from this inquiry suggest that more options and more assistance at each stage of the decision making process is needed. Implications for improving local resources and state policy are multiple. Indeed, the perspectives of parent and professional participants do contribute to better solutions for child care policy and practice in the inquiry context.
List of References
List of References


socioemotional adjustment during the transition to kindergarten? *Child Development*, 74, 976-1005.


APPENDIX A

Recruitment Materials

Recruitment Announcement for Gatekeepers (may be used in person or by mail)

Share your story.
As parent of a young child, you are invited to participate in a study that explores parents’ experiences finding child care. Your opinion is important.
Please contact Kate Didden, VCU School of Social Work, at 242-9544 to learn how you can participate in this study.

Recruitment Script for Initial Contacts by Gatekeepers (may be used via telephone or e-mail)

Kate Didden, a doctoral candidate in Virginia Commonwealth University’s School of Social Work is doing research on parents’ experiences obtaining child care. I am nominating you for this study because I feel your point of view is important. Here is a postcard with her phone number if you would like to be a part of the study.

Recruitment Script for Participant Contacts (may be used via telephone, e-mail or in person)

Hello, my name is Kate Didden and I am a doctoral candidate at Virginia Commonwealth University’s School of Social Work. I am doing my dissertation research on parents’ experiences finding child care for their children aged five years old and younger in this community. You were nominated for this study because your point of view is important.
In addition, you may be able to recommend others who could contribute their stories about finding child care for their young children.

This research consists of interviews with parents to get a better understanding of how parents make decisions and find child care. If you are available to participate, the next step is to send you a Research Subject Information and Consent Form that provides more detail about the research process and to set up a time to meet for a preliminary interview. I will need a mailing address and then would like to set a time and place for the interview that is convenient for you.
Questions?

Please contact the student researcher if you have any questions about joining the study.
Kate Didden, MSW
Phone/Voice Mail:
Email:

By Mail:
Kate Didden, Doctoral Student
VCU School of Social Work
PO Box 842027
Richmond, VA 23284-2027

If you would like to be in this study please fill out the card below, remove it and place it in any mailbox.

Would you like to tell your story about how you made child care choices?

Be part of a study looking at how parents make child care choices.
Look over this brochure and return the card on the back to be in this study.

Researchers at Virginia Commonwealth University are interested in understanding how parents decide what child care they want for their children.

What’s Involved in the Study?

A researcher will interview you in person. She will ask you questions about your child care choices including what you thought you wanted, what was easy and hard, and how you made your decisions.

How Long Does it Take?

The interview will take from 30-60 minutes. It will be at your home or another convenient setting. Child care will be provided if needed.

Who Can be in the Study?

The study is open to any parents or caretakers who are at least 18 years old and who have a child from 0-5 years of age. About 30 parents will be in the study.

What do I do to be in the study?

Fill out the contact card on the back of this brochure. The researcher will contact you within a week to tell you more about the study.

Do I have to be in this study?

No. Your participation is voluntary and will not affect your services from any agency that assists you with child care. You also can withdraw from the study at any time.

Will anyone know I am in this study?

Your name will only be used to contact you and will not be shared with anyone else. After the study your contact information will be destroyed.

What do I get for being in the study?

You will not be paid to be in this study. Your participation may benefit you and the community.

Informed Consent

You will be asked to give informed consent after learning about the study, its purpose, and its risks and benefits. The researcher will ask you to sign a consent form after answering any of your questions about the study.
APPENDIX B

Research Subject Information and Consent Form

Title: Child Care Choices among Parents with Young Children: A Constructivist Inquiry

VCU IRB Protocol Number:

Investigators: Mary Katherine O'Connor, Ph.D., Professor, School of Social Work
Kate Didden, Ph. D. Candidate, School of Social Work

This consent form may contain words that you do not understand. Please ask the study staff to explain any words that you do not clearly understand. You may take home an unsigned copy of this consent form to think about or discuss with family or friends before making your decision.

Purpose of the Study:
The purpose of this study is to find out about how parents make child care choices. You are being asked to participate in this study because you are an adult parent/caretaker of a child less than six years old.

Description:
This research looks at how parents make child care choices for their young children. This study uses interviews to collect information. Questions at the interview include what you want for your child’s care, your experiences finding child care, and your experiences with child care providers or programs and agencies in the community. The researcher uses your words and stories to understand child care choices in our community. Your participation in the study begins with one 30 to 60 minute interview. You may be contacted after the first interview to comment on another idea about child care choices. These follow-up talks will be from 5 to 15 minutes long. At the end of the study, you will be contacted for a “member check”. The member check gives you a chance to look at the final report for the study. Member checks may take at most 30 minutes. There will be from 30 to 50 participants in this study. Participants will be parents and other family members or caretakers who make child care choices.
Procedures:
If you decide to participate in this research, you will be asked to sign this consent form after you have had all your questions answered. Our first interview will be face-to-face. I have a few general questions that I will ask you. At the end of the interview there will be a member check where I will tell you the words I wrote down to make sure I heard your ideas. Follow-up interviews may be face-to-face or by telephone or e-mail. These follow up talks may last from 5 minutes to 15 minutes and will ask you to comment on ideas about child care that may be the same or different from your own. During these follow-up talks, names will not be used. You may be contacted 0-3 times for a follow up talk. At the end of the research you will be given a chance to read all or parts of the case study or final report to see if your ideas about making child care choices are in it.

Risks and Discomforts:
The interview questions are about your child care decisions and how they relate to your family life, your work life and the community. Some of the questions during the interviews may cause some discomfort or change the way you think. You do not have to answer any question that you do not want to.

Costs:
There are no costs for participating in this study other than the time you spend in the interviews and follow-up talks.

Benefits:
You may not get any direct benefit from being in this study, but, what we learn from parents in this study may help improve child care resources in our community. You may ask for a copy of the final case study report.

Payment for Participation:
There is no payment for being in this study.

Confidentiality:
Your identity and your family's identity will be confidential. The information you give in the interview may be shared with others in the study, published or shared with child care workers but your name will not be shared. All of the notes taken during the interviews will have a code instead of your name and will be kept in locked files. No names will be used in the final case report.

Compensation for Injury:
In the event of physical and/or mental injury from this study, Virginia Commonwealth University/ MCV Hospitals will not provide treatment. If injury occurs, contact your doctor. Fees will be billed to you.
Voluntary Participation and Withdrawal:
You do not have to participate in this study. If you choose to participate you may stop at any time without penalty. Your decision to participate will not be known by any agencies that provide child care assistance nor will it affect any services you receive. You may also choose not to answer particular questions that are asked in this study.

Questions:
In the future, you may have questions about your study participation. If you have questions you may contact the researcher, Kate Didden, MSW at (804) 828-0688. If you have questions about your rights as a research participant, you may contact the VCU Office for Research Subjects Protection, Biotech One, 800 E. Leigh Street, Suite 114, Richmond, VA 23219 or by phone (804) 828-0868.

Consent:
I have read the consent form. I understand the information about this study. All my questions have been answered. My signature says that I am willing to participate in this study. I understand that I will receive a signed and dated copy of this consent form for my records. By signing this consent form I do not waive any legal rights that I have as a subject in a research study.

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<tr>
<th>Participant name (Printed)</th>
<th>Participant Signature</th>
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<tr>
<th>Witness Signature/Person Conducting Informed Consent</th>
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<th>Signature of principal investigator</th>
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APPENDIX C

Interview Guide

1. To begin, please tell me what you thought you wanted for child care.
   - Care traditions?
   - Culture?
   - Knowledge/ideas about child care?

2. How did the circumstances of your life influence your child care decision?
   - Family characteristics?
   - Child characteristics?
   - Work characteristics?
   - Child care supply/location characteristics?

3. How did you actually select and arrange the child care?
   - Agency interactions?
   - Policy/programs?
   - Child care provider interactions?
   - Intra-family negotiations?
APPENDIX D

Decision Rules

1. Pathways to Child Care: This major category contains the context, reasons and circumstances that bring families to choosing non-parental care including a description of their options.

1.1. Family Description subcategory contains all description of family background and demographics related to decision making.

1.1.1. Family employment sub-sub category includes participant and other child rearing partner occupations, work hours, income and class.

1.1.2. Family background sub-sub category marital status, description of becoming a family, number and ages of children, race/ethnicity, geographic/regional background

1.1.3. Family of origin sub-sub category includes all references to how parents were cared for as children.

1.1.4. Family support sub-sub category includes all references to extended family and friends’ availability and relationships.

1.2. Child Care Options subcategory contains all decisions related to the amount of non-parental child care used.

1.2.1. Option to stay at home sub-sub category includes interpretations of the reasons and evaluation of choosing parent care for young children.

