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PARENTS DECISIONS REGARDING CHILDCARE:  
THE GUAM PERSPECTIVE

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### **Dedication**

**To all those that made this last and most challenging step of my Master's degree possible:  
my parents, Samuel T. and Dorothy J. F. Cruz, for surrendering apart of their lives and  
making innumerable sacrifices to support my educational pursuits; Mary and Josiah for  
their presence in this journey; and God for making all things possible.**

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**CHAPTER 1**  
**INTRODUCTION**

*"The child, for the full and harmonious development of his personality, needs love and understanding. He shall, wherever possible, grow up in the care and under the responsibility of his parents, and, in any case, in an atmosphere of affection and of moral and material security; a child of tender years shall not, save in exceptional circumstances, be separated from his mother. Society and the public authorities shall have the duty to extend particular care to children without a family and to those without adequate means of support. ...*

*The best interests of the child shall be the guiding principle of those responsible for his education and guidance; that responsibility lies in the first place with his parents."*

(United Nations, 1959, Principle 6-7)

What avenue do twenty-first century parents take to deal with the issue of childcare? This is the focus for this research in Guam. Since the advent of working mothers becoming the norm, with massive leaps in communication technology, and a changing American lifestyle, how have parents been reacting toward this important question concerning their children's care and educational needs? With the rise in need for childcare and the growing number and types of childcare available to families, how receptive have families been to the different childcare arrangements that are available to them? Because the issue of childcare is highly pertinent to daily life, many resources are currently available to parents. Resources include parent networks and resources on the web; numerous parent/family/child books; educational videos; special television show vignettes; radio talk shows; newspaper features; magazine articles; organized and active support groups; professionals, including early childhood educators, social workers and counselors; and the conventional informal networks of family, friends and coworkers. Where do parents choose to obtain their information? And with this deluge of information available to parents, how do they screen, discriminate and decipher the messages?

What are the criteria that parents use when making the choice for childcare? Unfortunately, choosing childcare seems an arduous task for most parents. Since there are a myriad of factors involved with childcare that could frustrate, confuse or intimidate parents in their choice, it has been revealed that the most common parent strategy is focusing on personal preference and parental comfort when determining the appropriateness of a childcare environment (DeBord, 1995). In selecting care, parents look for values in the environment consistent with their own (1995). For practicality,

parents frequently resort to the simpler questions of: How much will the childcare service cost? Where is it located? Is there space available for my child? Is the childcare available at the times I need it? These criteria of preference, comfort, home and family likeness, cost, location, space availability and scheduling requirements complicate the decision-making for childcare. In addition, other factors concerning quality, convenience, family pressures and learning expectations add more dimensions to the issue of childcare.

Research (Early & Burchinal, 2001) shows that there is a common perception among parents that it is difficult to decide on good childcare, and this is due to parents' difficulty in accurately assessing the quality of a childcare setting, and in locating viable childcare. Many American families come out of this ordeal unscathed. Unfortunately, many more families constantly struggle and worry about their childcare decisions and the effects it has on their children. Is there a prescription for making decisions with childcare arrangements less daunting and more confident? A probe into this is my aim.

Research shows that the first five years in a person's life is the most crucial for development—these are the formative years (Schaffer, 1998). The first five years lay the foundation for the rest of the child's life. The family is the primary context for forming fundamental relationships; for teaching important lessons about attachment, and authority; for instilling self-esteem and confidence to flourish in the larger social world; for introducing language and the significant functions that communication serves in their lives; and for socialization (Haslett & Samter, 1997). The family is the place for instilling social, national, racial, ethnic and cultural beliefs; and for providing a particular lens with which to view the world. However, when children are placed in different early childcare

arrangements, part of this enormous parental responsibility for caring for and teaching children, and the amount of parental influence on children, are conveyed to the childcare providers. And for this reason the questions of who, what, when, where, why and how in terms of the influences on children emerge as parents undertake to control their children's environment. Thus, there is an impetus for the providers of childcare, first of all, to care for the child, nurture, guide, instill, impart and teach, as well as an impetus for parents to have childcare that is in accord with their beliefs, values and practices.

With the seeming importance of the role of a child caregiver, the issue of the best childcare arrangement has been hotly debated. One argument is the universal-appraised importance that children should remain in their mother's care (Love, Schochet, & Meckstroth, 1996; Schaffer, 1998). A second argument favoring licensed childcare centers states that these centers fare equally or most times better for a child's development in comparison to maternal care (Finkelstein & Wilson, 1977; Helburn & Culkin, 1995; Helmich, 1985; Seigny, 1987). A counter argument claims that certain childcare center experiences can be detrimental to a child's development (Broude, 1996; Moore, Moore, & Willey, 1979; Zinsmeister, 1998). Yet, another argument has claimed that kin and kith care, care from familiar people or relatives, is the most beneficial care for young children (The Daily Parent, 1999). In the midst of all this contradictory research findings and personal opinions, however, it is clear that the quality of care for a child is indisputably essential. According to DeBord (1995), a quality childcare arrangement may be defined as one that provides "a responsive, developmentally appropriate environment for young children which supplements the home environment; facilitates optimal physical, intellectual

and social-emotional development in the children; and provides parents with a sense of security that their children are safe, nurtured, and appropriately stimulated” (p. 2).

Although determining quality of childcare is beyond the scope of this research, the focus of this research will be that of *exploring the various childcare arrangements utilized by families on Guam.*

This research project will explore parents’ perceptions of childcare on Guam, an understanding of parents’ choices, and a look at trends concerning childcare on Guam. Parents’ selection of childcare is a “manifestation of their preferences. However, ‘preference’ and ‘selection’ are not synonymous, and parents often do not have choices” (Early & Burchinal, 2001, p. 476). Early and Burchinal’s research has highlighted the fact that parents’ perceptions of their childcare arrangement options can be limited, and often is not in line with what is actually available to them. I will try to unveil from my studies in Guam whether parents’ preferences and selection were congruent, or if other factors were involved that restricted their choice. Given the numerous factors that affect the decision-making for childcare, and all the varying research pertaining to success in various types of childcare, it is important to note that there are options for parents, that some options are preferred by parents over other childcare options, and some childcare options may be more effective for certain children. This project is aimed at uncovering the many aspects involved in a parent’s decision regarding childcare arrangements, such as cultural and social assumptions and beliefs; government assistance, or lack of it; a family support system; parent’s expectations and goals for children’s educational attainment; and as well as a look into the children’s experiences with their transition into Kindergarten.

My primary question for research is:

- What do Guam's parents perceive as an ideal arrangement for their child(ren)'s care?

In addition, I will address the following questions,

- What are the current provisions for childcare on Guam?
- What choices do Guam's parents think they have?
- What influences their decision-making—to what extent are decisions based on need, convenience, beliefs, external influences, values, assumptions or other factors?
- And how does a parent's choice of early childcare arrangements influence a child's transition to Kindergarten on Guam?

#### Significance of the Study

Research on factors involved in a parent's decision for childcare on Guam is significant for the following reasons:

First, unlike the United States, extensive research on the childcare issue in Guam is lacking. The intent of this study is to provide insights into Guam's family life and uncover some of the issues regarding childcare that parents face. The island's unique history, culture and diverse ethnic makeup, suggest that the research conducted in the United States does not necessarily apply to Guam. Research that is Guam-specific on the issue of childcare, therefore, will add to the field of education research.

Second, Guam continues to change as a result of Western influences, biculturalism and a loss of traditional values. The issue of childcare is rooted in this dilemma. How

much do today's parents rely on their informal familial system to provide care for their children? How much do parents utilize formal childcare center settings which may increase a child's developmental process, but at a financial cost? What do parents want for their children, and how can they help their children achieve these goals? Answers to these questions may lead to a better understanding of childcare for contemporary families, communities, schools and for the government in Guam.

Third, there seems to exist a gap between parents, child caregivers and teachers in terms of their expectations for children when they enter Kindergarten. This is evidenced in the varying degrees of school readiness and skill attainment that children display. This contributes to a rather challenging Kindergarten transition for many children, and parents and families dubiousness and frustration with the transition process. An awareness among parents and child caregivers of teachers' expectations may provide better experiences for children and lessen any frustrations children may experience in their transition from home to school.

Fourth, "several researchers have argued that understanding variables that predict parents' childcare choice is essential in interpreting the data on the effects of various forms of care on child outcomes. Without this information researchers risk assuming that the developmental outcomes associated with various forms of care are causally attributable to that care setting, when in fact outcomes may be at least partially attributable to selection factors that originally placed children in particular care settings" (Early & Burchinal, 2001, p. 476). Thus, this research is a necessary first step in gaining the bigger picture of the effectiveness of childcare arrangements for Guam's children.

Finally, this research can be used as a basis for the decision-making process pertaining to local government childcare subsidies. If the funding agencies are made aware of parental preferences for childcare, they could definitely strive to make child placements into preferred arrangements possible. Parents' satisfaction regarding their child's care has been found to be beneficial to the family, and especially to the child (Wilson & Tweedie, 1996). In dealing with the appropriation of monies to select childcare settings, parental preferences for childcare should be seriously considered; especially when they are found to enhance children's outcomes.

#### *Personal Introduction*

I am from Guam, and, therefore, my interests, my knowledge base, my awareness of the need for research, and my recognition of the usefulness of this research, are the primary reasons why I chose to use Guam as the site of my study.

I would like to briefly mention my parents' quest for childcare for my sister and me. Both of my parents worked full-time before I was born. I was the first child, and when I was born, my mother decided to stay home and raise me. My sister was born one year later. My mother made her decision to stay at home for a total of two years before she returned to work. She was fortunate to have a position that was willing to accept her back without consequence. At the time that my mother decided to resume work, my grandparents were already taking care of my auntie's two children. They felt that taking care of two more children would be beyond their ability. Because of this situation, my parents decided that their only option was to ask other family members for help, and in the

end they chose my grandfather's brother and his wife to care for my sister and me, which they did for the next three years.

This was a common practice among the local people, some 20 to 30 years ago. Presently, the extended family is still highly valued in Guam. The environment, the social and cultural interactions, and the transmission of culture and values are the primary concern for young children (Political Status Education Coordinating Commission [PSECC], 1996). It was a traditional practice for children to be brought up within the extended family where they can be exposed to language, family and cultural practices; where they can gain knowledge of roles, skills and behaviors; and where they can come to know about their family network. Childcare centers on Guam in the 1970s were rather scarce and an unpopular option for many families because of the financial demands childcare placed on the family and the value given to familial care. In the past, the option of childcare centers was viewed as new and foreign to Guam families (Wellein, 1973). Thus, many parents, like mine, opted for childcare arrangements that remained within the family.

Guam has a rich and interesting history and culture. However, in the past three decades, Guam has experienced many changes due to modernization and economic activities. An influx of immigrants to the island has created a more ethnically diverse population. There has been a growth in business opportunities and a subsequent diversification of employment. As a result, higher percentages of people on Guam have been seeking paid employment, and, with that, have been faced with the need to find alternate childcare arrangements. With changes through time, more viable options for

childcare have become available to parents. Due to the rapid changes Guam has experienced in recent years, childcare has become a critical issue. The people have become more aware and critical about the quality of available childcare services.

In the past few years, as I have studied the education discipline, I have frequently reflected on my childhood and wondered: What other options were available to my parents? What was the extent of my parents' knowledge concerning their childcare options? What factors influenced their decision-making? Would I have been different today if I had been brought up in other care environments (e.g., if my mom stayed home permanently, if my grandparents cared for me, if I attended one of the few existing childcare centers, if I had been enrolled in Head Start, or if I had a caregiver outside the family)? How would these different environments have affected me? Finally, was this the most beneficial childcare arrangement for me, and if not, then what would have been a more beneficial arrangement? Although the questions about myself will remain largely unanswered, it may be possible, through careful research, to uncover some partial answers to these questions for the present and future children of Guam.

I preface this study with the fact that this is a limited study—one limited by funds, resources, time and energy. Therefore, what I obtained is all that could be managed, given the constraints. Also, my choice of school site and interviewees mainly stem from my opting for representative sampling, the recommendations from knowledgeable sources, and the consent of all parties.

## Terminology

Before proceeding on, the following are definitions of terms that pertain to this study (Children's Defense Fund [CDF], 2001a; DeBord, 1995; Douglas, 1998; PSECC, 1996; Wellein, 1973; Wilson & Tweedie, 1996):

**Accredited program:** an out-of-home childcare program that has met the quality standards established by the National Association for the Education of Young Children (NAEYC), the National Child Care Association (NCCA), the National Association of Early Childhood Programs (NAECP), the National Association of Family Child Care (NAFCC), or other accrediting bodies.

**Au pair:** a person, between 18- and 26-years of age, who provides childcare services to a host family as part of a foreign exchange program that allows for the opportunity to live and study abroad.

**Caregiver:** person who is responsible for the care of a child.

**Chamorro or Chamoru:** the indigenous people of Guam; also the language spoken by the same people.

**Child-caregiver ratio:** the number of children cared for by a caregiver.

**Childcare or child care:** care that is provided to the child; currently referred to as early care and education or early childhood education and care since children are known to need both care and education for healthy growth and development.

**Childcare center:** a childcare program operated under public or private auspices whose setting is designed to care for groups of children; location may be in a home, school,

church, work place or a specifically designed building; formerly known as a nursery school, however, available on a full-time basis. It must meet state licensing requirements.

**Childcare subsidy:** public or private funds, but primarily governmental, that are designed to assist low-income families in purchasing childcare services.

**Child Care and Developmental Fund (CCDF):** a federally-funded program that assists low-income families with their childcare costs; formerly known as the Child Block Grant.

**Cooperative childcare:** childcare that is given to children of a group of family volunteers who offer their services in lieu of or for discounted childcare fees.

**Daycare or day care:** another term for childcare; this term is less preferred by the early childhood professional community.

**Early childhood educator (ECE):** a person who has been specially trained to care for and educate young children.

**Familia:** a Chamorro term for parents, children, grandparents, aunties, uncles, cousins, relations through marriage, adopted children and even close friends; once a person becomes part of the family, he/she is a permanent member of the family.

**Family childcare home or family daycare home:** childcare for a small group of children (one to six children in care) in the childcare provider's home; this may or may not include the provider's children; and must meet state licensing requirements.

**For-profit care:** care that is provided and operated as a business with the intention of gaining profits from childcare fees; e.g., for-profit childcare chains.

**Group childcare home or group daycare home:** childcare for a larger group of children beyond the family childcare home (seven to twelve children in care); this may or may not include the provider's children; and must meet state licensing requirements.

**Head Start:** a federally-funded educational childcare program that offers comprehensive services to qualifying low-income families and children, including those with special health conditions or disabilities.

**Home care or in-home care:** care provided to a child in the child's home.

**Infant:** a child between the ages of birth and one-and-a-half-years.

***Kostumbren Chamorro:*** a Chamorro term for the values of the Chamorro people that become materialized in the day-to-day activities and customs.

**Licensed program:** an out-of home childcare program that has met the minimum standards provided by the government for health and safety, child-caregiver ratios for child age groups, staff-training requirements, equipment, daily program/curriculum and guidance.

**Military childcare center:** a childcare program that is available to military dependents; requires accreditation.

**Nanny:** a person who has been specially trained at a nanny school to care for a child in the child's home.

**Nursery school:** a childcare center program, usually with an educational focus, for three- to five-year-olds only on a part-time basis.

**On-site childcare:** care provided to children of employees in a specific corporation; usually corporate-owned, operated or supported.

**Out-of-home care:** care provided to a child outside of the child's home.

**Preschool:** a childcare center program for three- to six-year-olds, usually with an educational focus; and formerly known as nursery school.

**Preschooler:** a child between the ages of two-and-a half- to six-years.

**Relative care or kith and kin care:** care provided to a child by a family member, excluding the mother or father.

**School-age childcare:** care provided to children already attending elementary school; care can be provided before or after school, on holidays or during winter, spring and summer breaks.

**Sitter:** a person who does not require training to care for a child in the child's and/or sitter's home.

**Socioeconomic Status (SES):** a relative measure of an individual's or family's income, wealth, resources and political status.

**Toddler:** a child between the ages of one-and-a half- to three-years.

**CHAPTER 2**  
**CHILDCARE IN THE UNITED STATES**

**“Most of us celebrated the turn of the century on January 1, 2000. But for America’s children, the turn of the century came on January 8, 2002. On that day, President Bush signed the No Child Left Behind Act into law, closing a successful year of bipartisan cooperation in Congress, and opening a new era in American education. Never in the history of human civilization has a society attempted to educate all of its children. Under this new law, we will strive to provide every boy and girl in America with a high-quality education—regardless of his or her income, ability or background.”**

**(Rod Paige, U.S. Secretary of Education, April 2002, letter)**

Over the past 100 years, American families have experienced dramatic social, cultural, political and economic changes that affect the way they deal with the issue of childcare. In the year 2001, the following facts were reported concerning American children:

1 in 4 lives with only one parent.

1 in 24 lives with neither parent.

1 in 6 is poor now.

1 in 7 has a worker in their family but still is poor.

1 in 12 has a disability.

3 in 5 preschoolers have their mother in the labor force. (CDF, 2001b, pp. 1-2)

How are parents and families managing with these conditions? How do these conditions affect children and their childcare arrangements?

In regard to America's economic changes, its people are driven by a capitalist economy, individualistic ideals and materialistic values. Recent, sustained trends for Americans include the declining number of children in families, the increase in percentage of working mothers and dual- or multi-income families, and the growing need for childcare. The average family size in 1900 was 4.60, as compared with the average family size of 3.14 in 2000. The number of children per family was only 1.85 in 2000—a decline that must not be confused with the child population that is nevertheless growing (U.S. Census Bureau, 1998). Parent care, in which one parent was working and one parent stayed at home, and so was able to care for the children, was utilized by only 23% of families with children under six (CDF, 2001a).

According to the Children's Defense Fund (2001a), childcare is a basic need for the majority of parents and families since 65% of mothers with children under six, and 59% of mothers with infants under one, are in the labor force. Furthermore, the propensity for maternal employment is even higher for single mothers, of whom 71.5% were employed. Surveys (Monroe, 1981; Schaffer, 1998) showed that 84% of working mothers are in the labor force primarily because they and their families need money for their survival.

Five major factors are attributed to the dramatic increases in maternal employment: the increasing population of children; the dramatically climbing percentage of job holders among mothers of young children and among other women; Federal, State, and local government spending on child care; increased Federal tax breaks for families of children; and many private initiatives to provide needed day care (Goodman, 1995, abstract).

Parental employment creates a demand for alternate nonparental childcare for the nation's 13 million children—6 million infants and toddlers, or the 3 out of 5 children under age six in the United States who need childcare (CDF, 2001a). Thus, questions regarding childcare have emerged from the increasing number of parents who work, and community and government concerns with the growing need for alternative childcare. Additional questions concerning *good* childcare grew out of concerns for adequate childcare provisions for children, and the effects these childcare arrangements have on children's development. Considering all this, are parents informed of the many options available to them for their children's care—maternal/ paternal care, relative care, in-home

care, out-of-home care, childcare centers, family childcare home, nanny care, babysitters and more? And do parents know how to choose care that best suits their expectations for care and their family's and children's needs?

Many mothers are concerned about the effects of their child's care. This develops into a greater preoccupation when mothers become employed and utilize nonparental childcare arrangements. Fortunately, many research studies find maternal employment to be a weak factor related to any detrimental effects of childcare. "The effects of maternal employment appear to be mediated by a host of other family variables including paternal involvement, stability of child care arrangements, and mothers' desire to work" (Haslett & Samter, 1997, p. 242). Instead, as it is too simplistic to pinpoint the effects of any particular childcare arrangement on a single factor, the various factors that constitute the family dynamic; the fit between child, family, and childcare; and the assessments for childcare quality are the more palpable contributors to the childcare equation.

Modern day childcare is wrought with controversy with the pulls for both *care* and *market-based* care. Parents who are employed must purchase childcare services for their children. Parents, in addition, seek childcare in settings that establishes caring relationships with their children. Caring for children is not conventionally a priceable endeavor; and care and money principles act in discord. Unfortunately, the commodification of care results in parents' doubts of the caregiver's capability and sincerity for care, and in the underpayment of childcare providers. Parents desire a "family-like" environment for childcare and often place family connotations in reference to the care. This depiction of care as "just like family" is an attempt to justify the position of

care in the child's life as well as appease the worries and suspicions that unknown care generates with parents (Uttal, 2002).

Furthermore, many working mothers go through a belief-changing process that justifies their employed position. The explanation for this is provided by Hertz & Ferguson (1996) and Uttal (2002) as "deskilling" motherhood where mothering is now viewed in the same light as fathering: fundamentally a family financial contribution. Since this is not a favorable societal dictum for mothers, this process is viewed as transferring or sharing mother work with others without substituting motherhood. Mothers employed the use of certain techniques to quell societal dissatisfaction with their departure from domesticity, to cope with the demands of their financial situations to work, and with risking to trust their childcare providers. From this, mothers' actions included regarding childcare as purely custodial in nature, accepting childcare as surrogate mothering or co-parenting, or viewing childcare as fictive kin or extensions of the mother and the family.

A survey of Americans conducted by Zinsmeister in 1998 showed that 68% felt that it was best for mothers to care for their children at home. Only 15% of Americans valued both spouses working full-time while their children had arranged childcare in or outside the home. Another study noted by Douglas (1998) revealed that 80% of individuals ages 15 to 31 approved of their mother's decision to work outside the home while they were children. This is a finding that suggests that more accepting societal views toward childcare are being adopted.

Family situations, family values and beliefs, and working conditions might subject families to hardships in their search for childcare. The diversity in family needs and

characteristics has helped create multiple types of available childcare arrangements. Furthermore, because of family diversity, it is not uncommon for parents to select more than one childcare arrangement for their children to meet all their needs (Early & Burchinal, 2001; NICHD, 2002). Because of this reality, it is important to understand each type.

#### Available Childcare

According to the Child Care Action Campaign (CCAC; 2002), in 1997, the primary childcare arrangement of children under six whose mothers was employed were distributed as:

25.8% cared for by relatives (18.4% by grandparents and 7.4% by siblings and other relatives); 22.3% cared for by their own parents (19% by their father and 3.3% by their mother while working); 22.1% cared for by non-relatives (10.7% in family day care, 7.4% in the home of a non-relative, and 4% by a non-relative in the child's home); 21.7% cared for in organized facilities (16.6% in child care centers, 4.2% in nursery schools and preschools, and .9% in Head Start); 8.1% cared for in other arrangements (p. 1-2; see Table 1).

