CHILD CARE SUBSIDIES AND CHILD CARE CHOICE IN HAWAI'I: DECISIONS AND CONCERNS OF LOW-INCOME PARENTS WITH CHILDREN AGES BIRTH TO FIVE

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We certify that we have read this thesis and that, in our opinion, it is satisfactory in scope and quality as a thesis for the degree of Master of Education in Early Childhood Education.

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Abstract

Because of the welfare reform of 1996, many welfare families must now meet work requirements and enter the workforce. To do this, many need to find child care for their children. Although these families are provided with subsidies to assist in paying for child care, questions concerning availability, access, and quality remain. This study explores the concerns and choices made by parents who are applying for child care subsidies. Content analysis was used to summarize and interpret parents' responses to open-ended questions about their concerns in finding preferred care arrangements and (for those already using child care) satisfaction with different forms of child care. Specific investigations about child care in Hawai'i are very limited. This study will add to existing knowledge and inform local policies to better meet the needs of those families these policies affect. If we are able to predict the type of care arrangements sought by families with specific characteristics and attempt to understand the reasons for their preferences, we can better focus the time, energy, and funds to improve the quality of the types of care settings they are most likely to use.

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Introduction

In the year 2000, the Department of Human Services (DHS) in Hawai'i contracted the Learning to Grow (LTG) project to provide services to the families receiving child care subsidies and choosing kith and kin providers for their children, from birth to age five. Since becoming a part of the LTG project in 2001, I have been provided with on-going opportunities to develop my academic and professional interest in the field of early childhood education and care. Besides helping to develop educational materials and curricula, my position with LTG encompasses the data management aspect of the project. When an opportunity arose to revise an existing evaluation form for the child care consumer education component of the project (which was used for contractual reporting purposes), I suggested adding a few more questions to the evaluation form. The consumer education program is a single-session presentation that provides information about choosing child care to parents who are applying to receive child care subsidies. In addition to asking parents what they thought of the information and resources provided to them in the consumer education session, I wished to collect data on:

a) The kind of setting their child is currently in or the types of care parents were considering prior to the consumer education session
b) For those already using child care, what kinds of arrangements and characteristics they are satisfied with
c) The concerns or obstacles parents have in finding the child care arrangement they prefer.

With the approval of the LTG principal investigator and project coordinator, I designed a new survey which was used from January to March 2004.

Some descriptive analyses of these data were conducted by the LTG statistician. Because the descriptive findings were similar to the results of an earlier random telephone survey of subsidy recipients (see Fong, DeBaryshe, Yuan, Yuen, Caufield, Nemoto, 2003; Fong, Yuan, Yuen, & Caulfield, 2003) and this information is not required as part of the contractual report, the LTG project did not find it necessary to continue with the longer survey. All the demographic data and the questions about current or considered child care arrangements (questions 3-5) were eliminated. Hereafter, the evaluation form asks only questions 1 and 2 about the usefulness of the *Choosing Child Care* video and resource information, and questions 6 and 7 about concerns and comments. Any further analysis of this data is not being considered by LTG at this time because the project is focusing on developing the most recently added component of the project – family resource network centers.

The current study used the data on family demographic characteristics and current child care arrangements and how parents choose to spend their subsidy fund, their concerns in finding preferred child care arrangements, and their level of satisfaction with current care arrangements. The primary focus of this study was to analyze the open-ended questions about the reasons for current child care arrangement satisfaction and types of concerns parents have in finding the care arrangement they prefer. However, quantitative descriptive analysis was required to provide the foundation and background from which the questions were analyzed.

The intent of this study is not to provide LTG with a reduplicated analysis of the collected data because they are constrained by other priorities to do it themselves. Because I was involved with LTG in developing the Choosing Child Care material, had the opportunity to design the actual survey used, managed the incoming data, and had personal interest in the topic, I thought this was a prime opportunity to take the analysis a step further and use the data for a thesis research project. Although I hope LTG will find this study helpful, the main purpose for this specific topic and research is to add to the existing knowledge about child care for low-income families, and to provide research specific to Hawai'i's low-income families who are faced with selecting child care.

From a policy perspective, I hope this research will help policy-makers make better decisions about child care subsidies as they affect family well-being. At the Early Steps to School Readiness Conference on October 15, 2004, Garry Kemp, the DHS administrator, stated that 65% of Hawai'i's children are in informal care which is seen by DHS as less desirable than licensed care. Quality issues are addressed by having a tiered system of subsidies with accredited centers receiving the highest payments. Mr. Kemp also expressed support for the professional development of the early childhood teachers through training and credentialing along with commensurate pay. Current DHS policies are hampered by a lack of sufficient licensed child care slots. Ninety to ninety-five percent of preschools are full to capacity which means that there are not enough spaces for all families in the state. In addition, DHS policy assumes that licensed settings are preferable to unlicensed settings which may not necessarily reflect parents' beliefs.

Children's early experiences in life affect their developmental outcomes. The past decade of brain research has shown that the early years are a critical time in brain development. The early emotional, physical, cognitive, and linguistic capacities of children are associated with their social experiences and economic circumstances during that time and are predictive of their future academic performance (Shonkoff & Phillips, 2000). There is no doubt that those responsible for caring for our youngest children have an impact in assuring they are prepared to enter kindergarten ready to absorb the formal teachings of school, have a happy and successful transition to school, and become part of a wider social life and community.

Nationally, many young children spend their early years in child care. In 1999, 61% of children under the age of 4 were in regularly scheduled child care (Shonkoff & Phillips, 2000). According to Capizzano & Adams (2003), 73% of children younger than age 5, with mothers who are employed, are in regular child care arrangements. While many of these children are in child care by parental choice, a new group needing child care are those families receiving Temporary Assistance to Needy Families (TANF). Due to the new welfare reform, Personal Responsibility and Work Opportunities Reconciliation Act (PRWORA), some children are in child care because their parents must meet the new work requirements under this legislation. The PRWORA mandates that in order to continue receiving government assistance for their family, these TANF recipients must seek employment, education, or job training and entrust the care of their young children to others.

Nationally, there are over 2 million children receiving publicly funded child care subsidies (Adams & Rohacek, 2002). To whom, however, are we entrusting the care of these children? Specifically, what type of care settings and quality of care are the children of low-income families receiving? According to Adams & Rohacek (2002), approximately one-fourth of the families receiving child care subsidies place their children in unregulated child care settings. Does this imply that welfare families are at-risk for receiving lower quality care for their children? Are the policies supporting PRWORA forcing parents to place their children in inadequate and possibly harmful care settings? How do low-income children fare in these settings and how does inadequate care affect their developmental outcomes?

Many low-income families are eligible for Head Start and Early Head Start services and these services may seem like the ideal way to solve their child care needs. However, although the services are free, they do not necessarily meet the needs of PRWORA families. Some families cannot meet the program requirements such as parent participation and for some families the hours of operation do not meet their needs. Therefore, many of the PRWORA families are left to locate whatever type of child care is available.

Although Head Start and Early Head Start focus on developmental goals, the same is not always true for the programs attended by those children receiving care through government subsidies. Because child care subsidy programs were mainly designed to support parental work requirements, integrating child development concerns with the subsidies is a challenge (Adams & Rohacek, 2002). However, efforts to

improve the quality of care these children receive can have a tremendous impact on their developmental outcomes. Because more children are receiving child care subsidies than receiving Head Start services, child care subsidies have a greater potential to affect the daily development of low-income children (Adams & Rohacek, 2002). In addition, because child care subsidies are used to purchase services in the larger child care market, funds and policies can impact the child care experiences of all children, not only those who receive subsidies (Adams & Rohacek, 2002). Therefore, all children's developmental outcomes can be affected by the policies of child care subsidies.

How do welfare mothers go about selecting child care arrangements in order to fulfill their work requirements? Scholars and educators know that the quality of care the young child receives can affect their developmental outcomes, but it is the individual parents who actually make the child care decisions. On what factors do these parents base those decisions? Do the practical issues of convenience, availability, cost, and location take precedence? Or are decisions based on the preference for care providers with whom they have an existing relationship, such as a relative or friend? Are the care provider's values, education, and experience with young children important to these parents? Do parents consider the child's preference or how the care arrangement may affect the child's developmental outcomes? Or do they base their selection on how the setting best meets their own needs rather than the child's?

In 2002, the Learning to Grow project at the Center on the Family at the University of Hawai'i, in cooperation with the Hawai'i Department of Human Services, began implementing a consumer education program focusing on child care options and

the importance of selecting quality child care arrangements. The program was developed for clients in the welfare-to-work program in Hawai'i, called First-to-Work, as well as those income-eligible parents applying for child care subsidies only. These consumer education sessions provide information and resources on identifying and selecting quality child care. The usefulness of these consumer education sessions was evaluated with a survey, completed by the clients, at the end of each session. Based on the survey data collected from January to March of 2004, this study used family demographic characteristics and behavior patterns, as demonstrated in their answers to the open-ended questions, in analyzing their preferred selection of child care arrangements.

There seems to be a general assumption or trend with policy-makers that quality equates with center-based care. So, if we are assured that our child care centers are of good quality and convince parents to send their children there, children and families will be better off. However, quality care can be found in all types of child care settings and the family's values and practicality play a part in the type of care they select. This and other research will help to show the decisions and choices parents face in selecting child care and that rather than focusing on improving quality in one type of child care setting, quality initiatives need to be addressed in all different types of care arrangements. In addition, most children will change care settings before entering kindergarten. We need and must demand that all child care settings be of the best possible quality for all our children.

Literature Review

Welfare Reform and Child Care

Most children receive some form of non-maternal child care before they start school so many parents are confronted with selecting child care arrangements (NICHD Early Child Care Research Network, 2004). According to Shonkoff and Phillips (2000), 61% of preschoolers, 57% of 2-year-olds, 53% of 1-year-olds, and 44% of infants under age 1 are in child care. From these figures, we can approximate that half of our nation's children ages 4 and younger are in some form of child care arrangement. In addition to the children entering child care because of the increasing numbers of women in the workforce, more children are entering child care because of the 1996 welfare reform, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA). Since the 1996 enactment of PRWORA, employment rates of low-income mothers (below the 200% poverty level) have increased 8 percentage points (U.S. Department of Health and Human Services Administration for Children and Families, 2004).

Because PRWORA limits the time a family can receive welfare assistance and requires mothers to work while they receive cash assistance, many mothers are seeking child care arrangements (General Accounting Office, 1997; cited in Van Horn, Landsman Ramey, Mulvihill, & Newell, 2001). Under this new law, welfare recipients can only receive cash assistance for up to 5 years and must be working after two years on welfare assistance (U.S. Department of Health and Human Services Administration for Children and Families, 1996a, 1996b). The work requirements include employment, job and vocational training, community service, education directly related to work, satisfactory

secondary school attendance, or providing child care for those participating in community service activities (U.S. Department of Health and Human Services Administration for Children and Families, 1996b, 2004). Since the year 2000, single parents must work 30 hours a week (U.S. Department of Health and Human Services Administration for Children and Families Office of Child Support Enforcement, 1996) while two-parent families must participate in work activities for 35 to 55 hours a week (U.S. Department of Health and Human Services Administration for Children and Families, 2004). If the parent or parents fail to meet the work participation requirements, their cash benefits will either be reduced or terminated (U.S. Department of Health and Human Services Administration for Children and Families, 2004). However, single parents with a child under 6 who cannot find child care cannot be penalized for failure to meet the work requirements and the state can exempt single parents with children under age one from work requirements and disregard these individuals in the calculation of participation rates for up to 12 months (U.S. Department of Health and Human Services Administration for Children and Families, 1996b; U.S. Department of Health and Human Services Administration for Children and Families Office of Child Support Enforcement, 1996).

The PRWORA changed the nation's welfare system into one requiring work in exchange for time-limited assistance. It created the Temporary Assistance for Needy Families (TANF) program, which replaced the Aid to Families with Dependent Children (AFDC), Emergency Assistance (EA), and Job Opportunities and Basic Skills Training (JOBS) programs; thus, ending federal entitlement to assistance (U.S. Department of Health and Human Services Administration for Children and Families, 2004). The

purposes of TANF are to assist needy families so that children can be cared for in their own homes; reduce dependency of needy parents by promoting job preparation, work, and marriage; preventing out-of-wedlock pregnancies, and encouraging the formation and maintenance of two-parent families (U.S. Department of Health and Human Services Administration for Children and Families, 2004). The major sources of funding for child care subsidies are the federal Child Care Development Fund (CCDF), state funds for the CCDF, and funds allocated to child care from the Temporary Assistance for Needy Families (TANF) program (Adams & Rohacek, 2002). The CCDF supports subsidies that place a high priority on parental choice in child care – including in-home caregivers, relatives, family child care homes, and child care centers (Adams & Rohacek, 2002).

Types of Child Care Settings

There are three main types of child care options available to most parents – kith and kin (relative or friend care), family child care homes, and child care centers. Kith and kin care is child care provided by a relative or friend either in the child's home or the provider's home. Many kith and kin providers are grandparents or relatives of the parents. These providers usually do not have any specialized training in child care nor are they licensed child care providers. Kith and kin or relative care is often referred to as license-exempt care. Nationally, 27% of infants/toddlers and 17% of preschoolers are in kith and kin child care arrangements (Capizzano & Adams, 2000; Shonkoff & Phillips, 2000). In Hawai'i, 37% of families receiving child care subsidies for their children 5 years and younger place their children in kith and kin child care arrangements (Fong, Yuan et al., 2003). Another source (Schulman, Blank, & Ewen, 2001) reported that this

number may be even higher with 60% of Hawai'i's families receiving child care subsidies placing their children in kith and kin care arrangements. This last source should be reviewed with caution, however, because it may include families with children from birth to age 12 receiving child care subsidies, not only those age 5 or younger.

Family child care homes are settings in which a provider cares for unrelated children in the provider's home, licensed by the state; therefore, they meet specific safety and training requirements. Some family child care providers may have specialized training in child development. Nationally, 17% of infant/toddlers and 14% of preschoolers are cared for in family child care homes (Capizzano & Adams, 2000; Shonkoff & Phillips, 2000). In Hawai'i, 11% of children, ages birth to 5, receiving child care subsidies are in licensed family child care homes (Fong, Yuan et al., 2003). Another source (Schulman et al., 2001) reported that 28% of Hawai'i's children receiving child care subsidies are in regulated and unregulated family child care. Again, because this source may include not only children 5 years and younger but children from birth to age 12, this rate may be inflated and should be viewed with caution.