1.2.2. Option to Work sub-sub category includes descriptions of the reasons and evaluations of choosing to be employed with young children.

1.2.3. Other possibilities sub-sub category includes descriptions of the reasons and evaluations for choosing options that may combine the aforementioned options.

1.2.4. Option to use Child care sub-sub category includes descriptions of the types of childcare used and evaluations of choosing non-parental care for young children.
1.3. Decision points subcategory consists of all the circumstances that establish the need for a child care decision to be made.

1.3.1. Work sub-subcategory includes all changes in schedule, geographic location, employment that relate to child care decisions.

1.3.2. Age and Stage of Child sub-sub category includes descriptions of children’s ages, needs or stages that relate to child care decisions.

1.3.3. Change in setting sub-subcategory includes all voluntary and involuntary changes in current child care situations that relate to child care decisions.

1.4. Decision makers subcategory describes support from other individuals and groups that contribute to a families child care decision making process.

1.4.1. Expectations in decision making sub-sub category includes all interpretations of who is responsible for choosing child care.

1.4.2. Family Involvement sub-sub category includes description and evaluations of involvement from spouses or other parents and in the decision making context.

1.4.3. Others sub-sub category includes descriptions and evaluations of involvement from friends, extended family, other parents, and the community in the decision making context.

2. Child care Selection category includes all factors that contribute to the choice of a non-parental child care setting.

2.1. Hopes, Dreams and Visions sub category includes all criteria that establish parameters for selecting child care.

2.1.1. General sub-sub category includes miscellaneous criteria that parents want when selecting child care.

2.1.2. Who Parents Want sub-sub category refers to all criteria for child care providers.

2.1.3. What Parents Want in a Setting sub-sub category refers to all criteria for activities and environment at a child care setting.

2.1.4. Where Parents Want sub-sub category refers to all preferences for particular settings.
2.2. Decision challenges sub category includes all barriers to selecting care that parents encounter in making child care decisions.

2.2.1. Fears sub-sub-sub category refers to all concerns parents have about what may happen to children at child care setting.

2.2.2. Transitions and uncertainty sub-sub-sub category refers to all concerns about changes in child care decisions.

2.2.3. Personal capabilities sub-sub-sub category refers to all concerns parents have regarding their decision making ability.

2.2.4. Availability sub-sub-sub category includes descriptions of problems related to the supply of hours or types of care.

2.2.5. Getting In sub-sub-sub category includes descriptions of problems parents experience related to gaining access to available care.

2.2.6. Time sub-sub-sub category includes descriptions of problems parents experience finding care related to time.

2.2.7. Cost sub-sub-sub category includes descriptions of problems parents experience related to affording child care.

2.2.8. Quality of Care sub-sub-sub category includes descriptions of problems parents experience related to finding standards of care.

2.3. Decision making sub category includes descriptions of activities undertaken in selecting child care.

2.3.1. Assessing dimensions sub-sub category includes evaluations of settings.

2.3.1.1. Setting sub-sub-sub category refers to all evaluations of activities, philosophy, and program components of child care settings.

2.3.1.2. Staff sub-sub-sub category refers to all evaluations of child care providers.

2.3.1.3. Others in Care sub-sub-sub category refers to all evaluations of other families and children at child care settings.

2.3.1.4. Availability, Cost, Convenience refers to all evaluations of accessing child care settings.

2.3.2. Approaching decisions sub-sub category includes all references to strategies parents use for approaching decisions.
2.3.2.1. Planning Ahead sub-sub-sub category refers to the use of time in selecting child care.

2.3.2.2. Keeping Expectations High sub-sub-sub category refers to maintaining criteria when selecting child care.

2.3.2.3. Decision making Style sub-sub-sub category refers to the use of emotion or logical approaches to selecting child care.

2.3.2.4. Luck sub-sub-sub category refers to the role of serendipity in selecting child care.

2.3.3. Collecting Information sub-sub category includes all references to strategies parents used to find information on child care providers.

2.3.3.1. Visiting and Interviewing sub-sub-sub category refers to information gained in exchange with child care providers.

2.3.3.2. Using Networks sub-sub-sub category refers to information gained in exchange with family, friends, coworkers and other parents.

2.3.3.3. Formal Resources sub-sub-sub category refers to information gained through exchange with agencies, organizations or publicly available guides.

2.3.4. Getting Financial Resources sub category includes all references to strategies parents used to pay for child care.

2.4. Agency Resources sub category includes descriptions and evaluations of public resources available to assist parents with child care decision making.

2.4.1. Information and Referral sub-sub category includes all references to programs that provide data on child care providers to parents.

2.4.2. Subsidy sub-sub category includes all references to programs that provide money to parents to pay for child care.

2.4.3. Licensing and regulation sub-sub category includes all references to programs that license and monitor child care.

2.4.4. Organizational issues sub-sub category includes evaluations of funding, coordination and access that all agencies share.

3. Child care Experience category includes all the evaluations of child care settings used and activities undertaken when using a child care setting.
3.1. Settings That Work sub category includes the factors that relate to parental satisfaction with child care experiences.

3.1.1. Positive Emotional Experience sub-sub category includes descriptions of positive emotional responses related to child care experiences.

3.1.2. Child Care and Work Works sub-sub category refers to elements of work and child care that are compatible.

3.1.3. Child and Provider Interaction works sub-sub category refers to elements of the provider and child relationship that are compatible.

3.1.4. Transitions Work sub-sub category refers to changes between settings that are manageable.

3.1.5. Interaction with Provider Works sub-sub category refers to positive interactions with providers.

3.1.6. Child Care and Family Needs Work sub-sub category refers to elements of logistics and cost that work for a family.

3.1.7. Connection with Others sub-sub category refers to relationships with other families and between children at child care settings.

3.2. Settings That Don’t Work sub category includes the factors that relate to parental dissatisfaction with child care experiences.

3.2.1. Negative Emotional Experience sub-sub category includes descriptions of negative emotional responses related to child care experiences.

3.2.2. Child Care and Work Doesn’t Work sub-sub category refers to elements of work and child care that are incompatible.

3.2.3. Child/Provider interaction Doesn’t Work sub-sub category refers to relationships between providers and children that are not evaluated positively by parents.

3.2.4. Transitions Don’t Work sub-sub category refers to changes between settings that are difficult.

3.2.5. Interaction with Provider Doesn’t Work sub-sub category refers to problematic interactions with providers.

3.2.6. Child Care and Family Needs Don’t Work sub-sub category refers to elements of logistics and cost that do not work for a family.
3.2.7. Connection with Others sub-sub category refers to relationships with other families and between children at child care settings.

3.3. Managing Child Care sub category includes all aspects of managing the child care experience.

3.3.1. Trade offs sub-sub category refers to compromises parents accept in child care experiences.

3.3.2. Monitoring sub-sub category refers to ongoing observation of child care settings parents have chosen.

3.3.3. Working with Providers sub-sub category refers to interactions with providers to manage care.

3.3.4. Changing settings sub-sub category refers to leaving child care settings voluntarily.

3.3.5. Agency Resources sub-sub category refers to employing public resources to assist with managing child care.

4. Positions on Child Care Changes category includes all recommendations for alterations that might be related to child care decision making.

4.1. Changes in Practice and Policy sub category includes analysis of policy and recommendations for practice changes.

4.1.1. New Services sub-sub category refers to all recommendations for expanding or adding resources to assist parents with child care decision making.

4.1.2. Values sub-sub category refers to analysis of cultural values.

4.1.3. State Policy sub-sub category refers to all evaluation and recommendation for changes to child care regulations and policy by the state legislature.

4.1.4. Local Policy sub-sub category refers to recommendations for child care policy in the local community.

4.1.5. Federal Policy sub-sub category refers to recommendations for policy changes at the federal level.

4.2. Strategies sub category refers to ideas about actions that may relate to facilitating changes in policy or practice.
4.2.1. Advocacy sub-sub category includes all references to parents and professionals lobbying legislators.

4.2.2. Money sub-sub category includes all references to funding related to making policy or practice changes.

4.2.3. Role of Business sub-sub category includes all references to engaging the business sector that relates to policy and practice changes.
APPENDIX E

Final Member Check Materials

Dear

Thank you again for participating in my research on parents' child care decisions. Over the past year I have been analyzing the data from 31 interviews and writing up my findings. Now I am asking you to participate in the research once more by reviewing the case study. I hope that you will find it interesting to read.

Your participation is very important and gives you a chance to review your data. My research is not complete until I have feedback from participants to make sure their ideas have been accurately portrayed in my case study. I have attached a set of guidelines for reading the case study and making comments. The instructions are easy. While you are reading the case study just write down any page number and sentence that you think I need to change. I need your comments by May 3rd at the latest.