In another study (Gordon & Chase-Lansdale, 2001), of employed mothers of three- to six-year-olds, their utilization of the various forms of childcare is rank-listed as: childcare center, kith and kin care, father care and family childcare home (from most to least used). Eight percent of employed mothers also reported using no forms of nonmaternal childcare (suggesting that they care for their children while working).

The United States is currently home to 306,246 regulated family childcare providers and 113,298 licensed childcare centers (this does not include the various Head Start, preschool, nursery school, pre-Kindergartens, religious-affiliated and public school-operated programs that do not require licensing; CCAC, 2002).

Table 1.

Childcare Utilization by Employed Mothers

<b>Type of Care</b>	<b>% in Care</b>	<b>Specific Distributions in Care</b>
<b>Parent Care</b>	22.3%	19% by father, 3.3% by employed mother
<b>Relative Care</b>	25.8%	18.4% by grandparents, 7.4% by siblings and other relatives
<b>Non-Relative Care</b>	22.1%	10.7% in family childcare homes, 7.4% in non-relative homes, 4% by non-relatives in child's home
<b>Organized Facility Care</b>	21.7%	16.6% in childcare centers, 4.2% in nurseries and preschools, 0.9% in Head Start
<b>Other Care</b>	8.1%	

*In-Home Care*

The majority of parents select in-home care (Wilson & Tweedie, 1996). The likelihood of selecting in-home care has a number of sources: parents' nonstandard work hours, rotating shifts, on-call status, overtime, and frequent travel; need for child sick care; having more than one child; pursuit of consistency in care; desire for personal one-to-one care; desire to keep child's daily schedules of sleep, meals, and activity; tolerance of a

stranger in their personal home space; and acceptance of their responsibilities with being an employer for childcare (Douglas, 1998). Drawbacks of in-home care include: higher cost, no provision for peer socialization, and lack of specialized equipment and facilities, which is in contrast with most out-of-home care. In addition, state governments do not regulate in-home care because they view families as accountable for the oversight of their childcare employees and responsible for what entails being an in-home childcare employer (NAEYC, 2002).

*Mother/father care.* Parents who choose to care for their children are most likely to have flexibility in their long-term career goals and in work schedules—from work shifts, flex-time, job-sharing, telecommunicating or working from home (Douglas, 1998; Pungello & Kurtz-Costes, 2000). Otherwise, parent care is only maintained when one income can be sacrificed without being a serious detriment to the family. In this case, parent care is indeed greatly valued, and even downward mobility is accepted (Hertz & Ferguson, 1996).

Studies have supported maternal and paternal care of children with the pronouncements of “no negative effects” linked with parental care (Broude, 1996; Schaffer, 1998). However, the same research found that adverse effects were likely to occur in parental care situations with a low-quality home environment, when the family had low socioeconomic status, and when there were a large number of children in the family. Research (CDF, 2001a) has indicated that many children who stayed at home with their parents, and were poorly or informally supervised by other adults, or spent large

amounts of time alone, were found to be less adjusted and more anti-social than children who attended formal childcare programs.

The following table features a summary of characteristics of parent care. Similar tables will be provided for each of the major childcare types available in the United States, and will include average costs for full-time care, advantages and disadvantages.

Table 2.

Summary of Parent Care Characteristics

Average cost for full-time care	Advantages	Disadvantages
No extra cost	Parent care is the most valued Assured love & attention No conflicts with family culture, values, beliefs Child is in the comfort of home Siblings able to be together Considers child's routines and schedules Parent able to experience child's growth	May experience downward mobility with one less income May experience frustrations with isolation in home and/or in sacrificing a career, work productivity and adult interactions May not be a home conducive to child development

(BabyCenter, 2000c)

*Nanny care.* Nannies are considered to be a top commodity. There is a great demand for the most desirable childcare provider because of their expertise and supposed genuine affection for children. Trained nannies are certified by accredited nanny schools, although the schools vary greatly in terms of the quality of program and the length of study (Douglas, 1998). These childcare providers are indeed very expensive, making them

affordable only to the elite. In addition, nannies provide only one service, which is childcare. They do not perform housekeeping duties or any other services.

Table 3.

Summary of Nanny Care Characteristics

Average cost for full-time care	Advantages	Disadvantages
\$300-\$700 per week	<p>More personalized care</p> <p>Convenient in-home care</p> <p>Siblings able to be together</p> <p>More flexibility with schedule</p> <p>Child is in comfort of home</p> <p>Includes child's sick care</p> <p>Caregiver completes specialized early childhood training</p> <p>Considers child's routines and Schedule</p>	<p>Most expensive type of childcare</p> <p>In short supply</p> <p>Caregiver unlikely to have a backup when sick</p> <p>Isolation in home may lead to caregiver burnout</p> <p>May not have opportunities to socialize with other children</p> <p>Parents may experience jealousy over caregiver's relationship with child</p> <p>No licensing, regulation, supervision, or quality control</p> <p>May not perform household chores</p>

(BabyCenter, 2000c; Douglas, 1998)

Other more affordable in-home care providers include baby-sitters, neighbors, friends, relatives (given lengthy attention in the out-of home care section), au pairs and other individuals. They each present their own advantages and disadvantages.

An au pair is a young, foreign-exchange student who provides childcare services in exchange for the opportunity to live and study abroad. The au pair program is a one-year contract, which provides a short-term childcare arrangement. An au pair during their stay

earns no more than \$7,250 for his/her services. The contract is complicated and demanding, and may be difficult for the host family to fulfill. Many au pairs are inexperienced with caring for children, leaving families in an inauspicious situation. Many au pairs and host families experience conflicting cultures, beliefs and values with living arrangements and childcare. On the other hand, a foreigner provides enriching experiences for the family and may be a rather practical and affordable alternative for in-home care (Douglas, 1998).

### *Out-of-Home Care*

The potential use of out-of-home care is largely based on pragmatic decision-making: out-of-home care is less expensive than in-home care for one child, parents desire socialization with peers and other adults, parents want a stimulating educational environment, and out-of-home care accommodates the conventional work schedule. The drawbacks of out-of-home care is less convenience than in-home care, children's increased exposure to illnesses, the need to provide alternate care when children are sick, decreased caregiver consistency due to turnover rates, and the pressure to meet schedules with transporting children to and from care (Douglas, 1998).

Parents need to be aware of the potential problems with out-of-home care. Childcare may be purely custodial in nature, and may not include the necessary care and stimulation needed for appropriate growth and development. Childcare may be located in inadequate or unsafe facilities. At an extreme, childcare providers, who are basically strangers with no personal investment in the children, have the potential for abuse, neglect or maltreatment (Douglas, 1998). At the opposite end of the spectrum, out-of-home care

may provide children with a new set of surroundings, and positive experiences, activities, interactions and relationships. A child's exposure to out-of-home care may stimulate further growth and development, if the care is licensed, regulated, and/or accredited; the childcare provider is nurturing; and the environment stimulating (NICHD, 2002).

Pungello and Kurtz-Costes (2000) found that mothers who arranged for nonparental care reportedly had more positive attitudes toward maternal employment, and a greater commitment to their jobs and careers than mothers who chose parental care. In the same study, mothers who share parental care or utilize relative care had more apprehension about the effects of their employment on their children's well-being as compared with mothers who selected formal childcare arrangements.

Out-of-home care is readily available to many families across the United States. However, for many rural areas, out-of-home care is least available, expensive, impractical, geographically distant and challenged with transportation barriers (Gordon & Chase-Lansdale, 2001).

*Relative care.* Parents can generally be assured a loving, caring, trusting and secure environment when their children are with family members. Relative care resolves the issues of gendered ideologies, by allowing grandmothers, aunts, female cousins, and nieces to stay home and provide the care services. Family members supply a familiar and comfortable cultural milieu, and because of their upbringing are most capable, outside of the child's parents, to pass on the family's culture, beliefs and practices. A relative may be able to offer flexible childcare arrangements that suit parent work schedules. Relative care is frequently less costly than the going community rate for family childcare homes or

childcare centers. Having relatives care for children may also provide an easier transition into the childcare arrangement and later on into Kindergarten (The Daily Parent, 1997; Uttal, 1999). On the other hand, there is a tenuous relationship with the relatives concerning the new relations imposed upon all parties by the business of providing childcare services. If conflicts arise from a childcare arrangement with a relative, it may have lasting consequences on the family ties. Obligations to relatives who watch children may be implied—e.g., supplementing relatives' food, power, and water bills that incurred during the care; repaying favors; providing compensatory services—which parents are bound to comply as additional costs for childcare. A common occurrence with relative care is the difficulty experienced by parents in correcting or requesting a change in a family member's behavior than in any other for-hire caregiver because of the nature of this relationship to the family. There are times when a child's need changes or when the relative's care situation changes, and this arrangement is no longer suitable or appropriate. It undoubtedly becomes rather difficult to end this type of childcare arrangement without any hard feelings (The Daily Parent, 1997).

Research conducted by Uttal (1999) revealed that parental preference and usage of relative care stems from parents' belief that they should care for their children, and from the following situational factors: the close proximity to relatives' homes, lower family incomes, lower maternal education, families who have very young children, and families with fewer children.

Other researchers (Early & Burchinal, 2001) found that relative care was used extensively for the care of infants and toddlers and less for preschoolers, especially by

parents who are in a low-income bracket. Parents who seek relative care for their children possibly belong to a larger kinship network of extended family members. Among African-Americans and other minority groups in the United States, kinship networks are frequently used as a coping mechanism to “combat the ill effects of poverty and single parenthood” (p. 492).

A racial ethnic identity theory noted by Uttal (1999) suggested that, following the *White American* ideal to maintain nuclear families with economic independence, it is depicted as undesirable for those of differing races and ethnicities to utilize their social networks of extended family to provide for childcare. This practice is believed to block the achievement of this ideal of economic independence, and continue the cycle of poverty among these racial and ethnic families. Despite this, minority parents seek relative care because it reflects the family’s culture, values, beliefs and childrearing practices, and is deemed an appropriate practice because of the reduced childcare options available to them. Uttal (1999) supplies three explanations why there is such disparity in the usage of kith and kin care between minority families and Anglo-American families:

The cultural explanation states that these practices are the product of differing cultural preferences. The structural explanation conceives of them as adaptive responses to structural constraints (such as limited economic resources). The integrative explanation argues that they are due to the intersection of culturally-specific values and practices (race and culture), structural constraints (race and class), and the social organization of gender (caregiving is provided mainly by female relatives; p. 846).

Another theory articulated by Uttal was that a parents' embedment in or obligation to the extended family networks prompts their selection of relative care. Many parents who have arranged relative care for their children view this type of care as a substantial way of contributing to the provision of other family member's jobs and relatives' improved economic situations. It is a parents' embedment in their extended family network that prompts them to help finance relatives by providing them with childcare work.

Table 4.

Summary of Relative Care Characteristics

Average cost for full-time care	Advantages	Disadvantages
Often free, but variable	<p>More personalized one-to-one care</p> <p>Caregiver usually has personal, genuine interest in child</p> <p>Trust is established</p> <p>Siblings able to be together</p> <p>Care in familiar, comfortable environment</p> <p>Often share culture, values, and beliefs with caregiver</p> <p>More flexibility with schedule</p> <p>Very inexpensive</p> <p>Considers child's routines and Schedules</p>	<p>Difficult to establish an employer-employee relationship</p> <p>No licensing, regulation, and supervision</p> <p>Caregiver may not be physically or emotionally capable of caring for child</p> <p>Caregiver may not heed parents' requests for care</p> <p>Caregiver may demand payback whether monetary or another form</p> <p>Difficult to end childcare arrangement when parent unsatisfied or it is found unsuitable</p>

(BabyCenter, 2000b, 2000c; Douglas, 1998)

*Family childcare home.* A family childcare home seems to be a healthy synthesis of in-home care and childcare centers. This childcare arrangement operates like a

childcare center but has a feel of in-home care. Parents who place high value on peer socialization and on small group size tend to choose a family childcare home for their childcare arrangement (Early & Burchinal, 2001). Parents' selection of a family childcare home is most often based on the caregiver's immediate and apparent nurturing and affection for their children (Hertz & Ferguson, 1996).

Table 5.

Summary of Family Childcare Home Characteristics

Average cost for full-time care	Advantages	Disadvantages
<p>\$420 per month for infants, \$360 per month for toddlers, \$300 per month for preschoolers</p>	<p>Nurturing, homelike environment</p> <p>Siblings able to be together</p> <p>Smaller child-caregiver ratios than childcare centers</p> <p>Single, consistent caregiver</p> <p>Socialization with other children</p> <p>Multi-age grouping</p> <p>Less exposure to illnesses than childcare centers</p> <p>May be flexible with schedules</p> <p>Less expensive than most other childcare</p> <p>Parent has opportunity to care for child as well as other children as means of earning income from home</p> <p>Easiest type of care to find</p>	<p>May require no or minimal licensing and regulation</p> <p>Question of legitimate childcare venue</p> <p>Difficulty in finding care for more than one child</p> <p>Requires no training in early childhood education</p> <p>Questions of trust</p> <p>No supervision</p> <p>No backup care if provider is sick</p> <p>May lack materials and facilities</p> <p>May not follow child's routines and schedules</p>

(BabyCenter, 2000a, 2000c; Douglas, 1998)

A study (Broude, 1996) that confirmed the value of family childcare homes found that they encouraged similar or superior physical development and maintained better health of children when compared to childcare centers.

Family childcare homes are more sustainable and more readily available than childcare centers across the United States. They require fewer start-up expenses; can easily enter and exit the childcare market as desired; and are more viable in communities with varying populations of children, with varying population densities, and with varying wealth (Gordon & Chase-Lansdale, 2001).

*Childcare center.* Parents who place high value on specialized training for childcare providers and view children's sick care arrangements as low priority, tend to select childcare centers for their children (Early & Burchinal, 2001). Their selection criteria include the establishment of a center's certification and philosophy, and the assessment of whether a center matches or does not match parents' values and beliefs on childrearing (Hertz & Ferguson, 1996).

In the United States, the penchant toward childcare center utilization is highest among the *not-poor* families and ensues from the unlikelihood that children will be cared for exclusively by their parents. In addition, for most ethnic and age groups, it follows that the *not-poor* children spend more time in childcare centers than the *near-poor* children, who also spend more time than the *poor* children. It is most common for parents to place their preschoolers into childcare centers than at younger ages (Early & Burchinal, 2001). The percentage breakdown for all children who are enrolled in childcare centers is 6% of all infants, 35% of all three-year-olds, and 64% of five-year-olds (NAEYC, 2002).

The number of centers tripled between the mid-1970s and 1990, and the number of children enrolled in these centers quadrupled during this same time period. Unfortunately, there was an increase of only 25% in the number of childcare providers in these centers within the same time period (Love et al., 1996). This can be explained by the need to make ends meet, since childcare fees are minimal at best considering the services they provide, and with the development of big childcare business. Nationally 10% of childcare centers are non-profit and about half of the profit centers are now owned by for-profit chains (DeBord, 1995).

Andersson's research (as cited in Schaffer, 1998) on the effects of childcare centers found that children who were enrolled in childcare centers before age one had the greatest gains in cognitive and socio-emotional development and school achievement, while those children with no childcare experience were lowest. Other research (Helmich, 1985; Monroe, 1981; Sevigny, 1987) on the outcomes of childcare center experiences on low-income children concluded that, on the average, children, from both low-income families and from the general population, who participated in a childcare program had:

higher achievement test scores, higher grade-point averages, fewer failing grades, fewer absences, better attitudes and behavior, a higher rate of graduation from high school and a more frequent enrollment in college or vocational training.

Further, fewer children with preschool experience were retained in grade and only half as many were placed in special education classes, compared to children with no preschool. Interviews at age 19 revealed that the preschool participants were more likely to be employed or enrolled in post-high-school education, required

fewer public assistance resources, had fewer criminal convictions and were less frequently the parents of illegitimate children. (Helmich, 1985, p. 6)

In addition, Finkelstein and Wilson (1977) also discovered that childcare center experience can be attributed to children's acceptance and ease with new people and new situations, elevated likelihood of interacting and initiating contact with strangers, and ability to form relationships with others easily.

Research by Broude (1996) on the realities of childcare centers highlighted neutralizing effects of centers with findings that the performances of children attending childcare centers were the same as those who stayed at home. On the other hand, it was also discovered that children of high-income families actually experienced cognitive delays in accordance with their childcare center attendance.

Zinsmeister's report (1998) that cautioned against childcare center usage suggested that childcare centers do not cause much harm to children *if* they are present for only limited amounts of time. Unfortunately, when this is not the case, childcare centers have the potential for becoming parental substitutes in families. Parents who placed their children in childcare programs were noted to be less able to develop their parenting skills, and thus lacked self-confidence and displayed nervousness and impatience in dealing with their children (1998). This occurred because the interaction between parent and child was drastically reduced with parents working full-time jobs. And consequently, two- and three-year-old children who attended childcare programs exhibited anxiousness, ambivalence and insecure maternal attachment due to other adults becoming the children's primary caregivers (Broude, 1996; Moore et al., 1979; Schaffer, 1998; Zinsmeister, 1998).

Some research (Broude, 1996; Finkelstein & Wilson, 1977; NICHD, 2002) on the effects of childcare centers has found that children who attended childcare programs, especially for prolonged periods of time, were frequently competitive and aggressive (with tendencies to kick, hit, threaten, curse and fight) when compared with home-reared children. Children from childcare programs were known to be “disobedient, demanding, bossy, bratty, boisterous, irritable, rebellious, impolite, and less compliant (1996, p. 101)” to authority figures. Furthermore, children who attended childcare programs were rated lower on a peer relations scale than children who had no prior school experience. However, subsequent research has found that kindergarteners, regardless of the amount of childcare center or preschool experience they received prior to attending school, showed no difference in their incidence of aggressive behavior (Finkelstein & Wilson, 1977; Schaffer, 1998). Clarke-Stewart, Gruber, and Fitzgerald’s study (as cited in Schaffer, 1998) comparing the differences between the care in children’s home and childcare centers found that aggression was most related to poor quality care whether in or outside the home.

Table 6.

## Summary of Childcare Centers Characteristics

Average cost for full-time care	Advantages	Disadvantages
\$333-\$833 per month (varies also by child's age)	<p>More affordable than nanny care</p> <p>Reliable care (substitute care when provider is sick)</p> <p>Socialization with other children</p> <p>Staff trained in early childhood education</p> <p>Licensed and regulated</p> <p>Ample supervision</p> <p>Offers a wide variety of educational materials and facilities</p>	<p>May not have space available</p> <p>Difficulty in finding care for more than one child</p> <p>Highest child-caregiver ratios</p> <p>Greatest exposure to illnesses</p> <p>Less caregiver consistency—high turnover rate</p> <p>Inflexible hours</p> <p>Most expensive out-of-home care</p> <p>Follows the childcare's routines and schedules</p> <p>Quality varies</p>

(BabyCenter, 2000c; Douglas, 1998)

Nursery schools and preschools are a subset of childcare centers and are distinguished because they are offered on a part-time basis. They feature an enriching environment and stimulating activities and interactions as well as opportunities for peer socialization. Children are accepted between the ages of two and five, and usually only if they are potty-trained. Nursery schools and preschools are more expensive than other childcare centers if hourly rates are compared. This is not a practical option for low-income families or for households with the adult members all employed (Douglas, 1998). However, because early childhood education and care is believed by many to be a valuable learning experience not available at home, and as a means of providing diverse interactions

with others, many parents with the means do choose to enrich their children's development by enrolling them part-time in a childcare preschool program or nursery school.

*Head Start.* Economically disadvantaged children at the onset of formal education often face a lack of educational readiness, a social immaturity, a lack of social skills, limited vocabulary and underdeveloped cognitive skills (Helmich, 1985). Head Start, other intervention programs, and subsidized childcare are a few governmentally-established ways to provide for some of these children.

Project Head Start, a comprehensive preschool child development program, was created in 1965 through Civil Rights legislation, and as part of the War on Poverty, to promote low-income children's academic success. The goal of Head Start was to improve the life chances of low-income children who are deemed most "at-risk," and aid in their upbringing to healthy, happy and competent individuals in society. Project Head Start and other intervention programs, which started as compensatory education, thus became the key to closing the gap between disadvantaged and affluent children, and gave disadvantaged children the tools necessary to break out of their existence in the pattern of school failure and, more importantly, the cycle of poverty. Because of its reported success, two other programs, Early Head Start and Follow-Through, the offspring of Head Start, were initiated.

Helmich (1985) found through an extensive review of literature, that Head Start had direct effects on children's I.Q.'s, preschool readiness scores, and motivation for school achievement. Furthermore, evidence from numerous research studies indicate that

Head Start does have lasting benefits for children in terms of higher school success and achievement, decreased grade retention rates, fewer assignments into special education classes, and higher high school graduation rates (NACA, 2000).

In looking at all government-assisted early intervention programs, controversy surrounds the value and effectiveness of these programs. Criticisms of these programs include, their inability to reach all children in need because of limited funding and resources, and these programs become short-term investments (of approximately two years), and because of their finiteness, do not bring about long-term success in school (Slavin et al., 1994). Many more studies (CDF, 1999; Helmich, 1985; Monroe, 1981; The Carolina Abecedarian Project, 2000) dispute this suggestion by illustrating the numerous successes that “at-risk” children acquire from a quality intervention experience.

The Carolina Abecedarian Project (2000), an early intervention program, conducted a major, long-term, controlled scientific study that placed children from low-income families into full-time, high-quality childcare for the purposes of educational intervention. The findings were astounding: at age 21, the participants showed enhanced language ability which led to higher cognitive test scores, attained higher academic achievement in math and reading, and were more likely to attend a four-year college. In another study (CDF, 1999), children who received a comprehensive early childhood educational and care intervention had long-lasting higher cognitive, reading and math scores; were more likely to attend a four-year college; and were more likely to postpone parenthood. In addition, the mothers of these children secured higher educational and

employment status. The implication from these studies is that early, available, affordable and quality childcare for low-income families has particular outcomes.