Child care centers (including preschools) are facilities specifically used and licensed by the state to operate as a place providing child care. Not only do child care centers meet licensing requirements but most require workers to have specialized training in early childhood education. Nationally, 22% of infant/toddlers and 45% of preschoolers are in center-based care (Capizzano & Adams, 2000; Shonkoff & Phillips, 2000). According to Schulman and colleagues (2001), 10% of Hawai'i's children receiving child care subsidies are in child care centers. The study by Fong and associates

(2003), however, found that 52% of children, age birth to 5, receiving child care subsidies were in center-based care settings. Another source (Good Beginnings Alliance, 2003) reported that 45% of Hawai'i's three- and four-year-olds enter kindergarten with preschool (or center-based) experience. Although Hawai'i may appear to be similar to the national picture with about half of children in center-based settings, Hawai'i's distribution of child care may be quite different if Schulman and colleagues' figures are the most accurate at 10%. Potentially, more of Hawai'i's families may have their children in other types of child care settings such as kith and kin care and family child care homes.

Quality in Child Care Settings

Although many children are in non-maternal child care settings, the child's home environment is still believed to retain its primacy in shaping and predicting child adaptation and development. In general, high quality home environments and relationships tend to be associated with placement in high quality day care experiences. Moreover, high quality center-based care in particular may compensate for impoverished home situations. The Cost, Quality, and Outcomes Study of 2001 found that quality child care for low-income children can predict cognitive and social development gains into kindergarten (Loeb, Fuller, Kagan, & Carrol, 2004). Children from lower-income homes, however, may experience a double risk as they live in disadvantaged homes and are more likely to be in lower quality non-maternal child care (Adams & Rohacek, 2002). Research has shown that children from poor or stressed homes tend to be served in lower quality settings (Galinsky, Howes, Kontos, & Shinn, 1994; Howes & Olenick, 1986;

NICHD, 1997; Phillips, Voran, Kisker, Howes, Whitebook, 1994; cited in Adams & Rohacek, 2002). Therefore, quality child care for low-income families can really make a difference in positive outcomes for these children.

In comparison to children from middle-income or higher-income families, children from lower-income families can have significantly greater gains in cognitive development when they are placed in quality child care settings. One study found an association with higher reading scores for low-income children when they were placed in quality day-care settings before their first birthday while lower scores were reported for children from middle or higher-income homes in the same setting (O'Brien Caughy, DePietro, & Strobino, 1994). This same study found that higher mathematic scores were associated with center-based care for low-income children while lower mathematic scores were reported for children from more stimulating home environments but in the same type of center-based care. Another study (Phillips, Voran, Kisker, Howes, & Whitebook, 1994) found that child care for middle-income families were of poorest quality. Because higher income families can pay for higher quality and lower income families have the assistance of child care subsidies or subsidized care such as Head Start, it is the middle-income families who are left with not being able to afford higher quality child care and not being eligible for subsidized child care.

For low-income families, center care has been shown to be of higher average quality than home-based care (Chase-Lansdale, Coley, & Li Grining, 2001; cited in Huston, Chang, & Gennetian, 2002). Children in center-based care were found to have more positive cognitive development than children in kith and kin care, while children in

family child care homes were found to have more behavior problems but no cognitive differences compared to children in center-based care (Loeb et al., 2004). However, studies have shown that low-income communities tend to have a lower supply of regulated care than higher-income communities (Fuller & Strath, 2001; Queralt & White, 1998; cited in Adams & Rohacek, 2002).

A study found that compared to low-income mothers not using child care subsidies, those using the subsidies tend to choose formal child care centers when given the range of child care choices available, such as kith and kin, family child care homes, and center-based care, and express greater satisfactions with their child's care arrangements (Brooks, 2002). Yet, some parents, who are eligible to receive child care subsidies, choose not to use this benefit if it means changing their current informal child care arrangement (Shlay, Weinraub, Harmon, & Tran, 2004). While some believe that only formal, regulated care can be of high quality, some parents specifically choose informal care. According to Capizzano and Adams (2003), children from low-income families were more likely to be placed in relative care than are children of higher-income families. This report did not specify the reasons for these choices.

In addition, many children are in multiple care settings. Capizzano & Adams (2000) found that one-quarter of infants and toddlers and two of every five preschoolers are in multiple care arrangements. Contrary to the common belief that more low-income children are in multiple child care arrangements, the above study showed that this was not the case. In multiple care arrangements, 65% are in a combination of formal and informal types of arrangements with both low- and higher-income parents equally likely

to use multiple arrangements (Capizzano & Adams, 2000). Moreover, since more infants and toddlers are in either kith and kin or family child care homes and more preschoolers are in center-based care, children transition to different forms of care settings at different developmental stages (Shonkoff & Phillips, 2000). Therefore, parents need to know how to identify quality care in various settings because they are likely to change their children's care settings or have multiple care settings for their child. Evidently, quality care can exist in all types of child care arrangements. Therefore, rather than simply focusing on influencing parents' choice toward center-based care, we need to educate parents on the characteristics of high quality care in various settings and how to identify it.

Choices in Child Care Arrangements

In general, income is found to be one of the most important factors influencing child care choices, with lower income families more often selecting relative care (Peyton, Jacobs, O'Brien, & Roy, 2001). Lowe and Weisner (2004) found that 61% of low-income families in their study relied on kith and kin care at least some of the time. In contrast, one study found no clear preference for relative-care among low-income families but found ethnic differences with Black infants and toddlers more likely to be in relative-care arrangements than Whites or Hispanics (Early & Burchinal, 2001).

Compared to families with higher incomes, low-income mothers' choices of care are more often constrained by their financial and employment situations and they are more likely to consider practicality to be more important than quality in choosing care arrangements (Peyton et al., 2001). The self-sufficiency report in Hawai'i claims that

low-income families base their child care choices on cost rather than quality or the child's needs (Pearce & Brooks, 2003). In addition, mothers who experience high levels of stress in their role as parents were more influenced by practical concerns such as cost, convenience, and location rather than quality concerns.

According to Peyton and colleagues (2001), 60% of mothers reported that quality was the most important factor in selecting child care arrangements, while 21.7% considered practical issues as the most important factor. Mothers with higher incomes tend to rate quality as more important. Families with low or moderate incomes and mothers who worked full-time rather than part-time were more likely to choose care based on practicality such as location, hours or operation, availability, and costs rather than on quality. Mothers who rated quality as important used center care or home-based care more often than relative care.

In addition to quality factors, preference for the type of care is also important to consider. Some mothers preferred a particular type of care with 81% preferring care by a relative (Peyton et al., 2001). However, there may be a mismatch between what parents prefer and the actual placement of children. Those who rated their children's experiences the highest in quality were those who both preferred and used a particular type of care – kith and kin, family child care home, or center care - rather than simply rating a specific care setting as having better quality (Peyton et al., 2001).

When parents were asked to describe their ideal child care arrangements, they wanted child care assistance that is available to all, child care that is reliable, trustable, very flexible as to hours and days, conveniently located (transportation provided or near

schools and workplaces in the neighborhood), with a program that addresses the child's developmental needs, high quality, and automatically available to the child rather than tied to the parent's level of work or level of income at a given time period (Lowe & Weisner, 2004). Thus, it appears that parents ideally seek quality, convenience, and universal access.

Family Demographic Characteristics and Child Care Setting

The age of children can be a primary factor in the type of care parents select. In general, it appears that preschoolers are more likely to be in center-based care while infants and toddlers are more likely to be in home-based care, either a family child care home or kith and kin care (Shonkoff & Phillips, 2000). Similarly, in Hawai'i, children ages 3 and older were more likely than younger children to be in licensed center care (Fong, Yuan et al., 2003).

Maternal education, age, and marital status also may influence the choice in type of child care arrangements. Mothers with higher education levels and parents with preschool aged children tend to select child care centers (U.S. Department of Health and Human Services, 2003). For college-educated mothers, two-thirds of their children are in child care by the time they are 5 years old (Singer, Keiley, Fuller, & Wolf, 1998). In Hawai'i, low-income parents with a high school education or lower were more likely to use licensed-exempt kith and kin care (Fong, Yuan et al., 2003). Concerns related to safety and the manner in which providers interacted with children were more likely to be expressed by mothers with less education (Van Horn et al., 2001). With regard to maternal age, women who began their families when they were older were less likely to

place their children in others' care (Singer et al., 1998). Marital status differences also were apparent. Single parent families are nearly twice as likely to place their children in child care than two-parent families (Singer et al., 1998). In Hawai'i, single "never married" low-income parents were more likely to use license-exempt kith and kin care (Fong, Yuan et al., 2003).

Child Care Characteristics Preferred by Parents

What is important to parents when looking for child care? According to Shonkoff and Phillips (2000), child care quality is based on the relationships between the child care provider or teacher and the child. In a study by Van Horn and colleagues (2001), structural characteristics such as cleanliness, appearance, adult-child ratio, and issues related to child safety and provider characteristics were the reasons mothers cited as the basis for their child care selection. Some believe that process qualities such as care provider characteristics, training, experience, and education are most important (Fong, Yuan et al., 2003; Van Horn et al., 2001). Both groups mentioned above seem to agree that provider characteristics are an important factor to consider. However, there seems to be some confusion in the literature as to whether provider characteristics are structural or process aspects of care quality. Structural qualities are regulable characteristics such as the educational background and training of the staff and process qualities are interactive and relational characteristics such as how friendly, loving, attentive, and nurturing a provider is to the children in their care. Trust is a process quality that is also related to structural quality in child care. Trusting a care provider to provide quality care is a very important factor for parents (Fong, Yuan et al., 2003; U.S. Department of Health and

Human Services, 2003). A study by Lowe & Weisner (2004) found that a mother said she chose not to use child care subsidy because she did not trust her toddler in the care of anyone except very close kin and friends. She was afraid that a day care provider would not give enough time and attention to her 2-year-old.

Besides trusting the provider, many parents are concerned about their child's safety in others' care (Farkas, Duffet, & Johnson, 2000; cited in Brauner, Gordic, & Zigler, 2004). For many parents, kith and kin settings offer the only really safe and nurturing environments; however, if they had to choose between home-based or center-based settings, they thought that centers offered safer options (Lowe & Weisner, 2004). In order of preference, these parents wanted kith and kin care, center-based care, then family child care home settings. Parents also want providers who share the same values as their own family. Whereas kith and kin provider are likely to share similar family values, some parents worry that their children's exposure to values in centers will conflict with those of the family (Lowe & Weisner, 2004).

Research in Hawai'i has shown that parents receiving child care subsidies selected providers based on issues including a) whether cultural values taught by the provider are congruent with those of the family, b) quality of care facilities, c) adult-child ratio, d) the provider's years of experience, e) whether the provider offered a home-like environment, and f) whether the provider was someone they already knew and trusted, such as a family member or friend (Fong, Yuan et al., 2003). Those parents for whom quality was the most important factor were four to five times more likely to select licensed child care centers.

In addition to finding quality child care, low-income parents face more challenges in finding child care. The pragmatic or practical issues in finding child care may outweigh quality issues for some low-income parents. Practical concerns are most important to highly stressed mothers (Peyton et al., 2001). Mothers with lower incomes and longer work hours are limited in their choice of child care options which leads to the likelihood that their children will receive lower quality care (Peyton et al., 2001). Parents are concerned about flexibility in hours, location, and availability (Lowe & Weisner, 2004). For many parents receiving child care subsidies, their long work hours, non-traditional work hours, and/or juggling school, job-training, and work make finding child care that meet their needs difficult (Schulman et al., 2001). When convenience is important to parents, many are specifically concerned with location and cost (Van Horn et al., 2001).

In Hawai'i, the pragmatic reasons that parents select their child care sites are cost, availability during parents' work hours, ability to care for infants and toddlers, ability to care for children with special needs, reliability, or because it was the only alternative (Fong, Yuan et al., 2003). The parents in Hawai'i for whom having a home-like environment, being able to trust the provider, or pragmatic reasons were most important were more likely to choose license-exempt kith and kin care.

Policies Affecting Choice in Child Care Settings

Having quality child care will provide children with long-term benefits in all developmental domains – physical, social-emotional, language, and cognitive. These positive gains for children will be evident as they are better prepared for school learning

and this can potentially provide the impetus for life-long learning and contribution to the community later in life. Child care in children's early years can either enhance development, be a lost opportunity to provide a nurturing, stimulating and educating environment, or actually undermine development (Brauner et al., 2004). Providing quality child care for children as a right rather than a privilege will prevent individual and societal consequences such as low-scores on standardized test, risky behaviors, and more societal problems requiring rehabilitative programs (Brauner et al., 2004).

Of children served through the Child Care Development Fund (CCDF) in 2000, 27% were infants and toddlers and 26% were preschoolers (U.S. Department of Health and Human Services, 2003). For younger children, many parents seek care from family and friends (U.S. Department of Health and Human Services, 2003). However, as mentioned earlier, many more parents in Hawai'i, than nationally, have their children in kith and kin care.

Nationally, more non-Whites receive child care subsidies. Of children served by CCDF in 2000, 40% were African American, 33% were White, 1% Asian, 1% Native American, Pacific Islander, or Hawaiian (U.S. Department of Health and Human Services, 2003). In Hawai'i, Hawaiians/part Hawaiians (42%), Filipinos (12%), and Whites (12%), are the largest ethnic groups applying for child care subsidies (Fong, Yuan et al., 2003).

According to Early and Burchinal (2001), care use patterns may not accurately reflect parental preference because family choice may be limited by other factors such as low availability, economic constraints, or workplace constraints. Therefore, decisions about child care subsidies should be based on providing parents choice from a variety of

quality settings that can best enhance child outcomes. Child care subsidies in many states are generally restricted to state-certified and licensed center-base and home-based providers even though families prefer or will only use kith and kin care because this best fits their beliefs and values associated with the meaning of home, safety, security, and proper child training (Lowe & Weisner, 2004). Even in states without such restrictions, the type of care used had a large influence on subsidy utilization. Parents using licensed center-based care are more likely to use subsidies while those preferring other types of care falsely believe that subsidies will not pay for it (Shlay et al., 2004). In other words, parents may choose to not use subsidies, even if they were eligible, rather than change their preferred type of child care arrangements.