You can either mail me the following page in the stamped and addressed envelope provided or you may e-mail me your comments at the address above. I realize that there may be some life circumstances that prevent you from reviewing the case study. If you feel you can not review the case study, or have no suggested changes still take five minutes for answering questions 1-3 on the following page and returning it to me. I will then know you consent to having your data included in the case study but have no changes.

I feel indebted to all of you for sharing your experiences, ideas, and emotions with me. I have learned tremendously and hope that I can successfully share what I have learned in my future work in the social work profession.

Sincerely,

Kate Didden, MSW
CASE STUDY COMMENTS

You do not need to read the Introduction (pg. 1-18) or the Part 5: Lessons Learned. I have included these, however, if you do want to read them. Read Part 1, Part 2, Part 3 and Part 4 of the case study. Your data as well as 30 other participants is presented. You can only make changes to your data, or the words, ideas and stories that you shared with me. When you noticed that something you said is factually wrong or missing or misrepresented note it in the following table.

<table>
<thead>
<tr>
<th>Page</th>
<th>Sentence starting with</th>
<th>Change Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>At first my child was with my sister from 6 months to 18 months.</td>
<td>the time was 6 months to 15 months.</td>
</tr>
</tbody>
</table>

QUESTIONS

1) Do you have any comments about the case study? Were you able to see your perspective?

2) Do you have any comments about being part of this research? Has it changed any part of how you look at child care decision making?

3) Would you like a copy of the final, entire dissertation?

4) If you did not list any changes please answer: No changes. ____
   Waive my review. ____

5) Your signature_ _______________________________________________________
APPENDIX F

Audit Report and Supporting Materials

Title: Child Care Choices Among Parents with Young Children: A Constructivist Inquiry
Researcher: Kate Didden, M.S.W.

Auditor: Michael L. Howell, M.S.S.W.

Audit Purpose
This audit was conducted in order to assess the rigor of the research process employed in this constructivist inquiry. The auditor’s purpose is to confirm that the methods employed are congruent with sound, ethical, constructivist practices (Rodwell, 1998).

Audit Objectivity
Constructivist methods require that an audit be performed by an external auditor with substantive and methodological expertise who can objectively assess the quality of the inquiry process and product along specified quality dimensions. Prior to being asked in 2004 to conduct the audit when the inquiry was complete, the auditor and inquirer were not acquainted. Minimal contacts occurred subsequently, but increased in frequency as the inquirer neared the completion of the study. The auditor feels that his objectivity has been maintained. No compensation was sought or provided for auditing services that might compromise objectivity.

The reader is encouraged to critically assess the rigor of the audit that was performed. To the degree possible, the auditing process employed has been based on practices recommended by Rodwell (1998) in Chapter Eight: “Presenting Constructivist Research Results” (pp. 186-188) and Chapter Nine: “Peer Debriefing, Peer Review, and the Audit” (pp. 199-209) from Social Work Constructivist Research. See Audit Appendix A: Auditing Tasks for a description of the general tasks that were performed as part of the auditing process.

Auditor Credibility
Rodwell recommends that the audit is best performed by an auditor with substantive and methodological expertise who will be sensitive to the requirements of constructivist research design as well as the complexities, politics, and nuances of the inquiry subject. Though the auditor believes his experience demonstrates competence, the reader is
encouraged to evaluate the auditor's expertise as it contributes to credibility and appropriateness to perform the audit.

The auditor holds both bachelors and masters degrees in social work and is a candidate in the Ph.D. program in social work at Virginia Commonwealth University.

Substantive expertise
The auditor has been employed in the child welfare field for the past thirteen years in various capacities. Familiarity with the inquiry subject, child care, is based on approximately four years' experience as a child protective services investigative social worker. In this role, the auditor investigated complaints of child maltreatment reportedly occurring in families as well as home-based/family daycares, kinship daycare, and daycare facilities. It should be noted that the auditor is not a consumer of daycare, nor is he a parent. Though unlikely, readers are cautioned that the auditor's limited experience with daycare may have influenced the audit to some degree.

Methodological expertise
Like the inquirer, the auditor completed the Constructivist Research Methods course offered as a Ph.D. elective at VCU in the School of Social Work (taught by Mary Katherine Rodwell O'Connor). This course is an exploration of the dimensions of constructivist research that culminates in a small-scale constructivist research inquiry. Additionally, the auditor has performed one previous audit on a small-scale constructivist project (McElvey, 2004, unpublished).

Audit Methodology
In accordance with Rodwell's recommendations that the audit in a constructivist inquiry demonstrate transparency and congruence with the methods employed by the inquirer, all audit activities will be documented in this report to allow the reader to assess the rigor of the audit. Clearly articulating the audit process allows the reader to judge whether the warrant of quality has been based on compromised standards or is supported by the evidence that comprises the audit trail.

In addition to the Audit Report, the auditor also provides for review documentation of both the methodological and reflexive processes employed (provided in table format in Appendix B: Emergent Audit Design) and additional evidence of the audit protocol. As these materials will demonstrate, the audit process was similarly emergent with methodological shifts occurring as the auditor became more intimately familiar with the research process that was employed and as his understanding of the topic also became more sophisticated through exposure to the data and supporting materials.
Audit Contract
The researcher and the auditor met on May 2, 2006, to discuss and negotiate the audit.

Purpose and context
During this meeting, the researcher oriented the auditor to the study, briefly describing how the research was conducted. She described the various stakeholder groups and explained how and why the study was geographically bounded.

Proposed scope and goals of the audit
The inquirer specifically requested an audit of the Trustworthiness and Authenticity dimensions. The researcher and auditor entered a verbal contract regarding audit expectations. The auditor maintained notes from the meeting documenting the agreed upon purpose and scope of the audit.

Audit trail
The auditor was provided materials the inquirer considered evidence of the audit trail. An initial examination of the materials was conducted with the inquirer present to determine whether sufficient evidence appeared to consider the audit trail complete and auditable. The researcher asserted that the materials were complete and comprehensible and explained how they were developed and organized. She explained how data had been maintained and provided suggestions for locating and reviewing data. Based on this introduction, an initial determination was made that the materials provided were sufficient to begin the audit process.

The material provided during this meeting included:
- Reflexive Journal
- Methodological Journal
- Peer Review Journal
- Draft Dissertation Chapter Three: Methodology
- Draft Case Study
- All Field Notes
- All Expanded Field Notes
- All Unitized Data on Index Cards grouped by final categories, representing 3800 individual data units
- Decision Rules for Categorization of Data Units
- Conceptual Framework suggesting the relationship between categories
- CD Version of Administrative and Supportive Documents
- Voluntary Consent Forms (The auditor confirmed that all consents had been signed and requested that the researcher maintain them as a security measure to protect the participants.)
An agreement was made that the inquirer could provide the member check documentation at a later time as final member checking was ongoing. Also, the inquirer would provide all materials used in data triangulation.

Once the audit was underway, the auditor requested, and was provided on June 1, 2006, additional material including:
- Initial Institutional Review Board Proposal (Section 7: Research Synopsis)
- Modified Institutional Review Board Proposal (Section 7: Research Synopsis)
- Recruitment Materials approved by the IRB
- Substantive Area Responses from Comprehensive Examinations (basically an introduction to the relevant literature and articulation of the problem under study in lieu of Dissertation Chapters One and Two)

On June 3, 2006, the inquirer sent the auditor additional materials:
- All member check forms that were returned by participants by the deadline
- All supporting materials collected for use in data triangulation
- A revised conceptual framework incorporating changes the inquirer believed clarified the categorical relationships drawn from the data.

Timeline/deadline
Rodwell suggests that the audit benefits from the auditor’s immersion in the audit trail materials. She recommends that the audit be conducted in a limited, clearly-defined span of time, with the auditor and inquirer understanding the impact on the quality and scope of the audit. The inquirer requested that the audit be completed within two weeks of the initial meeting and audit contract negotiation. Due to other obligations, the auditor was unable to complete the audit by the initial deadline. The audit was completed intermittently when time was available to the auditor. The quality of the audit may actually have been improved by the extended period of time available for conducting the audit. The inquirer was able to respond to the auditor’s questions and provide additional materials by e-mail and delivery service that strengthened the audit trail. The auditor was also better able to manage the substantial amount of data and materials that were provided to use in evaluation, experiencing less “data overload” throughout the process which might have impacted clarity and evaluation. As Rodwell suggested, the audit did begin before the case study was finalized, offering the inquirer the opportunity to incorporate participant feedback and new constructions into the case material as the audit continued.