From the evidence (Early & Burchinal, 2001; Hurtz & Ferguson, 1996; NICHD, 2002; Pungello & Kurtz-Costes, 2000) which shows that disadvantaged families are the least likely to utilize childcare centers, can we infer that parents' financial means unduly affect their decisions for their child's care arrangements? How do parents' financial situations affect their decision-making process? And do their financial situations consequently reduce their number of perceived options for childcare?

Because of a need for earlier quality education, and based on ample research showing its effectiveness, Head Start should be a model for federal- and state-funded preschool initiatives. Unfortunately, as it is, Head Start currently cannot adequately provide for all eligible children. Government-funded preschools will be another conduit for providing for all economically disadvantaged and disabled children.

In aiming to encapsulate the childcare issue in the United States, I encountered a profusion of current, relevant literature. In my attempts to discern the quality of the literature, I was faced with literature that had no conclusions, contradictions, relativism, biases, weak validity, weak reliability, criticisms and, most frequently, a need for further research. Indeed each study had its limitations. Despite this, it was important to recognize that there existed an unfathomable amount of factors related to the childcare issue, variation and complexity involved with childcare, and short- and long-term effects from children's care experiences. There did, however, seem to be one consensus among

the data, that quality of care was important and was a key to positive development in children.

### *Quality Childcare*

The characteristics of quality childcare found in numerous research studies include: the presence of comfortable, relaxed, and happy children in the care; low child-caregiver ratios with at least two caregivers consistently present; developmentally-appropriate practices; a focus on whole-child development; continued curriculum planning and program evaluation; and regular communication and healthy relationships with families (NAEYC, 2003). State licensing and accreditation from nationally-recognized accrediting bodies are means of identifying quality childcare. State licensing, a more rudimentary form of regulating childcare, focuses on policies dealing with health and safety, child-caregiver ratios, staff-training requirements, equipment, daily program/curriculum, and guidance. Licenses are mandated by all operating childcare programs. Licensing ensures that a childcare program meets minimal requirements for appropriate care. Accreditation, on the other hand, is a more rigorous regulating process that is valued but optional for childcare programs. The childcare programs that volunteer for accreditation must undergo extensive self-study and reviews by a panel of early childhood experts. Examination focuses on the total program—interactions among staff and children, relationships between staff and families, curriculum, health and safety, nutrition, staffing, staffing qualifications, physical environment, and administration—with a primary focus on the nature of the child's experience (NAEYC, 2003). Accreditation is the evidence that a particular childcare program does provide high quality care.

Research indicates clearly that the quality of childcare affects the growth and development in children. Quality childcare is positively correlated to a child's well-being, secure attachments, healthy relationships with peers, ability to deal with new situations and unfamiliar people, more cooperative action, fewer behavioral problems and less aggression. In addition, quality childcare is found to promote motivation and ability to learn, school readiness, good working habits, language development, communication skills, mathematical skills, cognitive development (greater thinking and attention skills), socio-emotional development, knowledge of social roles, and academic achievement (Boegehold et al., 1977; Broude, 1996; CDF, 2001a, 2000, 1999; Cost, Quality and Outcomes Study Team, 1999; Helburn & Culkin, 1995; NICHD Early Child Care Research Network [NICHD], 2002, 1999; Schaffer, 1998; Slavin, Karweit, & Wasik, 1994). Also, children who attended quality childcare programs were less likely to be retained, placed in special education or remedial programs, and have fewer behavioral problems (CDF, 2000; Schaffer, 1989). The same research found that the converse is also true—low quality childcare yields opposite effects.

The quality of childcare is significantly related to maternal education and a child's ethnicity. In addition, children who come from low-income, disadvantaged and minority families are more likely to be enrolled in lower-quality childcare, yet are the ones most likely to benefit from a quality childcare arrangement (CDF, 1999; Love et al., 1996). To parents and children's detriment, it is disheartening to report that as much as one-third of all childcare programs were rated to be inadequate (CDF, 2001a). And it is not surprising that quality childcare is hard to find when a childcare provider makes on average \$15,430

per year and is unlikely to receive benefits or paid leave, and the average child caregiver turnover rate is 31% a year (CCAC, 2002; CDF, 2001a).

Research has recently demonstrated that being regulated or licensed is the strongest determinant for childcare quality (Wilson & Tweedie, 1996). Also, low child-caregiver ratios, small group sizes and high levels of caregiver education and training are other factors that are causally related to quality childcare (NICHD, 1999). A report by the NICHD Early Child Care Research Network (1999) concluded that the “failure of many states to impose stringent [quality-effected] standards and the failure of many centers to meet such standards may undermine children’s development” (p.1077). Without more stringent national childcare standards in place, the quality of childcare programs could be jeopardized and thus be a detriment to children.

#### *Costs of Childcare*

Childcare is costly and can place a heavy burden on parents. Family budgeting guidelines generated by Monroe (1981) and Schulman (2000) indicate that families normally could not afford to spend more than 10% of their income on childcare. And for many families with low incomes, single incomes or several children, the cost of childcare exceeded 10% of their budgeted income. Taking childcare types into consideration, childcare in the United States costs on average, \$420 per month for a family childcare home, \$500 per month for a childcare center, \$500 per month plus air transportation, room, board, and sometimes stipend for an au pair, \$850 for an untrained in-home caregiver, and \$2,000-4,000 for a professionally trained nanny (Douglas, 1998). Annually, full-day childcare costs range from \$4,000 to over \$10,000 (CDF, 2001a;

Schulman, 2000). However, because many parents cannot afford the cost of center care or home childcare they must resort to alternative childcare options, including babysitting, having relatives or friends care for the children, and cooperative childcare (which demands certain contributions from the parents).

### Childcare Subsidies

Looking at the overall nationwide funding sources for childcare, parents are the main contributors with 60% of the funds coming primarily from enrollment costs. Federal, state and local governments contribute 39% acquired mostly from grants, services and subsidies.

The Child Care and Development Fund (CCDF) made available \$4.5 billion to states, territories, and tribes in fiscal year 2001. This program, authorized by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, PL 104-193, assists low-income families, families receiving temporary public assistance, and those transitioning from public assistance in obtaining childcare so they can work or attend training/education. (The Administration for Children and Families [ACF], 2002, p. 1)

In addition, according to NAEYC (2002), \$4.8 billion was earmarked for Head Start programs provided by the U.S. Health and Human Services Department, and \$2.5 billion for tax credits under the Dependent Care Tax Credit.

In any given month, an average of 1.8 million children are provided with childcare assistance. Because childcare subsidy funds are limited, even with this large allotment, childcare assistance is only able to affect 12% of the nation's children and their families

who are eligible and in need (CDF, 2001a). The government allotment must also provide for children with developmental disabilities or other special learning needs as stated under the Individuals with Disabilities Education Act (IDEA; NAEYC, 2002).

It was revealed through a cost-benefit analysis that, for a span of 27 years, every dollar spent on a quality childcare program saved an estimated \$7.16 in government expenses for welfare, education and other services. Government investments in childcare have resulted in an increased likelihood of literacy, postsecondary education enrollment, and employment, as well as a decreased likelihood for truancy, high school dropouts, welfare dependency and criminal arrests (CDF, 1999; National Association of Child Advocates [NACA], 2000).

Parents receiving childcare subsidies for their children still often tend to select informal childcare arrangements because childcare is expensive and there exists inadequate financial assistance (NAEYC, 2002). This is an unfortunate indication of the limited effectiveness of childcare subsidy provisions.

*As an endnote, the ideal distribution of childcare subsidies should reflect parental preferences in accordance with care that enhances child outcomes. This raises other childcare subsidy issues, such as determining successful, quality childcare to receive the provisions and receiving accurate information on parents' preferences for their children.*

#### The Decision-Making Process Concerning Childcare

When children are new arrivals to a family, childrearing questions start pouring in and weighing on parents' minds: Should I work? Who would best take care of my child?

Will all of my child's needs be taken care of? Does my child's care arrangements fit with my family's values and goals?

Should a parent choose nonparental childcare, the childcare arrangement process entails the components of selection, maintenance and termination of childcare. This process includes cognitive and behavioral activity, a *cognitive state of awareness* or a sense of being in charge or in control of children, and continued activity due to the entrance and maintenance of childcare (Uttal, 2002).

First, selecting a childcare arrangement involves locating options, investigating each possibility, and selecting one. Once a particular arrangement is established, daily functional activities include getting a child to and from care and organizing all the items (such as lunch, clothing, diapers, special blankets, and toys) that need to go to and from the childcare setting each day. Child care also includes parental responsibility for managing, overseeing, and thinking about the childcare arrangement and the providers. Parents also notice and follow up on concerns about the quality of care, make themselves reachable in case the child must leave care unexpectedly during the day, and make alternate arrangements when the child cannot go to care, for example, when a child is sick or the childcare setting is closed. The entire process requires oversight by a responsible party who engages in an interpersonal relationship and communicates with childcare providers as well as other family members. This responsible adult has to consider and make decisions about whether to remain in or terminate the childcare arrangement,

which in turn may result in initiating a search for a new childcare arrangement.

(p.32-33)

The actual selection of a particular childcare arrangement necessitates an evaluation of the childcare's "physical environment, equipment, and materials; daily schedules and curriculum; caregivers' personalities; racial composition of the staff and children; the children who are there; and the way caregivers interact with other people's children, as well as with them as the child's parents" (Uttal, 2002, p. 41). Selecting the right childcare demands matching the childcare's values, practices and philosophy with that of the family (for many families this also includes cultural similarity, racial/ethnic representation and similar worldviews). Selection also involves choosing childcare that nurtures children's development in all areas and provides opportunities for social and educational enrichment, and selecting trained and qualified childcare providers with a maternal orientation. A less salient method would be to assess the childcare providers' well-being. These criteria coalesce to assure a quality childcare arrangement and dispel worries of trust on the part of the caregivers (Uttal, 2002). Furthermore, a mother's intuition about childcare is often the final word in a childcare selection.

Childcare selection is not a one-time event. As an added responsibility with nonparental care, parents must continue to monitor the childcare arrangement to ensure its quality and suitability to children and families—also known as, *responsibility-without-presence* (Pungello & Kurtz-Costes, 2000; Uttal, 2002). Situational or attitudinal changes may occur that prompt change in childcare. Thus, childcare choice may influence parental beliefs, which then may affect future childcare decisions.

After selection, it may be determined that the childcare arrangement is undesirable because of caregiver unreliability, poor quality care, personality conflicts, change in caregiver circumstances, change in family circumstances, or even suspected abuse (Douglas, 1998). This alludes to the precarious state of any given childcare arrangement. The severity of the problems and the perception of resolution will be key to maintaining or terminating the childcare. If it comes to pass that the childcare is no longer acceptable or appropriate, a new childcare search commences.

It is clear that parents' decision-making process regarding childcare arrangements is complicated and demands numerous considerations before selection. To further complicate the childcare process, the search may be undermined by the overwhelming number of childcare types available to parents in the United States and by the unfamiliarity and lack of knowledge about these avenues of childcare: "family childcare homes; childcare centers; for-profit, nonprofit, and church-based centers; preschools versus day care; different types of live-in or live-out in-home care, such as housekeepers/caregivers, nannies, tutors, undocumented immigrant women, and au pairs" (Uttal, 2002, p. 41), and other more uncommon childcare types.

Information resources are becoming more readily available to parents in their search for childcare. To name a few, the National Association of Child Care Resource and Referral Agencies (NACCRRA), the National Association for the Education of Young Children (NAEYC), and other national organizations provide a database with information on and availability of childcare nationally; government licensing agencies may provide generated lists of all licensed childcare establishments in a localized area; CCDF agencies

may also provide a list of all compliant childcare that are eligible to receive childcare subsidies; and numerous websites are available for perusal and inquiry purposes.

However, information retrieval is not limited to these. Problems may surface, not from a lack of information on childcare, but in discriminating, deciphering and scrutinizing it.

A study cited in Uttal (2002) underlined parents' *illusion* of choice in childcare with the finding that between 50% to 68% of parents reported that they did not feel that they had any options for childcare beside the one they are currently using. Illusion of choice also stems from parents not knowing their childcare preferences, not understanding the various available childcare options, lacking skills in determining the best choice for care, having a limited time frame for the childcare decision-making process, and other family situational constraints. Childcare, undeniably, is most needed by families with the least disposable income, resulting in restricted choices for childcare arrangements that are best suited for their children (Uttal, 2002).

Early and Burchinal (2001) use a person, process and context ecological model to predict and understand how children are placed into their childcare settings. This model suggests that parents {person} who value different childcare types will be influenced by their income, ethnicity, child's age and other situational factors {context}, and these factors consequently influence the choices that parents make for their child's care {process} (p. 478).

In a similar theoretical model, cited in Pungello & Kurtz-Costes (2000), three specific influences are identified as central to the childcare decision-making process: "environmental constraints (e.g., need to work, work schedule flexibility), maternal beliefs

(e.g., attitudes toward child care), and child characteristics (e.g., child's age)" (p. 245). In the process of childcare selection mothers may be inclined to change aspects of their environment, maternal beliefs and/or attitudes. These specified influences, together, are hypothesized to form a multi-directional relationship. For instance, a mother may choose to stay at home and care for her child because she values mother care. However, because she is compelled to go to work to earn a much-needed income, she makes arrangements to have a relative care for her child. The situation works to her satisfaction. As a result from her direct experiences, she undergoes a reconstruction in her childcare beliefs to include relative care as also beneficial for children. In conclusion, "child care selection is a process, one that is both influenced by and an influence on the contextual characteristics and beliefs of working mothers" (p. 254).

Pungello and Kurtz-Costes offer three theories that can explain their findings—moderation theory, cognitive dissonance theory and classic self-perception theory. The basis of the moderation theory is that when mothers face strong environmental constraints, a moderation effect occurs that reduces the amount of influence that maternal beliefs have on the childcare decision-making process. Cognitive dissonance theory states that when parents experience discomfort from conflict between their beliefs and their childcare selection due to environmental constraints, they rationally change their beliefs in order to reduce their discomfort. Classic self-perception theory is described as the action of inferring from parents' direct experiences with childcare to form their attitudes of the experience.

The childcare decision-making process is one that could be likened to calculus with its complex set of factors, conditions, needs, barriers and expectations. The factors that affect the decisions for childcare include employment need; financial situation and family resources; work flexibility; long-term career goals; philosophy on parenting and childrearing; parental preference; concerns about being good parents; other people's expectations; the quality of care; expectations for childcare; age, training, and experience of child's caregiver; caregiver compatibility; caregiver availability; caregiver reliability; practical concerns (e.g., availability hours, work schedule, location, convenience); child needs; and cost and affordability (Douglas, 1998; Early & Burchinal, 2001; Pungello & Kurtz-Costes, 2000; Sprain, 1998; Uttal, 2002). All these considerations dictate whether a specific childcare option is a "good fit" for a particular family.

Research reported by Children's Defense Fund (2002) reveals that more than half of the employed parents admit to worrying constantly whether their children are receiving quality childcare and having all their needs met. A quarter of parents claim that their childcare arrangements do not meet their expectations. Resulting from problems with finding childcare, there is a reported 52% affect on parents' ability to perform their job well, and a 43% rejection rate for preferred job positions.

Research conducted by Pianta and Cox in 1998 led to the discovery that 48% of Kindergarten children having moderate or serious transition difficulties. Does this imply that children's care does not adequately prepare them for the demands of Kindergarten? Does this indicate a mismatch between the types of childcare that children receive and what they need to foster their Kindergarten and school readiness? Or could this possibly indicate a

great deficit in quality care of approximately half of all childcare arrangements available to children? Whatever the case may be, almost half of all Kindergarten children are struggling at the beginning of their school career. How can parents better provide for successful Kindergarten experiences, and can this provision be possible with all types of childcare? This is another dilemma with a lot of questions but few answers that parents must face with their issue of choosing childcare, and may contribute to uncertainties with the childcare they arrange for their children.

**CHAPTER 3**  
**CHILDCARE IN GUAM**

*“Today, the new couple may own their home...yet the responsibilities of their parents do not end there. Their obligations now include their grandchildren and their children.”*

(Political Status Education Coordinating Commission, 1996, pp. 74-75)

Guam is an unincorporated territory of the United States of America. It is located in the western Pacific Ocean and is the largest island in the Marianas Island Chain. Since initial contact with Europe in 1521, and most recently under American rule, Guam has been subjected to the pull toward Westernization, Americanization, modernization and globalization. The government of Guam is an American-modeled governmental structure, and has within that structure, an American-modeled education system. Any person born on Guam soil is automatically granted United States citizenship. With a Census 2000 estimate population of 154,805, and a July 2002 projection of 160,796, Guam is home to the indigenous Chamorro people who make up 37% of the population; and to many immigrants who have made Guam their home, including 26% Filipinos ; 7% Americans—this includes all American military and dependents; 16% Koreans, Chinese, Japanese, other Pacific Islander groups, and other racial/ethnic groups; and 14% mixed ethnicities (Kids Count, 2002; The Word Factbook 2002). Guam has a population that is smaller than any state in the United States, and it has a land area that is three times the size of Washington, D. C.

According to the 2000 Census, 49,619 Guam residents (approximately one-third of the population) are foreign-born. In addition, over one-half of the foreign-born resident population came to Guam after 1990 (Kids Count, 2002). Migration to the island is desirable to many Micronesians and has been made easier with the passage of the U.S. Compact of Free Association Act of 1985. This act permits unrestricted migrations from the Federated States of Micronesia and the Marshall Islands to the United States, and to Guam, the closest point of entry.

Guam's official languages are English and Chamorro. English is used in government and business arenas, and Chamorro in the informal social and family settings. Because of the ethnic diversity created by immigrants from many Pacific islands and from around the world, there are numerous "unofficial languages" spoken in Guam. The education system has felt its impact when trying to provide for the needs of children classified as "LOTE" (children who speak a Language Other Than English) and children with variable proficiencies in the English language. Programs, classes and teacher training have been implemented for this group of children in an attempt to soften their transitions into an English-only environment, and to promote their success in school.

In 2001, Guam was home to an estimated 39,107 households. A small portion, 2,074, or 5.3%, of these households received no income. The median household income was \$34,235 a year, and the mean was \$40,877. The median individual earner's income was \$11,591, and the mean was \$21,602. The average household size was 3.76 people with an average of 1.59 earners within each household (Cruz, 2002a).

Guam's childcare need can be practically assessed by calculating the number of children under age six who are living with parents who are employed. Census 2000 figures (from Kids Count, 2002) revealed that 56%--or 9,751 out of 17,359--of all children on Guam are in need of childcare arrangements (in comparison to the 59% who need care nationwide). As of March 2002, another report (Cruz, 2002b) estimated that 99,500 people ages 16-years and older resided on Guam. Of this total, 37,450 were not in the labor force. 7,290 of those not in the labor force and unemployed reported that they wanted a job but did not look for work, and thus they made up 11.4% of the

unemployment rate. Of those unemployed, 390 believed no job was available for them, 3,140 could not find work, 260 had family responsibilities, and 450 (or 6.2%) could not find childcare. Despite rough economic times, Guam has experienced a reduction of 2.1% in its unemployment rate, which could be attributed to a declining population due to emigration and a shift of people into the “out of the labor force” category.

Kawakami (1991) encapsulated the nature of childcare on Guam from an early childhood educator’s perspective:

Traditional and evolving cultures provide the context of life for the families and children on our islands. For centuries, the growth and development of island children has been the responsibility of the home and community. The extended family and the community still provide early learning experiences and function as the first teachers for our children. Formal, Western-style, institutionalized educational systems are now challenged to build on the strengths of these efforts. As we work with young children in the more formal educational settings of day-care centers, preschools, kindergartens, and early elementary grades, we are given the opportunity to design programs that help children make a comfortable and successful entry into our schools. (p. 1)

Just as schools are endeavoring to infuse aspects of the Pacific Island culture into the classrooms, the Western-style educational system has inevitably prompted many families to change their priority with regard to childcare to accommodate and adapt to a school culture that is fairly different from their home culture. What childcare options does Guam have to offer that will meet this need?

## Available Childcare

A study (2002) conducted by The Administration for Children and Families, for the Federal Fiscal Year 2000, reported that the distribution of childcare utilization on Guam is 17% for in-home care, 42% for family childcare homes, 1% for group childcare homes, and 40% for childcare centers (while nationally this distribution is 8% for in-home care, 30% for family childcare homes, 3% for group childcare homes, and 58% for childcare centers). This same study found that out of all the childcare operating on Guam, 31% are licensed and/or regulated and 69% are operating legally but without regulation, in comparison to the national percentages of 74% and 26% with regulation and without regulation, respectively. Another finding revealed that 65% of children on Guam, and 50% nationwide, were cared for by relatives in a setting that was operating without regulation.

### *In-Home Care*

Knowledge of the Chamorro culture was viewed by adults as vital to one's well-being and even one's existence, so much so, that they deemed it necessary to pass this knowledge down to their children, and their children's children (PSECC, 1996). Social and cultural education from one's family was a parent's primary consideration for their children. A predominant, steadfast value of the Chamorro culture is the family or *familia*. It is understood by everyone that each family member could rely on each other for support, help, care and meeting needs. Throughout one's life, each family member has obligations and responsibilities to the *familia*, which one must fulfill (PSECC, 1996). And

therefore, most often there was at least one person in the family who could be relied on for childcare.

Koki & Lee (1998) offer a localized definition for the term *family* that is suitable for the Pacific region: family “includes all who have responsibility for childcare: mothers, fathers, grandparents, foster parents, siblings, aunts, uncles, and non-custodial parents” (p. 1), and the list could continue on. This definition offers a glimpse into the complexity, variability, and the practice of defining family beyond the legal definitions of blood or marriage ties to the extended family on Guam. This definition also reveals the large number of voices that can impact the choices that Guam’s parents make for their children’s care.