Although the CCDF supports the notion that children receiving subsidies should have "equal access" to all child care options, the quality of care that families with child care subsidies can access are limited by the options available in their community (Adams & Rohacek, 2002). Although the States are encouraged to set their maximum child care subsidy rates no lower than the 75th percentile based on their most recent market survey (U.S. Department of Health and Human Services, 2003), access and availability can still be a problem (Lombardi, 2003). Huston, Chang, & Gennetian (2002) found that subsidies that reduce the cost of child care are not helpful if care slots are not available, if care settings are not within a distance that the parent can travel, or if quality is unacceptable.

For many child care subsidy recipients, the work they find is episodic and changing and the subsidy program does not take these factors into account. The type of

work many low-income families find have low wages, lack the number of hours to provide health and vacation benefits so many work more than one job, and may be temporary or on-call during non-traditional work hours. Many low-income families face these types of work challenges that make finding quality child care difficult.

In addition, eligibility and later ineligibility can affect the continuity of care for these children. Because subsidies support parental work programs, parents can become ineligible for the child care subsidies upon losing their job, earning above the income cutoff, or failing to comply with subsidy requirement. The focus on eligibility contributes to unstable child care for at least some subsidized children (Adams & Rohacek, 2002). Because states serve different populations in their subsidy system, at varying levels of service, many children do not have stable child care as they exit and reenter the subsidy system (Meyers et al., 2002).

Also affecting the access and retention of child care subsidies are the agency's office practices, clients interactions with caseworkers, and eligibility recertification (Adams, Synder, & Sandfort, 2002). For example, because some offices require parents to recertify their eligibility in-person, parents must take time off from work which may affect their ability to retain their job to attend their office appointment or meet with their case manager (Adams et al., 2002). This, in turn, affects the stability of care for the children. Since children benefit from stable nurturing relationships with caregivers, the frequent changes in caregivers can threaten healthy development (Shonkoff & Phillips, 2000).

Some studies indicate that parents need more information to make good child care choices. In a study by Long, Wilson, Kutnick, & Telford (1996), 92% of the parents stated they knew what qualities to look for in a child care arrangement, yet when asked to identify specific qualities, 50% were unable to so do (cited in Peyton et al, 2001). Other researchers have suggested that parents are simply not knowledgeable about what constitutes quality care (Rassin, Beach, McCormick, Niebuhr, & Weller, 1991; cited in Peyton et al, 2001). The *Social Policy Report* published by the Society for Research in Child Development emphasized that parents do not receive adequate information about the advantages of different child care arrangements, facilities, or providers (Brauner et al., 2004). Providing parents the information they need to make good choices when selecting child care is not only common sense, there is a legislative requirement that mandates that parents who receive child care subsidy monies must have access to a wide range of child care options and to be able to choose among them (National Center for Children in Poverty, 1993).

A second policy issue involves the disbursement of subsidy monies. Distributing child care funds directly to parents can cause problems because some mothers may use this money to purchase other goods or services (Traub, 2002). For policy makers, paying the subsidies directly to parents has been controversial because child care providers consistently report that they are less likely to receive payment under this arrangement (Adams & Snyder, 2003). Unlike states that use a certificate or voucher system so parents can purchase subsidized child care, Hawai'i provides direct cash payments of the child care subsidy to the parents (U.S. Department of Health and Human Services, 2003).

The parents are then responsible to use those funds to purchase child care, making up any difference in cost to the child care provider.

As mentioned earlier, many more families receiving child care subsidies at the national level are choosing center-based care (U.S. Department of Health and Human Services, 2003) while many more children in Hawai'i are in kith and kin care (Schulman et al., 2001). In Hawai'i, the maximum child care subsidy for an accredited center-based care is capped at $475 per month, while kith and kin care is limited to $250 (State of Hawaii Department of Human Services, 2002). According to Schulman (2001), the maximum provider reimbursement in Hawai'i for a four-year-old in a licensed non-accredited center is $375. Although the child care subsidy rates are recommended to be at the 75th percentile of the market rate, many states are not up-to-date on their market rate levels. According to Schulman et.al. (2001), Hawai'i's subsidy rates are not set at the rate of at least 75% of the market rate and is below the 75th percentile of the 1999 rates. In comparison, California set its subsidy rate at least at the 75th percentile of the current market rate; thus, California's Marin County provides $876 for the same type of licensed non-accredited center care (Schulman et al., 2001). To put child care subsidies in context of self-sufficiency, in Honolulu, Hawai'i, a single mother with one preschool aged child would need an annual income of $35,930 to be self-sufficient (Pearce & Brooks, 2003).

Consumer Education

As this literature review shows, many parents are unclear about the child care options available to them and how to identify quality child care. Consumer education that assists parents in making child care decisions would not only be a valuable service but welcomed by them (M. Nemoto, personal communication, September 17, 2004). Not only will parents be better informed and knowledgeable about their child care options, they will be better able to identify what to look for in quality child care.

What is the status of consumer education in selecting child care? According to federal legislative mandates, states must spend at least 4% of their funds on quality initiatives that include consumer education (Traub, 2002). At a minimum, most states conduct a consumer education campaign that includes written information about child care subsidies and services with brochures and pamphlets (U.S. Department of Health and Human Services, 2003). Yet, many families have difficulty obtaining this information about identifying and monitoring the quality of care (Traub, 2002). In addition, because federal policy restricts state decision making regarding parental choice requirements, this prevents states from encouraging families to choose specific types of care settings of higher quality (Traub, 2002). Peyton and colleagues (2001) recommend that efforts to educate parents on identifying the characteristics of high quality care are needed to turn parents into selective consumers (Peyton et al., 2001).

Research Design

Background

In cooperation with the Hawai'i Department of Human Services (DHS), the Learning to Grow (LTG) project at the University of Hawai'i Center on the Family developed consumer education products and an informational presentation to help parents identify and select quality child care for children from birth to age 5. In 2000, LTG began the development of the consumer education products on choosing child care and started presenting the materials at the child care subsidy units in 2002. These sessions continue to the present. During the period of September 2002 through June 2004, over 5,000 clients attended these consumer education sessions in the state of Hawai'i (M. Nemoto, personal communication, September 17, 2004).

Participants

The participants for this study were clients attending the consumer education sessions. Therefore, participants were either welfare (TANF) recipients or they met the income eligibility to receive child care subsidies. To be income eligible to receive child care subsidies, the family's gross income must not exceed 85% of the State median income for that family size (Hawaii Department of Human Services, 2004). As clients apply for child care subsidies or are called to the mandated participation in the First-to-Work program to meet their work requirements for continued government assistance, they attended an orientation session. The 15-20 minute consumer education sessions were added to these intake orientations.

In total, there were fifteen First-to-Work units and three CCCH (Child Care Connection Hawai'i - child care subsidy only unit) units from which clients were exposed to the consumer education session during their intake orientation to receive subsidized child care assistance. On O'ahu, there were six (DHS) First-to-Work units, two Quick-to-Work units (contracted First-to-Work units), three Employment Works units (contracted units), and one Child Care Connection Hawai'i unit (CCCH). The neighbor islands had four First-to-Work units and two CCCH units. This study analyzed the survey data collected during the period of January to March 2004, when a total of 1,512 individuals attended the consumer education sessions on choosing child care at the First-to-Work or child care subsidy offices. Because the evaluation surveys prior to and subsequent to January to March 2004 were different in content, only those surveys completed during these three months were used for this study. Of the 1,512 completed survey evaluations, 1,276 surveys were found to be valid records of families with children 5 years old or younger. Since most of the child care subsidy units processed clients through group orientations, some clients who did not have children from birth to age 5 attended the consumer education session and completed the surveys; these surveys were not included in the data analysis.

Measures

A survey was designed to evaluate the consumer education sessions as part of LTG project's program reporting requirements (see Appendix). This survey was designed primarily to evaluate the usefulness of the consumer education sessions for contractual reporting purposes. However, besides collecting data on the usefulness of the

video, booklet, and resource packet for parents making child care decisions, demographic and other data were collected for possible future analysis. The design of this survey, however, was not intended to be the basis of this thesis research project. Therefore, the conceptual aspect of survey design may not have been the most conducive for data analysis for this thesis research.

Procedure

Hawai'i parents applying for government subsidized child care or parents receiving government assistance and mandated to fulfill their work requirements as part of the Personal Responsibility and Work Opportunities Reconciliation Act (PRWORA), attended a child care subsidy or First-to-Work orientation that included the LTG consumer education session on choosing child care.

Prior to the orientation session, First-to-Work families and child care subsidy clients received a letter from the DHS office or child care subsidy office with their scheduled appointment time for an intake orientation. Clients were informed that these sessions last from 2-3 hours and that they should arrange for child care for their children during this time. Some First-to-Work offices offer drop off child care at their site provided that parents arrive early enough to complete the required forms.

On average, 20-40 clients are scheduled to attend each of these intake orientation sessions. However, only about one-third to one-half of these clients actually arrived for their scheduled appointment time. Clients are provided three opportunities to attend their scheduled appointments before formal sanctions are imposed. After completing the required intake forms, a group orientation was held where a brief overview of the First-

to-Work or child care subsidy program was discussed. The orientation session usually lasted from one-half to one hour and was conducted by the unit supervisor, case manager, or social worker. Then, the consumer education session on choosing child care was conducted. On O'ahu, the Learning to Grow facilitators provided a short 5-10 minute presentation on the importance of choosing quality child care in children's early years. The 12-minute *Choosing Child Care* video was shown and the *Choosing Child Care* booklet and resource packet was presented and explained. The presentation order of the above Choosing Child Care materials during the consumer education sessions varied at each unit, depending on the preference of each unit's supervisor. On the neighbor islands, the same process was followed except that Learning to Grow facilitators were not available to provide the short 5-10 minute informational presentation. Besides showing the video, the neighbor island unit supervisors or case managers were expected to briefly explain the contents of the booklet and resource packet to their clients.

When the consumer education session was complete, an evaluation form was provided to all attendees. The clients were allowed a few minutes to complete the evaluation survey which was immediately collected by the Learning to Grow facilitators, unit supervisors, case manager, social worker, or whomever conducted the orientation on the neighbor islands. The data from these surveys was used for this study.

Research Questions and Hypothesis

Using the data gathered for evaluating these consumer education sessions, this study addressed the following questions:

1) What type of child care arrangements are parents currently using or considering and what demographic characteristics are associated with the type of care arrangement used or considered?

Hypothesis:

1a) Parents who currently use child care are most likely to use informal kith and kin care; while parents of children who have not yet entered care arrangements are most likely to consider using formal types of care such as family child care homes or child care centers.

b) Parents who currently use kith and kin care compared to parents who currently use family child care homes and child care centers will: a) be younger; b) have younger children; c) more likely be of Hawaiian/part Hawaiian or Filipino ancestry; d) be less educated; and e) more likely to be single.

2) If parents are satisfied with their current child care arrangements, what are the reasons for this satisfaction and what types of care are they satisfied with?

Hypothesis:

Parents who use kith and kin are and parents who used child care centers will have different reasons for being satisfied with their care arrangements.

3) How did participants react to the consumer education sessions?

Hypothesis:

3a) Most parents will find the consumer education sessions on choosing child care to be helpful.

b) After the consumer education session, parents are more likely to indicate a interest in exploring licensed child care as an option.

4) What concerns and obstacles do families have in finding the child care arrangement they prefer and what family characteristics are associated with the types of concerns and obstacles they have?

Hypothesis:

4a) Parents are concerned about finding child care that is safe, and providers they can trust. They are also concerned about practical issues such as convenience, location, hours of operation, and cost.

b) Parents currently using or considering using kith and kin care have more concerns with trust and safety issues and prefer environments that are nurturing and responsive.

Data Analysis

This study used mixed methodology in analyzing the data by using both quantitative and qualitative methods. Descriptive statistical analyses were used to address questions about the types of child care parents select and the usefulness of the consumer education sessions. Group comparisons were conducted using analysis of variance (ANOVA), Chi-Square, and Krustal-Wallace tests, as appropriate, depending on whether the dependent measure was continuous, nominal, or ordinal.

Qualitative analysis using inductive, emergent themes was used to categorize the statements to the open-ended questions. After responses were analyzed and the categories and subcategories were identified, the qualitative statements were coded and analyzed quantitatively, using frequency counts and Chi-Square analyses.

Quantitative Analysis

Assigning a family to a care type group was complicated by the fact that some families had their children in multiple child care settings and some families had more than one child under age 6. I computed a family-level care type variable with the following categories: *Parent only* include those who used only parent care for all their children; *licensed home* include those who used family child care homes alone or in combination with parent care; *child care centers* include those who used child care centers only or in combination with parent care; *kith and kin* care were those who used kith and kin care alone or in combination with parent care; *mixed care* includes those who selected at least two different types of care that include any combination of kith and kin, family child care homes (licensed home), or child care centers. The analysis

reported below used the family-level type of care with one exception, analysis involving child age used a child-level care type variable (i.e., the care type used by that particular child).

Ethnicity was coded as Hawaiian/part Hawaiian, Filipino, Pacific Islander, Caucasian, and Asian. Maternal age was grouped as under age 20, 20-24, 25-29, 30-34, and 35 and older. Educational level was coded as high school graduate or less, some college, or college graduate and above. Marital status was coded as single versus married (divorced and separated parents were included in the single group).

Inferential statistics were used to answer hypothesis 1b above. Chi-square analysis was used to analyze ethnicity and marital status, analysis of variance (ANOVA) was used to analyze parent/maternal age and child age, and Kruskal-Wallace was used to analyze maternal education.

Descriptive analysis, in terms of percentage ratings, was used to determine how useful parents found the consumer education session in choosing child care. A Chi-Square analysis was used to analyze the current or considered type of child care arrangements before the session and the preferred care arrangement after the consumer education session. Descriptive analysis, in terms of percentage ratings, was also used to determine the type of care arrangements parents were satisfied with.

Qualitative Analysis

Using inductive analysis, themes were identified and categories of responses were established to analyze the reasons of satisfaction with specific types of care arrangements. Inductive qualitative analysis was used to group or categorize the statements to open-

ended questions regarding concerns and obstacles parents have in finding their preferred child care arrangements. As similar emergent patterns were identified, these were categorized. The grouping of process qualities, structural qualities, and pragmatic issues were identified in the literature review. These were used as guidelines in analyzing the open-ended statements.