Auditing site
According to Rodwell, ideally the audit is performed “on-site” where the inquirer and all materials are available in the researcher’s “natural environment” whether this is a business office or residence or other location. Despite this standard, circumstances including the geographical distance, the auditor’s obligations, and the time required to conduct the evaluation, prevented an on-site audit.
Compensation
No compensation was provided in exchange for auditing services. The auditor considered this an opportunity for skill development and was pleased to be able to support the efforts of a colleague.

Dimensions Assessed

Trustworthiness

Credibility
Strategies congruent with constructivist methods were used to maximize the trustworthiness dimension of credibility. The inquirer relied both on tacit knowledge developed through parenting, peer review with another parent, gatekeeper recommendations, and persistent observation to conceive of a study that would offer a variety of parents the opportunity to explore and reveal both their common and unique approaches to child care decision-making. All data generated through the interviewing process was included in the case study, used in an iterative process of constructing conceptual categories grounded in that data. The researcher minimized the influence of her own bias by using peer review and journaling to reflect on her changing understanding of child care decision-making practices. Further, through a series of member checks during interviewing and after the case study was drafted, the researcher returned the data to those interviewed to ensure that participants felt that their perspectives were represented without being subsumed by her own constructions. When participants questioned data, the researcher either accommodated their recommendations regarding data changes (generally grammatical issues), or confirmed that the data in question had actually been supplied by a different participant. In the case study, the researcher used a particular stylistic convention, introducing her voice as the narrator, to identify her own ideas and to distinguish them from those of the participants. Creating the character Roz, she also took care to distinguish the perspective of professionals from parents, acknowledging that even though the professionals were parents, they remained differently situated due to their access to information and resources, and ability to navigate the child care system more confidently.

Confirmability
A vigorous review of the data, tracing data units/themes/ideas from the final case study to the original raw data, suggests that the inquirer has satisfied the trustworthiness dimension of confirmability. The reflexive and methodological journals and the actual data sources confirm that the researcher applied the unitizing process to the data in accordance with constructivist practices. Data gathered in field notes was expanded in secondary transcribed field notes and then deconstructed into component units, each representing a singular idea that could be understood by any reader. These individual units were then transferred to index
cards, each card representing a single unit of data. Using a systematic process, the auditor identified 44 case study citations (approximately 10% of the 449 total citations), representing 420 individual units of data. Each of these data units was traced from the case study back to the expanded field note then back to the initial field note generated during the participant interview. Three hundred eighty-eight units could be confirmed from the raw data in both the expanded and initial field notes. Only 32 units (or less than 1% of the tracking sample) traced could not be identified or located beyond the expanded field notes. However, the auditor cautions that not finding the units does not necessarily mean that they are not actually present in the data. In some cases, it is quite possible that the auditor was simply unable to identify the specific unit due to legibility issues or misunderstanding the “shorthand” used by the researcher while taking interview notes. The methodological journal details the researcher’s logic relating to analyzing the data and, subsequently, constructing a categorical system used to assign individual units of data to categories representative of the units the categories contain, including a series of decision rules to govern the assignment of data. While the categorization system seems reasonable and logical, based on a review of the data and the researcher’s documented decision process, concern is noted. In the auditor’s attempt to verify the logic of the data categories, discrepancies have been identified. Four subcategories were selected to be assessed: 1.1.4, 1.2.4, 2.3.3.2, and 4.2.1. In the first subcategory, 3 of the 7 units of data identified in the case study citation as being part of this subcategory could be located in the unitized data cards. In the second subcategory, both units were located. In the third, all of the 6 identified units were located. But in the fourth subcategory, only 1 of the 6 identified units could be located in the unitized data cards. While the auditor does not question that the data identified was used in constructing the categories, being unable to trace the data to the cards used in establishing categories does suggest a minor breach in data analysis protocol. The methodological journal documents the researcher’s attempts to make sense of the data by allowing the data to generate categories to represent it. The researcher acknowledged that several attempts were required to understand the order inherent in the data and develop rules to represent that order, demonstrating her increasingly sophisticated understanding of the data. This is also true of the process documented for developing a conceptual picture of the relationships existing between the categories that emerged.

**Dependability**

The researcher approached the inquiry systematically. Her process, as recorded in the reflexive, peer review, and methodological journals, as well as the IRB proposal, demonstrate that the researcher relied on emergent design (to the degree possible within the structure imposed by the IRB which limits some aspects of emergence) to maximize the trustworthiness dimension of dependability. There is a clear trail of decisions, made thoughtfully, often with the guidance of the peer reviewer or Dissertation Chair. Methodological choices and shifts were related to
changes in the researcher's understanding of the topic. They were influenced by data as it emerged. Themes introduced into the interviews and questions posed changed over the course of data collection to respond in recognition of an evolving complexity in the topic. The journals demonstrate that purposive sampling occurred. The sample consisted of participants who fit the categories of stakeholders who the researcher felt could contribute multiple perspectives on the topic of child care decision making. During the course of the inquiry, the sample evolved to include professionals when it became clear that their perspectives were necessary to understand the phenomenon more fully. While the auditor would suggest that there were other stakeholders who might have been considered as having relevant perspectives, the logic behind the choices in bounding the sample is reasonable and clearly documented. In constructivist research, data collection ends when the researcher experiences saturation. As the researcher has acknowledged, it is possible that data collection from parents may have ended prematurely. Though the researcher experienced saturation regarding some themes, new themes seemed likely to emerge given the great diversity families demonstrate. Within the sample, there was evidence that participants similarly situated socio-economically experienced decision-making in the same way; their stories were congruent. On the advice of the peer reviewer and Dissertation Chair, the researcher decided to end data collection due to the challenges experienced in identifying and recruiting sample participants. Given the circumstances, it appears to have been a reasonable decision. Much like the sampling process, the journals and data document that the researcher implemented a hermeneutic process throughout the course of the research. The raw interview notes and the expanded transcripts demonstrate that ideas and the new themes that emerged from them were introduced to later interviews from earlier interviews—and, in several cases, later ideas were taken back to early participants to provide an opportunity for those participants to reflect on them. Within the interview data, there is evidence of participants acknowledging the complexity of decision-making as they admit to becoming aware of perspectives different from their own. The auditor cannot attest to the development of a hermeneutic circle in the truest sense as he understands it. A hermeneutic circle suggests an ongoing process in which the participants and researcher reflect on ideas and then reflect on each other's reflections. However, a member checking process was implemented to provide participants with an opportunity to comment on the case study and their reactions to it—both its format and the ideas that emerged during the inquiry. Overall, the assumptions of constructivist methodology have been satisfied in this project.

Transferability
The choice of the format for the case study demonstrates the researcher's desire to maximize the transferability dimension of trustworthiness. Although description is thick, a standard of constructivist research, the case study was written in a style that participants described as "engaging" and useful. Participants related to the characters that represented their views. They felt that their voices could be heard
as their perspectives on child care decision-making were articulated. After
reviewing the data, it appears that the case study aptly represents the context and
the participants. The story makes use of the text data in ways that emphasize and
respect the participants’ words and thoughts, avoiding reductionistic summary.
Like other kinds of qualitative research, constructivist research relies on the
reader to assess the value of the research across contexts. The case study format
appears complex enough to describe the child care decision-making phenomenon,
yet simple enough that readers from other contexts could grasp its meanings and
form judgments as to whether findings might hold true across situations and
contexts.

Authenticity

Fairness
Efforts to maximize the fairness dimension of authenticity are documented in the
journals and the data. The use of informed consent was verified. As mentioned
earlier, the sample was developed purposefully, in such a way as to include great,
if not maximum, variation in the sample. It varies along race, gender,
socioeconomic status, child care needs, professional/parent relationship to child
care, ethnicity, employment and other factors. Efforts were made to recruit cases
that were normal, unusual, and critical. Clearly efforts were made to find
participants whose unique stories could contribute to a better understanding of
child care decision-making. There is diversity in the sample. The stories
participants contributed are represented in the case study, with no evidence that
any perspective was “truth” or held higher status or use than any other
perspective. The participants and their stories were represented fairly in the case
study through the use of the family characters, all having different needs and often
different experiences with decision-making. The story represented all stories as
legitimate. Member checking, a constructivist research standard, was employed.
The researcher decided to provide all participants with the case study, feeling that
was the fairest way to ensure that all participants had the opportunity to comment
on the product and how they felt represented within it. Only a few chose to
provide their feedback, which was unanimously positive. All respondents
indicated that they felt fairly represented and could identify their own
perspectives in the case study. Their favorable comments include:
• “I was able to see my perspective through other characters.”
• “It was a relief to share my insight.”
• “I’m not sure which family I am collapsed into, but I think what I shared is
  somewhere in these pages... It was a therapeutic discussion for me... Thanks
  for hearing my story.”