The indigenous Chamorro culture is similar to many Pacific Island cultures, in that they express the same values for family and community. It is a frequent practice on Guam to have multigenerational families living together. According to the U.S. Census Bureau (2000), 41%, or 3,709 out of 9,145, grandparents in Guam who live with their grandchildren reported that they were responsible for their grandchildren’s care. It is also common for parents of young children to be young and/or single, and for other relatives to act as guardian figures for their children. Newly immigrated Micronesian families also have been known to have large numbers of people (more than one family group) living under a single roof. Strong family networks are utilized to fulfill financial and basic needs, for political support, for *fiestas* or communal celebrations, and for care of the neediest members of the family (the old and the young). Home childcare by relatives and friends is a cultural practice that many people seek because of the benefits of no or low childcare

fees, and for the familiarity with the people, home and culture involved. Relative care is perceived as having many advantages for families on Guam (PSECC, 1996). These include elements of trust, flexibility with schedules, affordability and the ease with transitions from home to home and from home to school (The Daily Parent, 2001). However, this new role of caregiver that relatives play may create tension between family members. In addition, some aging family members may be challenged physically by active young children, thus making them unsuitable to care for multiple children or older children, despite good intentions.

Similar to the United States, Guam's parents encounter challenges that arise from their need to work and their need to provide alternate childcare arrangements for their children. Parents are uncertain that childcare is congruent with their expectations and needs. Parents also often face feelings of guilt, confusion, and conflicting cultural sentiments about *abandoning* their children during working hours, and even a sense of competition with their children's caregivers over the children's affection (Onikama, Hammond, & Koki, 1998).

Taken from previous statistics about Guam (Kids Count, 2002), 46% of children under age six have some type of at-home parental care. Another study (ACF, 2002), found that 17% of parents utilized in-home care. This discrepancy may be attributed to the study design or implementation. Nonetheless, the use of parent care on Guam seems to range between 17% and 46%.

### *Out-of-Home Care*

Out-of-home care has become a more common option for Guam's parents for various reasons: unavailable relatives, a more Westernized value for childcare, desire for academic focus and/or social peer interactions, convenience, more reliable and flexible schedule, and other reasons.

*Childcare centers.* Marsha Weillein in 1973, completed a report on the state of Guam's childcare centers. The report revealed that in fiscal year 1972-73, the number of childcare centers on Guam was 13, and the capacity was at 1,620. In 1973, childcare centers were just starting to change to comply with the new and evolving standards and policies set for Guam at the time. It was noted that in 1971, just two years prior, the *Standards For Child Care* written by Myrna San Nicholas was passed into law. These standards state that ideally childcare programs are:

committed to promoting the intellectual, social and physical growth and development of each child in care. Each activity and service offered by day care programs is directed towards fostering the growth and development of these children. The children begin to explore the world about them through books, music, play, creative activities, visits into the community, and through experiments with nature and science. Their physical needs are provided for my nutritious diets, rest periods, physical activities and health supervision. (1973, p. 2)

According to Weillein, this policy was only the beginning and definitely insufficient on its own as a standard for childcare facilities. She expressed concern that that the standard, set in 1971, included objectives for Guam's childcare programs that were

inadequate, and the qualifications for the positions of operator, staff member and teacher were almost non-existent. Moreover, if a strict interpretation of the standards had been applied, only one-half of all licensed childcare centers would have remained open.

Weillein, from individual program evaluations, personal observations, and in-depth discussions with San Nicolas, concluded that:

it does not appear to be educationally, emotionally, physically, or psychologically sound to encourage children under the age of two-years, to attend day care centers on Guam. Indeed, parents of children below the age of six as well, should seriously consider placing their children with private families, friends or relatives, rather than choosing a center at random. There are some good, day care centers on Guam. But chances are that they have long waiting lists. (p. 25)

At this time, Guam was relatively inexperienced in providing for young children. Kindergarten in the public schools had started only three years earlier, making the idea of any child under the age of six attending school new for Guam's people. What was of concern to Weillein was the fact that the people of Guam tended to be "pro-government, pro-authoritarian, pro-provincialism, and pro-status quo" (p. 29) because of past experiences with multiple occupations, militarization, war, Catholicism and Westernization. The people's sentiments, which had developed from these past experiences, led them to blindly trust and accept the view that schools and educators know what is best for children and "parents, at least the uninformed and uneducated ones, will be under the misguided conception that all is well in day care centers on Guam" (p. 29).

Guam still abides by the same childcare standards put forth by San Nicholas in 1971. The Guam Legislature in the last few years has been attempting to pass into law a more complete, and a higher standard for quality childcare. Three different childcare standards bills during the last three legislative sessions have been proposed, yet none have been enacted into law. The most recent version, The Child Care Standards Act of 2001 (Pangelinan, 2001), was not addressed by the end of the session for the 26<sup>th</sup> Legislature in 2002, and was subsequently thrown off the floor.

According to the Guam Census 2000, 1,782 children three-years and older were enrolled in a nursery school or preschool. When compared with the Kindergarten enrollment of 3,134, it can be estimated that roughly 50% of Guam's children attend a pre-school program (U.S. Census Bureau, 2000). Presently, according to the 2002-2003 Day Care Listings publication by the Department of Public Health and Social Services, there is a total of 58 licensed childcare centers (including four that were declared *CLOSED* and one that converted to a family childcare home; see Appendix A for the Guam day care listings). The childcare center with the smallest capacity was 12 children, while the largest capacity could accommodate 275. The total number of available children's placements in these licensed childcare programs in Guam is 3,098. From this data, it seems that Guam has the capability to accommodate twice as many childcare center enrollments than it currently does. Whether these childcare facilities offer one-set price for childcare or a differentiated pricing dependent on the child's age, the range of cost for childcare on Guam is between \$235 and \$450 per month for full-time care.

Blaz (1990), in a study conducted on Guam, found that Chamorro children who had preschool experience with predominantly English usage had higher language test scores than Chamorro children without a preschool experience. This was an important study at a time when standard English proficiency was believed to predict success in school. There existed a concern for those children who spoke English as a second language or who favored speaking the localized Guam English dialect, or *Chamorrized English*, at a time when standardized testing was becoming the popular and policy-demanded means of assessing children's performance in school. Parents were starting to change their values for childcare to something that included an academic learning environment.

*Family childcare home.* According to Guam's Department of Public Health & Social Services, Division of Public Welfare [DPH&SS, DPW] who license childcare providers and childcare facilities, a family childcare provider, in order to receive government subsidies, is required to fulfill the following: "15 hours of training in the area of Health & Safety Issues, Business License, Sanitary Permit, Health Certificate, TB Skin Test, Physical Exam, and Police/Court Criminal Clearance" (The Guam CEDDERS, 2002, brochure). Those providers who opt not to receive government monies do not need to complete the obligatory licensing procedure.

The number of family childcare homes and providers was unattainable because they do not require licensing, and thus, because there are no existing governmental regulations and no publicly-available records, there is no tangible way of knowing how many homes and providers exist on Guam. According to the Administration for Children

and Families, although, the number of family childcare home providers is unknown, this type of childcare arrangement is estimated to be utilized by 42% of children and families (ACF, 2002). As it would be expected, most children's family childcare home providers are relatives.

### *The Elementary School*

The Guam Department of Education has an official enrollment roster of 31,802 children in its Head Start program, and in its public elementary, middle and high schools as of September 30, 2002 (Research, Planning & Evaluation Division [RPE Division], 2002). The Guam Department of Education provides educational services for 80.8% of Guam's children, while all private schools combined provide for 12.8%, and the military DODDEA schools service 6.4% (Guam Department of Commerce, 1998-1999).

At this time, there are three different government programs offered to parents as alternate childcare—Head Start, Preschool, and GATE Preschool. I present data on both the island as a whole, as well as the school site I chose for this study (hereafter referred to as "The Elementary School" for the purposes of this study) as a means of comparison. The Elementary School had a student population of 805 and a Kindergarten population of 106 (RPE Division, 2002). The ethnic distribution of all students enrolled in the Guam Department of Education's public schools consisted of: 55% Chamorro, 24.2% Filipino, 12.5% Other Pacific Islander, 1.9% Asian, 1.4% White, 0.3% Black, 0.2% Hispanic and 4.5% Other (RPE Division, 2003a). The ethnic distribution of the students enrolled in The Elementary School, my study site, consisted of: 30.2% Chamorro, 42.1% Filipino, 13.7% Other Pacific Islander, 0.7% Asian, 2% White, 0.2% Black, 0.4% Hispanic and

10.7% Other—a slight departure from the island student population but representative nonetheless (RPE Division, 2003b).

*Head Start.* The Guam Head Start Program is a federally-funded program that is locally-operated,

comprehensive child development program for preschool age children of income-eligible families and children with special needs....The Guam Head Start Program is based on the belief that all children share certain needs and that children of income-eligible families, in particular, can benefit from a comprehensive child development program geared to meet the individual needs of each child and his/her family. ("Guam Head Start program", 2001, p. 2)

A mandate requires that 10% of its total enrollment is children with special needs or disabilities. The services are free to those who are admitted into the program.

Research (Esteban, 1987) conducted on Guam showed that children from low-income families who completed a year in the Head Start program were not significantly different in terms of reading readiness scores from low-income children who did not attend Head Start. Esteban concluded that:

neither eligibility nor participation in Head Start should be interpreted as influencing academic readiness for children on Guam. Specifically, students participating in Head Start should not be expected to exhibit an advanced level of academic readiness in relation to non-Head Start children. (p. 55)

Unfortunately, it is unclear whether this indicates Head Start's success in bringing economically disadvantaged children up to par with their peers, or a failure of the program to incur substantial progress in the children's development and readiness for school.

Guam has 21 Head Start centers and a total of 28 classrooms. As of June 30, 2002, the "Head Start program" publication listed a total of 547 children enrolled in the program, with 251 more on the waiting list. The ethnic distribution for the enrolled children were 71.1% Chamorro, 10.9% Filipino, 15.4% Other Pacific Islanders, 0.6% Asian, 1.5% White, 0.3% Black and 0.2% Hispanic. The village that The Elementary School was located in had a total of 89 children in the Head Start program, which is 14.29% of the total. The Elementary School, itself, had a total of 40 students in the Head Start program, among whom 84.8% Pacific Islander, which includes Chamorros, and 15.2% Asian. As of June 30, 2002, nine children were on The Elementary School's waiting list.

*Preschool program.* The Preschool program is funded by the Federal Government through Guam's Special Education division. The program, because of its placement within the Guam Department of Education's organizational structure, has a terminable status with its dependence on annual funds for its existence. The program is offered daily, but on a part-time basis. The services provided are free to all children enrolled in the program. This program, like Head Start, caters to four-year-olds.

The Elementary School's preschool program is able to accommodate two separate classes within the same classroom since each class is held for a two-and-a-half hour session. Enrollment is given priority for children with special needs. Since this program's

philosophy is one that advocates inclusion and mentoring, the classes also include children of The Elementary School's faculty and staff. Any available seats are opened up to children on the space-available listing with no restrictions placed on their eligibility. The goal for this program is to have all its children achieve school readiness prior to their entry in Kindergarten. The number of students enrolled in The Elementary School's Preschool program was eight. These children were 75% Chamorro, 12.5% Filipino and 12.5% Other Pacific Islander ("Pre-School data", 2002).

*GATE preschool program.* The Gifted And Talented Education (GATE) Preschool Program is a one-year program that offers daily sessions, following the public school calendar, for all qualifying four-year-olds at four of Guam's elementary schools. The curriculum of this program is designed to meet their "physical, social, emotional and intellectual needs without pressure and unnecessary structure. It is meant to be a balance between acceleration and enrichment activities" ("Guam GATE program", 2001, p. 10). Although the program's services are free, they do require a \$50 contribution per quarter for snack, supplies and field trip expenses. The total number of students being served in the GATE preschool program at the four elementary schools around the island is 58. Before the school year 2001-2002 commenced, 246 children were tested for admittance purposes. The number of children who qualified totaled 98, however only 58 seats were available and ultimately filled. At The Elementary School, 14 children, or 24.14% of the total, were enrolled in this program during the school year 2001-2002 ("Number of students", 2002). These children were of the following ethnic composition: 21.4% Chamorro, 14.3% Filipino, 42.9% White and 21.4% mixed ("Pre-Gate data", 2001). It

was mentioned by a knowledgeable GATE staff member that a second classroom at The Elementary School would better suit the demand and number of qualifying children in the area.

### Government Subsidies

Esteban (1987) cited in her dissertation study that socioeconomic status (SES) is significantly related to a child's skill level upon entering Kindergarten. Furthermore, parents from a middle or upper SES have the "resources, opportunities, and motivation to provide their children with experience that promote skill development" (p. 21).

According to Esteban, although compensatory preschool education, e.g., Head Start, was designed for low-income children, these programs have been instrumental in "sensitizing all levels of society to the possibilities inherent in early instruction" (p. 25), and in the increased demands from parents and families for academics, learning and quality in childcare.

The Child Care and Development Fund (CCDF) program, a federally-funded program and grant, is designed to help low-income families retain self-sufficiency by subsidizing childcare costs, and by providing training or education programs for family members to procure additional skills and qualifications. CCDF, managed under the local JOBS program, allows parents the flexibility to choose their preferred childcare arrangements. The choice includes licensed childcare centers, licensed family childcare homes, in-home care, or care provided by a relative, friend or neighbor (DPH &SS, 2002; see Appendixes B and C for the childcare assistance information and application). Determination of the amount of subsidy monies received is made solely on the family's

gross monthly income. A chart (see Appendix D for the gross monthly income table) distinguishes between two pay scales—one in which the family pays 50% of the childcare costs, and the other in which payment is 10% of the costs.

A total of 762 children from 350 families received childcare subsidies in 2002 under this grant ("JOBS data", 2002). The childcare subsidies were received by 418 licensed childcare providers, 116 providers in the child's home (of which 113 were relatives), 200 providers in family childcare homes (of which 193 were relatives), and 28 childcare centers ("JOBS data", 2002). From a separate data set for year 2000, the number of childcare providers on Guam receiving CCDF funds were 255 from in-home care, 575 from a family childcare home, 3 from a group childcare home, and 70 from childcare centers—yielding a total of 903 (ACF, 2002). The difference in number of provisions within the past two years shows a decrease in funds available under this grant program. Unfortunately CCDF funds are dependent on yearly fund allocations and do not imply continuous funding. If CCDF funds are not available, then childcare assistance cannot be provided. Recently Guam's childcare subsidy recipients experienced this problem from February to July 2001 when the CCDF program was forced to close its doors. It was stated by a supervisor in this government division that many parents were forced to pull their children out of childcare services because of their inability to cover the portions covered by the CCDF program. Consequently, five childcare centers were also compelled to close as a result of this funding problem.

There seems to be a myriad of childcare options available for children on Guam, including in-home care with mother, father, grandparent, nanny, sitter; or out-of-home

care in relative homes, family childcare homes, childcare centers, nursery schools, and the federally funded Head Start, preschool, and GATE preschool programs. However, to recall a previously presented statistic (Cruz, 2002b), there still exist approximately 450 families who have difficulty finding childcare on Guam.

**CHAPTER 4**  
**METHODOLOGY**

*"To maintain the value of our many cultures while improving our students' chances for success in the schools of our region, we must first identify the characteristics of the home learning environment. We can then use this knowledge to redesign our educational setting to be sensitive to the principles of learning that have worked well to maintain our island cultures and knowledge over the centuries."*

(Kawakami, 1991, p.2)

This study is a look at personal experiences with childcare that are embedded in the social context of Guam. Care was taken so as not to examine the issue of childcare in isolation, but rather as part of the greater social context riddled with cultural, Western, political economy, gender and family ideological and value systems (Uttal, 2002). This study is an exploratory study that utilizes an amalgam of data collection methods, including research from secondary sources, census data, a questionnaire and interviews to uncover the factors that affect parents' decisions regarding their child(ren)'s childcare arrangements. Although various sources will be taken into consideration, the study will be primarily qualitative in nature. Out of the three parameters concerning the issue of childcare—quantity, quality and type of setting as mentioned in NICHD (2002)—I have chosen to focus exclusively on parents' decisions regarding the type of childcare. Because literature concerning Guam on the issue of deciding on childcare arrangements is almost nonexistent, the research design for this study is an original attempt to uncover the attitudes, opinions and beliefs of the people of Guam concerning childcare and their decision-making process related to childcare needs.

#### Study Site—The Elementary School

The Elementary School was purposely selected as my site for data collection because it is situated in a relatively diverse, populated and developed area in Guam, and it provides a microcosm of Guam's population. It is ranked the fourth largest elementary school on the island, in terms of enrollment. The school is located in a northern village in Guam. This particular village has a population of 19,474 making it one of the largest villages on the island ("Population figures", 2001). The village has a good representation

of all ethnicities found on the island. The Elementary School exhibits a comparable array of ethnicities. The school is situated next to a military base, and thus receives added diversity from this population. The Elementary School is located near a couple of upper-class housing areas, several pockets of government-assisted housing areas, apartment complexes, developed housing areas, residences of indigenous land owners, and even farms and ranches. These areas indicate the presence of all social class brackets. Various Asian groups are also represented in this mix as evidenced by the many Asian businesses in the surrounding area. The village has also been a recipient of an influx of newly-arrived immigrants. And for many of these ethnic groups, second and third languages are common.

### Participants

This exploratory study relied on two populations for information: parents of Kindergarten children, and Kindergarten teachers. The Elementary School has seven Kindergarten classrooms. Each classroom has an average of 15 to 17 students at the onset of the school year. Throughout the year, students come and go and class size can fluctuate frequently. Pupil mobility can be attributed to a transient group of students who, because of extended families that are geographically spread out, often choose to live with certain relatives for an undetermined period of time, and then with other relatives on a rotating interval basis. At the end of the school year the Kindergarten student enrollment was listed officially at 110. However, through a week's count, I found the number of students in attendance (the maximum number of participants) was 85. Because many parents do not go through the formal procedures for withdrawing their children from

school, and because the school does not have the means to follow-up on all families, the number of student enrollments is not accurate—especially by the end of the school year.

The six Kindergarten teachers and two administrators were between 29- and 50-years of age. The teachers had an average of 7.8 years of teaching experience, with 4.2 of these years working with Kindergarteners. The number of years in teaching ranged from 2 to 19. Six teachers and one administrator had children of their own. The ethnicities of these educators included: two Chamorro, three Filipino, one Caucasian, one Chinese and one mixed, which provided a good representation of the ethnic distribution of the area.

The following is a brief on the background information of the five parents interviewed:

1) A Filipino mother: 44-years-old; with a bachelor's degree or higher; in a nuclear family household with husband and two children; and where the primary language is English;

2) A Chamorro mother: 24-years-old; with less-than-high school education; in a nuclear family household with husband and two children; and where the primary language is English;

3) A Filipino/Chamorro mother: 24-years-old; with some college education; in a multi-generation family household with husband, child, grandparent and great-grandparent; and where the primary language is Tagalog and English, and the secondary language is Chamorro;

4) A Chuukese father: 34-years-old, with some college education; in a multi-family household with wife, two children, an aunt and her child; and where the primary language is Chuukese, and the secondary language English;

5) A Taiwanese mother: 43-years-old; with some college education; in an ethnically-mixed family of Chinese and Caucasian; in a nuclear family household with husband and two children; and where the primary language is English, and the secondary language Chinese.

The five families of children I chose for interviews included parents between the ages of 24 to 53. The main ethnicities were represented with one Chamorro family, one Filipino family, one mixed Chamorro and Filipino family, one Chuukese family, and one mixed Caucasian and Chinese family. Parents' education ranged from less-than-high school to a bachelors degree or higher. And the selected children came from three nuclear family households, one multi-generation family household, and one multi-family household—all four of the demographic variables contribute to an intended wide range of family circumstances that will probably yield responses reflective of the realities of childcare for Guam's parents.

I chose to focus on Guam's Kindergarten population to find out about the childcare issue because Kindergarten is mandated under Guam's Compulsory School Attendance law. Kindergarten children in public school are the youngest population group that I can access to obtain a representative sample of Guam's population. Representation from children under age six who are in various types of at-home care or in family childcare homes would be difficult to identify because they do not require regulation, and

information needed to contact them is unavailable. Therefore, although I sacrifice a prospective study design that may skew responses because of the amount of time that has elapsed between the childcare decision-making process and the questionnaire and interview, I do gain a highly representative sample from which to gather information. I will also gain accounts of parents' assessments of their childcare arrangements and their ability to prepare their children for Kindergarten.

### Procedure

Upon receiving the necessary approvals and the support of the administration from The Elementary School, I met with the Kindergarten teachers and informed them that the purpose of my research was to learn about parents' decisions regarding childcare. I asked the teachers for their participation and support with this study before gathering any data. After gaining their support, I distributed a letter of consent and questionnaire to the parents of Kindergarten children ( $n=85$ ) in the seven classrooms (see Appendixes E and F for the letter of consent and parent questionnaire). On the letter of consent, I provided space for parents to write their contact information as an indicator of agreement to participate in an interview. I collected both forms a week later with a return rate of 55.3% (or 47 returned forms). Out of the 47 who returned the forms, 4 had stated that they did not wish to participate in the study and had left the forms blank, 1 had left out some important data in the questionnaire, and 22 had given some type of contact information for interview participation. The questionnaire was intended to bare the general decision-making process regarding childcare since it reached the entire Kindergarten population at The Elementary School. The questionnaire asked for *demographic information*, such as

child's date of birth, gender, and language(s) spoken; parents' age, ethnicity, level of education, and occupation; number of household members; and the primary language spoken at home; *multiple choice responses*, such as type of childcare used, reasons for childcare, and ideal childcare arrangement; *ordinal data* about costs for childcare; and *ranked items* dealing with the fulfillment of their child's needs for Kindergarten, and their child's experiences with Kindergarten. I gave those who returned the forms a compensatory gift of pencils, bubbles and stickers.

At this time I also interviewed six out of the seven Kindergarten teachers (the seventh teacher was unavailable for interviewing). The two school administrators also elected to participate in the teacher interviews, which seemed fitting since they too had experience as Kindergarten teachers (see Appendix G for the teacher interview form). Appointments to conduct the interviews were scheduled at each individual's convenience. I provided a copy of the teacher interview format sheet so that the teachers could follow along while I read the questions and recorded their responses. The interview requested demographic information of age, ethnicity, years with teaching and number of children. The remainder of the interview consisted of open-ended questions that asked for their decision-making process with regard to childcare, if they had children who were already school-age, their friends' and family's decisions with childcare, their most important criterion for quality childcare, their ideal childcare arrangement, their recommendations to other parents for childcare, their opinions about childcare fulfilling their children's needs for Kindergarten, and any difficulties or differences observed among children throughout

their Kindergarten teaching experience. I also gave them a compensation for their time and effort in this research study.