To categorize the open-ended questions, I read through the entire list of responses multiple times. While reading through the responses, general themes emerged similar to those identified in the literature review – process qualities, structural qualities, and pragmatic issues. However, another theme emerged, that of type of care. These themes became the main categories, while subcategories were identified when doing a secondary level inductive analysis.

The main categories, subcategories, and initial coding system were provided to my advisor to review for reliability of categorization and coding. The categories and subcategories were revised with clearer definitions. Although most statements were brief (a few words to a single sentence), some responses were as sparse as a single word to as long as a few sentences. To be able to capture the entire content of each response, each response was firs coded for the existence or nonexistence of each category then by subcategory. Therefore, some responses would receive multiple codes while some responses only had one code. For example, a response of "safety" received the single code for safety while a response of "safety, trust, convenience" would receive 3 separate codes.

There were five main categories: values, type of care, structural features, pragmatic issues, and miscellaneous. The question on concerns also included another category, unspecified quality. Similar to process qualities, the main category of values was defined as values parents feel are important in selecting care that included trust, learning, the child being happy, the parent being satisfied, and the parent and/or child being comfortable. Type of care included kith and kin, family child care home, and center-based care. Structural features was defined as issues that are required and can be monitored for child care licensing including features such as safety, age of the children served, "good" environment, adult-child ratio, and provider training. One aspect of provider training, specifically the provider being licensed emerged as an important detail and was therefore added as another subcategory. Pragmatic issues were the practical issues parents face in their child care decision such as convenience, cost, and location. A miscellaneous category was added for those statements that did not fit into any other category. The main category of unspecified quality was also added when the responses indicated some type of quality but did not provide enough information to be categorized in any other way (e.g., "Finding the right one").

Since the statements were very brief without the specific details needed for further qualitative analysis, frequency counts were analyzed and specific quotations were identified to illustrate each category and subcategory. When the qualitative analysis was completed, and frequency counts of categories were identified, these data were merged with the closed-ended result.

Mixed Methods

Research questions 2 and 4: "If parents are satisfied with their current child care arrangements, what are the reasons for this satisfaction and what types of care are they satisfied with?" and "What concerns and obstacles do families have in finding the child care arrangement they prefer and what family characteristics are associated with the types of concerns and obstacles they have?" required the merging of these data. The family-level types of care data from the closed-ended results were merged with the frequency counts of the reasons for satisfaction and types of concerns.

For the two research questions regarding child care satisfaction and concerns, the analyses are presented first with the qualitative coding system and examples of statements then the statistical analysis with the merging of the data.

Table 1. Data Analysis

Research Questions	Hypothesis	Variable	Analysis/Frequency
1. What type of child care arrangements are parents currently using or considering and what demographic characteristics are associated with this type of care arrangement?	1a) Parents who currently use child care are most likely to use informal kith and kin care; while parents of children who have not yet entered care arrangements are most likely to consider using formal types of care such as family child care homes or child care centers.	▪ Current child care arrangement (survey item #3). ▪ Considered child care arrangement prior to the consumer education session (survey item #4).	▪ Percentage of applicants currently using each form of child care: kith and kin, family child care home, and child care center. ▪ Percentage of applicants considering using each form of child care: kith and kin, family child care home, and child care center.
	1b) Parents who currently use kith and kin care compared to parents who currently use family child care homes and child care centers will: a) be younger; b) have younger children; c) be of Hawaiian/part Hawaiian or Filipino ancestry; d) be less educated; and e) be single.	▪ Current child care type ▪ Maternal age ▪ Child age ▪ Ethnicity ▪ Maternal education ▪ Marital status	▪ Descriptive (percentage) ▪ ANOVA ▪ ANOVA ▪ Chi-Square ▪ Krustal-Wallace ▪ Chi-Square

Table 1. (Continued) Data Analysis

Research Questions	Hypothesis	Variable	Analysis/Frequency
2. If parents are satisfied with their current child care arrangements, what are the reasons for this satisfaction and what types of care are they satisfied with?	Parents who use kith and kin compared to parents who used child care centers have different reasons for their satisfaction.	▪ Reasons of satisfaction (open-ended survey item #5b).	▪ Inductive, emergent themes to code and categorize responses.
3. How did participants react to the consumer education sessions?	3a) Most parents will find the consumer education sessions on choosing child care to be helpful.	▪ Ratings of "good" or "excellent" on the usefulness of the video and information and materials provided during the consumer education session (survey items #1 and #2).	Percentage of applicants selecting "good" or "excellent" on the usefulness of the video and information and materials. These items will be combined to represent a single variable on overall usefulness of the consumer education session.
	3b) After the consumer education session, parents are more likely to indicate an interest in exploring licensed child care as an option.	▪ Current child care arrangements (survey item #3) or considered child care arrangements prior to the consumer education session (survey item #4). ▪ Types of care considering after consumer education session (survey item #5a).	▪ Chi-Square

Table 1. (Continued) Data Analysis

Research Questions	Hypothesis	Variable	Analysis/Frequency
4. What concerns and obstacles do families have in finding the child care arrangement they prefer and what family characteristics are associated with the types of concerns and obstacles they have?	4a) Parents are concerned about finding child care that is safe, and providers they can trust. They are also concerned about practical issues such as convenience, location, hours of operation, and cost.	▪ Open-ended responses (survey item #6).	▪ Inductive, emergent themes to categorize responses.
	4b) Parents currently using or considering using kith and kin care have more concerns with trust and safety issues and prefer providers that are nurturing and responsive.	▪ Current child care type ▪ Open-ended responses (survey item #6).	▪ Descriptive (percentage) ▪ Inductive, emergent themes to code and categorize responses.

Results

Current Care Type

For the first research question, "What type of child care arrangements are parents currently using or considering and what demographic characteristics are associated with this type of care arrangement?" I hypothesized that parents who currently use child care are most likely to use informal kith and kin care, while parents of children who have not yet entered care arrangements are most likely to consider using formal types of care such as family child care homes or child care centers.

For parents who currently have their children in some type of care, 543 (42.6%) are in kith and kin arrangements, 194 (15.2%) use center based care, 59 (4.6%) use licensed family child care homes, and 64 (5%) had children in a combination of different types of non-parental care. A sizeable group of parents, 416 (32.6%), reported that they or the child's other parent currently provide care for their own children. A one-way Chi-Square test confirmed that the frequency of use was not equal for all of the five possible care types, $x^2 = 734.65$, $df = 4$, $p < .001$ (see Table 2). My hypothesis was supported. Many more parents had their children with kith and kin providers or cared for their own children than expected while the other types of child care under the null hypothesis of equal distribution were under-represented. These results are presented in the following table.

Table 2. Current Family-level Care Type

Type of Care	Frequency/ Observed N	Percent	Frequency/ Expected N	Residual
Kith and Kin	543	42.6	255.2	287.8
Parent Care	416	32.6	255.2	160.8
Center Care	194	15.2	255.2	-61.2
Family Child Care Home	59	4.6	255.2	-196.2
Mixed Non-parental Care	64	5	255.2	-191.2
Total	1276	100		

Considered Care Type

For parents who have not yet entered their children in child care, I hypothesized that they are most likely to consider using formal types of care such as family child care homes or child care centers. The results are presented in Table 3. Most (862 or 67.6%) of these parents did not answer this question, presumably because their child was already in care. Of the 414 who answered, 184 (44.4%) were considering child care centers, 138 (33.3%) were considering kith and kin care, 55 (13.3%) were considering a combination of different types of care arrangements, 32 (7.7%) were considering family child care homes, and 5 (1.2%) were going to care for their own children. The Chi-Square test of significance showed that the observed frequency distribution was not equal across the five possible types of care $x^2 = 274.09$, $df = 4$, $p < .001$. There were many more parents than expected considering child care centers and kith and kin providers while fewer were considering a combination of mixed non-parental care and family child care homes. My

hypothesis was partly supported with more parents considering child care centers and fewer considering family child care homes.

Table 3: Considered Family-level Care Type (for children not yet in care)

Type of Care	Frequency/ Observed N	Percent	Frequency/ Expected N	Residual
Center Care	184	44.4	82.8	-77.8
Kith and Kin	138	33.3	82.8	55.2
Mixed Non-parental Care	55	13.3	82.8	-27.8
Family Child Care Home	32	7.7	82.8	-50.8
Parent Care	5	1.2	82.8	-77.8
Total	414	100		

Parent Age and Type of Care

For the second part of this question, I hypothesized that parents who currently use kith and kin care compared to parents who currently use family child care homes and child care centers will: a) be younger; b) have younger children; c) more likely be of Hawaiian/part Hawaiian or Filipino ancestry; d) be less educated; and e) more likely to be single. Results for maternal age are presented in Table 4. An analysis of variance (ANOVA) showed that the mean age of parents in each care type group were not equal $F = 2.331$, $df = 4, 1254$, $p = .054$. A post hoc Least Significant Difference (LSD) test of multiple comparisons showed that center care users were older than both parent care users ($p = .005$) and mixed care users ($p = .036$). The post hoc Student-Newman-Keuls (SNK) test showed no significant pair-wise differences ($p = .131$). My hypothesis was

partially supported. Parents that used kith and kin care were younger than those who used child care centers but not different from those who used parent care, family child care homes, or mixed non-parental care.

Table 4. Parent Age and Type of Care

Type of Care	N	Mean Age in Years	SD
Mixed non-parental care	62	26.74	6.0
Parent Care	413	27.16	6.9
Family Child Care Home	58	27.24	6.9
Kith and Kin	535	27.73	7.0
Center Care	191	28.86	6.7

Child Age and Type of Care

To test the hypothesis concerning child age and current care type, I computed an analysis of variance (ANOVA) with care type as the independent variable and child age as the dependent variable. Unlike the analyses already reported, this was a child-level analysis based on each child's age and each child's unique care placement. Most children (754) were in kith and kin care arrangements, while the fewest (83) were in family child care homes. The youngest children, with a mean age of 1.57 were in family child care homes while the oldest children 3.08 were in child care centers. The overall ANOVA was highly significant, $F = 58.054$, $df = 3, 1735$, $p < .001$. Both the LSD and SNK post-hoc tests indicated that children in center care were older than children in any

of the other care groups. My hypothesis was not supported. The youngest children were not more likely to be found in kith and kin settings.

Table 5. Child Age and Type of Care

Type of Care	N	Mean Age in Years	SD
Kith and Kin	754	1.79	1.590
Parent Care	611	1.80	1.638
Family Child Care Home	83	1.57	1.299
Center Care	291	3.08	1.228

Ethnicity and Type of Care

The results for parents' ethnicity and type of preferred child care are presented in Table 6. The Pearson Chi-Square test showed that the pattern of care type was not equal for all ethnicities $x^2 = 67.92$, $df = 24$, $p < .001$. For all ethnic groups (except those who did not report their ethnicity), kith and kin care was the most commonly used, parent care was the second most common, and center care was the third most common care type. However, Filipinos (50.3%), Pacific Islanders (47.9%) and Hawaiians (45.3%) had the highest rates of using kith and kin care. Pacific Islanders (34.4%) and Hawaiians (34.1%) had the highest rates of parent care, and Caucasians (23.8%) and other Asians (23.3%) had the highest rates of center care. My hypothesis was supported. Those of Hawaiian and Filipino ancestry used more kith and kin care for their children.

Table 6. Ethnicity and Type of Care

	Ethnicity					
Type of Care	Hawaiian and part-Hawaiian	Filipino	Other Pacific Islander	Other Asian	Caucasian	Unknown
Kith and Kin	198 (45.3%)	75 (50.3%)	46 (47.9%)	30 (33.3%)	38 (36.2%)	93 (39.7%)
Parent Care	149 (34.1%)	42 (28.2%)	33 (34.4%)	22 (24.4%)	27 (25.7%)	96 (41.0%)
Family Child Care Home	8 (1.8%)	4 (2.7%)	4 (4.2%)	11 (12.2%)	9 (8.6%)	10 (4.3%)
Center Care	55 (12.6%)	23 (15.4%)	12 (12.5%)	21 (23.3%)	25 (23.8%)	26 (11.1%)
Mixed non-parental care	27 (6.2%)	5 (3.4%)	1 (1.0%)	6 (6.7%)	6 (5.7%)	9 (3.8%)
Total	437	149	96	90	105	234

Marital Status and Type of Care

Results for parents' marital status and type of care are shown in Table 7. Overall, three-fourths of the parents were single (971 or 76.1%), one-fourth (300 or 23.5%) were married, and 5 or 0.4% chose to not answer this question. Most of the single parents (44.5%) had children in kith and kin care or were caring for their own children (31.1%). Most of the married parents were either caring for their own children (37.3%) or had them in kith and kin care (36.3%). The Pearson Chi-Square test showed that there were no significant differences in marital status and the pattern of care type, $x^2 = 7.66$, $df = 4$, $p = .105$. My hypothesis was not supported. The majority of both single and married parents currently have their children in kith and kin or parent care.

Table 7. Marital Status and Type of Care

Type of Care	Single Frequency (Percent)	Married Frequency (Percent)
Kith and Kin	432 (79.9%)	109 (20.1%)
Parent Care	302 (72.9%)	112 (27.1%)
Center Care	142 (73.6%)	151 (26.4%)
Mixed non-parental care	51 (79.7%)	13 (20.3%)
Family Child Care Home	44 (74.6%)	15 (25.4%)

Parent's Education and Type of Care

The parents' education level and care type are presented in Tables 8 and 9. Most (801 or 65.5%) of the parents were high school graduates while 101 (8.3%) had college degrees or higher. The Kruskal-Wallis test showed that a significant difference in education level was found for type of care, $x^2 = 48.242$, $df = 4$, $p < .001$. My hypothesis was partly supported. Parents with lower educational levels were more likely to either be caring for their own children, using mixed non-parental care, or selecting kith and kin care.

Table 8. Parents' Education Level

Education Level	Frequency	Percent
Less than High School	175	14.3
High School	801	65.5
Some college	146	11.9
College and above	101	8.3

Table 9. Parent's Education Level and Type of Care

Family-level care type	N	Mean Educational Rank*
Parent Care	398	543.91
Mixed Non-Parental Care	61	612.27
Kith and Kin	526	618.21
Center Care	184	704.44
Licensed Home Care	54	738.09

*The mean educational rank is the mean, ranked from lowest to highest (N=1276), of each care type group. Therefore, the lower the numerical value equates with a lower educational level with a mean for each care type group.