Ontological
As with the fairness dimension, the researcher attempted to maximize the ontological dimension of authenticity. Throughout the interview data, there are multiple examples of the researcher’s attempts to introduce participants to alternative perspectives and to encourage them to reflect on others’ ideas about child care decision-making. In both the journals and the interviews, a trail develops that demonstrates the progression of the researcher’s thinking regarding the topic. As her understanding becomes increasingly sophisticated, so do the themes that emerge and are refined over time. The themes are introduced to the participants as they emerge and often are taken back to earlier participants to reflect upon. The data provides evidence that the researcher becomes increasingly insightful and acknowledges the complexity of decision making to participants and in the case study. To the degree that the hermeneutic process was developed, ideas are introduced to participants to encourage deeper reflection and greater understanding. The final member check provides evidence regarding this dimension, perhaps the key dimension of constructivist research, in the following comments:

- “I read your chapter with great interest. In addition to the full, rich treatment of child care decision-making, it brought together a number of things I’ve observed about parenting while working full time.”
- “It was nice to see the whole picture.”
- “Reading the study has enriched my understanding of the child care decision making process.”
- “I really feel as though my understanding of the child care selection process has been enriched by reading your thesis.”

**Educative**

Where other dimensions of trustworthiness and authenticity are assessed using multiple data sources, the educative dimension is assessed using the member checking materials, in this case the final reactions of the participants who chose to respond to the case study. The inquirer used a formal member checking process, employing a form accompanying the case study. Participants were asked if their participation had changed their understanding of child care decision-making in any way. The choice to pursue member checking in this fashion does not maximize the educative dimension of authenticity but it does address it. Evidence to assess this dimension is limited and further efforts in different forms might have strengthened the conclusion that can be drawn from the available material. The conclusion that there is evidence of educative authenticity is tentative, with the reader cautioned that it applies only to those participants who responded. The basis of this finding rests on the following comments from participants:

- “After reading this research, I realized that no matter what your income or background, child care choices can be difficult for all parents.”
• “I am not alone in my child care quest, yet we all do it differently.”
• “Interesting to see what people experience when looking for paid child care.”
• “Wonderful to read the differences and struggles we all go through. Families in every situation have difficult decisions.”

CATALYTIC
An assessment of the catalytic dimension of authenticity was not requested as part of the audit. Catalytic authenticity has been considered difficult to assess by auditors as any change that may occur as a result of participation in the research is likely not to become evident within the time-frame that bounds the inquiry. However, the auditor would note that within the audit trail materials there was at least the suggestion of, if not evidence of, catalytic authenticity. During the course of the research, the inquirer became aware that one participant began using an internet website to educate other parents about child care decision-making, introducing some of the ideas and resources that had been brought into that participant’s interview. As this participant’s goal was to help other parents become “smarter” about their decision-making and their resources, in effect, changing their decision options, this incident is being considered as supporting evidence for the potential existence of catalytic authenticity.

WARRANT OF QUALITY, RIGOR, AND CONGRUENCE WITH CONSTRUCTIVIST METHODOLOGY
After examining the design and methodology employed in this study, the raw data, and the reconstructed data, themes, and conceptual categories that emerged through data analysis, it is the auditor’s opinion that this study is consistent with the ethical and methodological standards of constructivist research. Based upon the evidence presented as the audit trail was investigated and assessed, the auditor asserts that this study has been rigorously conducted, quality standards adhered to, and methodological decisions logically explained, resulting in the production of a quality research report that fairly and respectfully acknowledges multiplicity of perspectives and a sophisticated understanding of the topic of child care decision-making. Standards for developing the dimensions of trustworthiness and authenticity have sufficiently been met and there is evidence of the existence of all constructivist dimensions that were assessed within the case study.

Respectfully submitted June 11, 2006,

Michael L. Howell
School of Social Work
Virginia Commonwealth University
Postscript
The auditor would like to note that he also learned much about child care decision-making from auditing these materials. Exposure to this study has led to reflection upon his own, and the child welfare system’s, practice around child care when allegations of maltreatment due to lack of supervision exist. Though it is common practice to demand that a parent have child care “tomorrow,” or “next week,” or “by the next time I visit,” it may be that child protective services places an almost impossible demand upon parents to immediately secure day care or child supervision—even when the child welfare agency provides money. It may also dis-empower parents when the parent’s range of choices is severely limited by the demands of the child welfare agent. The findings of this study should be made available to child welfare practitioners to educate and sensitize them regarding this issue.

Attached:
Audit Appendix A
Audit Appendix B
Audit Appendix C
Audit Appendix D
Audit Appendix A: Auditing Tasks

Auditing Tasks

There are four identified tasks described by Rodwell (1998):

Systematic review of the evidence
- Review the audit trail intensely to assess its quality

Assessment of degree to which methodological choices fall within acceptable constructivist practices
- Assess appropriateness of inquiry decisions and methodological shifts
- Is there evidence of inquirer bias related to sampling, data collection, or exploration of the phenomena under study?
- Is there evidence of member checks, peer debriefing, and triangulation?
- Did logistical problems unduly influence the process?
- Were judgments made prematurely based on biases or co-optation?
- Did the design emerge in congruence with the assumptions of constructivist inquiry?

Data Reconstruction
- Using the audit trail, samples of findings are traced back to the raw data to ensure that categories and findings are grounded in the data.
- Do the proposed categories have utility, clarity, and fit the data?
- Do the categories result from the data and not the inquirer’s personal constructions?

Examine inquiry process for full and productive stakeholder involvement
- Is there evidence that the inquiry process introduced stakeholders to various perspectives and provided educative information?
- Do participants appear/report feeling smarter after participating?
- Do participants attest to experiencing consciousness-raising or empowerment as a result of participating?
Audit Appendix B: Preliminary Audit Assessment Plan

Review materials for evidence of congruence with constructivist methodology and to answer the following questions (Rodwell, 1998):

**Trustworthiness**
- What questions and issues are raised by the research materials and documents?
- What statements or questions in the case report were interesting or surprising that encourage tracking to the raw data?

**Confirmability**
- How to assess whether findings are grounded in the data?
- Whether inferences are logical?
- Whether category structure is useful for confirmability?

**Dependability**
- How to assess the appropriateness of inquiry decisions and methodological shifts?

**Credibility**
- How to assess design and implementation strategies and their integration with outcomes?
- Is there congruence between the methodological choices, data sources, findings, and audit trail?

**Authenticity**
- To what degree are the unique voices of stakeholding groups heard and protected in the emergent design, data collection, and member checks?
- Is there evidence of multiple perspectives?
- Is there evidence of negotiated understanding?
- Is there evidence of informed consent?

**Fairness**
- Is there evenhanded representation of all viewpoints in the case study?
- Do testimonials suggest that participants felt included, respected, and heard?

**Ontological**
- Is there evidence of an increasingly sophisticated understanding of the issue by both the researcher and the participants as a result of performing/participating in the inquiry?
- Is consciousness-raise evidenced through statements that understanding of self and others increased?
Educative

- Do the journals, field notes, and member check responses document that the researcher and participants participated in a dialectical hermeneutic?
- Is there evidence that the inquirer incorporated ideas from conversation with one participant into conversation with participants holding other perspectives?
- Do participants indicate in the field notes or testimonials that their understanding now accommodates alternative perspectives they were exposed to in the inquiry?
- Is there evidence that participants better understand other stakeholding groups?