I conducted interviews with the teachers and administrators to obtain an educator's perspective on childcare. With their training, knowledge and observation of many different children and families, and in regards to their own parenting beliefs, specifically their beliefs about childcare, I was interested in comparing their responses to childcare needs with those of their students' parents. Would differences between parents and teachers be indicative of a gap in childcare perspectives that would ultimately have an effect on children's school outcomes?

I solicited the help of the teachers in recommending parents to interview. I aimed for a stratified quota sampling to allow for maximum variation and representation with six parent interviews (see Appendix H for the parent interview form). I intended to include representation from the main ethnicities and from all social classes. I chose to use this method of sample selection to obtain a greater variation in responses and more representation, as well as to gain a better understanding of all peoples in the community. I based my selection of interviewees on teacher recommendations, the quotas that needed to be filled, and the volunteer responses I received from the questionnaire for the interviews. I called the parents I had selected to obtain an appointment that was at their convenience. Five parents elected to participate in the study at that time. Efforts to obtain a sixth interview proved to be fruitless for various reasons, including inoperable telephone numbers, no responses to e-mail requests, change in willingness to participate in an interview, limited volunteerism based on the contact information on the letter of consent,

and a typhoon that disrupted utilities for several weeks. The parents were given a parent interview format sheet to follow along while I asked them the questions. All of the interview questions were open-ended since their demographic information could be retrieved from their corresponding parent questionnaire forms. I used the questionnaire forms to also ask more probing questions or clarify any of their responses when needed. The interview questions included type of childcare used, factors that determined their childcare choice, a description of the childcare, their friends' and family's decisions with childcare, the advice or information received during their decision-making, their most important determination for quality childcare, their ideal childcare arrangement, their opinions on their children's needs for Kindergarten, their children's experiences with Kindergarten, and their expectations and hopes for their child's education. The focus of the interview questions was uncovering what families perceive as their viable options for childcare. The interview questions explored factors that were considered in their decision-making process; their experiences, attitudes, assumptions and preferences regarding certain types of childcare; and the cultural context and any social pressures that may influence a family's decision for childcare.

It is important to note that although my instruments were not standardized or taken from one particular instrument set, all questions asked were reflective of my research questions and based on existing relevant literature on childcare. The questionnaire and interview items were reviewed by my committee to assure appropriateness, personal and cultural sensitivity, validity, potential positive response rates, and structural soundness. In addition, the parent interview questions were

constructed to be comparable with the teacher interview questions, minus the demographic information (the core questions for both parent and teacher interviews were identical in concept although from a different perspective).

I did not expect to receive a 100% response from the parents or teachers, due to language barriers, time constraints, unwillingness to share personal data, the time of year I was conducting the study (which was at the end of the school year), and so on. I do think that full participation is the key to a true representative sample, however, because of the voluntary aspect of the research data collection, it would be difficult to gain everyone's consent. In addition, the small samples selected for questionnaires and interviews for this research study make it difficult to generalize to the entire Guam population, but should provide useful insights into the issue of childcare.

I did not foresee nor observe any direct negative consequences of my research on the children, since I obtained all my information from parents and teachers without any physical contact with the children (except to pass out the forms and then to collect them back again). Every ethical consideration and precaution was taken to ensure anonymity and confidentiality so as not to harm or expose any of the subjects and participants involved. As part of this research process, I complied with all applicable ethical and policy guidelines. I gained the approval of the Human Subjects committee, the Guam Department of Education, and The Elementary School prior to conducting the research, as well as the individual participants prior to the distribution of questionnaires and scheduling of interviews.

## Data Analysis

All data were analyzed to identify the specific differences between groups distinguished by types of childcare utilized. In addition, a close look at parent interviews was done to explore what was involved in their decision for childcare. Finally, a comparison between teacher and parent interview responses was completed to determine any gaps between these two perspectives.

**CHAPTER 5**  
**DATA ANALYSIS AND RESULTS**

*"You have money, you know where to put your dollar."*

(Interview with a parent)

*"Daycare centers, sometimes it's good if you are a working mother. But it's bad 'cause you know, in one place, one gets sick, everybody gets sick. That's one thing that's a disadvantage in there. But what can you do? You don't have no place to bring them, only in the daycare. It's hard, but what can you do? That's life in here."*

(Interview with another parent)

The data obtained from the questionnaires and interviews were based on several childcare variables that I wish to examine: childcare utilization, influences on childcare selection, friends' and family's childcare utilization, reasons for childcare, ideal childcare, cost of childcare, childcare types (mother care, father care, relative care, Head Start, childcare center, and other care), children's needs for Kindergarten, and Kindergarten experiences.

#### Childcare Utilization

Out of the 42 completed questionnaires, the breakdown of childcare utilization is as follows: 64.3% mother care, 35.7% father care, 33.3% relative care, 14.3% Head Start, 19.0% childcare center, and 2.4% other care (see Table 7). These percentages reflect the 23 families who used a single childcare arrangement and the other 19 families who used multiple childcare arrangements (the actual makeup was 10 families who used mother care, 1 for father care, 7 for relative care, 5 for childcare centers, and the 19 who used multiple arrangements including 5 who used both mother and father care).

Table 7.

#### Frequencies of Different Types of Childcare in Guam

Childcare	Frequency	Percent*
Mother Care	27	64.3%
Father Care	15	35.7%
Relative Care	14	33.3%
Head Start	6	14.3%
Childcare Center	8	19.0%
Other Care	1	2.4%

\* Percentages total more than 100% because of multiple responses.

If we collapse childcare into in-home or out-of-home care categories, we find 24 families utilize in-home care and 18 families out-of-home care (see Table 8).

Table 8.

Frequencies of In-Home and Out-of-Home Care in Guam

<b>Childcare*</b>	<b>Frequency</b>	<b>Percent</b>
<b>In-Home Care</b>	24	57.1%
<b>Out-of-Home Care</b>	18	42.9%
<b>TOTAL</b>	42	100%

\* In-Home Care includes the categories of mother care, father care and relative care reported to have taken place within the home; Out-of-Home Care includes the categories of relative care, Head Start, childcare centers and other types of childcare.

The high frequency of mother care, father care and in-home care could be due to the value attached to mother, father and family taking care of the child. It was interesting to note that some parents who worked full-time claimed both mother and father care. This could be attributed to the following reasons: the view of their off-work hours (nights and weekends) as *instrumental parental care*, a *strong value for parental care within the community*, their desire to be viewed favorably by the researcher with a parental care response, and/or their misunderstanding of the question. The local culture advocated mother and relative care, placing greater emphasis on the female as caregiver, and this value is still highly prevalent on Guam. (Although, it is important to note that, changes in this cultural value have occurred with the move towards nuclear, financially-independent households.) In addition, government employment policies for maternity/paternity leave and for leave-without-pay flexibility may also reveal the opportunity for many government

employees to choose extended parental care for their children. Father care has found its place in many, 35.7%, of Guam's families—the opportunity for father care presents itself in employment leave policies, embedment in the extended family network, and the changing sentiment regarding gender-neutral care for children.

Parent interviews also showed a strong value for mother care. Indeed, one mother stated that a “mother knows best.” Among the five interviewed parents, it was mentioned that mother care, relative care, Head Start, childcare centers, and the GATE Preschool programs were among the childcare arrangements used by this group. One utilized relative (grandmother) care because she volunteered, and thus made the childcare process easy for the family. This provided financial relief to the family as well as valued, personal one-to-one interactions between the child and the grandmother. There seemed to be a tendency to indicate mother care even when the mothers were concurrently employed. A mother had maximum work flexibility with the ownership of a part-time business and so was able to adjust her work schedule to care for her children. Another mother had the support of childcare subsidies through the JOBS Program, and her job in a restaurant with semi-flexible work shift schedules. This mother was able to provide part-time care for her child. A mother, in addition to her care, also employed a babysitter (the neighbor across the street) from time to time when deemed necessary, because the babysitter was familiar and convenient.

Beside the childcare arrangements underlined in the questionnaire, the interviewed parents sought additional learning environments for their children in order to gain social skills, experiences and knowledge. Those who qualified, sent their children to Head Start.

A child was enrolled in a childcare center for six months, until the child's mother voluntarily switched to unemployment status, and became the child's primary care provider. One child participated in a childcare center regularly on a part-time basis because the child's parents wanted the child to have a strong background before entering Kindergarten. They did not want the child to be academically behind other children. Another child attended GATE Preschool (the child also had a brief experience in a childcare center, which was unsatisfactory to the parents). The parents felt the GATE Preschool program was good, they liked that it was free, and were happy that the child had stimulating learning experiences. A mother arranged outings to popularly frequented locations and social events with other children for the purpose of allowing her child to form friendships and develop socially through peer interactions.

It is important to mention that two families who chose mother care were relatively new to Guam, and did not have any relatives on the island. Another family, who also selected mother care, established residence here for a longer period of time; however, their family resided on a neighbor island. The last two parents' roots were firmly established in Guam with an elaborate family network. Interestingly, only one of these families utilized mother care, but only for a brief period.

#### Influences on Childcare Selection

The interviewed parents who did not have any relatives on the island, turned to other sources for input in their childcare decision-making. One turned to literature and the media, one valued parental care but was advised in a letter to abide by the law by sending their child to Head Start, and another turned to her ethnic/cultural community for advice

as well as to advertisements in the newspaper and radio for direction. The parents who had an extended family network system on Guam had experiences in the two extremes: one listened to many family voices that advocated putting the child into a childcare center, and the other stated no influences from relatives or others. Parental influences ranged from family and friends—an interdependent orientation based on traditional cultural values—to reference materials—an independent orientation based on Western values. This could mean an entrenchment in the technological, media-infused, cultural-evolving and conventional world around them as well as an upholding of the well-established familial and community ties. Parents are receptive to influences on childcare when it offers trust, familiarity and authority, and these influences took many forms for the interviewed parents.

#### Reasons for Childcare

The reasons for childcare varied extensively with questionnaire item #5. The item is as follows:

5. If you chose out of home care, why did you choose your care? (circle all that apply)
- |  |   |
|--|---|
| <i>Someone I knew wanted to care for child</i>             | <i>Wanted someone familiar to care for child</i>      |
| <i>Wanted a homey environment</i>                          | <i>Wanted someone trained to care for the child</i>   |
| <i>Wanted more types of social interactions</i>            | <i>Affordable costs</i>                               |
| <i>Wanted care with an academic emphasis</i>               | <i>Wanted care with a socio-emotional emphasis</i>    |
| <i>Wanted one-to-one care</i>                              | <i>Encouraged by family members</i>                   |
| <i>Knew other children &amp; families in the care</i>      | <i>Liked the type of care</i>                         |
| <i>Wanted care where English was spoken</i>                | <i>Wanted care that used same language as at home</i> |
| <i>Wanted someone of same background to care for child</i> |   |
| <i>Other, specify _____</i>                                |   |

For those who selected in-home care, most claimed that they preferred the following advantages: *Someone I knew wanted to care for child, Wanted someone familiar to care for child, Wanted a homey environment, Affordable costs, and Liked the type of care.* The only reason that was not cited for in-home care was, *Wanted more types of social interactions.* In-home care brought familiar, love-relationship interactions. However, the preference for social interactions, especially among peers, could be found in childcare that accommodates groups of children. On the other hand, out-of-home care selection stemmed from, *Wanted care with an academic emphasis, Wanted more types of social interactions, Wanted someone familiar to care for child, Wanted someone trained to care for child, Wanted care with a socio-emotional emphasis, and Liked the type of care.* Out-of-home care from childcare centers and other childcare programs did provide care with an academic focus, multiple social interactions, trained caregivers, and an emphasis on socio-emotional development. Interestingly, the preference for someone familiar to care for child derives from the usage of out-of-home relative care and the selection of childcare centers based on known people in the care environment.

Reasons for out-of-home selection, however, did not include *Wanted a homey environment, Knew other children & families in the care, and Wanted someone of same background to care for child.* Many times out-of-home care is utilized because there is no other perceived options for childcare. When this occurs, preferences and comfort may be compromised. A homey environment and having familiar people in care may be viewed as luxuries and not as priorities for out-of-home care selection for parents who have no other alternatives. *Encouraged by family members, and Wanted care that used same language*

*as at home* were not selected by any of the families because they were particularly irrelevant in their situations. Although relatives may give recommendations for childcare, it is understood that the parents are the ones who will ultimately select the care, and therefore, direct and obvious attempts to persuade parents may not be evident. In addition, family input is valued in Guam, and thus may not be distinguished as an “encouragement” from family members, which may result in the questionnaire item being construed negatively. Furthermore, as families become more and more Westernized, and as they adopt and value the ideal of independence, hesitation may arise in declaring any influence from family members.

I would like to call attention to the questionnaire item concerning reasons for childcare, which was, “If you chose out of home care, why did you choose your care?” The specification for only out-of-home care users influenced the no response of 18 of the families. In hindsight, the question should have been directed to everyone instead of those who only utilized out-of-home care. This also implies a revamping of the listing of reasons given as multiple choices to include the addition of possible reasons for in-home care.

#### Friends’ and Family’s Childcare Utilization

Parents who had no relatives on the island responded as follows: one family had no examples of friends and families childcare experiences on the island; one stated that their neighbors usually sent their children to Head Start or some other low-cost childcare arrangement, but not childcare centers; and another said that friends chose to stay home and care for their children or enrolled children in a childcare center, in addition, many sent

their children to a school to learn their native language and culture. A local family stated that most mothers stayed home to watch their children, or had siblings or other relatives care for their children if they must go to work. They, the extended family, did not particularly trust other people to care for their children and were quite apprehensive and skeptical about care that managed groups of children. The last family also had an issue with trust. The mother stated that the family must know someone in the establishment that was providing care. Selection was based on recommendations from family and friends, and from familiarity with people in the care. However, most often relatives care for children because other arrangements were too expensive for most parents.

All the teachers and administrators indicated that their friends and family had a proclivity toward the use of childcare programs, however, the situations, conditions and selection process differed. One said the childcare selection was primarily based on availability. One teacher said a childcare center was selected based on location and affordability, if after relative care was determined unavailable. One stated that it was a multi-generational tradition for the family to attend a private school starting from preschool. Choice was not an option: this particular school was a family obligation. For friends and family members who had to go to work, childcare centers were a must. One stated that selection was based on knowing someone in the establishment. When a suitable childcare center was identified, notice was given to all family members who subsequently sent their young children there. This was a way to keep the family members—children—together. Another said that the selection was based on the center's reputation, acquisition of appropriate licenses, and a suitable learning environment. And

one stated many people that she knew used mother care in addition to a small childcare setting, like a family childcare home.

Their choice of childcare centers was based on a combination of the following: an ability to trust the care, a sense for the children's safety; genuine caring of children; guaranteed personal attention with each child; familiarity of people in the setting (whether the caregivers, the children, or the children's families); a homey environment; acceptable child-caregiver ratios; caregiver consistency, convenience in terms of schedule and location; affordability; availability; rich social interactions; a stimulating, learning environment; the exercise of developmentally appropriate practices; an established curriculum (structure, routine and instruction); and preparation for school, including teaching basics of shapes, letters, numbers and more.

Relative care was utilized by families who had available and willing family members. This care was appreciated for the well-established and loving relationships already formed with the relatives. It was also much more affordable than other childcare types (for many, this childcare arrangement was free), convenient, trust-worthy and safe. Mother care was a consideration allotted only to women who were called by their mothering instinct, and where their family and/or employment circumstances made it possible for them to compromise or terminate work.

#### Ideal Childcare

In regard to comparing parents' utilization of childcare to their response for ideal care in the questionnaires, it was found that 20 out of 42 of these families preferred the childcare they had been using. Sixteen families had incongruent responses: 11 wanted to

utilize a childcare center, 3 wanted mother care, 1 was for relative care, and 1 for Head Start. Six families chose not to respond to the question on their ideal childcare arrangement, possibly from uncertainty or sensitivity with the question. I would like to point out that the 11 who desired care from a childcare center were denied this childcare option because of their financial situation and the high cost of this type of childcare.

The tally for ideal care is: 17 for in-home care, primarily with the mother and/or father; 18 for out-of-home care—3 for relative care, 1 for Head Start, and 13 for a childcare center; 3 were in favor of a combination of in-home and out-of-home care; and again the remaining 6 chose not to comment on their ideal care. Of those who regarded mother care as an ideal childcare arrangement, 14 had actually used mother care, while 2 used relative care, and 2 used childcare centers; and also, of those who used mother care as their childcare selection, 13 had stated that mother/father care was their ideal, 2 believed relative care was ideal, 2 found Head Start ideal, and 7 saw childcare centers as ideal. (Of this same group, three chose not to comment on their ideal.) For the most part, parents were able to provide their children with their preferred childcare arrangements. It is apparent from the questionnaires that the major deterrents for parents in attaining their ideal childcare arrangement were the financial means to secure a more costly arrangement, like a childcare center, or the lack of a large family network on Guam in which to rely on.

All parent interviewees stated that they prefer someone familiar to care for their child. In-home care was a common desire, with a strong preference for mother care. The reasons included the valuation of mother care, the desire to form strong bonds/relationships with their children and to watch them grow, the aversion toward other

childcare arrangements that have high exposures to illness, the avoidance of parental guilt in leaving children in a particular environment, their distrust of providers who may or may not provide enough care and attention to their child, and the assurance of care and affection for their child. A childcare center (also Head Start) was considered for academic purposes. However, careful scrutiny of any childcare program must be personally made in order to issue their parental approval for the care. This statement is indicative of parents' perceived power or sense of control in their childcare situation, and possibly an ample amount of childcare options at their disposal. Unfortunately, this was not a reality for all.

### Cost of Childcare

The questionnaire item for childcare costs reads as follows:

**6. How much did your child's care cost per month?**

*\$0-100      \$101-200      \$201-300      \$301-350      \$351-400      \$401-500      over \$500*

The responses for cost include 25 for the \$0-100 price range, 6 for the \$101-200 price range, 7 for the \$201-300 range, 3 for the \$301-350 range, and 1 for the \$351-400 range. The vast majority of parents were able to arrange for minimal costs for childcare. The average minimum cost for in-home care was calculated at \$41.96, while out-of-home care had a minimum total of \$125.56, which is three times that of in-home care. To break down the childcare categories further, it was computed that mother care average a minimum cost of \$30.20, father care (with only one respondent) was reported to be at a minimum cost of \$101, relative care was at \$43.14, childcare centers averaged \$180.80, and multiple childcare arrangements had a minimum average of \$104.07 (this includes parental care at \$40.20). It is important to note that since this questionnaire item's

categories were price ranges, the lowest value was used to compute average minimum costs to the parents.

The cost for childcare per month was found to be significantly correlated to the type of childcare arranged for children (see Table 9). The higher costs per month were reportedly allocated to the out-of-home care, and most especially to the childcare centers. To reiterate, the average cost of in-home care was \$41.96, of out-of-home care was \$125.56, and of childcare centers was \$180.80. This correlation is evidenced in the previous cost averages given for each type of childcare. The importance of this relationship is that costs for in-home and out-of-home care are opposite of that of the United States. In the U.S., in-home care tends to be more expensive because there exists a higher percentage of working parents, and therefore to maintain in-home care, parents must rely on contractual childcare employees (nannies, au pairs, babysitters, and others; Douglas, 1998) to provide care for their children. In comparison, Guam's in-home care is provided predominantly by parents and relatives, which reduces childcare expenses.

Table 9.

Correlation Between Out-of-Home Care and Cost in Guam

	Out-of-Home Care
Cost Per Month	.385*
TOTAL	42

\* Correlation is significant at the 0.05 level (2-tailed).

Relatives, especially grandparents, were less likely to get paid for childcare services when living within the household, and more likely to receive a monetary compensation when care is provided out-of-home. The only exception to this care-and-

cost relationship is Head Start, an out-of-home care program, which is free to those who qualify. Yet, since Head Start services are only provided to children who are four-years-old, this does not account for the other possible costly childcare arrangements utilized before this eligible age.

### Childcare Type Analysis

A careful analysis of the questionnaire items was made with each of the types of childcare in attempts to uncover any patterns with the selected care. The variables that were examined, in no particular order, were: care fulfilling children's needs for Kindergarten; child's Kindergarten experiences; child's primary language; primary language used in the home; mother's age, ethnicity and education; father's age, ethnicity and education; and number of people in household.

#### *Mother Care*

In the United States, Early and Burchinal (2001) report that younger mothers and more educated mothers are more likely to place their children in care. From this study on Guam, mother care when compared with the mother's age and education produced a significant correlation (see Table 10). The greater likelihood of utilizing mother care is associated with a younger age of mothers and lower educational attainment. The U.S. finding concerning the tendency that more educated mothers utilize nonparental care is similar in Guam. However, the contrary is found with the childcare utilization for younger mothers in Guam, whereas younger mothers in the U.S. choose nonparental care, the younger mothers in Guam choose maternal care.

Table 10.

Correlations Between Mother Care and Mother's Age and Education in Guam

	Mother Care
<b>Mother's Age</b>	-.326*
<b>Mother's Education</b>	-.401*
<b>TOTAL</b>	40

\* Correlation is significant at the 0.05 level (2-tailed).

A similar negative correlation was found with an analysis of mother care and father's age and education, but father's age was not statistically significant (see Table 11).

Table 11.

Correlations between Mother Care and Father's Age and Education in Guam

	Mother Care
<b>Father's Age</b>	-.275
<b>Father's Education</b>	-.335*
<b>TOTAL</b>	37

\* Correlation is significant at the 0.05 level (2-tailed).

The significance of these results could possibly be linked to the positions of parents in their career. Since the younger parents are in the beginning stages of their careers, they could possibly perceive more options and more flexibility with balancing work and home life, as well as more flexibility with their career goals. There also may be many beginning-entry jobs available on a part-time basis, on a different work shift, or as on-call so that parents are able to be with their children more. In addition, because many families are entrenched in the greater extended family kinship, choices for mother care, and even father

care, may be possible with support of family. Multi-generation and multi-family households make this situation a reality.