Reasons for Satisfaction: Kith and Kin Versus Center Care

The second research question focused on the reasons why parents were satisfied with their current providers and the types of care they were most satisfied with. The research question was worded as: If parents are satisfied with their current child care arrangements, what are the reasons for this satisfaction and what types of care are they satisfied with? Before presenting the statistical analysis of this research question, the following describes how the statements of reasons for satisfaction were coded and incorporated into the overall analysis of this question.

Question five of the survey was worded as follows: "After watching the *Choosing Child Care* video and receiving information about the importance of children's early years, do you plan to check into other types of child care?" Parents were given the option of saying "yes" and provided with three choices – family member or friend, family child care home, or child care center. They had the option to check off any or all choices as it

applied to their intentions to check into the different types of child care arrangements. If they chose the "no" option, the question was worded as, "No, I like my current child care arrangements. Please tell us why." The following results are the answers from those who answered the "no" option as this implied their satisfaction with their current child are arrangements. Three hundred sixty one (361) respondents, or 28% of the sample responded "no" to question 5 of the survey. Of these respondents, 42.5% were kith and kin care users, 28.6% were child care center users, 12% used parent care, 9% were mixed non-parental care users, and 7.8% were family child care homes users. Their explanations of their current child care arrangement satisfaction were categorized in five main categories: Values, Type of Care, Structural Features, Pragmatic Issues, and Miscellaneous. There are numerous subcategories or second-level categories within each main category. Although the literature review provided a foundation from which the main categories and subcategories were identified, the themes that emerged from the statements were the actual basis from which the categories and subcategories were developed. The main categories, as well as subcategories, are reported below in order of frequency of responses. Parents who had responses that mentioned more than one main category or subcategory were coded for each category and subcategory. Therefore, the number of responses is greater than the number of actual respondents. Of the 361 respondents, there were 542 total variable counts for all categories and subcategories. Although this may give an inflated view of the results, it provides a glimpse into what satisfaction variables are important to parents with their current child care arrangements.

In fact, if the frequency counts for all variables (542) were used, the frequency distribution would be the same as Table 10 shows.

Table 10. Reasons for Satisfaction (Qualitative)

Satisfaction Variables	**Respondent Frequency**	**%***	**Total Frequency %****
Values	275	76	50
General Satisfaction	113	31	21
Trust	48	13	9
Learning	39	11	7
Child Happy	41	11	8
Comfortable	34	9	6
Type of Care	71	20	13
Kith and Kin	69	19	13
Family Child Care Homes	0	0	0
Child Care Center	2	0.5	0.4
Structural Features	86	24	16
Provider Training	22	6	4
Environment	23	6	4
Licensed Provider	15	4	3
Safety	18	5	3
Age of Child	5	1	1
Adult/Child Ratio	3	0.8	0.6
Pragmatic Issues	57	16	11
Convenience	46	13	9
Location	8	2	1.5
Cost	3	0.8	0.5
Miscellaneous	53	15	10
Totals	542	150%	100%

* This percentage is based on the number of respondents (361).
** This percentage is based on the total number of responses (542).

Values.

The overwhelming majority of responses (50%) were coded within the category of values. As an intangible variable, based on individual perception, values was defined as those things that parents value or thought of as important such as general satisfaction, trust, that the child is learning, and that the child is happy and comfortable, that cannot be specifically measured or monitored. Specifically, parents mentioned being generally satisfied with their current child care arrangements (21%), trusting their current provider (9%), were satisfied that their child was learning (7%), feeling that their child seemed happy with the current provider and arrangement (8%), and feeling that they and/or their child was comfortable with the current provider and arrangements (6%).

Of those indicating general satisfaction (21%) with their current child care arrangements, specifics about what they are satisfied with were not mentioned. Some mentioned their satisfaction is due to having a family member as a care provider but did not add specific details about why they believe this is so. Some mentioned they are satisfied with their current provider, that they do not have any problems, that their child is in good hands, the child care arrangement is good, they are familiar with the program, it works for them, or it is fine; but again, no other details were provided.

The following quotations illustrate responses coded as general satisfaction: "Feel pleased with who I choose, who is my parents that I live with" (1070)[1] (University of Hawaii Center on the Family, 2004). "I'm happy or satisfied with my child care provider" (1095). "My new sitter is absolutely wonderful!... she encourages the parents

[1] Record numbers of unpublished raw data from completed surveys.

to visit anytime!" (2205). "Because I have a good relationship w/my child care provider and she does a lot of activities w/the children" (2055).

Type of Care.

Thirteen percent (13%) or 71 of the respondents reported that the type of care – kith and kin, family child care home, or child care center – was an important determinant in their satisfaction with their child care arrangements. Of these, 13% indicated that they were satisfied with kith and kin type of care. Of the 13% satisfied with kith and kin care, family and friends most preferred were ranked, from most to least preferred, as follows: the child's grandparents, a family member, an aunt or sister of the child's parent, the child's great-grandparents, a friend, and the child's father. The child's father does not typically count as a kith and kin provider but is included here since the respondents specifically reported this as a reason for satisfaction.

Several parents further described their satisfaction with their kith and kin providers by saying that they trust their providers, consider family/friends to be "good providers," simply prefer kith and kin providers, feel comfortable, their child is happy in kith and kin care, find it to be convenient, feel safe, are confident, pleased, and/or want their child to learn.

The following quotations are examples of how parents describe their satisfaction with kith and kin care arrangements. "My mother watches baby and my son doesn't want anyone else. He loves my mom. Gets all the attention he needs" (745) (University of Hawaii Center on the Family, 2004). "My dad watches my daughter right now. And he

is really good with her. She really enjoys being at his house" (2051). "I feel my children are safer and more comfortable w/family members" (2038).

No responses indicated that the family child care homes child care arrangement was a specific source of satisfaction. Four-tenths percent (0.4%) were satisfied that their child was in a child care center. Some parents stated that preschool helps to develop skills, while others simply stated that their child was in a preschool.

The following are a few quotes of those who preferred child care centers. "Preschool - Kamehameha schools" (1178) (University of Hawaii Center on the Family, 2004). "Rainbow school" (346). "My child goes to Punanaleo" (1019).

Structural Aspects.

Structural aspects include those features that can be monitored by a child care licensing unit for the compliance or violations of policies such as safety, providing a "good" environment, the provider having training, adult/child ratio, age of child served, and provider licensing. Sixteen percent (16%) of responses addressed their satisfaction due to structural features that included provider training (4%), the core environment (4%), provider licensing (3%), safety issues (3%), the age of the child being served (1%), and the adult to child ratio (0.6%).

Reponses relating to provider training mentioned "staff" PATCH (Parents Attentive to Children, Hawai'i's child care resource and referral agency) training, the providers' experience, professionalism, use of good curriculum, and activities. The following are a few quotations from parents who indicated that provider training was important to their satisfaction. This first statement was also coded under the subcategory

of trust. "I do enjoy my current child care arrangement because she can be trusted and has a lot of experience" (827) (University of Hawaii Center on the Family, 2004). "I found my provider through patch referral list and I'm very interested in her background" (781).

Parents mentioned that the environment is important in their satisfaction with their current child care arrangements and indicated that the child care environment was "good," they liked the cleanliness, that they "like" the environment, they find it comfortable, supportive, home-like, and/or nice. Below are a few quotations relating to environmental considerations. "It's a safe clean environment for my child. I feel comfortable with the providers. And my child enjoys going to school everyday. They also do lots of activities" (432) (University of Hawaii Center on the Family, 2004). The previous statement was also coded under the subcategories of comfortable, child happy, and learning while the next statement was also coded under the subcategory of child happy. "I like the teacher, the environment he is in, and most of all my child likes it there" (555). "Environment is good, friendly teachers" (329). "It's a good environment" (2188).

Some parents specifically mentioned that their provider was "licensed" without providing any details on what being "licensed" means to them. Some also stated that their provider was on the PATCH referral list. This first statement was also coded under the subcategories of kith and kin type of care and trust. "Because it's my mother and I trust her and she used to be a licensed child care provider under PATCH" (1238) (University of Hawaii Center on the Family, 2004). "Long time friend that I trust, that is

a licensed child care provider. Like the set-up of the house and children are well taken cared of and are happy" (347). The previous statement was also coded under the subcategories of environment and child happy. "They are both licensed and was highly recommended" (874).

Parents who specifically mentioned safety as a satisfaction variable also mentioned feeling comfortable, they liked the activities provided, found it convenient, selected family members as providers, approved of the child proofing, and was generally satisfied. Safety, in isolation, was not mentioned. The following are quotations from those who indicated satisfaction with safety. This first statement was also coded under the subcategory of learning. "I feel that my child is safe and he is engaging in many activities" (271) (University of Hawaii Center on the Family, 2004). "I feel comfortable & safe with family members taking care of my children" (717). The previous statement was also coded under the subcategories of comfortable and kith and kin type of care while the next statement was also coded under convenience, kith and kin type of care, and comfortable. "More convenient for my daughter to be with grandmother. I feel safer and more comfortable" (870).

For those who were satisfied with their child care arrangement, a few indicated that they will consider other child care options when their child is older. The following are quotations from those who indicated that their child's age was a consideration with their satisfaction in the care arrangement. "My baby is still to young, maybe if when she gets a little older" (2035) (University of Hawaii Center on the Family, 2004). "What I

have now is perfect for his age. When he goes to his aunties or dad's there are other babies his age. When he's older then I'll want him to go to preschool" (2076).

A few parents stated that adult-child ratio is important. The following is a quotation. This statement was also coded under the subcategories of location, environment, and trust. "Good child to teacher ratio, good location, nice facilities, great people" (1034) (University of Hawaii Center on the Family, 2004).

Pragmatic Concerns.

Eleven percent (11%) of parents were satisfied due to pragmatic features such as convenience (9%), location (1.5%), and cost (0.5%). Although some parents stated convenience as a current child care arrangement satisfaction indicator, specific details were not mentioned. A few mentioned characteristics such as safety, family, and trust along with convenience, but in general details of what they meant by the word "convenience" was lacking. A few stated that their provider was in the same household residence, while some were close to home. Some said their child care arrangement was selected because it was "easy" with no other details, while some said scheduling and hours, availability, and having all their children at the same place were indicators of convenience.

The following are a few quotations indicating satisfaction with pragmatic issues. This first statement was also coded under the subcategory of comfortable while the second statement was also coded under trust. "I am comfy w/my provider and location" (845) (University of Hawaii Center on the Family, 2004). "The location and staff are great. The hours meet our needs for childcare" (368). This next statement was also

coded under the subcategories of adult-child ratio and provider training. "Good child to teacher ratio, good location, nice facilities, great people" (1034).

Some parents said that cost or affordability were important in their current child care arrangement satisfaction. "More affordable" (535) (University of Hawaii Center on the Family, 2004). The following quote was also coded under the subcategory of adult-child ratio while the last quote was also coded under comfortable. "Teacher/student rating, location, staff, cost" (478). "Feel comfortable w/my choice and to expensive" (2202).

Miscellaneous.

The final main category is the miscellaneous category (10%). These were statements that did not fit into the other categories. Most statements described their current arrangements rather than explaining why parents were satisfied with such arrangement. There were 10 responses that did not answer the question but made statements such as undecided, and that PATCH providers were terrible.

The following are samples of miscellaneous statements. "I would like to watch my children, but I think that child care is good" (1128) (University of Hawaii Center on the Family, 2004). "I want to get a night time job so that my daughter can stay with me and I can be there when my son is done with school" (2124).

The following analysis used the qualitative coding systems mentioned above to quantitatively count the frequencies of each category and reason for satisfaction and merged it with the quantitative descriptive data that describes the family-level type of care. Chi-Square analysis was used since I wanted to test data that used frequency counts

and categories, with nominal dependent variables, to measure the observed number of cases compared to the expected number of cases based on the null hypothesis. The null hypothesis was that parents would select each sub-category of satisfaction with equal frequency. Variable A was based on a yes or no question of the existence of this sub-category as reason for parents' satisfaction with their child's care. Variable B was the family-level care type. I omitted one row for each analysis that consisted of the percentage of parents who did not check that specific satisfaction reason. Table 11 is a condensed result of seventeen different Chi-Square analyses.

As Table 11 shows, the Chi-Square analysis showed that parents were satisfied with some variables more than others. For type of care, parents were most satisfied with kith and kin care $x^2 = 63.36$, $df = 4$, $p < .001$. Other reasons why parents found their current care type satisfactory was the environment $x^2 = 26.16$, df = 4, $p < .001$, with those in center care most satisfied with the environment; provider training $x^2 = 14.95$, df = 4, $p = .005$, with those in family child care homes as most satisfied with the provider's training; the provider being licensed to provide child care $x^2 = 17.30$, df = 4, $p = .002$, with those in family child care homes as those most satisfied with their provider being licensed to provide child care, location $x^2 = 10.62$, df = 4, $p = .031$, trust $x^2 = 35.60$, df = 4, $p < .001$, with child care centers as those who are most satisfied with the child care center location; learning $x^2 = 11.36$, df = 4, $p = .023$, with those in family child care homes as those most satisfied with their child's learning; child happy $x^2 = 21.30$, df = 4, $p < .001$, with those in family child care homes as those most satisfied with their child being happy there; satisfied $x^2 = 20.881$, df = 4, $p < .001$, with those in mixed care settings as those

who are most generally satisified with their current care arrangements; and miscellaneous $x^2 = 29.35$, df = 4, $p < .001$, with those in mixed-care and parental care as those most satisfied with miscellaneous variables that were not specified.

My hypothesis was supported. Those in kith and kin care compared to those in center-based care have different reasons for their satisfaction. Those in kith and kin care were most satisfied with that type of care and being able to trust the provider. Those in family child care homes were most satisfied with the provider's training and their child having opportunities for learning experiences. Those in child care centers were most satisfied with the environment, the child being happy, and being generally satisfied.