Catalytic/Tactical

- Is there evidence of change or intention to seek change?
### Audit Appendix C: Emergent Audit Design

<table>
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<tr>
<th>Date</th>
<th>Reflexive Process</th>
<th>Date</th>
<th>Methodological Process</th>
</tr>
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<tbody>
<tr>
<td>5/2/06</td>
<td>Need to review audit examples and auditing criteria in Rodwell (1998) to prepare for audit. Met with Kate. Discussed the purpose and goals of the audit. Will audit Trustworthiness and Authenticity dimensions (not including Catalytic or Tactical as unlikely there will be evidence at this point) Agreed to have audit completed within two weeks. Audit trail materials provided.</td>
<td>5/2/06</td>
<td>Based on Rodwell book, should plan how to conduct audit—what evidence to search for?</td>
</tr>
<tr>
<td>5/9/06</td>
<td>Developed a Preliminary Audit Assessment Plan (Based on Rodwell's recommendations)—how I'll know &quot;it&quot; when I see it.</td>
<td>5/9/06</td>
<td>See Audit Appendix B: Preliminary Audit Assessment Plan</td>
</tr>
<tr>
<td>5/10/06-5/16/06</td>
<td>Read case study. There is definitely thick description. I see evidence of Kate's understanding becoming increasingly sophisticated throughout the process. I see evidence of participants becoming better informed and &quot;smarter&quot; on the topic...perhaps even some evidence of catalytic authenticity.</td>
<td>5/16/06</td>
<td>Return to &quot;Lessons Learned&quot; towards end of audit</td>
</tr>
<tr>
<td>5/16/06</td>
<td>Have decided not to read &quot;Lessons Learned&quot; until I have finished tracing data. I want to see if I come to any of the same conclusions without being influenced by Kate's conclusions.</td>
<td>5/16/06</td>
<td>Review journals to determine logic behind sample development and choice of stakeholders.</td>
</tr>
<tr>
<td>5/16/06</td>
<td>Regarding the stakeholders...Why weren't any care providers included? I understand that this inquiry focuses on parents' decision-making, but wouldn't a care provider have some insight into how parents make decisions about choosing care? If you were a care provider, wouldn't you want to understand this to be better able to compete in the market? Also, I think it would have been interesting to have interviewed some parents who had been &quot;forced&quot; into securing care—for instance, &quot;lack of supervision&quot; parents involved with CPS. How do they make a decision when they have even less time to make it in than these parents? Reading this has made me think hard on how we used to demand parents</td>
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secure daycare “by next week...by the next time I come out here,” etc.

5/27/06 Read reflexive journal; identified methodological choices to trace through other journals. Why does the journal start at the time of the IRB submission? Shouldn’t reflexive journaling have been on-going from the start of the inquiry? Have identified multiple examples of Kate’s increasingly sophisticated understanding of the topic. Have identified multiple examples of Kate’s thinking being influenced by what participants have told her.

5/27/06 Request any preliminary materials that might be helpful in understanding what was done prior to the IRB proposal and start of journals.

5/28/06 Read peer journal; identified methodological choices to trace through other journals. Peer review journal also begins at time of IRB proposal...has peer review occurred before now? If not, how has this standard for constructivist inquiry been met? Overall, Carol has seemed to feel that Kate has been on the right track and has conducted the inquiry in accordance with constructivist principles. I think that Carol has been very accepting of Kate’s time constraints. It concerns me that Carol didn’t raise the issue of peer review frequency as far as I can tell. Interestingly, the journal provides great evidence of the value of peer review—on several occasions, I think Kate has to reconsider design choices, or take a “do-over.”

5/28/06 Address peer review issue to Kate. Request any materials that might demonstrate peer review prior to journal beginning.

5/28/06 Read methodological journal; identified methodological choices to trace through other journals. This journal also begins at time of IRB submission. I am concerned about this. Is this an indication that design has not been emergent? Will need to have Kate answer some questions to be sure. Maybe I need to review the IRB proposal?

5/28/06 Request IRB proposal and any materials that might demonstrate emergence in design preceding IRB proposal.

5/28/06 Traced all methodological decisions through the three journals and charted where design decisions and methodological shifts were documented across the journals. Believe a table may be the best way to document the evidence. Will construct

5/28/06 Will develop a table to document methodological decisions/shifts.
5/28/06
Constructed a table that compares the decisions documented in the three journals. It appears that most Post-IRB design decisions were documented across the three journals. In some instances design decisions were "check out" with the Chair instead of the peer reviewer. Reviewing the chart, it is my initial impression that the Post-IRB design has been emergent, particularly in terms of the sample and recruiting efforts, the stakeholders, the themes and how they are explored through questions. There is evidence that the design was modified based on new information provided by participants and as a result of Kate's increasingly sophisticated understanding. This is particularly true as the themes developed and "expanded" and "contracted" over time. There is evidence that Kate initiated a hermeneutic circle through the data collection phase, taking information from one interview into others and back to previous interviews to allow participants to consider the information and react to it.

5/29/06
Reviewed Dissertation Chapter 3: Methodology. Certainly, the design is explained in this document. Is it sufficient evidence to draw a conclusion or would it be considered "retrospective"?

5/29/06
I am concerned about the lack of evidence of an emergent design prior to the IRB application being submitted. Was the design emergent? I think I need to see the IRB. I am also concerned about the amount of peer review that has occurred and how this has affected the design and the findings. Given the importance of peer review in constructivist research, is this problematic in this case? Is there an issue with quality in the process or product? Given all evidence, I'm inclined to conclude that there has not been a negative impact, but I feel I need to discuss peer review with Kate and better understand how she used it.
or made choices about using it. Kate responded to my concerns about the frequency and use of peer review. Kate explained that early on, a lot of peer review occurred as she and Carol commuted to class together. She indicated that Carol was “instrumental” in helping her shape her beginning understanding of this issue/research problem. Carol also helped her work out some early ideas about design (sampling, etc.) She also suggested that the dissertation process imposes an unusual condition: peer review from two sources—the designated peer reviewer and the Chair. In her case, and in the case of a project that she audited, the peer reviewer and Chair didn’t always agree and the inquirer “defaulted” to the Chair’s opinions over the peer reviewer’s. (I think she has a good article in that issue if she wants to pursue it.) After talking with her and reading the material she sent, I feel confident that the peer review contributed to the inquiry and did not, ultimately, cause any problem with quality. The Chair served as another control on the study’s design and process and influenced them.

6/3/06 Returned to the case study and identified the citations that I want to track to the raw data.

6/3/06

The case study includes 449 footnotes that document raw data used in constructing ideas and assertions. I have decided to track approximately 10% or 44 to the raw data. In reviewing the case study, I identified 100 footnotes across the entire case study that I found interesting as I read. After reviewing the case study, I randomly added an additional 20 footnotes by looking at the appendix and choosing some long and short citations, not knowing what ideas they expressed. I then listed the entire 120 footnotes in numerical order on a pad. I divided that list into 4 groups of 30 footnotes, counting from the 1st footnote in List One to the 30th. I then started a new count with the next sequence of 30 footnotes until there were 4 lists that contained all the footnotes. I cut the lists apart and then cut each list so that
each number was on a separate piece of paper. I placed the numbers from the first list in a saucer and randomly drew 11 footnotes to track. I repeated this procedure with each list, generating the final list:
(List 1) 11, 12, 23, 30, 40, 47, 56, 69, 70, 85, 88
(List 2) 93, 98, 100, 122, 126, 131, 138, 150, 158, 176, 179
(List 3) 183, 185, 189, 190, 195, 207, 209, 228, 235, 236, 242
(List 4) 254, 265, 300, 320, 330, 333, 375, 391, 404, 424, 449

Begin tracing data units.
Review supplemental data used in triangulation

6/3/06  Reviewed the materials Kate sent: supplemental documents, IRB application (initial and modified), Comps answer for substantive question—basically, her literature review and problem statement. This turned out to be helpful information for understanding how her thinking on the issue of child care decision-making evolved before and after the inquiry began. It’s really a lot more complicated that I ever would have guessed. I can definitely see where some of the design choices that weren’t mentioned in the journals originated. I also understand some of the thinking behind the foreshadowed hypotheses better.

6/3/06  Reviewed the supplemental documents that Kate used to triangulate the data

6/4/06  Reviewed the member check statements that Kate received back from participants. All indicated that their voices were present in the case study—even when, technically, they didn’t provide that particular data. Participants suggest that they have a better understanding of child care decision-making now as a result of participating. Several noted satisfaction over both the format and content of the case study. In the few cases where participants suggested a change, Kate either made the suggested change or confirmed that the participant had actually not

6/3/06  Evidence of triangulation between case study and supplemental documents

6/4/06  Member check responses are favorable and provide evidence of Dependability, Fairness Authenticity, Ontological Authenticity, and Educative Authenticity
contributed the information in question. I think that she has very fairly and attentively considered the participants' reactions and suggestions. I think Kate should be very pleased with their reactions. My only critique is that I would have encouraged, if at all possible, some hermeneutic dialogue at this point so that participants not only had a chance to read the case study and comment, but perhaps some particularly interesting ideas or statements could have been excerpted and participants asked to respond and respond to responses. I think that time is a factor here and Kate need to finish. I don't see this as impacting the quality of the product however.

6/6/06-6/9/06

Data tracking completed: 44 citations and 420 individual data units traced to raw data. 388 units confirmed in the raw data; 32 units not located

6/9/06

Tracked from citations to raw data (expanded field note to field note to unitized cards). 420 individual data units have been tracked from the case study to the raw data. Able to confirm 388 in the raw data. Could not find 32 in the raw data. It is possible it is there, but I am unable to recognize it either due to illegible writing or because the "shorthand" notation is confusing at times. May see if Kate wants to track this missing data down in person when she comes to pick up the materials. Regardless, I'd say that's still it's quite reasonable to have only .076 that can't clearly be confirmed. Also, in at least two cases, Kate provided the unitized transcript, but not the "field note" (I think these were two e-mail responses from participants provided during the member check. I'm sure she can provide them.)