A possible link with the usage of mother care is the immigrant status of families and the number of years with Guam residency. Many immigrants bring with them strong cultural values of mother care. Many immigrants come to Guam with the visions of educational, financial and employment opportunities. For those who come from other Pacific Islands, it is common for them to have low educational attainment corresponding with the less-developed education systems in these places. Upon arrival, an absence of family, familiar people and connections in society, and resources and financial means could possibly make mother care the most viable choice.

A last possible link is a common occurrence of young parents on Guam as compared to the United States. There have been reported increases in teenage births for many years. This could account for instances where mothers who are still in school, thus have lower educational attainment, and are able to care for their children.

#### *Father Care*

Out of all variables available, only one had a significant relationship with father care, and that was parents' assessment of their childcare in meeting their child's needs for Kindergarten (see Table 12). Parents who utilized father care had reported that their children definitely had their needs met before school entry as a result of this care. This pattern is apparent with the match between all parents who selected father care for their children, and also stating that this was their ideal childcare arrangement.

Table 12.

## Correlation Between Father Care and Assessment of Care Meeting

## Children's Needs for Kindergarten in Guam

	Father Care
Assessment of Care Meeting Children's Needs for Kindergarten	.307*
TOTAL	42

\* Correlation is significant at the 0.05 level (2-tailed).

The finding that fathers who provide care for their children tend to believe that their children's needs are met for Kindergarten entry might reflect a more positive view and greater satisfaction with father care than mother care due to turmoil felt by mothers who play into the "Supermom syndrome" in Guam as elsewhere. "Supermoms" feel compelled to excel in both home and work, and must still provide the best quality childcare for their children. Society still consigns responsibility of childcare directly to the mother. Mothers constantly worry about the care children are being given and seek ways to enrich their care whenever possible. Mothers are also aware of the academic value of childcare programs, and thus have to consider this added factor into the childcare equation (this is evidenced in the number of mothers who cared for their children, and also stated that childcare centers were their ideal). Fathers, on the other hand, because of their position in the family, do not feel as much societal and personal pressures for childcare, and hence find more satisfaction with the care given to their children. However, it must be acknowledged that there also exists a "Superdad syndrome" (Cortright, 2001). And it

should not be assumed that mothers shoulder all the burden of childrearing: fathers play a big part as well.

#### *Relative Care*

An analysis of relative care resulted in one significant relationship. A significant positive correlation was discovered between relative care and a mother's educational attainment—i.e., the higher a mother's education, the greater the tendency to utilize relative care (see Table 13).

Table 13.

Correlation Between Relative Care and Mother's Education in Guam

	Relative Care
Mother's Education	.506**
TOTAL	40

\*\* Correlation is significant at the 0.01 level (2-tailed).

With *less* educational attainment on the part of the mothers, a mother is likely to end up in less-specialized, blue-collar jobs, and hence be at the lower-end of the pay scale. A mother's low educational attainment along with a low-income job can explain the necessity to utilize a less costly childcare arrangement. The extended family is one resource pool that parents can rely on for childcare assistance and financial support. However, the finding describes a relationship with the tendency for relative care utilization and a mother's *higher* education level. This makes sense when recalling previous data that shows that most mothers are likely to care for their children, especially mothers of younger ages and lower educational attainments. Mothers who have higher education levels, also have higher probabilities for employment. Many mothers who are working are

not able to juggle childcare along with their work situations. Alternative childcare must consequently be sought. It is not surprising that Guam mothers, with a culturally-known value for families, will seek relative care.

#### *Head Start*

Relative care and care from Head Start had a significant correlation with the same variable. Head Start was found to have a negative relationship with the variable mother's education (see Table 14).

Table 14.

Correlation Between Head Start and Mother's Education in Guam

	Head Start
<b>Mother's Education</b>	-.571**
<b>TOTAL</b>	40

\*\* Correlation is significant at the 0.01 level (2-tailed).

A low-income job or unemployment due to a mother's low educational attainment would definitely qualify a child for Head Start. This is important information for potential parents to realize this so they could possibly better prepare themselves for parenthood and childrearing if given this information. Fortunately, the provisions for Head Start, other federally-funded childcare programs, and childcare subsidies allow parents the opportunities to either gain a better education or employment opportunities.

#### *Childcare Center*

Childcare center utilization did not have any significant relationships with any of the childcare variables. Guam's family networks, childcare subsidies, parents' connections with particular childcare centers, mothers' employment at a childcare center, and the

enrollment of children in part-time center care are factors that contribute to a wide range of families who utilize this particular type of care, and thus produce no striking patterns with its usage.

#### *Other Care*

Only one child utilized another type of care not specified on the questionnaire. This particular child participated in The Elementary School's GATE Preschool program. Since this program is considered enrichment due to its half-day operations, this child's primary source of childcare was still the mother.

The data collected from the questionnaires and even the interviews revealed a rather limited usage of childcare types. No family specified utilizing nannies, au pairs, or other in-home caregivers; family childcare homes; group childcare homes; and co-ops, which are childcare types found and used in the United States.

#### *Other Questionnaire Variables*

The primary language used in the household, the household size, expectations for the child's education, and the child's Kindergarten experiences when compared with all childcare variables, yielded no significant relationships. I would like to point out that for those eight children who were characterized according to their English language proficiency as "English as a Second Language," five used in-home care, two were enrolled in Head Start with in-home care prior to that, and one in relative care outside of the home. Home care seems to be the dominant pattern for those children who speak English as a Second Language. A conjecture can be made about this group of children that they may come from low-income families who cannot afford to pay for childcare services. This

could be a separate study to identify the childcare arrangements for this group of children that leads to a successful transition into Kindergarten. If a particular childcare experience is found beneficial because of its use of the English language, then an adaptation to the Guam Head Start program qualifications could be suggested to include children who are categorized as “English as a Second Language” so that they are able to receive an English language exposure.

The data obtained from the questionnaires is intended to show trends or tendencies. These general findings laid the groundwork for the subsequent interviews. It was anticipated that there did not exist many significant relationships among the variables. The childcare selection process is complex, and it would be faulty to attempt to constrain the selection process to only one decisive factor. Also, to reiterate, the low response rates of the questionnaires (at 55.3%) makes it likely that the low number of respondents may have affected the data obtained and the respondents may not be representative of the entire island population.

#### *Assessment of Care Meeting Children’s Needs for Kindergarten*

The variable of focus in this section is parents’ assessment of their childcare meeting their child’s needs for a successful Kindergarten entry. I looked at the following that encompasses the parents’ responses with this variable: a specific definition of what constitutes being ready for Kindergarten, a subjective grading of how the care helped to prepare children for Kindergarten, and children’s experience with Kindergarten thus far.

All parents had ideas of what basic skills were needed for Kindergarten entry: know one’s name, phone number, and address; identify ABCs, numbers, colors, and

shapes; and follow instructions and obey rules. One felt that a start on reading skills was important, as well as a sharp memory. While one family wanted their child to have more experiences with the English language, another wanted their child to have knowledge with their native language. A family concerned about their child's shy and quiet nature needed to make sure the child was familiar with the school's authority figures, and would be successfully independent with normal daily functions of using the restroom, going to snack, recess and lunch, and other situations. And because of the parents' diligence with their child's school preparations, each reported an easy and enjoyable transition into Kindergarten. All children were reported to be happy attending school, motivated to learn, and have friendships. The child who went to a childcare center and Head Start was noted as being fairly advanced in his class.

I was intrigued to discover that parents and teachers differed in their definitions of school readiness. Teachers, possibly from dealing with many students, displayed a greater leniency than parents with their beliefs of what children must have prior to school entry. For the most part, behaviors and attitudes of children were declared to be more important than basic knowledge and skills. Teachers wanted to teach children who were motivated to learn and able to listen; able to follow directions and obey rules; able to abide by the class schedule; able to sit down for varying periods of time; disciplined and self-controlled; and socially competent and emotionally ready to be in school daily for the entire school day. As long as positive behaviors and attitudes were present among the children, the teachers were confident that they could teach the material that was deemed necessary at the Kindergarten age/grade level.

As for the parents, one did state that it was important for children to be able to listen and obey, and one stated children must have patience; however, all other listings focused on basic knowledge and skills for readiness. In regard to the “basics,” a teacher stated that children should have the attainment of simple skills, such as the ability to go to the restroom alone, hold a pencil properly, and squeeze the glue bottle. Consistent with the parents interviewed, the teachers desired knowledge of colors, shapes, letters, numbers, nursery rhymes, songs, the basic information of self and family, and others. The teachers, however, were also realistic with regard to the likelihood that children would enter school with the mentioned knowledge and skills due to their wide ranges in development, needs and abilities, prior to school entry. The teachers conveyed that classroom lessons would undoubtedly be smoother and easier if the children were ready for school.

For the most part, parents were generally pleased with their caregivers preparing their children for Kindergarten, and parents also felt that their children’s Kindergarten experiences were generally easy and pleasant.

#### Recommendations for Childcare

The professional educators who were interviewed had firm beliefs on effective childcare arrangements. They were willing to share their preferences and recommendations for childcare that they believed most benefited children in their growth and development. They based their responses on their years of teaching and observations of the children who came into their classroom. Six proclaimed that mother care was best for children. One stated that just as long as there was someone available for the child,

then it really did not matter what kind of care situation the child was in. A teacher believed that childcare programs with trained and experienced caregivers were acceptable for parents who were concerned about providing their children care, especially for first-time parents and parents who needed to work for financial reasons. Another teacher stated that the selection of mother care should depend on the family. Some families do not have the skills and the motivation to teach and model for their children in their preparation for Kindergarten. It is important to emphasize the teachers' overwhelming responses advocating mother care. This is an indication of the perseverance of their cultural values over their professional values, even with all their training and observations that point to quality childcare programs for children.

All educators did espouse childcare programs as a benefit to all children, however, second after their response for mother care. One cautioned parents to choose smaller childcare center environments, to avoid having the child overwhelmed by its size (so as not to bypass a homey environment), and to avert inattention from preoccupied caregivers consumed with the responsibility of caring for many children. Low child-caregiver ratios were believed to reduce any ill-effects of this particular type of childcare arrangement. The issue with high costs for childcare centers was addressed, and teachers offered more feasible options. The Preschool, GATE Preschool, and Head Start programs are offered at The Elementary School, and are available options for families that qualify. According to these teachers, the programs provide quality services to children at no cost to the family, and because this is so, any other out-of-home childcare should be the last option that parents select for their children. The teachers firmly believed in the importance of an

academic-infused, learning childcare environment. And one advocated a nursery school or preschool for richer curriculum and instruction.

A teacher pointed out her training in early childhood and elementary education as providing knowledge of childcare selection criteria that are indicative of quality childcare and are conducive to the child's well-being and development. The teachers were more particular and detailed than the interviewed parents about factors in childcare selection, and these factors were some of the same factors that promoted quality childcare found in research (CDF, 2001a, 2000, 1999; Cost, Quality and Outcomes Study Team, 1999; NICHD, 2002, 1999). In addition, the stringent childcare selection process that the teachers' families and friends undertook may be an indicator of the teachers' influences and their dispersal of knowledge to their families and friends. This suggests a gap in the knowledge of childcare between society-at-large and the educated educators. In this research, the departure was recognized with the childcare selection criteria and childcare assessments—valid steps in the childcare selection process. Parents viewed people in the care environment as highly important, while teachers looked more towards the curriculum and activities of the care. Parents tended to turn to family and friends for advice about childcare centers, while teachers and their families turned their attention to the childcare centers for cues of quality.

### Kindergarten Experiences

All educators described their experiences with their current set of Kindergarteners. A recurring story for all teachers was that of crying, running away, temper tantrums and/or clinging to parents as children deal with the angst of starting school in a foreign

environment without their loved-ones present. It was noted that children who had difficulty with transitions were mainly those who had in-home care, parental care or relative care with no other childcare experiences, and/or had no siblings. Separation from primary caregivers was extremely difficult when children were not used to being in others' care. The teachers reported that difficulties could persist anywhere from a week into the school year to the end of the first quarter. Teachers used similar techniques to mollify children in their first days of school. Parents were invited to attend the school orientation, which lasted two hours. After that time period, teachers were split on their open-door policy for parents. Some extended parents' welcome for up to a week in the classroom. Others teachers chose to have parents drop off their children and leave. Each felt their method worked well to help children ease into the routine of the class, and assuage the tumultuous emotions experienced with the separation. It was mentioned that many parents lingered around the classrooms, peeked into windows, peered through doorways, which consequently lengthened the transition period. I believe that this behavior illustrated the possibility that parents deal with the same emotional distress as their children.

The teachers recommended the following: babysitting, supplemental relative care, sleepovers, play groups, part-time childcare programs, Head Start, GATE Preschool, and the Preschool program as ways to prepare children for Kindergarten. If other childcare arrangements were utilized, children will be more comfortable in the school setting, especially if the care was in a childcare program. A teacher said, even if a child was only

in parental or relative care, talking with the child and ensuring they understand about school will help tremendously with their experiences on the first days of school.

Up until three years ago, The Elementary School had in place an orientation process that began two days before the first official day of school. A few teachers mentioned that this helped children become acquainted with, feel welcomed, and begin understanding their presence at school. When this school activity was terminated for financial reasons, there was a noticeable increase of transition difficulties. It is unfortunate that this simple, extended orientation that provided more successful school entries for its children was eliminated. This deleted Kindergarten event placed yet another burden on parents' shoulders: they must prepare their children for a more hasty school transition, as well as prepare themselves to literally hand their children over to unfamiliar teachers. In addition, another effect of the deletion of Kindergarten orientation is parents seeking additional, and possibly costly, childcare arrangements for their children to allow for new caregivers, new environments, and new interactions in order to alleviate potential transitional problems encountered with Kindergarten.

Additional difficulties were experienced by children who were not toilet trained or needed assistance in going to the restroom, lacked basic readiness skills, knew no one at their school prior to their entry, and had difficulty forming friendships. Children who did not have a childcare program experience were noted by a teacher as not accustomed to listening in group situations, following directions, and abiding by the class schedule. According to some of the teachers, these skills could have been fostered before entering Kindergarten. The children who experience these difficulties lagged behind the other

children, and experienced strain as they struggled to meet expectations for student performance. It is possible that many parents are not aware of these problems, and if they were informed, their knowledge and concern for their children might produce a different outcome.

The teachers were able to recognize tendencies with certain groups of children within their classrooms. They shared that: children who had in-home care or parental care tended to have very supportive parents who really knew their children well; children who were read to by their caregivers had the appropriate behaviors during reading times and other various activities; children who attended childcare programs most often came to school with the basic knowledge and skills at hand; children who received high parental involvement tended to be developmentally ready for school; children whose parents had high levels of educations were mostly the same children who were ready for the challenges of Kindergarten. Children who were classified as English as a Second Language, although they experienced difficulties with communication in the beginning, often tended to catch on quickly and be fast learners. However, overall, there existed great diversity with all the children, and success in school was dependent on their individual potential and not on any ascribed characteristics.

This concludes the presentation of the data. Because the childcare process is extremely complicated and involves numerous, interdependent variables, the data presented is not meant to delineate, confine or simplify the childcare process. The aim is to understand observed realities within the context of the Guam setting. This presentation of information is a lead into a bigger picture that is presented in the next chapter.

**CHAPTER 6**  
**CONCLUSIONS**

*"You know, being a mother, I think a mother taking care of her child is the most important thing. No matter how, even if it's family members taking care of your child you still don't have that...you have your reservations of course, but I think a mother should take care of her child in their younger days because that's an important factor. But nowadays that's pretty hard because both parents need to go to work."*

*(Interview with a teacher)*

## Discussion

Mother care was reported as the most frequently used childcare arrangement based on the questionnaire. Twenty-seven out of forty-two responses, or 64.3% of the respondents, in the survey reported this form of care. This indicates the strong cultural, social, and personal values of motherhood that are able to come about in a mother's care for her children. There was a recognizable pattern from the questionnaires and the parent and teacher interviews concerning Guam parents' childcare utilization. This pattern was the utilization of care provided first by those closest to the child and then to those unfamiliar to the child—mother care, father care, relative care, childcare center, Head Start, and lastly, other care—with the first priority given to the former and last priority to the latter. Those with no other perceived options were forced to resort to out-of-home care.

Beside the fact that in-home care was the most frequently selected childcare arrangement, in-home and out-of-home care is viewed differently in Guam and in the United States. In the United States, in-home care is rather expensive. Parents either have to sacrifice income; work irregular shifts to provide care for their children; or pay for a nanny, maid/caregiver, au pair or babysitter (Douglas, 1998; Wilson & Tweedie, 1996). Usually the in-home caregiver is a stranger to the family, and therefore a genuine business relationship is established (Uttal, 2002). Parents having a low- or middle-income, must resort to neighbor care, babysitters, family childcare homes, co-ops, childcare centers, or other types of care because of the problem of affordability (Douglas, 1998). In Guam, with the Chamorro people and with other groups of people who have made Guam their

home for several generations, a vast extended family network supports the family, and in-home care is often possible through financial support so that parents can care for children, a delegation of children's needs to various members, live-in family members caring for children, or other family members coming to the home for the children. The next childcare option is to seek care from close family and friends. The last option would be to seek for care in a childcare center based on familiar people in care, or friend and family recommendations when no relatives are available for care. This pattern of childcare usage demonstrates the strong value for familiar, trusting and nurturing care. In addition, it was noted by an interviewed parent that the costs of childcare should not come out of parents' pockets. The utilization and preference for low-costing childcare on Guam illustrates the possibility that this sentiment is shared with the majority of the population.

Those families that select childcare centers tend to have one of these situational factors: are without other relatives on the island, have no available or willing relatives to care for their children, have familiar people providing care, know others who use the care, highly value an academic learning environment, or are influenced by relatives to place children in childcare centers. And these situational factors are all coupled with the family's ability to afford the childcare fees.

It must be noted that parents' embedment in their extended family network seems to be a mutually beneficial relationship for all (Uttal, 1999). Parents gain rather inexpensive care for their children that will undoubtedly be in a caring, nurturing environment with people who love the child. Relatives receive opportunities to develop rewarding relationships with the children and families; receive monetary, material and/or

labor compensation; and receive a sense of worth by doing the very important job of caring for children.

Uttal (1999) stated that parental preference and usage of relative care was based on parents' belief that they should care for their children, the close proximity to relatives' homes, lower family incomes, lower maternal education, families who have very young children, and families with fewer children. This was supported by the questionnaire data on childcare utilization in Guam. However, in addition to this, relative care is provided by those living in multi-generation and multi-family households, as well as by those with strong parental and familial beliefs (and this particular factor spans all SES levels).

It is apparent that traditional and Western ideologies are both influential in parents' value systems. Parents' priorities in childrearing are that the child should be immersed in cultural and familial settings, be surrounded by loved ones, learn one's identity, and experience one's cultural practices and traditions. They also think that the child should be in settings that ensure maximum growth and development; provide a stimulating, learning environment; provide the opportunity to socialize with peers and adults in care; and bring exposure and experiences with diversity. It does, however, seem that the traditional value of "family" overrides most of all other factors in the childcare process. Relatives are the preferred childcare arrangement after parental care, and if they are not available for care, their involvement with childcare does not cease since familial influences help to formulate parents' decisions for alternate childcare.

Teacher interviews revealed a clear pattern with Kindergarten transitions from children who had only a single childcare arrangement experience—whether from parent or

relative care. These children had the most difficulty and were more prone to crying, running away, throwing temper tantrums, and clinging to parents as they tried to cope with their situation. According to the teachers, if parents were informed of this tendency, transition preparations could be made, other childcare experiences could be given, more peer interactions could be sought, and other preventive measures made as they tried to deter any adverse experience for their children as they started school. It is rather apparent that the greater community is unaware of the difficulties experienced by many children who received parental or even relative care, given all the available childcare options on Guam, the extended family network available to many parents, the provisions for federally- and locally-funded programs and childcare subsidies, and the 23 out of 42 families who utilized only one childcare arrangement. It does seem that there is a gap between parent and teacher knowledge of children's care arrangements and its effects on children's Kindergarten experiences. An awareness of Kindergarten children's problems with transition to Kindergarten would be important information for parents of young children on Guam.

In regard to out-of-home care, it was stated by all teachers that childcare programs do assist in children's transitions into Kindergarten. Childcare centers were also noted as preparing children with knowledge and skills for the demands of Kindergarten. And this is consistent with the research reported by Helmich (1985), Monroe (1981), Sevigny (1987), and Finkelstein and Wilson (1977). If cost is an issue, teachers recommend effective alternatives: babysitting; playgroups; sleepovers; excursions with trusted family and friends; weekends at relatives' homes; the free programs offered at The Elementary

School (Head Start, Preschool, and GATE Preschool); or even a part-time childcare center participation. However, aside from the transition difficulty, no other significant difficulties were identified by the teachers, and no other particular childcare type showed any significant effects on children's development and success in school. With the intention of repeating a teacher's previous assertion, a child's individual potential has the most effect on their outcomes with school.

Teachers, belonging to both the local community and the society of professional educators, are faced with conflicting local traditional values and Western education values. From their overwhelming responses in recommending mother care first, and childcare programs next, to Guam's parents, it was apparent that the teachers can never really escape their culture even when their classroom experience should prompt a reversal in their recommendations. Does this imply that parents will also not alter their views on childcare and their decisions with the childcare selection process, even when presented with accurate childcare information? And, if so, could this indicate the population's firm attachment to their traditional culture, even in the midst of Westernization and modernization?

#### Limitations

The limitations of this research design include time, money and energy to do a more comprehensive and extensive research study. Data was collected from only one school, which restricts generalizations to the Guam population. Another limitation is a rather small number of returned, completed questionnaires (N=42). A more accurate analysis would be possible with a larger number of participants. Also, there exists a

possible weakening in external validity due to purposeful sampling in the selection of the school site and the parent interviewees. A more representative sample would have been obtained if three or more school sites in different areas of the island were surveyed and interviewed.