Table 11. Reasons for Satisfaction with Current Child Care Arrangements

		Current Care Type Used						
General Category	**Subcategory: Reasons for Satisfaction**	Parent Care %	Kith and Kin %	Licensed Home Care %	Center Care %	Mixed Non-Parental Care %	x^2 df=4	*p value*
Type of Care	Kith and Kin	18.6	37.5	10.7	0	3.1	63.36	$p < .001$
	Family Child Care Home	0	0	0	0	0		
	Child Care Centers	0	.7	0	1	0	.93	$p = .920$
Structural Aspects	Safety	9.3	6.6	0	4	0	5.83	$p = .212$
	Child's Age	0	2.6	0	1	0	3.261	$p = .515$
	Environment	2.3	2	7.1	16.7	0	26.16	$p < .001$
	Adult to Child Ratio	0	0	3.6	2	0	5.97	$p = .202$
	Provider Training	0	3.9	14.3	11.8	0	14.95	$p = .005$
	Licensed	2.3	1.3	17.9	5.9	3.1	17.30	$p = .002$
Pragmatic Concerns	Convenience	11.6	16.4	10.7	5.9	21.9	8.66	$p = .07$
	Cost	2.3	0	3.6	1.0	0	5.23	$p = .265$
	Location	2.3	0	3.6	5.9	0	10.62	$p = .031$
Values	Trust	9.3	25.7	7.1	2.0	3.1	35.60	$p < .001$
	Learning	0	9.2	21.4	15.7	9.4	11.36	$p = .023$
	Child Happy	4.7	5.3	17.9	22.5	9.4	21.30	$p < .001$
	Satisfied	16.3	25.7	21.4	44.1	50.0	20.88	$p < .001$
	Comfortable	11.6	9.9	14.3	6.9	9.4	1.82	$p = .769$
Other	Miscellaneous	41.9	10.5	10.7	10.8	12.5	29.35	$p < .001$

Usefulness of Consumer Education Sessions

Most of the parents attending the consumer education sessions found the information in the video and shared by the presenter as useful. The results are presented in Table 12. More than ninety-four percent (94.1%) found the information provided by the video as excellent or good, while 3.8% found it fair, and 0.1% found it poor. More than ninety-four percent (94.3%) found the information shared by the presenter as excellent or good, 2% found it fair, and 0.1% found it poor. It appears that ratings for the usefulness of the presenter were somewhat more favorable than the ratings of the video usefulness. These results support my hypothesis that most parents will find the consumer education session on choosing child care as helpful to them in making their decisions regarding child care arrangements.

Table 12. Usefulness of the Consumer Education Sessions

Rating	**Video Usefulness Frequency (%)**	**Presenter Usefulness Frequency (%)**
Excellent	679 (53.2)	785 (61.5)
Good	522 (40.9)	418 (32.8)
Fair	49 (3.8)	26 (2.0)
Poor	1 (.1)	1 (.1)

Pre- and Post-Consumer Education and Type of Care

To address my hypothesis that attending the consumer education sessions will increase the likelihood of parents considering center-based care, the current and considered types of care pre- and post-consumer education session is presented in Tables

13 and 14. Before viewing the video or listening to the presentation on choosing quality child care, some parents already had their children in some type of care arrangements. Table 13 represents those who had their child in child care settings by presenting the current type of care arrangements and the type of care parents were thinking of continuing or changing to after attending and receiving information from the consumer education sessions on choosing child care. Since parents had the option of selecting as many or as few of the child care options as necessary, this family-level analysis was based on whether or not a specific type of care was selected or not selected.

Table 13 is a condensed Chi-Square analysis of three x^2 tests. Chi-Square analysis was used because I was measuring the frequency of the nominal dependent variables and to see if the null hypothesis would be supported by showing that the observed frequency and expected frequency were equally distributed. Variable A was a yes or no question of whether or not this type of care choice was selected. Variable B was the current type of care. Omitted from the Table 13 are the columns of family-level care type (parent care, kith and kin, licensed care home, center care, and mixed non-parental care) that indicated the frequencies and percentages of each care type (kith and kin, family child care home, and center care) not checked.

Parents who had their children in kith and kin care were thinking of continuing their child in kith and kin arrangements (13.8%) or to change the arrangement to child care centers (37.0%). However, almost one-half (47.1%) of parents chose not to respond. Parents who currently had their children in licensed family child care homes were thinking of continuing in family child care homes (11.9%) or change to child care centers

(20.3%) while about two-thirds (66.1%) of the parents chose not to respond. Parents whose children were in child care centers were likely to have their children remain in centers (14.9%) with more than three-fourths (81.4%) choosing not to respond. A possibility of the high no response rate is that since these parents were current users of child care, they were not thinking of other types of child care at the time, thus they thought the question did not apply to them as current child care users, or the question was confusing in and of itself. The Chi-Square analysis showed that there is a significant difference in the type of current care and types of considered care across the different care types, $x^2 = 44.78, 34.83, 75.71$, $df = 4$, $p < .001$. The null hypothesis was rejected, the observed and expected frequency of distribution were not equal. The parents who have their children in current care arrangements are not considering the different types of arrangements in the expected equal frequency distribution. My hypothesis was partly supported. Many parents were either keeping their current care type or considering child care centers, but many chose not to respond to this question.

Table 13. Pre-and Post-consumer education session: Current Users

	Post-Consumer Education: Type of Care Considering			
Pre-Consumer Education: Current Care Type	No Response	Kith and Kin	Family Child Care Homes	Child Care Centers
Parental Care	30.3% 126	23.1% 96	19.0% 79	48.3% 201
Kith and Kin	47.1% 256	13.8% 75	12.2% 66	37.0% 201
Family Child Care Homes	66.1% 39	5.1% 3	11.9% 7	20.3% 12
Child Care Centers	81.4% 158	4.6% 9	2.1% 4	14.9% 29
Mixed	65.6% 42	9.4% 6	10.9% 7	23.4% 15
Total	290.5%*	56%*	56.1%*	143.9%*
Chi-Square Test		44.78	34.83	75.71
P Value		$p < .001$	$p < .001$	$p < .001$

*These totals do not equal to 100% because parents had the option to select as many or as few options as necessary.

I hypothesized that after attending the consumer education session, parents who did not yet have children in child care settings would be more likely to indicate an interest in exploring licensed child care as an option since this was the option selected by the fictional family in the video. Similar to the Chi-Square analysis used above, Table 14 is also a condensed Chi-Square analysis of three x^2 tests. Again, Chi-Square analysis was used because I was measuring the frequency of the nominal dependent variables and to see if the null hypothesis would be supported by showing that the observed frequency and

expected frequency were equally distributed. Variable A was a yes or no question of whether or not this type of care choice was selected. Variable B was the type of care parents were considering. Omitted from the Table 14 are the columns of family-level care type (parent care, kith and kin, licensed care home, center care, and mixed non-parental care) that indicated the frequencies and percentages of each care type (kith and kin, family child care home, and center care) not checked.

Table 14 presents the results of the type of care parents were considering before and after attending the consumer education session. Notice, however, that again there is a high rate of parents who did not respond to this question. For those considering care for their children, those who were initially thinking of kith and kin (34.1%) were now considering family child care homes (15.2%) or child care centers (38.4%). Those who were considering family child care homes were now thinking of changing their care to kith and kin care (6.3%) or child care centers (31.3%). Those considering using child care centers were now thinking of changing their care to kith and kin (5.4%) or family child care homes (12.5%). The Chi-Square analysis showed a significant difference in the expected frequency distribution across the different types of care, $x^2 = 50.29, 66.40, 56.74$, $df = 4$, $p < .001$. My hypothesis was partially supported. Parents who currently have their child in child care and those who are considering child care are not selecting the three different types of care in expected equal frequency. Although it may appear that child care centers are selected more often than other types of care for current and considering care users, there were a large number of parents who did not answer this question.

Table 14. Pre-and Post-consumer Education Session: Considering Users

	Post-Consumer Education: Type of Care Considering			
Pre-Consumer Education: Considering Care Type	No Response	Kith and Kin	Family Child Care Homes	Child Care Centers
Parental Care	60.0% 3	40.0% 2	0	20% 1
Kith and Kin	32.6% 45	34.1% 47	15.2% 21	38.4% 53
Family Child Care Homes	21.9% 7	6.3% 2	62.5% 20	31.3% 10
Child Care Centers	19.6% 36	5.4% 10	12.5% 23	73.4% 135
Mixed	12.7% 7	25.5% 14	47.3% 26	72.7% 40
Total	146.8%*	111.3*	137.5*	235.8*
Chi-Square Test		50.29	66.40	56.74
P Value		$p < .001$	$p < .001$	$p < .001$

*These totals do not equal to 100% because parents had the option to select as many or as few options as necessary.

Concerns, Family Values, and Type of Care

My fourth research question was worded as: What concerns and obstacles do families have in finding the child care arrangement they prefer and what family characteristics are associated with the types of concerns and obstacles they have? Before presenting the statistical analysis of this research question, the following describes how the statements regarding concerns were coded and incorporated into the overall analysis of this question.

The second open-ended question in the survey was about parental concerns in finding child care. Question 6 in the survey was worded as follows: "What concerns do you have about finding the type of child care arrangement you want for your child?" Four hundred thirty one (431) parents, or 38%, answered this open-ended question that included a total of 627 responses. As in the previous open-ended question, the main categories and subcategories are reported in the order of frequency of responses.

Table 15. Concerns in Finding Child Care

Concerns	Respondent Frequency	%*	Total Frequency %**
Values	243	55	39
Learning	118	11	19
Trust	57	13	9
Unspecified Quality	31	7	5
Child Happy	18	4	3
General Satisfaction	16	2	3
Comfortable	3	.7	0.5
Structural Features	232	54	37
Safety	111	26	18
Environment	50	12	8
Provider Training	32	7	5
Adult/Child Ratio	28	7	5
Age of Child	9	2	1
Licensed Provider	2	0.5	0.3
Pragmatic Issues	119	28	19
Convenience	48	11	8
Cost	38	9	6
Location	33	8	5
Type of Care	11	3	2
Kith and Kin	6	1	1
Family Child Care Homes	0	0	0
Child Care Center	5	1	0.8
Miscellaneous	22	5	3
Total	627	145%	100%

* This percentage is based on the number of respondents (431).
** This percentage is based on the total number of responses (627).

Values.

More than one-third (39%) of the responses were coded within the subcategory of values. Parents appeared to be concerned that their values be a priority when they attempt to locate the appropriate care for their children. Again, the term *values* is defined as those things parents value and believe are important but are difficult to measure or monitor such as the child learning (19%), trusting the provider (9%), the child is happy (5%), parents being generally satisfied (3%), unspecified quality (3%), and that parent and/or child want to be comfortable in their care arrangement (0.5%).

Forty-one percent (41%) of those who valued learning were mainly concerned about general learning as the following quotations illustrate. "Making sure the provider helps the children learn, develop, and grow" (264) (University of Hawaii Center on the Family, 2004). "Making sure she keeps learning" (2023). "I'd like my child to learn new things - not just being babysit" (337).

Forty percent (40%) were also concerned about safety with learning as this quotation illustrates. "Safety, learning" (597) (University of Hawaii Center on the Family, 2004). Five percent (5%) were concerned about learning and pragmatic issues such as convenience, cost, and location. "What hours they'll watch him. If there are other kids around if they do activities" (120) (University of Hawaii Center on the Family, 2004). "Cost and what kind of things my child would be learning about" (973). "A place good for my daughter's needs yet close in location" (423).

Nine percent (9%) of the responses said they were concerned about being able to trust the provider. Of the 9%, 16% included the two variables of trusting the provider

and their child's learning. "I want someone I know personally and am sure I can trust" (719) (University of Hawaii Center on the Family, 2004). "I want to find someone that I can trust my child with and a person that I will know my child is being taken cared of" (430). "Having to trust them is a very big concern for me" (2163). "Trust, good communication, trust, trust, and trust!!" (2031).

Three percent (3%) of parents stated that they were concerned about their child being happy with the care provider or care arrangements. One parent also said that they want their child to be happy while learning. Another parent said that they want their child to be happy while with the care provider, but they were also concerned about transportation.

The following are some quotations that illustrate parents' general concern that their child be happy in the care arrangement. "I want my children to be happy and be sociable" (1257) (University of Hawaii Center on the Family, 2004). "If my child will feel good around the child care provider" (697). "Will my child want to be away from us regardless of how many children are around" (842). "Will my daughter be as happy as she is at home with family" (808).

Three percent (3%) of the parents said they were generally satisfied with their care arrangements implying that they did not have any concerns. "I am satisfied. Thank you" (1253) (University of Hawaii Center on the Family, 2004). "I'm satisfied with my child care provider" (2127).

Five percent (5%) of the parents indicated that they were concerned about some aspect of finding quality child care but did not specify what this meant to them. These

responses were coded as unspecified quality as the following quotations illustrate. "What is best for my child" (581) (University of Hawaii Center on the Family, 2004). "Hard to explain" (1130). "I have no concerns as long as it's the right one" (603). "Finding the right one" (70). "It'll take to long and it may be difficult to find the right one" (694).

Less than one percent (0.5%) of the parents said they were concerned about either the parent or their child being comfortable in the child care arrangements. "I really like it, it's make comfortable for my children" (1235) (University of Hawaii Center on the Family, 2004). "I'm comfortable" (709).

Structural Aspects.

Thirty-seven percent (37%) of the responses indicated that structural features were of concern to parents when looking for child care arrangements. Structural aspects include those features that can be monitored by a child care licensing unit for the compliance or violations of policies such as safety, providing a "good" environment, the provider having training, adult/child ratio, age of child served, and provider licensing. Safety was an overwhelming concern with 18% of parents concerned with safety issues. Eight percent (8%) were concerned with their child being in a "good" environment; five percent (5%) were concerned about the training of the provider; five percent (5%) were concerned about the adult to child ratio; one percent (1%) was concerned about the age of their child or the age of children being served; and 0.3% were concerned with provider licensing. Of those who were concerned specifically with safety, 15% of the parents were concerned about safety of the environment and 12% were concerned with just safety in general and simply stated "safety." Unlike the question on satisfaction with current

child care arrangements where parents were satisfied with structural features such as provider training, the core environment, provider licensing, and safety issues, concerns in finding child care were more related to safety issues (18%). "First and foremost the overall care & safety of my children. I want to be sure that they are properly cared for & not neglected or abused" (720) (University of Hawaii Center on the Family, 2004). "Worried that child would be mistreated or just trusting the person who is watching my son or daughter" (936). "Safety of my child, and care of my child" (2067).

Eight percent (8%) were concerned about the child care environment. Of this 8%, thirty-four percent (34%) were concerned with the environment and safety. "Just to find a safe and caring environment for my child" (1036). "Good environment and good child care" (297) (University of Hawaii Center on the Family, 2004). "Safety, enriching environment." (2111).