6/6/06

After tracking first few citations, have realized that coding should be simplified for auditing. I'm not sure that any more information needs to be included in the code used by the auditor than "##", "#" the rest is just "visual static" that is very distracting. I have decided to use highlighters and color the "##" green and the unit "#" yellow so I can see them more clearly...all the numbers just run
Two more things have come to mind during tracking data: I can see why Kate ordered the data units in the citations in the way that she did (order different ideas are mentioned within a category in the case study), however, for purpose of auditing would be much simpler to list them numerically so the auditor doesn’t have to keep going back and forth or making a list—both turning out to be huge time wasters. Also, listing citations vertically instead of horizontally would be very helpful and less visually confusing—granted, it would likely take more paper.

Kate’s expanded and unitized field notes format has both strengths and weaknesses—The format is easy to follow as the auditor, however, because the cells haven’t conformed to the size of the data chunks within them, lines of texts are cut off. So far, none of the text seems to be critical…but it is an issue.

Reviewed Final Case Study Standards in Rodwell

Quality of the Document as a Research Report

~Is there a formal problem statement about a dilemma or an unsatisfactory state related to an action, a value, or a perception?
~Is there a review of the literature that places the problem in a historical context?
~Is there attention to multiple perspectives and meanings that imbued the issue in ongoing history?
~Are the research questions discussed as they emerged?
~Is the inquiry strategy detailed in the setting, how the research was undertaken, and who participated?
~Was what occurred to seek alternate constructions and limit the context made clear?

Confirmability: Auditor uses case study to trace data back to original raw data
~Are the findings logically based on the data?
~Were credible findings produced?
~Were all important voices included in the process?
~Did the inquiry lead to increased sophistication regarding the issue for the inquirer and participants?

Transferability: Auditor assesses thickness in data description

Trustworthiness

~Are the findings credible, dependable, and confirmable?

Congruence with constructivism

~Are multiple realities and mutual shaping reflected in the story?
~Are relationship patterns evident as opposed to generalizability?
~Are the values influencing the inquiry congruent with those of constructivism?

6/9/06 On the expanded field notes, in many cases, the data is linked back to a page "range" in the original interview note, not a specific page/line number (My guess is this is from Kate's first round of unitizing when chunks may have been substantially larger.). While I have been able to find data (often having to look for other data that precedes or follows the unit I am searching for specifically and then find the point between them that is the elusive data unit), it has made the process more cumbersome than I think it should be. I didn't know to look this closely prior to deciding the trail was ready to be audited—in future, I will.

6/9/06 I don't think that the paragraph linked to citation 70 is an accurate representation of the data—will look at it again during card sort.

6/9/06 2-2 is a follow-up interview. The original field note is so disorganized that I gave up trying to weed out any

6/9/06 In card sort, include the cards for citation 70 to double-check this construction.

6/9/06 Ignore 2-2
data from it. Several of the "unconfirmed" data units come from this field note. I'm confident the data is there, but it would require an excessive amount of time to deconstruct the note.

Reviewed the data cards to explore the categorization. I have found it difficult to trace data through the actual cards. While I believe there is a process that Kate used, I don't know what it is. I have not been able to find cards easily based on citations in the case report. I did decide to pull 4 citations to match to cards and consider how the data units were sorted: 12, 70, 239, 449. Apparently, within a category, the card data is not necessarily sequential. This may be "fall out" from the first attempt at unitizing (or, again, it may be that I just don't understand the system). Within citations, I was able to find some cards that belonged to a grouping, but not always all cards.

I do believe all data was transcribed to cards even if I am unable to find some data. I remain convinced that the categorization was grounded in the raw data. My impression is that the categorization is reasonable.

After reviewing them, I have no issue with the 29 units of data that were considered miscellaneous and not accounted for in other categories (<1%).

Reviewed citations 12, 70, 239, 449.

12 falls within category 1.1.4
Able to find cards for data units 14-1, 93; 14-1, 108; 24-1, 22.
Unable to find cards for data units 11-1, 6; 11-1, 27; 11-1, 33; 24-1, 19.

70 falls within category 1.2.4
Able to find both cards for data cited 2-1, 1 and 19-1, 33. Reviewing the cards, I do believe that the paragraph represents the data. My earlier concern is reversed.

239 falls within category 2.3.3.2
Able to find all cited data units 9-1, 12; 10-1, 18; 13-1, 83; 13-1, 84; 19-1, 56 and 21-1, 6. The grouping of this data appears logical and reasonable.

449 falls within category 4.2.1
Able to find card for data unit 10-1, 84.
Unable to find cards for data units 21-1, 114; 21-1, 115; 21-1, 116; 21-1, 117 and 21-1, 128.
Given this is the last citation, I expected this to be the final grouping of cards but that was not the case, thus my comment that data cards are not necessarily sequential in order of category.

Methods of data deconstruction and reconstruction are congruent with constructivist methodology. The lessons learned appear to be reasonable and are certainly grounded in the data. Kate was clear to frame them in tentative language and bound them to the data from which they emerged.
The case study does represent multiple voices. I have not found evidence of reductionism. Kate’s reconstruction of the data and the development of her categorical schema appears reasonable and logical.

6/9/06
Initial and subsequent review of the audit trail materials confirms that the inquiry took place in a natural setting, 2 sites in Virginia with the context bounded to parents who have made decisions regarding child care and with local providers who potentially influence those decisions. Data collection occurred between 10/4/04 and 7/1/05. The data generated in the inquiry consists of interview notes and e-mails, transcribed expanded field notes, member check forms, unitized cards, and supplementary materials. Participants’ words are the data. The data collection process is clearly congruent with constructivist methods.

6/9/06
Trustworthiness/Credibility
It is not clear from the raw or expanded field notes whether member checking occurred during interviews. However, member checking did occur early in the inquiry and was repeated with a sample of participants at the end of the inquiry. Kate engaged in prolonged and persistent observation in the course of the inquiry. All data appears to have been included in the analysis. Kate attempted to minimize researcher bias by using a reflexive journal to consider her assumptions and constructions, thus better distinguishing her constructions from the participants’.

6/9/06
Trustworthiness/Confirmability
The audit trail was rigorously examined from findings in the case study to the original raw data. In most cases, decisions regarding design were documented in the methodological journal. Decision rules for categorization of data were developed and documented in the methodological journal. Categories and data units were reviewed in order
to confirm that findings were grounded in the data.

6/9/06 Trustworthiness/Dependability

Finding: There is evidence of Trustworthiness/Dependability

In order to assure that constructivist methodology was followed, the reflexive, peer review, and methodological journals were reviewed to investigate how decisions were made regarding design methodology. In most cases, methodological decisions, including shifts, were documented in at least one, if not all, journals. In some instances, decisions may not have been documented in the journals but were documented and explained in the IRB proposal. Sampling employed in this inquiry was purposive with substantial efforts made to ensure maximum variation in the sample. The stakeholder groups that were included in the sample are logical. Data saturation is evident in most themes in the inquiry. I agree with Kate that interviews with parents could have continued and more stories would emerge. However, the decision to end data collection was reasonable given circumstances. Evidence was found to demonstrate the use of a hermeneutic circle.

6/9/06 Trustworthiness/Transferability

Kate used thick description to report the data. The participants reported satisfaction with the case study and believed it represented their perspectives. Others will likely determine that the case study has potential transferability across similar contexts.

Kate framed the case study within a setting that would be familiar to a wide range of readers and established a "plot" that readers will be able to relate to.

"I found it very easy to read."
"I like your writing style."
"I very much enjoyed reading the case study."

6/9/06 Fairness Authenticity

Although I believe there are additional stakeholders who could have been included, Kate's sample did include a
variety of participants representing multiple perspectives on child care (both personal and professional). Participants were offered various opportunities through member checking procedures to attest or contest the data and its representation. When requested, Kate did make modifications—generally in terms of simple grammatical changes (MC-29). Data from all stakeholding groups was included in the final case report. The case study appears to fairly represent multiple perspectives. I see no indication of a prevailing perspective overriding any others. “I was able to see my perspective through other characters.” “It was a relief to share my insight.” “I'm not sure which family I am collapsed into, but I think what I shared is somewhere in these pages...it was a therapeutic discussion for me...Thanks for hearing my story.” “We could see our perspective.” “My character was Bianca, correct? All of Bianca’s statements that I recognized as my own were accurate. There were other Bianca statements that I did not recognize but I assume that was another interviewee.” “I think the case study does an excellent job of amalgamating the responses from many interviews into a few ‘voices.’ I was able to hear my perspective.”