Problems were created with the questionnaire item #4 specifying childcare utilization since many children (a total of 19) have experienced more than one childcare arrangement. It was difficult to assess the impact each type of childcare arrangement has had, to discern the principal childcare arrangement for analysis purposes, and to make variable comparisons when the childcare utilization variable frequently had more than one response. In addition, reducing a child's care arrangement to only a single arrangement when several were indicated can definitely lead to problems with this multiple-response variable. Other problems can occur during the analysis stage with the residual effects produced from other multiple childcare arrangements when looking at one childcare arrangement at a time. A more manageable means of representing childcare utilization would have been a rank-ordering questionnaire item for those that had multiple childcare arrangements. The primary arrangement would receive an easily identifiable "1" value, the second most utilized childcare arrangement would get a "2", and so on. With the obtained questionnaire data, relationships among the variables are harder to establish without information on the extent and duration of childcare in the particular arrangements, whether full-time, part-time, weekly, monthly, sporadically, and so on. Rank-ordering, as stated previously, would also have rectified this uncertainty. In hindsight, another item that should have been structured differently pertained to reasons for childcare selection. This

question only focused on out-of-home care utilization, and although many with in-home care responded, the lack of responses may have altered the findings of this study. The question should have applied to all childcare types and offered a greater range of choices which parents could select.

The time of year that I conducted my research data collection could have affected my response and participation rate. I conducted my research during the last two weeks of the school year, and the interviews extended into the summer vacation period. In addition, the unanticipated supertyphoon that occurred over the summer hampered interviewing efforts and obtaining government statistical data. I encountered the following: individuals who were not interested, hesitations, busyness, off-island travel, absences, relocations, disconnected phone numbers, unanswered e-mails, power and/or telephone outages, lack of running water, home devastations, and inoperable agencies. An absence of natural disasters and conducting the research around the middle of the school year, might have helped my obtaining needed data.

It is important to keep in mind that the self-reporting nature of my study with the time factor and the need to rely on memory may also have affected responses. Parents were asked information about their childcare decision-making that occurred up to five years earlier making recollection difficult and vague. Parents may have responded to the most recent events with their child's care and disregarded earlier childcare events. In addition, parents may have selected care based on situational factors (not preferences) and then report their value as the childcare that was utilized. There probably is a relationship

between preference and selection, which may change over time and with experiences and information.

I experienced limitations with the questionnaires and possibly with the interviews that make it difficult to express a wholly “dynamic model of families’ decision-making process” (Gordon & Chase, 2001, p.4). The static nature of questionnaires, the restricted structured responses of questionnaires, the unfamiliarity with interviewer, the sensitivities with any of the interview questions, the construction of the interview questions, any language or cultural barriers, and many more factors may have inhibited the participants’ responses. More time and effort could have increased chances for drawing out the needed response from participants. Therefore, the data collected through questionnaires and one-time interviews may provide a rather narrow version of the real childcare issues in Guam.

#### Suggestions for Further Research

A first suggestion for further research would be a study that addresses all the limitations I had previously listed with this study. Given that this study is only an exploratory and preliminary study into the Guam patterns of childcare selection, it would be useful in future studies to go beyond parents’ demographic characteristics and preferences to include: childcare availability information, employment policies for maternity/paternity leave, the extent and characteristics of family kinships on Guam and their involvement with childcare, data collections at the onset of childcare selection, data collection from all adult family members in the household for the purpose of comparing personal values of childrearing and childcare, and follow-up information gaining parents’ opinions about childcare.

Most studies of childcare, including mine, have taken a retrospective approach, seeking parents' choices after receiving childcare. Few studies have prospective designs and examined influences in childcare decision-making prior to selection. A research design that considers both prospective and retrospective approaches through a longitudinal study is recommended. The actual decision-making process could then be more accurately portrayed and any changes in constructs over time could be recorded.

The usage of a series of in-depth parent and teacher interviews and a decreased emphasis of the parent questionnaire are likely to produce a more realistic model of the dynamics of the childcare decision-making process on Guam.

Furthermore, in order to capture the complexity and depth of the childcare issue, a focus on particular groups has merit. I have located several identifiable groups, throughout the course of this study: children classified with "English as a Second Language," children who attend the Head Start program, children who attend childcare centers, children with childcare subsidies funding, families who are new immigrants to the island, families with multi-generation and multi-family households, (and one not mentioned in this study), children with special needs.

These suggestions for research will definitely provide a more accurate view of Guam's childcare situation. Further research on the issue of childcare is desirable for Guam, and the connections to children's later formal schooling may prove valuable.

### Implications

Education starts at home with the family, and expands to incorporate every aspect of life. However, beginning formal education does not imply the end of family influences

since these influences have a residual effect that lasts throughout one's life. Formal education, a mandate in our society, faces the complex task of providing the appropriate tools, knowledge and skills that will enable individuals to succeed in life. And it is a child's care arrangements that provide him/her with foundational knowledge and skill for schooling. In order to better provide for families and children and to inform educators, information must be made available on how to provide quality childcare and education that promotes healthy development and school success in later years. This research has provided the initial step toward gaining that information. However, these preliminary findings that focus on parents' decision-making for childcare are only the beginning of revealing the complete picture. More probing and in-depth research should be initiated regarding childcare.

Because research finds that quality childcare has great benefits for children's well-being and development, the government must be a key-player in assuring and aiding access to these childcare programs for all families. Based on this study, I recommend that childcare settings receiving government monies should be based on parental preference and assessments of quality care.

Society as a whole cannot thrive without nurturing all of its members. The labor force cannot reach its maximum productive potential until all their concerns and needs are met (and childcare is of a major concern), the family cannot survive without adequate resources (this prompts more and more members of the family to work), and children cannot thrive in society unless they can grow and develop sufficiently (and this cannot occur without good care). This research suggests a way to provide childcare that will

improve quality of life for all involved, and the equation involves young children, loving and informed families, care and education, educated and caring childcare providers, and community and government support.

## Appendix A

### Department of Public Health and Social Services

#### 2002-2003 Guam Day Care Listings

1. **ABC CHILDREN'S CENTER**  
Location: Dededo                      Capacity: 84                      Ages of children: 0-12 years  
Open: Mon-Fri (except holidays) 7:00am-6:00pm  
Fees: \$50 non-refundable registration fee, \$300 (0 months-1 year), \$250 (2-5 years)
2. **ABC 123 LEARNING AND DEVELOPMENT CENTER**  
Location: Dededo                      Capacity: 62                      Ages of children: 1-5 years  
Open: Mon-Fri (except holidays) 7:00am-6:00pm  
Fees: \$100 non-refundable registration fee, \$150 supply fee, \$350 (all ages)
3. **"ABCD" AGAT BAY CHILD DEVELOPMENT CENTER**  
Location: Agat                      Capacity: 42                      Ages of children: 6 months-5 years  
Open: Mon-Fri (except Federal holidays) 6:30am-6:00pm  
Fees: \$50 non-refundable registration fee, \$75 supply fee, \$375 (6-23 months), \$350 (1½-2 years), \$325 (K-3 & K-4), \$300 (K-5), \$260 part-time (6-23 months), \$230 part-time (1½-2 years), \$225 part-time (K-3 & K-4), \$200 part-time (K-5), \$30 whole-day (2-6 years), \$20 half-day (2-6 years)
4. **ACHIEVERS LEARNING CENTER**  
Location: Dededo                      Capacity: 32                      Ages of children: 2-5 years  
Open: Mon-Sat 7:00am-6:00pm  
Fees: \$50 non-refundable fee, \$50 refundable deposit, \$290 (all ages)
5. **ANANDA MARGA PRE-SCHOOL**  
Location: Dededo                      Capacity: 43                      Ages of children: 2-5 years  
Open: Mon-Fri (except Federal holidays) 7:00am-6:00pm  
Fees: \$50 refundable fee, \$40 registration fee, \$305 (all ages), \$210 half-day (all ages)
6. **ANN'S DAY CARE**  
Location: Tamuning                      Capacity: 15                      Ages of children: 3 months-6 years  
Open: Mon-Fri (except holidays) 7:00am-6:00pm  
Fees: \$50 registration fee, \$125 learning fee, \$375 (3-12 months), \$350 (1-6 years)
7. **BLESSED SEED PRE-SCHOOL CENTER**  
Location: Maite                      Capacity: 100                      Ages of children: 6 months-8 years  
Open: Mon-Fri (except Christmas, New Year, Easter, Thanksgiving) 7:00am-6:30pm  
Fees: \$50 non-refundable fee, \$55 supply fee (toddlers), \$71 supply fee (preschoolers), \$375 (6-12 months), \$325 (2-5 years), \$260 part-time (6-12 months), \$210 part-time (2-5 years), \$195 after-school (5-8 years)
8. **BUILDING BLOCKS CHILD DEVELOPMENT CENTER**  
Location: Mangilao                      Capacity: 62                      Ages of children: 0-12 years  
Open: Mon-Fri (except holidays) 6:30am-6:00pm  
Fees: \$150 non-refundable fee, \$450 (0-12 months), \$375 (12-23 months), \$350 (3-12 years)

## Appendix A (cont.)

### Department of Public Health and Social Services

#### 2002-2003 Guam Day Care Listings

9. **CENTER FOR EARLY DEVELOPMENT**  
Location: Barrigada Capacity: 57 Ages of children: 7 months-5 years  
Open: Mon-Fri (except holidays)  
Fees: \$75 registration fee, \$300 (7 months-2 years), \$270 (4-5 years)
10. **CHALAN PAGO MONTESSORI CENTER**  
Location: Chalan Pago Capacity: 26 Ages of children: 2½ -9 years  
Open: Mon-Fri (except holidays) 7:30am-5:00pm  
Fees: \$75 registration fee, \$325 (2½-5 years, potty-trained), \$295 (Kindergarten, 1<sup>st</sup>-3<sup>rd</sup> grade)
11. **CIRCLE OF CARE CHILD DEVELOPMENT CENTER**  
Location: Chalan Pago Capacity: 15 Ages of children: 6 months-5 years  
Open: Mon-Fri (except holidays; Sat upon request) 7:00am-5:30pm  
Fees: \$50 non-refundable fee, \$375 (all ages), \$275 part-time (all ages)
12. **DEDEDO CHILD CARE CENTER**  
Location: Dededo Capacity: 51 Ages of children: 0-8 years  
Open: Mon-Fri (except holidays) 7:00am-5:30pm  
Fees: \$50 registration fee, \$315 (1-12 months), \$285 (2-3 years), \$265 (3-5 years)
13. **DEE'S KIDDIE'S CORNER**  
Location: Sinajana Capacity: 12 Ages of children: 12 months-5 years  
Open: Mon-Fri (except holidays) 7:00am-6:00pm  
Fees: \$25 registration fee, \$300 (all ages)
14. **DOC'S DAY CARE CENTER INC.**  
Location: Tamuning Capacity: 70 Ages of children: 1 month-5 years  
Open: Mon-Fri (except Federal holidays) 7:00am-6:00pm  
Fees: \$100 registration fee, \$385 (1-18 months), \$325 (18 months-5 years)
15. **DOMINICAN CHILD DEVELOPMENT CENTER**  
Location: Chalan Pago Capacity: 131 Ages of children: 2-5 years  
Open: Mon-Fri (except holidays) 7:00am-5:30pm  
Fees: \$120 registration fee, \$130 instructional fee (2-3 years), \$150 instructional fee (4-5 years), \$315 (2-3 years), \$295 (4-5 years)
16. **EDU'S FUN LEARNING CENTER**  
Location: Upper Tumon Capacity: 43 (32 night) Ages of children: 15 months-11 years  
Open: Mon-Sat (except Federal holidays) 6:30am-7:00pm  
Fees: \$75 non-refundable registration fee, \$265 (all ages)

## Appendix A (cont.)

### Department of Public Health and Social Services

#### 2002-2003 Guam Day Care Listings

17. **FIRST KOREA DAY CARE**  
Location: Harmon Capacity: 32 Ages of children: 1-5 years  
Open: Mon-Sun ???-6:30pm  
Fees: \$100 registration fee, \$400 (all ages, Mon-Fri), \$450 (all ages, Mon-Sat), \$185 after-school, \$12 hourly rate for local children
18. **FIRST STEP CHILDHOOD EDUCATIONAL CENTER**  
Location: Dededo Capacity: 30 Ages of children: 6 months-5 years  
Open: Mon-Fri (except Federal holidays) 7:00am-6:00pm  
Fees: \$100 supply fee, \$400 (6-18 months), \$325 (19 months-5 years)
19. **GADAO PRE-SCHOOL AND DAY CARE CENTER**  
Location: Mangilao Capacity: 42 Ages of children: 0-12 years  
Open: Mon-Fri (except holidays) 6:30am-8:00pm  
Fees: \$100 registration fee, \$50 registration fee (part-time), \$375 (0-12 months), \$350 (13 months-2 years), \$325 (3-4 years), \$300 (5 years+), \$285 part-time (0-12 months), \$240 part-time (13 months-2 years), \$200 part-time (3-4 years), \$195 part-time (5 years+)
20. **"GOOD DAY" CHILD LEARNING CENTER**  
Location: Yigo Capacity: 63 Ages of children: 1 month-11 years  
Open: Mon-Fri (except Federal holidays) 7:00am-5:30pm  
Fees: \$75 non-refundable registration fee, \$325 (all ages), \$190 part-time (all ages)
21. **HARMONY KIDS CHILD CARE CENTER WESTIN BRANCH**  
Location: Tumon Capacity: 43 Ages of children: 6 months-12 years  
Open: Mon-Thur 8:00am-7:00pm, Fri 8:00am-8:00pm, Sat & Sun 8:00am-7:00pm  
Fees: \$100 registration fees, \$400 (all ages, Mon-Fri), \$450 (all ages, Mon-Sun), \$185 after-school, \$12 hourly rate for locals, \$18 hourly rate for tourists
22. **HONEY BEAR KIDS CENTER**  
Location: Sinajana Capacity: 74 Ages of children: 2 months-12 years  
Open: Mon-Fri (except Federal holidays) 7:30am-6:00pm  
Fees: \$50 registration fee, \$50 supply fee, \$395 (2-12 months), \$375 (1-2 years), \$350 (3-5 years)
23. **INFANT OF PRAGUE NURSERY & KINDERGARTEN**  
Location: Mangilao Capacity: 275 Ages of children: 3 months-5 years  
Open: Mon-Fri (except holidays) 7:00am-5:30pm  
Fees: \$75 registration fee, \$350 (3 months-2 years, not potty-trained), \$315 (3-5 years), \$290 half-day (preschool & Kindergarten)
24. **J.J. EDU-CARE CENTER**  
Location: Tamuning Capacity: 69 Ages of children: 2-5 years  
Open: Mon-Fri (except holidays) 7:00am-5:30pm  
Fees: \$25 non-refundable fee, \$300 (all ages), \$245 half-day (all ages)

## Appendix A (cont.)

### Department of Public Health and Social Services

#### 2002-2003 Guam Day Care Listings

25. **JOY, ARTS, MUSIC EDUCATION CENTER**  
Location: Tamuning Capacity: 37 Ages of children: 1-14 years  
Open: Mon-Fri (except holidays) 7:00am-6:00pm  
Fees: \$50 non-refundable registration fee, \$350 (all ages)
26. **JUST KIDDING GROUP DAY CARE**  
Location: Sinajana Capacity: 12 Ages of children: 1-5 years  
Open: Mon-Fri (except holidays) 7:00am-6:00pm  
Fees: \$50 non-refundable registration fee, \$300 (all ages)
27. **KELLY'S INCREDIBLE KIDS**  
Location: Maite Capacity: 17 Ages of children: 2 months-6 years  
Open: Mon-Thur 7:00am-6:00pm, Fri 7:00am-7:00pm  
Fees: \$250 (all ages), \$20 Saturday rate
28. **KINDLE MIND DAY CARE CENTER**  
Location: Mangilao Capacity: 70 (49 night) Ages of children: 0-15 years  
Open: Mon-Sun 6:30am-11:30pm  
Fees: \$75 non-refundable registration fee, \$380 (0-1 year), \$360 (2-5 years), \$340 (6-12 years), \$400 night (0-1 year), \$380 night (2-5 years), \$360 night (6-12 years), \$300 part-time (0-1 year), \$280 part-time (2-5 years), \$260 part-time (6-12 years)
29. **LAITAN CHILD CARE CENTER**  
Location: Tamuning Capacity: 42 Ages of children: 2 months-10 years  
Open: Mon-Fri (except holidays; Sat by appt.) 7:00am-6:00pm  
Fees: \$320 (2 months-2 years), \$300 (3-6 years), \$25 daily rate, \$5 hourly rate
30. **MARIA ARTERO NURSERY & KINDERGARTEN**  
Location: Agana Heights Capacity: 65 Ages of children: 3½-6 years  
Open: Mon-Fri (except holidays) 7:00am-5:30pm  
Fees: \$60 registration fee, \$235 (all ages), \$175 half-day (all ages)
31. **MERCY HEIGHTS NURSERY & KINDERGARTEN**  
Location: Tamuning Capacity: 205 Ages of children: 2½-5 years  
Open: Mon-Fri (except holidays) 7:00am-6:00pm  
Fees: \$75 registration fee, \$315 (all ages), \$290 half-day (all ages)
32. **M.G. HUFFER ADVENTURES IN LEARNING CHILD DEVELOPMENT CENTER**  
Location: Yona Capacity: 49 Ages of children: 0-14 years  
Open: Mon-Fri (except holidays) 7:00am-6:00pm  
Fees: \$100 non-refundable registration fee, \$375 (0-1 year), \$350 (1-2 years), \$300 (3-14 years)

## Appendix A (cont.)

### Department of Public Health and Social Services

#### 2002-2003 Guam Day Care Listings

33. **MONTESSORI HOUSE OF CHILDREN**  
Location: Harmon Capacity: 46 Ages of children: 2½-8 years  
Open: Mon-Fri (except holidays) 8:00am-4:00pm  
Fees: \$150 non-refundable registration fee, \$310 (2-3 years, 8:00am-1:00pm), \$335 (2-3 years, 8:00am-3:00pm), \$350 (2-3 years, 8:00am-4:00pm), \$300 (4-5 years, 8:00am-1:00pm), \$325 (4-5 years, 8:00am-3:00pm), \$340 (4-5 years, 8:00am-4:00pm)
34. **MY SCHOOL CHILD DEVELOPMENT CENTER**  
Location: Tamuning Capacity: 67 Ages of children: 2 months-5 years  
Open: Mon-Fri (except holidays) 7:00am-6:30pm  
Fees: \$425 (2-6 months), \$325 (7 months-2 years), \$300 (2 years+)
35. **NENE CHILD CARE CENTER**  
Location: Mangilao Capacity: 22 Ages of children: 3 months-4 years  
Open: Mon-Fri (except holidays) 7:00am-6:00pm  
Fees: \$50 registration fee, \$325 (3 months-1 year), \$265 (3-4 years)
36. **NOAH'S ARK DAY CARE CENTER**  
Location: Yigo Capacity: 31 Ages of children: 6 weeks-4 years  
Open: Mon-Fri (except Federal holidays) 7:00am-5:30pm  
Fees: \$50 registration fee, \$300 (all ages), \$165 half-day (all ages)
37. **ORDONA KIDIE CENTER**  
Location: Tamuning Capacity: 40 (24 night) Ages of children: 0-15 years  
Open: Mon-Sun open 24 hours  
Fees: \$50 non-refundable registration fee, \$400 (0-1 year), \$380 (2-5 years), \$360 (6-12 years), \$350 part-time (0-1 year), \$340 part-time (2-5 years), \$300 part-time (6-12 years), \$25 daily rate
38. **PAGO BAY LEARNING CENTER**  
Location: Chalan Pago Capacity: 65 Ages of children: 3 months-5 years  
Open: Mon-Fri (except holidays) 7:00am-6:00pm  
Fees: \$350 (3-23 months), \$295 (2-3 years), \$260 (3-5 years, potty-trained)
39. **PALOMARES CHILD CARE CENTER**  
Location: Tamuning Capacity: 40 Ages of children: 1 month-5 years  
Open: Mon-Fri (except holidays) 7:00am-6:00pm  
Fees: \$50 registration fee, \$300 (1 month-23 months), \$285 (2-5 years)
40. **PNG DAY CARE AND LEARNING CENTER**  
Location: Tamuning Capacity: 90 Ages of children: 0-10 years  
Open: Mon-Fri (except Federal holidays) 7:00am-6:30pm, Sat 8:00am-6:00pm, holidays by appt.  
Fees: \$125 non-refundable registration fee, \$365 (0-12 months), \$325 (13 months+), \$200 part-time (5 years+), \$25 Saturday rate

## Appendix A (cont.)

### Department of Public Health and Social Services

#### 2002-2003 Guam Day Care Listings

41. **PRECIOUS PRE-SCHOOLERS AND LEARNING CENTER**  
Location: Tamuning Capacity: 40 Ages of children: 0-10 years  
Open: Mon-Sat 7:00am-12:00am  
Fees: \$100 non-refundable registration fee, \$425 (0-6 months), \$400 (6-12 months), \$340 (12 months-10 years), \$240 part-time (toddlers & preschoolers), \$40 holiday rate, \$30 Saturday rate
42. **PRECIOUS ONE'S CHILD CARE CENTER**  
Location: Sinajana Capacity: 54 Ages of children: 0-10 years  
Open: Mon-Fri 7:00am-6:00pm  
Fees: \$75 non-refundable registration fee, \$325 (0-18 months), \$300 (19 months-3 years)
43. **SAGAN FINA'NA'GUEN FINO' CHAMORRO**  
Location: Dededo Capacity: 30 Ages of children: 3 months-5 years  
Open: Mon-Sat 7:00am-6:00pm  
Fees: \$100 non-refundable annual fee, \$350 (3-11 months), \$325 (1-5 years)
44. **SANTA BARBARA CHILD CARE CENTER**  
Location: Dededo Capacity: 55 Ages of children: 0-5 years  
Open: Mon-Fri (except holidays) 7:00am-6:00pm  
Fees: \$50 non-refundable registration fee, \$350 (0-12 months), \$300 (1-2 years), \$295 (2-5 years)
45. **TAMUNING DAY CARE AND LEARNING CENTER**  
Location: Tamuning Capacity: 91 Ages of children: 18 months-6 years  
Open: Mon-Fri (except holidays) 7:00am-6:00pm  
Fees: \$50 non-refundable fee, \$320 (18 months-3 years), \$310 (3 years+)
46. **TEDDY BEAR DAY CARE CENTER**  
Location: Asan Capacity: 31 Ages of children: 0-5 years  
Open: Mon-Fri (except holidays) 7:00am-6:00pm  
Fees: \$80 registration fee, \$350 (0-1 year), \$315 (1 year+)
47. **TENDER SHEPHERD CHILD CARE CENTER**  
Location: Hagatna Capacity: 43 Ages of children: 2-5 years  
Open: Mon-Fri (except Federal holidays) 7:30am-6:00pm  
Fees: \$75 registration fee, \$55 material fee, \$375 (all ages), \$250 half-day (all ages)
48. **TINA LEARNING CENTER**  
Location: Tumon Capacity: 35 Ages of children: 0-12 years  
Open: Mon-Fri (except holidays; night & Sat by appt.) 7:30am-6:00pm  
Fees: \$75 non-refundable registration fee, \$375 (0-6 months), \$350 (7-15 months), \$325 (16-36 months), \$300 (4 years+)