Five percent (5%) indicated that they were concerned about the provider's training or background. Of this five percent, 22% wanted a provider who has skills in caring for children, 20% wanted providers with special skills that can care for their special need child, and 6% were concerned about the provider's background. "The background of the providers" (101) (University of Hawaii Center on the Family, 2004). "Someone who knows how to handle special needs children" (336). "The right ability to work with him" (37).

Five percent (5%) were concerned about adult to child ratio in the child care arrangements. Of this 5%, one-half (50%) mentioned wanting their child to receive enough attention from the provider as the following quotations show. "If my child will

get enough attention" (699) (University of Hawaii Center on the Family, 2004). "How many children are there to consider how much attention will the children have" (2148). "If he gets enough attention" (2058).

One percent (1%) mentioned that their child's age was a concern in finding the child care of their choice. Some said that finding care for infants and toddlers is not available as the following quotations show. "Child's Age" (1120) (University of Hawaii Center on the Family, 2004). "If there are able to accept the age of my child" (1146). "It was difficult finding child care for infant age. Not widely available" (478). "Not much available for children under 2 years" (621). "Something for infants and my 3 year old is not fully potty-trained" (351).

Some parents (0.3%) indicated that they were concerned that the provider they chose is licensed as this quotation shows. "licensed and trustworthy" (290) (University of Hawaii Center on the Family, 2004).

Pragmatic Issues.

Nineteen percent (19%) of the responses indicated that pragmatic issues were of concern such as convenience (8%), cost (6%), and location (5%). Of those who were concerned about convenience, one-half (50%) were specifically concerned about availability as the follow quotations illustrate. "That I'm not going to have a choice in choosing my provider because no one has any openings" (1113) (University of Hawaii Center on the Family, 2004). "Not enough child care "licensed" providers on the island if they are available they only watch 8 am to 5 pm. It's hard for people such as myself to

find a qualified provider who will watch children after 5 pm" (2131). "not enough good child care providers, not enough to pay for child care (2151).

Other parents mentioned hours and transportation along with other pragmatic issues. "Location, cost, availability, and hours of operation!" (889) (University of Hawaii Center on the Family, 2004). "Transportation, flexibility, child care if my son is sick" (419). "Hours of operation" (341). "I want all of my children to be together" (644).

Other parents were concerned with cost (6%) of child care. "Finding a care provider near my home that is cheap" (833) (University of Hawaii Center on the Family, 2004). "Cost of child care" (1139).

Some parents were concerned about the location of their child care. Of these parents, one-third specifically mentioned problems with transportation. "Close to home, someone shares my values of child raising" (2147) (University of Hawaii Center on the Family, 2004). "Drop off and pick up times and location" (2008). "Right now, hard transportation" (2233). "Transportation, trust, if my child would like it." (2019).

Type of Care.

Two percent (2%) of the parents indicated that the type of care was of concern to them with 1% of these parents preferring kith and kin care and 0.8% preferring child care centers. "Don't want to leave my child with anyone but family" (29) (University of Hawaii Center on the Family, 2004). "I mainly trust immediate family members" (150). Five specifically mentioned wanting their child in a child care center. "Finding a preschool that is close to my home, and that doesn't have a waiting list" (21). "I want my

son to go to a preschool setting. Getting enough attention for my son (emotional support)" (198).

Unlike the question on parental satisfaction with current child care arrangements, parental concerns for type of care was not as prevalent but supports the notion that some parents just prefer certain types of care such as kith and kin care.

Miscellaneous.

Three percent (3%) of the statements parents noted under concerns about finding child care did not fit into any other category. Below are some examples of these statements. "How soon child care starts?" (17) (University of Hawaii Center on the Family, 2004). "I am not sure" (97) "I don't know the places" (1099). "Child care provider" (2202).

After the responses were categorized and coded according to emergent themes or patterns, these data were merged with the type of care as shown in Table 16. I hypothesized that parents were concerned about finding child care that is safe, with providers they can trust, and they also had concerns with practical issues such as convenience, location, hours or operation, and cost. I also hypothesized that parents using or considering kith and kin care are more concerned about trust and safety issues and prefer providers that are nurturing and responsive. The Chi-Square analysis did not find safety issues as significant, $x^2 = .88$, $df = 4$, $p = .928$. Trust, however, was found to be significant, $x^2 = 9.96$, $df = 4$, $p = .041$ with parents who had children at home having the most concerns with trust and licensed family child care home users as having the second highest level of concern with trust. As for the practical issues, only convenience

was found to be significant, $x^2 = 12.59$, $df = 4$, $p = .015$, with parents who had children at home as having the most concerns with convenience and those in mixed non-parental care having the second highest level of concern with convenience. My hypotheses about parents' concerns finding care arrangements that are safe and affordable and parents selecting kith and kin care as having the most concerns about trust and safety issues were not supported. My hypotheses that parents were concerned about trust and convenience were supported. However, unlike my hypothesis that stated that kith and kin parents were most concerned about trust, parents selecting parent care and family child care homes were most concerned about issues relating to trust and parent care and mixed care users were most concerned about convenience.

Table 16. Concerns, Values, and Type of Care

General Category	Subcategory: Concerns	Care Type						
		Parent Care	Kith and Kin	Licensed Home Care	Center Care	Mixed Non-Parental Care	x^2 $df = 4$	*p value*
Type of Care	Kith and Kin	0	1.6	0	0	0	2.37	p=.669
	Family Child Care Home	0	0	0	0	0		
	Child Care Centers	0	1.6	0	1.1	2.7	3.39	p=.494
Structural Aspects	Safety	0	22.6	28.6	24.2	22.9	.88	p=.928
	Child's Age	0	1.6	0	3.2	5.7	1.86	p=.762
	Environment	0	16.1	0	15.8	11.4	3.29	p=.510
	Adult to Child Ratio	0	11.3	14.3	10.5	2.9	2.69	p=.610
	Provider Training	0	1.6	7.1	9.5	11.4	4.72	p=.318
	Licensed	0	0	0	0	0		
Pragmatic Concerns	Convenience	50.0	3.2	0	10.5	20.0	12.59	p=.015
	Cost	0	11.3	0	12.6	5.7	3.31	p=.508
	Location	0	12.9	0	7.4	8.6	3.13	p=.536
Values	Trust	50.0	14.5	28.6	6.3	11.4	9.96	p=.041
	Learning	0	29.0	14.3	32.6	40.0	4.26	p=.372
	Child Happy	0	1.6	0	4.2	2.9	1.43	p=.839
	Satisfied	0	4.8	0	0	2.9	5.133	p=.274
	Comfortable	0	1.6	0	0	0	2.67	p=.669
Other	Unspecified Quality	0	3.2	7.1	9.5	2.9	3.49	p=.479
	Miscellaneous	0	3.2	7.1	2.1	2.9	1.20	p=.879

Discussion

This study has brought some insight into the types of care parents are selecting, the reasons for their satisfaction with specific types of care, and their concerns in finding the type of care they most prefer for their young children. The following is a brief overview of the findings from this study:

- Of those who currently had their children in care arrangements, more parents had their children in kith and kin care. These parents were more likely to be of Hawaiian or Filipino ancestry, were equally likely to be single or married, were more likely to be younger than those who were using child care centers, and their children were not significantly younger than those in other types of care.
- Of those who were considering care for their children, more were considering child care centers rather than family child care homes.
- Satisfaction: Reasons for satisfaction differed across the different types of care. Those who had children in kith and kin care were most satisfied with that particular type of care and being able to trust the provider. Those who had children in family child care homes were most satisfied with the provider's training and their child having opportunities for learning activities. Those who had children in child care centers were most satisfied with the environment, their child being happy there, and being generally satisfied.

- Consumer education: Most parents found the consumer education on choosing child care helpful to them in making their decisions regarding child care arrangements.
- Concerns: Hypothesized concerns were not supported. Parents were not mostly concerned about issues relating to safety and affordability and parents using kith and kin care were not more concerned about trust and safety issues.
- Although trust and convenience were of concern to parents, those selecting parental care and family child care homes were most concerned about issues relating to trust while parents using parent care and mixed care were more concerned about convenience.

There are many parents who currently have or were considering placing their children in kith and kin care arrangements. Although these parents are more likely to be of Hawaiian or Filipino ancestry, their marital status and children's age did not determine the type of care they selected. Some of these results were similar with an earlier study by Fong and colleagues (2004) that showed that Hawaiians and Filipinos use kith and kin care more than other ethnicities, that older children were more likely to be in child care centers, and that parents using kith and kin care have lower educational levels than those using child care centers or family child care homes. Unlike the earlier study by Fong and colleagues (2004), however, this study showed that both single and married low-income families are selecting kith and kin care. This study supports previous studies (see Fong, DeBaryshe, et al., 2004; Fong, Yuan et al., 2003), that providing educational services to families selecting kith and kin care can have a significant impact on a large number of

families. In the State of Hawai'i, the population of Hawaiians is 26.4% and Filipino is 14.1% (University of Hawaii Center on the Family, 2003). Therefore, these types of educational services has the potential to affect about 40% or more of Hawai'i's population, regardless if these are families that receive child care subsidies or not.

For reasons we have yet to understand and which this study provides only a brief glimpse, many families choose kith and kin providers for their young children. If these kith and kin care providers lack the knowledge and training in child development and/or have less access to educational materials, how can they best foster the early learning needs of these young children? Educational outreach services such as Learning to Grow may have a significant impact on preparing children in kith and kin care for preschool or kindergarten.

The Hawaiian and Filipino cultures value a sense of family belonging and responsibility to family and extended family members (McDermott, Tseng, & Maretzki, 1980). This value of family responsibility may be the reason behind their consistent choice of kith and kin care for their children. Knowing that one's family members will provide the love, nurturance, patience, and attention for their own young family members, they instinctively want to provide their young with what child development experts call bonding and attachment in the early years. This sense of bonding and attachment provides the young child the trust and security needed from their primary caregivers to explore the world and learn from the environment. If this sense of family belonging and responsibility is a culturally driven force for these families, how can we best support them? Rather than trying to change their cultural values, providing the social and

financial support for their decision to care for their own family members may be a better option.

Although providing consumer education on the different options of child care provides consumers the knowledge base from which to make an informed decision, this study showed that it may not necessarily change the type of care they already have or are considering prior to attending the consumer education session. In other words, parents may already have in mind the type of child care arrangements they prefer. The consumer education session provided parents the tools and knowledge they need to be more aware of how to identify quality issues in various child care settings which will lead them to be selective consumers in all the different types of care. Again, this choice may reflect a family or cultural value.

Of those who were considering child care for their children, more were considering child care centers than family child care homes. Overall, this study showed that not many parents are considering placing their child in family child care homes. These results may reflect the lack of availability of family child care homes, lack of spaces in these homes for families to choose from, or lack of awareness of family child care homes as a child care option. Also, because the fictional family in the video chose a child care center, not considering a family child care home may be the result of parents providing a socially desirable answer. DHS has contracted PATCH to provide classes for home care providers to become licensed to provide child care. Although this may be a way to address the lack of available family child care homes, if families are not interested in placing there children there, the availability of more licensed family child care homes

will not help parents find the quality child care arrangements they prefer. Also, parents claim that infant and toddler care is difficult to find or if it is available, it is unaffordable. Increasing the availability of family child care homes may not be the most efficient way to address this problem.

The reasons why parents were satisfied with their current child care arrangements varied across the different types of care. Those who had children in kith and kin care were most satisfied that they had family members to care for their children and that they were able to trust that person. This finding is similar to the study by Fong and colleagues (2004). It makes sense that parents want another family member they trust to care for their child. Those who had children in family child care homes were most satisfied with the provider's training and the child's learning opportunities. If the provider is licensed to provide child care and has specific training in child care, the opportunities for learning are more likely increased. Therefore, it is understandable why parents would be satisfied with that specific type of care and the reason why. Similarly, those who had children in child care centers were most satisfied with the environment, and if the environment is varied and fun, the child will be happy there, and both the parent and child would be generally satisfied with that type of care. The reasons for satisfaction with licensed care settings, for family child care homes and child care centers, in this study were similar to the reasons parents selected a particular type of care in the Fong (2004) study. The study by Fong and colleagues (2004) indicated that "quality" reasons such as shared cultural values, quality facilities, appropriate adult-child ratio, and provider experience in providing high quality care were reasons why parents selected licensed centers. Possible

reasons of why staff qualifications did not arise as a satisfaction variable for child care centers users may be that parents assume that centers hire qualified staff, the way the question was worded, or that that lack of qualifications would arise as a concern rather than a satisfaction variable. In other words, parents select different types of care, licensed or licensed-exempt, for different reasons and are therefore satisfied with those varied reasons.

As expected, most parents found the consumer education session on choosing child care helpful in making their child care decisions. Because the fictional family in the *Choosing Child Care* video chose to send their child to a child care center, I expected many parents to be swayed toward that choice too. Although it appears that parents may lean toward that choice, there were many who did not respond. As mentioned earlier, parents already have in mind the type of care they most prefer and attending the consumer education session may not necessarily change their mind. It would be interesting to find out the reasons for specific choices in types of care parents most prefer. In depth interviews with families going through the process of finding child care or a survey developed specifically for this purpose can provide more details to those reasons.

Unexpectedly, parents were not mostly concerned about issues relating to safety and affordability and parents using kith and kin care were not more concerned about trust and safety issues. Parents, in general, are concerned about various issues in finding child care. However, those selecting parent care and family child care homes were most concerned about issues relating to trust. And those using parent care and mixed care were more concerned about convenience. For the families concerned about trust issues,

are they concerned about trust because of, or as a result of, their child being in parental care and family child care homes? Similarly, for families concerned about convenience, are they selecting parent care or mixed care because of, or as a result of, having issues with convenience? In all likelihood, it is probably a combination of both. For example, those who have trust issues have their children in parental care because they do not trust others to care for their children. However, those who have children in family child care homes may have issues with trust because they are not comfortable having their child cared for by a stranger in a stranger's home.