6/9/06 Ontological Authenticity
Reviewing the original and expanded field notes, it is clear that Kate introduced both themes and questions that emerged during interviews into subsequent interviews—and, in some cases, went back to earlier interviews to bring in these themes and questions. The reflexive and methodological journals document that the interview schedule and the themes changed as new data were encountered. Clearly, as Kate’s understanding increased, her questions and themes became increasingly sophisticated. Through

6/9/06 Finding: There is evidence of Ontological Authenticity.
the hermeneutic circle, Kate introduced into discussion multiple perspectives that led to many participants reflecting on their own ideas and those of others. There are numerous examples within the journals and the interview data and member check data of both Kate and participants developing an increasingly sophisticated understanding of child care decision-making. My understanding is certainly deeper than it was at the beginning of the audit.

“I read your chapter with great interest. In addition to the full, rich treatment of child care decision-making, it brought together a number of things I’ve observed about parenting while working full time.”

“It was nice to see the whole picture.”

“Reading the study has enriched my understanding of the child care decision making process.”

“I really feel as though my understanding of the child care selection process has been enriched by reading your thesis.”

Educative Authenticity

“After reading this research, I realized that no matter what your income or background, child care choices can be difficult for all parents.”

“I am not alone in my child care quest, yet we all do it differently.”

“Interesting to see what people experience when looking for paid child care.”

“Wonderful to read the differences and struggles we all go through. Families in every situation have difficult decisions.”

Catalytic Authenticity

Kate notes in her reflexive journal on 2/12/04 that she found that one of her participants has been trying to educate other parents about resources and is using her experience as a participant to do that. I think this can be considered tentative evidence of catalytic authenticity—a participant is attempting to effect change by educating other consumers.
6/10/06 I believe that I have completed a thorough audit of the audit trail materials and am able to render a judgment about the process and product.

6/11/06 Completed Audit Report draft; will provide to Kate and then will negotiate any changes after she has had the opportunity to review it.
APPENDIX G

Endnote

Coding Sequence: #-#, Data Type, Gender/Participant Type/Subsidy Status, Date, Unit Number

KEY:

#-#  Participant number and contact number
Data Type  V=verbal in-person, W=written, P=phone, D=document
Gender  F=female or M=male
Participant Type  P=parent or PR=professional
Subsidy Status  S=subsidized child care or U=unsubsidized child care or B=professionals who deal with both types of parents
Date  Date of data collection
Unit number  Unit from unitized transcript
RMC  Unit revised based on member check

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<td>(5-1, V,F/P, U, 12/9/04, 19; V,F/P, U, 12/9/04, 5; 5-1, V,F/P, U, 12/9/04, 51; 5-1, V,F/P, U, 12/9/04, 52; 5-1, V,F/P, U, 12/9/04, 19)</td>
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<td>(30-1, V, F/P/R/S, 7/1/05, 99; 30-1, V, F/P/R/S, 7/1/05, 95; 30-1, V, F/P/R/S, 7/1/05, 96; 30-1, V, F/P/R/S, 7/1/05, 97; 30-1, V, F/P/R/S, 7/1/05, 101; 30-1, V, F/P/R/S, 7/1/05, 100; 30-1, V, F/P/R/S, 7/1/05, 102; 30-1, V, F/P/R/S, 7/1/05, 103)</td>
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<td>(28-1, V, M/P/R/S, 6/27/05, 74; 28-1, V, M/P/R/S, 6/27/05, 91)</td>
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<td>447</td>
<td>Reflexive Journal 3/20/06</td>
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<td>448</td>
<td>(7-1, V, F/P/S, 12/7/04, 86; 7-1, V, F/P/S, 12/7/04, 87; 3-1, V, M/P/U, 11/5/04, 101; 28-1, V, M/P/R/S, 6/27/05, 127) (3-1, V, M/P/U, 11/5/04, 116; 3-1, V, M/P/U, 11/5/04, 116; 3-1, V, M/P/U, 11/5/04, 100; 3-1, V, M/P/U, 11/5/04, 118; 3-1, V, M/P/U, 11/5/04, 122)</td>
</tr>
</tbody>
</table>
VITA

CURRICULUM VITAE

PERSONAL INFORMATION

Name: Kathleen Albright Didden

E-mail:

EDUCATION

Ph. D., candidate 2002 Virginia Commonwealth University
School of Social Work
Richmond, Virginia 23284

M.S.W., 1996 Catholic University of America
School of Social Work
Washington, DC
Concentration: Clinical work with families

M.S., 1992 Wright State University
School of Graduate Studies
Dayton, OH
Social and applied economics

B.A., 1988 Swarthmore College
Swarthmore, PA
Major: Mathematics and sociology

ACADEMIC AND OTHER SIGNIFICANT WORK HISTORY

August 2003–Current
Smith College, Amherst, MA Research Advisor. Advising responsibilities for master’s level thesis projects.
Shepherd University, Shepherdstown, WV Adjunct Faculty. Teaching responsibilities in the baccalaureate social work program.
Virginia Commonwealth University, Richmond, VA Adjunct Faculty. Teaching responsibilities in the graduate social work program on human behavior in the social environment.

May 1996 – May 2002  Researcher/Consultant
Virginia Commonwealth University. Performed content analysis of open-ended questions and statistical analysis of quantitative data on survey regarding social workers experience/perceptions of psychotropic medication.
First Homes, Inc., Virginia Supportive Housing. Conducted evaluation of volunteer sponsor’s experience and facilitated board meeting regarding utilization of findings.
Thomas Jefferson Planning Commission. Collected and analyzed social indicators for sustainability council.
Transamerica Systems. Conducted telephone interviews with foster care parents nationwide for federal study.
Shepherdstown Public Library. Consulted on needs assessment survey design and questionnaire development.

Sept 1995 – Jan 1999, Youth and Family Services, Charlottesville, VA
Social Work Intern & Family Partner - Provided home visiting services as part of the Family Partner’s Program, an early intervention program designed to prevent child abuse and neglect among families with children aged 0-4. Assisted program director in refining program model, revising intake and evaluation forms, program evaluation and grant-writing as well as creating the program’s MIS. Parent educator for Bright Stars preschool program. Performed home inspections for USDA child care food program. Assisted in the development of a Respite Care resource book and a community Respite Program.
Provided individual and family counseling and created counseling client evaluation forms and database as part of clinical program.

Research Associate - Involved in all aspects of Air Force and Navy-wide Community Needs Assessment Surveys including survey design, data collection, technical assistance, data analysis, and report writing. Provided training on interpreting and using survey results as well as SPSS training for family service providers. Participated in evaluations of Juvenile Justice Programs and military Family Support Centers to include key informant interviews, focus groups, qualitative analysis, report writing, and brochure/materials development.

May 1989 - July 1992 Foreign Technology Division, Wright Patterson, AFB
Cost Analysis Officer – Provided financial expertise in the development and defense of FTD’s budget to senior management and Air Force headquarters. Managed 52.9M civilian payroll account through monitoring, forecasting, and analysis. Researched personnel, cost and budget issues. Served as auditor for Combined Federal Campaign as well as functioning as the Company Grade Officer’s Community Service Liaison.

Oct 1987 - June 1988 Wesley House Homeless Shelter, Chester, PA
Case Manager - Provided first case management services for 150-bed shelter. Successfully initiated HUD-sponsored Project Self Sufficiency for homeless families including determining eligibility and providing linkage, advocacy and support to ensure
that clients were able to successfully find housing, enroll in work or educational programs, and find childcare.

**SPECIAL AWARDS, FELLOWSHIPS AND OTHER HONORS**

State of Virginia Licensing Board, Licensed Social Worker, 1996
Vincent Palotti Scholarship – Catholic University of America, 1994-1996
Joel Dean Research Grant – Swarthmore College, 1987

**VOLUNTEER EXPERIENCE**

2004 – current Habitat Committee, Shepherdstown Elementary School
2001 - 2002 United Way Child Care Committee, Charlottesville, VA
2001 - 2002 First United Methodist Preschool, Charlottesville, VA – Board Member

**TECHNICAL REPORTS/PUBLICATIONS**

* Name change from Albright to Didden in 1996


PROFESSIONAL AFFILIATIONS

Voices for Virginia's Children
Prevent Child Abuse Virginia, Parent Support Group Trained Facilitator
International Association of Infant Massage, Certified Parent Instructor
Nurturing Program, Trained Facilitator
National Association of Social Workers, student member