## Appendix A (cont.)

### Department of Public Health and Social Services

#### 2002-2003 Guam Day Care Listings

49. **TINA LEARNING CENTER II**  
Location: Mangilao Capacity: 86 Ages of children: 0-12 years  
Open: Mon-Fri (except holidays; drop-in available 7 days-a-week) 7:00am-???  
Fees: \$75 non-refundable registration fee, \$375 (0-6 months), \$350 (7-15 months), \$325 (16-26 months), \$300 (27-48 months), \$140 after-school
50. **TITA CHILD CARE CENTER**  
Location: Chalan Pago Capacity: 39 Ages of children: 2 months-5 years  
Open: Mon-Fri (except holidays) 7:00am-6:00pm  
Fees: \$300 (2 months-2 years), \$250 (2 years+), \$125 weekly (2 months-2 years), \$80 weekly (2 years+), \$25 daily (2 months-2 years), \$16 daily (2 years+), \$5 hourly (2 months-2 years), \$4 hourly (2 years+)
51. **THE CHILD CENTER**  
Location: Tumon Heights Capacity: 28 Ages of children: 0-11 years  
Open: Mon-Fri (except Federal holidays) 7:30am-6:30pm  
Fees: \$95 non-refundable registration fee, \$375 (0 months-3 years), \$320 (3 years+)
52. **THE CARE HOUSE**  
Location: Yigo Capacity: 68 Ages of children: 3-5 years  
Open: Mon-Fri 6:30am-5:45pm  
Fees: \$400 (all ages)
53. **TODDLERS AND PRESCHOOLERS LEARNING CENTER**  
Location: Yigo Capacity: 26 Ages of children: 1 month-9 years  
Open: Mon-Fri 7:00am-12:00am, Sat 8:00am-12:00pm  
Fees: \$315 (1-2 years), \$375 (1-2 years, includes holidays & Saturdays), \$280 (2-4 years), \$350 (2-4 years, includes holidays & Saturdays), \$265 (4-5 years), \$325 (4-5 years, includes holidays & Saturdays), \$40 after-school weekly rate, \$160 after-school monthly rate, \$30 Saturday rate, \$45 Saturday evening rate, \$25 daily rate
54. **TREASURES OF THE HEART EARLY CHILDHOOD CENTER LLC**  
Location: Tumon Heights Capacity: 118 Ages of children: 3 months-12 years  
Open: Mon-Sun  
Fees: \$70 for employees' children

## Appendix B

### Child Care and Development Fund

### Child Care Assistance Information

APPOINTMENT SCHEDULE		
DATE:	TIME:	WPS STAFF:
<ul style="list-style-type: none"><li>▪ <b>SAVE YOURSELF ANOTHER TRIP &amp; BRING EVERYTHING ON YOUR APPOINTMENT DATE.</b></li><li>▪ <b>FILL OUT YOUR APPLICATION FORM COMPLETELY AND BRING ALL DOCUMENTS REQUESTED. IF YOU DO NOT DO THIS, YOUR APPLICATION MAY BE PUT ON PENDING STATUS OR DENIED.</b></li></ul>		
<b>WHAT TO BRING WITH YOUR APPLICATION</b>		
<div style="border: 1px solid black; padding: 5px;"><p><b><u>Head of Household &amp; Spouse</u></b></p><ul style="list-style-type: none"><li>❑ <b>Picture ID (Guam's Driver's License, Guam's ID, Work/School ID, Passports, US Naturalization Papers, Permanent Residency Card, INS Form 151 or I-551 (Alien Registration Receipt Card – Green Card), or INS Form I-94 (Arrival/Departure Record))</b></li><li>❑ <b>Social Security Cards or Receipts</b></li><li>❑ <b>Mayor's Verification</b></li><li>❑ <b>Utility Bills/Receipts or Rent/Mortgage Receipts or Lease Agreements (GHURA Contract)</b></li><li>❑ <b>Employment Verification (Initial application/change of employment)</b></li><li>❑ <b>Employment Check stubs for the last two months</b></li><li>❑ <b>Tax statements from last year</b></li><li>❑ <b>Child support statement/stub</b></li><li>❑ <b>Pension, VA, stipends, school grants statements</b></li><li>❑ <b>Training/Education Verification and class schedules</b></li><li>❑ <b>Job/Education Training Forms</b></li><li>❑ <b>Any other related statement(s) from the household</b></li></ul><p><b><u>Child/Children Household Members</u></b></p><ul style="list-style-type: none"><li>❑ <b>Birth Certificates</b></li><li>❑ <b>U.S. Passports, US Naturalization Papers, Permanent Residency Card, INS Form 151 or I-551 (Alien Registration Receipt Card – Green Card), or INS Form I-94 (Arrival/Departure Record)</b></li><li>❑ <b>Social Security Cards or Receipts</b></li><li>❑ <b>Immunization Cards for child/children in the household</b></li></ul></div>		
<ul style="list-style-type: none"><li>▪ <b>IF YOU ARE UNABLE TO KEEP THIS APPOINTMENT, PLEASE CALL WORK PROGRAMS SECTION AT 735-7256.</b></li></ul>		
<b>IF YOU ARE MORE THAN FIFTEEN MINUTES LATE FOR YOUR APPOINTMENT, IT WILL BE RESCHEDULED.</b>		

Department of Public Health and Social Services • Division of Public Welfare • Work Programs Section  
P.O. Box 2816 • Hagatna, Guam 96932 Telephone 735-7256

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Applicant		Employer or Training/Education Program	Office Use Only	
Name	(Last) (First) (Middle Initial)	Name:	Case Number:	
Mailing Address		Work/Program Start Date:		
Home Address		Receiving <input type="checkbox"/> TANF <input type="checkbox"/> FSP <input type="checkbox"/> Medicaid <input type="checkbox"/> WIC <input type="checkbox"/> Housing <input type="checkbox"/> Other Fed Programs		
<input type="checkbox"/> Single Parent	Phone# (H) (W) (Cell/Pager)	* Certification Date:	<input type="checkbox"/> New <input type="checkbox"/> Reopen <input type="checkbox"/> Renewal <input type="checkbox"/> Reinstatement	<input type="checkbox"/> CCDF <input type="checkbox"/> GETP <input type="checkbox"/> JOBS <input type="checkbox"/> Transitional

Members of the Household

	1. Applicant	2. Household Member	3. Household Member	4. Household Member	5. Household Member
Social Security Number	_____	_____	_____	_____	_____
Name	_____	_____	_____	_____	_____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Race <i>Check all that apply</i>	<input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander
Relationship to 1	Self	_____	_____	_____	_____
Income	_____	_____	_____	_____	_____
US citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Needs childcare?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Certifications

I certify that I have been informed of my rights and responsibilities. I understand the questions on this application and the penalty for hiding or giving false information. My answers are correct and complete to the best of my knowledge.		I certify that the applicant/recipient has been informed of his/her rights and responsibilities and of the possibility of criminal charge for misrepresenting or concealing facts that determine eligibility.	
Applicant Signature:	Date:	WPS Staff Signature:	Date:
Disposition of Application:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	WPS Staff Signature:	Date:

Child Care and Development Fund

Appendix C

**MY RIGHTS**

I have the right to:

- Discuss any action regarding my case with my worker or his/her supervisor if I am dissatisfied.
- Be notified at least 15 calendar days in advance before my benefits is discontinued.
- Ask for a fair hearing if I am dissatisfied with any action of the Division of Public Welfare, Department of Public Health and Social Services and to ask anyone I want to help me get a fair hearing. Any person I choose may represent my case at the hearing.
- Have my records kept confidential.
- Be served without regard to race, color, sex, national origin, religion, political belief, physical or mental disability or age.

**MY RESPONSIBILITIES**

I am responsible to report any of the following changes in my household within 10 calendar days from the time I learn of the change:

- My new address if I move or change my mailing address.
- Changes in employment, education, or training status.
- Changes in the cost of child/dependent care or child care arrangements/provider(s).

IF I DO NOT REPORT, AND I RECEIVE MORE ASSISTANCE THAN I SHOULD HAVE, I MAY HAVE TO PAY BACK TO THE GOVERNMENT. IF I FAIL TO REPORT ANY OF THE ABOVE CHANGES ON PURPOSE, THIS IS CONSIDERED FRAUD UNDER STATE AND LOCAL LAWS.

**MY AUTHORIZATION**

1. I permit the Department to check, if necessary, any information on this application to verify that I am eligible for assistance.
2. I agree to provide the necessary documents (papers) to verify the statement on this application. If documents are not available, I agree to give the name of person(s) or organization(s) (such as doctor, employer, State or Federal agency) whom the Department may contact for information about me and member(s) of my household that may be needed to show that we are eligible for help.
3. I agree to cooperate with the Department if our case is selected for an audit or a quality control review.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child Care and Development Fund

Appendix C (cont.)



## Appendix C (cont.)

### Child Care and Development Fund

#### Child Care Application

Provider's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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#### PROVIDER'S ASSURANCES/CERTIFICATION

Public Law 101-508 of the Omnibus Budget Reconciliation Act of 1990, Section 5082, established the Child Care and Development Block Grant (CCDBG) program. Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 amended the requirements of the CCDBG Act effective October 1, 1996. CCDBG is now referred to as the Child Care and Development Funds (CCDF). The purpose of CCDF is to increase the availability, affordability, and quality of child care. To accomplish this purpose, CCDF brings to Guam funds for purchase of child care services to eligible families, enhance the quality and increase the supply of child care for all families, and increase the availability of early childhood development, and school-age programs.

I certify that I, the child care provider, will comply with the requirements of the Department of Public Health and Social Services (DPHSS) with regard to the priority rules for the receipt of CCDF funds by providers. These include but not limited to:

- a) Compliance with all licensing and regulatory requirements applicable under federal and local law.
- b) Registration with DPHSS (for license-exempt providers):
- c) Compliance with applicable health and safety requirements, including:
  - 1) obtaining a health certificate, sanitary permit, business license, vendor number, police and criminal court clearances;
  - 2) prevention and control of infectious disease;
  - 3) building and physical premises safety; and
  - 4) attendance at health and safety training and technical assistance.
- d) Compliance with Public Law 103-227, Part C, Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994, which requires that smoking is not permitted in any portion of any indoor facility owned or leased or contracted by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18;
- e) Providing equal access for CCDF children to comparable child care services that are provided to children whose parents are not eligible to receive assistance under this program or under any other federal or local programs;
- f) Affording parents unlimited access to their children and to the provider caring for their children, during the normal hours of operations or whenever such children are in the care of such provider;
- g) Mandatory attendance in at least fifteen hours of training and technical assistance (workshops, seminars, conference, etc.) annually; and
- h) Acceptance of program reimbursement rates, payment procedures and timelines. I understand that payments for child care services shall only be authorized upon completion of all requirements and upon meeting all conditions set forth.

I certify that the statements I have made are true and correct to the best of my knowledge and belief.

Provider's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### OFFICE USE ONLY

Verification: ☐ Complete ☐ Incomplete  
Disposition: ☐ Approved ☐ Disapproved

Comments:

WPS Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix D

### Child Care and Development Fund

#### Gross Monthly Income Table

**EFFECTIVE 10/01/01**

<b>FAMILY SIZE</b>	<b>GROSS MONTHLY INCOME RANGE AT OR BELOW 100% OF THE FEDERAL GUIDELINE (10% CO-PAYMENT)</b>	<b>GROSS MONTHLY INCOME RANGE BETWEEN 100% AND 150% OF THE FEDERAL GUIDELINE (50% CO-PAYMENT)</b>
<b>1</b>	<b>\$0 - \$ 716</b>	<b>\$ 717 - \$1,074</b>
<b>2</b>	<b>\$0 - \$ 968</b>	<b>\$ 969 - \$1,451</b>
<b>3</b>	<b>\$0 - \$1,219</b>	<b>\$1,220 - \$1,829</b>
<b>4</b>	<b>\$0 - \$1,471</b>	<b>\$1,472 - \$2,206</b>
<b>5</b>	<b>\$0 - \$1,723</b>	<b>\$1,724 - \$2,584</b>
<b>6</b>	<b>\$0 - \$1,974</b>	<b>\$1,975 - \$2,961</b>
<b>7</b>	<b>\$0 - \$2,226</b>	<b>\$2,227 - \$3,339</b>
<b>8</b>	<b>\$0 - \$2,478</b>	<b>\$2,479 - \$3,716</b>
<b>*</b>	<b>\$0 - \$252</b>	<b>\$253 - \$378</b>

\* For each additional household member, add corresponding amount.

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**NOTE:**

- The following households are eligible for child care without co-payment:
  1. Families who are receiving TANF.
  2. Families terminated from TANF due to employment and/or child support payments that are in work activities. Coverage will be for 12 months from TANF termination date.
  3. Families with children receiving protective services.
- Families with gross monthly income over "150%" of the guide are not eligible for child care assistance.

## Appendix E

### Letter of Consent

Code: \_\_\_\_\_

**Agreement to Participate in  
Parents' Decisions Regarding Childcare Arrangements: The Guam Perspective  
Felicity Cruz; P.O. Box 11142 Yigo, Guam 96929; 653-1591**

Dear Parent/Guardian,

Hello. My name is Felicity Cruz. I am a graduate student in the Educational Foundations Masters Program at the University of Hawai'i at Manoa. I am currently doing research on the choices parents make regarding their child's care before entering Kindergarten in Guam's public schools. I am interested in talking with you about your views on early childcare. Your participation is important to my research and I am willing to accommodate you with your schedule.

Your participation is entirely voluntary and can be terminated at any time during the research process. I ensure your participation will be kept confidential to the extent required by law. Also, although I do not foresee any risks with participation in this research, it is possible for some risk to occur.

Please sign below to give your informed consent to participate in this study. If you have any questions or concerns about the research, please contact me at 653-1591 or at [O\\_felicity@excite.com](mailto:O_felicity@excite.com). If you have questions concerning confidentiality and privacy or your rights as a research participant, you can contact the University of Hawaii Human Subjects Committee at (808) 539-3947 or at <http://www.hawaii.edu/irb>.

*I certify that I have been told of the possible risks involved in this project, that I have been given satisfactory answers to my inquiries concerning project procedures and other matters and that I have been advised that I am free to withdraw my consent and to discontinue participation in the project or activity at any time without prejudice. I herewith give my consent to participate in this project with the understanding that such consent does not waive any of my legal rights, nor does it release the principal investigator or the institution or any employee or agent thereof from liability for negligence.*

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\*If you are interested in participating in an interview, please give your contact information.

\_\_\_\_\_  
Contact Number(s)

\_\_\_\_\_  
E-mail Address

Please sign before filling out the questionnaire.

Please return this letter to your child's teacher by June 12, 2002. Thank you.

## Appendix F

### Parent Questionnaire

Code: \_\_\_\_\_

### Parent Questionnaire

*Please answer the following questions about your Kindergartener.*

1. Birthdate \_\_\_\_\_ 2. Gender **Male** **Female**
3. Primary language \_\_\_\_\_ Other language(s) spoken? \_\_\_\_\_

*Please answer the following questions about your child's care before entering Kindergarten.*

4. What type of care did your child receive before entering Kindergarten?
- |   |                                  |                            |                   |
|---|----------------------------------|----------------------------|-------------------|
| <b>Mother care</b>                          | <b>Father care</b>               | <b>Other relative care</b> | <b>Head Start</b> |
| <b>Licensed Preschool/Child Care Center</b> | <b>Other care, specify</b> _____ |                            |                   |
5. If you chose out of home care, why did you choose your care? (circle all that apply)
- |   |  |
|---|--|
| Someone I knew wanted to care for child             | Wanted someone familiar to care for child      |
| Wanted a homey environment                          | Wanted someone trained to care for child       |
| Wanted more types of social interactions            | Affordable costs                               |
| Wanted care with an academic emphasis               | Wanted care with a socio-emotional emphasis    |
| Wanted one-to-one care                              | Encouraged by family members                   |
| Knew other children & families in the care          | Liked the type of care                         |
| Wanted care where English was spoken                | Wanted care that used same language as at home |
| Wanted someone of same background to care for child |  |
| Other, specify _____                                |  |
6. How much did your child's care cost per month?
- |                |                  |                  |                  |                  |                  |                   |
|----------------|------------------|------------------|------------------|------------------|------------------|-------------------|
| <b>\$0-100</b> | <b>\$101-200</b> | <b>\$201-300</b> | <b>\$301-350</b> | <b>\$351-400</b> | <b>\$401-500</b> | <b>over \$500</b> |
|----------------|------------------|------------------|------------------|------------------|------------------|-------------------|
7. What would have been your ideal childcare arrangement if money, time, or other factors were not an issue?
- |   |                                  |                            |                   |
|---|----------------------------------|----------------------------|-------------------|
| <b>Mother care</b>                          | <b>Father care</b>               | <b>Other relative care</b> | <b>Head Start</b> |
| <b>Licensed Preschool/Child Care Center</b> | <b>Other care, specify</b> _____ |                            |                   |
8. Do you feel that your child's care fulfilled your child's needs for Kindergarten?
- |                   |                      |                 |               |            |
|-------------------|----------------------|-----------------|---------------|------------|
| <b>Not at all</b> | <b>Not very much</b> | <b>Somewhat</b> | <b>Mostly</b> | <b>Yes</b> |
|-------------------|----------------------|-----------------|---------------|------------|

(Continued on back)

Please answer the following questions about your child's school experience in Kindergarten.

9. How has your child's experiences been in Kindergarten so far?

Very difficult      Somewhat difficult      Fairly Easy      Very Easy

10. What are your expectations for your child's education?
- \_\_\_\_\_

The following questions are about the child's mother, father, and family.

**MOTHER**

11. Age: \_\_\_\_\_
12. Ethnicity:  
Pacific Islander, specify \_\_\_\_\_  
Asian, specify \_\_\_\_\_  
Filipino \_\_\_\_\_  
White (Caucasian) \_\_\_\_\_  
Black (African American) \_\_\_\_\_  
Hispanic/Latino \_\_\_\_\_  
Other, specify \_\_\_\_\_

13. Education (please circle highest level of education):  
less than high school \_\_\_\_\_  
H.S. diploma/GED \_\_\_\_\_  
some college \_\_\_\_\_  
bachelors degree or higher \_\_\_\_\_

14. Occupation: \_\_\_\_\_

15. Number of people living in your household? \_\_\_\_\_

Please indicate number of people in your household on the line provided.

Mother \_\_\_\_\_ Father \_\_\_\_\_ Brothers \_\_\_\_\_ Sisters \_\_\_\_\_ Grandparents \_\_\_\_\_  
Uncles/Aunts \_\_\_\_\_ Cousins \_\_\_\_\_ Nieces/Nephews \_\_\_\_\_ Others \_\_\_\_\_

16. Primary language spoken in the home? \_\_\_\_\_

**FATHER**

- Age: \_\_\_\_\_
- Ethnicity:  
Pacific Islander, specify \_\_\_\_\_  
Asian, specify \_\_\_\_\_  
Filipino \_\_\_\_\_  
White (Caucasian) \_\_\_\_\_  
Black (African American) \_\_\_\_\_  
Hispanic/Latino \_\_\_\_\_  
Other, specify \_\_\_\_\_

- Education (please circle highest level of education):  
less than high school \_\_\_\_\_  
H.S. diploma/GED \_\_\_\_\_  
some college \_\_\_\_\_  
bachelors degree or higher \_\_\_\_\_

- Occupation: \_\_\_\_\_

Please return to your child's teacher by June 12, 2002. Thank you.

## Appendix G

### Parent Interview

Code: \_\_\_\_\_

#### Parent Interview

1. What type of care did your child receive before entering Kindergarten?

If your child was in the care of a relative or friend, what was the relationship of the caregiver to your child?

If your child was in a daycare, what was the name of the center?

2. What factors determined your choice in out of home childcare arrangements?
3. Tell me a little about the care that your child received last year.
4. How did your friends and family members choose their children's care arrangements?
5. Did you receive any advice or influences from others concerning your child's care? From whom?
6. What do you consider to be the most important factor for quality childcare?
7. What would have been your ideal childcare arrangement?  
  
*(Did you achieve this ideal? What were the factors that prevented you from using this type of care?)*
8. What do you feel your child needed before starting Kindergarten?
9. Do you feel that your child's care fulfilled these needs?
10. What were your child's experiences with Kindergarten so far?
11. What are your expectations or hopes for your child's education?

## Appendix H

### Teacher Interview

Room Number: \_\_\_\_\_

#### Teacher Interview

1. Age?
2. Ethnicity?
3. How many years have you been teaching?  
How many years have you been teaching Kindergarten children?
4. Do you have children?  
If your children started school, what and why did you choose your childcare arrangements?
5. How have your friends and family members chosen their children's care arrangements?
6. What do you consider to be the most important factor for quality childcare?
7. What is your ideal childcare arrangement?  
  
What childcare arrangement would you recommend to parents that would foster school readiness and success for their children?
8. What do you feel children need before starting Kindergarten?
9. What information did you have of each child before entering your classroom? (special needs, diversities)
10. Were there any difficulties experienced by any of the children in transitioning into Kindergarten?
11. Have you noticed differences in development or readiness among the children?  
(i.e. differences based on ethnicities, gender, age, childcare arrangements, parent involvement, parent education, parent social class, child's IQ, etc.)

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