All of these findings add to the existing research studies on child care choice and concerns for low-income families. Specifically, it adds to information about Hawai'i's low-income families. Although some findings support earlier studies (see Fong, DeBaryshe, et al., 2004), other findings such as parents' concerns in finding the child care arrangement they prefer and their reactions to the consumer education sessions on child care add to information on child care use in Hawai'i that policy-makers can use to make decisions regarding child care subsidies. There are many ways to follow-up on these findings. For example, a qualitative study using interviews or focus groups on reasons why families choose a specific type of care could provide the details needed to understand and predict their choices. This may lead to ways to improve the child care system to better meet the demands and needs of the child care consumers while also ensuring the children are receiving the best quality care in various child care settings. A longitudinal study on whether educational outreach materials provided to kith and kin care families help children to be better prepared for school can help to determine future

direction of such programs. Since there are many families who continue to select kith and kin care, the child care system should continue to address the best ways to support these families. Also, having consumer education on child care available to all parents and potential parents can have a significant impact on reaching all of Hawai'i's families.

In recent years, there has been a lot of attention on children not being prepared for school. With the No Child Left Behind act of 2002, many in the education field are forced to focus on student assessments and test scores. This focus on measuring student progress and achievement through standardized testing has trickled down into the early childhood education and care field. If children are expected to be at a specific competency level at a certain elementary grade level, then children are expected to be prepared at younger and younger ages for their academic school years.

During the time when infants should be bonding and attaching to their primary caregivers, parents are worried that their child will be left behind if they do not begin doing flashcards with their babies. For low-income families, not only do they feel this pressure that their child may be left behind but that they must entrust their child to someone else's care while they work, to either fulfill their work requirements to receive welfare benefits or to help to support their family's immediate needs.

Most, laymen and experts, would agree that the early childhood years is a critical time during children's learning and development. What happens or does not happen during this time can help or hinder a child's growth, development, and learning for a lifetime. If we all agree, why do we not have universal access to quality child care for all

children? To reiterate what Brauner (2004) stated, quality child care for children should be a right, not a privilege.

I hope this study will inform policy-makers of the effects that child care subsidy and welfare policies have on these families. Although the states are confined to the federal mandates for many of these policies, the states have some control of some specifics of the policies (i.e., keeping the market rate for child care subsidy payments up to date and using a tiered system of child care payments). Although finding quality and affordable child care is a challenge especially for low-income parents, all parents struggle with finding child care that best meets their own as well as the child's needs. I hope this study and others like it will give the policy-makers the evidence they need to support the child care needs for all of Hawai'i's families.

A few caveats and cautions should be mentioned about this study. First, this study used secondary data analysis. The data collected for this study were not collected for the purpose of this study but for contract reporting purposes. Therefore, the design of the survey was not ideal in collecting the data for the purpose of this study. The measurement tool is of primary importance in being able to collect the appropriate data to answer the intended research questions. If I had to collect data again for a similar study, the survey would have to be specifically designed and developed for that purpose. I would have also consulted with a statistician as to the most accurate and efficient way to ask questions, anticipate problems, code answers, and analyze the data as appropriate to my research questions. Therefore, these results should be viewed with some caution.

Second, because I am employed by Learning to Grow, my intention to conduct this study using the existing data is a combination of personal as well as professional gain. Since this is a personal as well as job-related area of interest, I hoped to complete this study as a thesis research project as well as provide the LTG project with additional research support using their existing data. Combining personal interest, academic gain, and professional experience, although ideally suited for personal growth and development, has the potential to create biases. These biases may be evident in my research focus in terms of the specific research questions I asked, the literature reviewed, and the data collected and analyzed. Although it was my hope that this study be added to general research in child care, especially in Hawai'i, and to inform policy-makers, I also hoped that that the results of this study will assist the LTG project in the direction of the project, future research opportunities, secure funding to continue or expand on services, and develop new or improved materials and programs to support these families.

Appendix

Learning to Grow Evaluation Survey for Consumer Education Sessions for O'ahu.

Choosing Child Care Questionnaire

Oahu

Date: _____ Location: _____

Please complete this form and return it to the presenter. Thank you.

My age: _____ Gender: Female Male
Last grade completed: _____
Ethnicity (what you most identify with): _____
Marital Status: _____ Single _____ Married _____ Divorced _____ Separated

Circle the number that best describes what you thought of each of the following:

1. The usefulness of the information presented in the Choosing Child Care VIDEO.

1	2	3	4
Poor	Fair	Good	Excellent

2. The usefulness of the information and materials shared by the presenter about the importance of the early years and choosing child care.

1	2	3	4
Poor	Fair	Good	Excellent

3. Who cares for your children now? Please indicate for each child 5 years old or younger.

	How many children?	Age of child
Parental care by me or my child's other parent		
Family member or Friend (NOT licensed)		
Family Child Care Home (licensed)		
Child Care Center or Preschool (licensed)		
Other: (specify) _____		

4. If your children are NOT currently in child care, which type were you considering before you came to today's session?

	How many children?	Age of child
Parental care by my child's other parent		
Family member or Friend (NOT licensed)		
Family Child Care Home (licensed)		
Child Care Center or Preschool (licensed)		
Other: (specify) _____		

5. After watching the Choosing Child Care video and receiving information about the importance of children's early years, do you plan to check into other types of care?

_____ YES, I want to check into this type of care:
_____ Family member or Friend (NOT licensed)
_____ Family Child Care Home (licensed)
_____ Child Care Center or Preschool (licensed)

_____ NO, I like my current child care arrangements. Please tell us why.

_____
_____

6. What concerns do you have about finding the type of child care arrangement you want for your child?

7. Comments or Suggestions

Learning to Grow Evaluation Survey for Consumer Education Sessions for neighbor islands (Hawai'i, Maui, Kaua'i) .

Choosing Child Care Questionnaire

Neighbor Islands

Date: _____ Location: _____

Please complete this form and return it to the presenter. Thank you.

My age: _____ Gender: Female Male
Last grade completed: _____
Ethnicity (what you most identify with): _____
Marital Status: _____ Single _____ Married _____ Divorced _____ Separated

Circle the number that best describes what you thought of each of the following:

1. The usefulness of the information presented in the Choosing Child Care VIDEO.

1	2	3	4
Poor	Fair	Good	Excellent

2. The usefulness of the information and materials shared in the Learning to Grow packet.

1	2	3	4
Poor	Fair	Good	Excellent

3. Who cares for your children now? Please indicate for each child 5 years old or younger.

	How many children?	Age of child
Parental care by me or my child's other parent		
Family member or Friend (NOT licensed)		
Family Child Care Home (licensed)		
Child Care Center or Preschool (licensed)		
Other: (specify) _____		

4. If your children are NOT currently in child care, which type were you considering before you came to today's session?

	How many children?	Age of child
Parental care by my child's other parent		
Family member or Friend (NOT licensed)		
Family Child Care Home (licensed)		
Child Care Center or Preschool (licensed)		
Other: (specify) _____		

5. After watching the Choosing Child Care video and receiving the Learning to Grow material, do you plan to check into other types of care?

_____ YES, I want to check into this type of care:
_____ Family member or Friend (NOT licensed)
_____ Family Child Care Home (licensed)
_____ Child Care Center or Preschool (licensed)

_____ NO, I like my current child care arrangements. Please tell us why.
_____
_____

6. What concerns do you have about finding the type of child care arrangement you want for your child?

7. Comments or suggestions

References

Adams, G., & Rohacek, M. (2002). More than work support? Issues around integrating child development goals into the child care subsidy system. *Early Childhood Research Quarterly, 17*, 418-440.

Adams, G., & Snyder, K. (2003, February). *Child care subsidy policies and practices: Implications for child care providers*. Retrieved October 9, 2004, from http://www.urgan.org/UploadedPDF/310614_A57.pdf

Adams, G., Synder, K., & Sandfort, J. (2002, March). *Navigating the child care subsidy system: Policies and practices that affect access and retention.* Retrieved October 9, 2004, from http://www.urban.org/UploadedPDF/310450.pdf

Brauner, J., Gordic, B., & Zigler, E. (2004). *Putting the child back into child care: Combining care and education for children 3-5*. Retrieved October 9, 2004, from www.srcd.org/spr.html

Brooks, F. (2002). Impacts of child care subsidies on family and child well-being. *Early Childhood Research Quarterly, 17*, 498-511.

Capizzano, J., & Adams, G. (2000, March). *The number of child care arrangements used by children under five: Variation across states*. Retrieved October 9, 2004, from http://www.urban.org/url.cfm?ID=310268

Early, D. M., & Burchinal, M. R. (2001). Early Childhood care: Relations with Family characteristics and preferred care characteristics. *Early Childhood Research Quarterly, 16*, 475-497.

Fong, G., DeBaryshe, B., Yuan, S., Yuen, S., Caulfield, R., Nemoto, M. A., et al. (2003, September 18-20, 2003). *Factors affecting choice of kith and kin care by families receiving child care subsidies: Implications for educational outreach to promote quality care and early learning.* Paper presented at the Kamehameha Schools' Inaugural Research Conference on the Education and Well-Being of Hawaiians, Honolulu, Hawaii.

Fong, G., DeBaryshe, B., Yuan, S., Yuen, S., Caulfield, R., Nemoto, M. A., et al. (2004). Factors affecting choice of kith and kin care by families receiving child-care subsidies. *Hulili: Multidisciplinary Research on Hawaiian Well-Being, 1*(1), 93-106.

Fong, G., Yuan, S., Yuen, S., & Caulfield, R. (2003, April 24-27). *An examination of child care choices by families receiving child care subsidies.* Paper presented at the Society for Research in Child Development Biennial Meeting, Tampa, Florida.

Good Beginnings Alliance. (2003). *Legislative issue brief: Behind before they begin: Does Hawaii prepare our youngest children for school?* Honolulu, Hawaii.

Hawaii Department of Human Services. (2004). *Child Care Connection Hawaii.* Retrieved October 9, 2004, from http://www.ehawaiigov.org/childcare/ccselreq.html

Huston, A. C., Chang, Y. E., & Gennetian, L. (2002). Family and individual predictors of child care use by low-income families in different policy contexts. *Early Childhood Research Quarterly, 17*, 441-469.

Loeb, S., Fuller, B., Kagan, S. L., & Carrol, B. (2004). Child care in poor communities: Early learning effects of type, quality, and stability. *Child Development, 75*(1), 45-65.

Lombardi, J. (2003). *Time to Care*. Philadelphia: Temple University Press.

Lowe, E. D., & Weisner, T. (2004). 'You have to push it - who's gonna raise your kids?': situating child care and child care subsidy use in the daily routines of lower income families. *Children and Youth Services Review, 26*, 143-141.

McDermott, J., Tseng, W., & Maretzki, T. (1980). *People and Cultures of Hawaii*. Honolulu: University of Press of Hawaii.

Meyers, M., Peck, L., Davis, E., Collins, A., Kreader, J. L., Georges, A., et al. (2002, July). *The dynamics of child care subsidy use: A collaborative study of five states*. Retrieved October 9, 2004, from http://www.nccp.org/media/dcc02-text.pdf

National Center for Children in Poverty. (1993). *Child care consumer education: Providing critical information to low-income parents*. New York: National Center for Children in Poverty.

NICHD Early Child Care Research Network. (2004). Type of child care and children's development at 54 months. *Early Childhood Research Quarterly, 19*, 203-230.

O'Brien Caughy, M., DePietro, J., & Strobino, D. (1994). Day-care participation as a protective factor in the cognitive development of low-income children. *Child Development, 65*, 457-471.

Pearce, D., & Brooks, J. (2003). *The Self-Sufficiency Standard for Hawaii*. Honolulu: Hawaii State Commission on the Status of Women.

Peyton, V., Jacobs, A., O'Brien, M., & Roy, C. (2001). Reasons for choosing child care: Associations with family factors, quality and satisfaction. *Early Childhood Research Quarterly, 16*, 191-208.

Phillips, D., Voran, M., Kisker, E., Howes, C., & Whitebook, M. (1994). Child care for children in poverty: Opportunity or inequity? *Child Development, 65*, 472-492.

Schulman, K., Blank, H., & Ewen, D. (2001). *A fragile foundation: State child care assistance policies*. Washington, D.C: The Children's Defense Fund.

Shlay, A., Weinraub, M., Harmon, M., & Tran, H. (2004). Barriers to subsidies: Why low-income families do not use child care subsidies. *Social Science Research, 33*, 134-157.

Shonkoff, J., & Phillips, D. (Eds.). (2000). *From neurons to neighborhoods: the science of early childhood development. Committee on integrating the science of early childhood development*. Washington D.C.: National Academy Press.

Singer, J. D., Keiley, M. K., Fuller, B., & Wolf, A. (1998). Early child-care selection: Variation by geographic location, maternal characteristics, and family structure. *Developmental Psychology, 34*(3), 1129-1144.

State of Hawaii Department of Human Services. (2002). *State of Hawaii, Hawaii administrative rules, child care services*. Honolulu: Department of Human Services.

Traub, S. (2002). Child Care and PRWORA: Paying the babysitter or investing in early education? *Georgetown Journal on Poverty Law and Policy, IX*(1), 249-278.

U.S. Department of Health and Human Services. (2003). *Child care and development fund: Report to Congress*: U.S. Department of Health and Human Services Administration for Child and Families Child Care Bureau.

U.S. Department of Health and Human Services Administration for Children and Families. (1996a, September 1996). *Fact Sheet: The personal responsibility and work opportunity reconciliation act*. Retrieved October 9, 2004, from http://www.acf.dhhs.gov/programs/opa/facts/prwora96.htm

U.S. Department of Health and Human Services Administration for Children and Families. (1996b). Fact Sheet: The Personal Responsibility and Work Opportunity Reconciliation Act.

U.S. Department of Health and Human Services Administration for Children and Families. (2004). *ACF News: TANF fact sheet*, from http://www.acf.dhhs.gov/news/facts/tanf.html

U.S. Department of Health and Human Services Administration for Children and Families Office of Child Support Enforcement. (1996). *HHS fact sheet: The personal responsibility and work opportunity reconciliation act*, from http://www.acf.dhhs.gov/programs/cse/pubs/1996/news/prwora.htm

University of Hawaii Center on the Family. (2003). *Roosevelt Area Community Profile*. Honolulu.

University of Hawaii Center on the Family. (2004). Learning to Grow Consumer Education Evaluation Survey, *Choosing Child Care Questionnaire*. Honolulu: Unpublished raw data.

Van Horn, M. L., Landsman Ramey, S., Mulvihill, B. A., & Newell, W. Y. (2001). Reasons for child care choice and appraisal among low-income mothers. *Child & Youth Care Forum, 30*(4), 231-249.