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ASSESSING CHILD CARE NEED IN NILES, MICHIGAN

by

Lori L. McNeil

A Thesis
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
Degree of Master of Arts
Department of Sociology

Western Michigan University
Kalamazoo, Michigan
April 1998

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Lori L. McNeil

ASSESSING CHILD CARE NEED IN NILES, MICHIGAN

Lori L. McNeil, M.A.

Western Michigan University, 1998

Many parents struggle to secure adequate child care while they work and/or attend school. With the passage of welfare reform legislation, which in part requires AFDC parents to enter/reenter the workforce, locating child care options will likely become increasingly more difficult.

This study describes child care needs of one community based on a survey of parents at thirteen different sites. The research measured the discrepancy between existing child care resources and child care demand within the community.

Analysis of the data revealed that the ways in which parents provide care for their children differed considerably in Niles from the most recent national child care assessment. This study is a potential first initiative by a community toward developing child care offerings that meet the many diverse needs of people in the community.

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CHAPTER I

PROBLEM TO BE INVESTIGATED

Coreen [lies] sleeping. A telephone receiver [lies] next to her. It's 2:30 in the afternoon and Coreen's mother has just left for work. At 3:30 Coreen's father will return home from work. Coreen is being cared for via long distance, something that happens in this family a couple of times a week (Silverstein, 1993, p. 14).

As the United States enters the twenty-first century, child care remains a struggle for many families (Clark-Stewart, 1993). The 1990 National Child Care Survey (Hofferth, Brayfield, Deich & Holcomb, 1991) data identified many problematic aspects of child care. These areas include obtaining child care during atypical hours/days, securing child care for infants and toddlers and matching child care schedules. The lack of capabilities to match various child care needs and schedules, often referred to as child care gaps, is a common problem. An example of unavailable child care arrangements which often occur during nontraditional work hours and a child care gap follows (Caruso, 1993):

This single mom has arranged for her brother to care for her children when she works. She would prefer formal child care but cannot obtain it during the second shift. A shift change has been unsuccessful. A neighbor must care for her children for one hour per day because of work overlap between the mom and her brother (p. 305).

The child care scenarios described previously are indicative of the current child care climate. Recent governmental changes, however, are expected to drastically affect

child care and may significantly increase the number of families needing child care without necessarily increasing child care options (Blank, 1997). As part of the Personal Responsibility Act, the Aid to Families with Dependent Children (AFDC) program will eventually be abolished (Katz, 1996). With the discontinuation of this program, AFDC recipients will be required to enter/reenter the workforce. An estimated 15 million (Sidel, 1996, p. 1) AFDC families have children that are most likely currently not in local child care systems.

The Temporary Assistance for Needy Families Block Grant (TANF) will replace AFDC (Blank, 1997). TANF will institute new work requirements for families receiving these benefits. First, a five-year lifetime limit on TANF benefits will be imposed on most families receiving assistance. States not meeting the five-year lifetime limit will face financial penalties from the federal government. TANF recipients are not permitted to continue the benefits longer than two years without engaging in the work requirements defined by the State. Consequently, by fiscal year 2002, 50 percent of families receiving TANF benefits are required to work a minimum of 30 hours per week (Blank, 1997).

States do have options with regard to the work requirements component of TANF. For example, states may choose to require mothers with children under age six to work 20 hours per week as compared to 30 hours per week (Blank, 1997). Another option states may employ is the exclusion of mothers with children under one year old from any work requirements. These mothers, however, may only be excluded once not each time they are providing care for a child under one year of age (Blank, 1997). This legislation, therefore, is an impetus to a major increase in child care demand. Within

this context, questions of child care availability become significant and important to most communities. Thus, this research will be primarily problem-driven as outlined above.

Importance to the Field

Child care research has traditionally had its origins in the psychological field. This occurred because child care has historically centered around issues of a child's development (Leavitt, 1994; Farber & Egeland, 1982) linked to the quality of the care being received. Quality issues, however, have become less central to child care debates as issues of availability and affordability dominate (Hayes, Palmer, & Zaslow, 1990). Child care itself has developed into a social issue. Poverty and child neglect can be linked to the unavailability of child care in general (Sidel, 1996; Blank, 1997; Abbey, 1996). The following case is an excellent example of the unavailability of child care potentially leading to poverty (Caruso, 1992).

This mom was working 40 to 50 hours per week and uses family day care for her children. Because of the expense, she just couldn't continue to justify the cost on her entry level position. Quality was never an issue. She quit her job (p. 306).

In addition to child care's link to poverty, another link is that of child neglect. The vignette of "Coreen" presented earlier could be viewed as a case of child neglect. For this family, however, issues of neglect or safety must run a distant second to employment and subsequent child care availability issues. If these parents did not work, Coreen embarks on a life of poverty. But, when parents are working, issues of poverty may be replaced with those of child neglect. Child neglect ensues as desperate parents

attempt to secure child care that may not exist, perhaps forcing the parent to leave the child unsupervised. Poverty may then prevail when parents choose to care for the child instead of attending to their jobs, leaving a parent unemployed or unemployable. Poverty and neglect are indeed high stakes to pay for unavailable child care especially when our country's children are the primary targets. If these unnecessary evils occur, they will likely leave permanent scars in any community.

Perhaps Browne-Miller (1990) best explains the significance of the child care issue in the following statement:

The intricate process of caring for young children involves numerous levels of activity, including attention to the environmental, physical, social, educational, and psychological needs of these children. This process of directly caring for children is, in turn, deeply connected to the encompassing social system...[B]ecause of this, parents and policy makers must always examine day care in the encompassing societal context.... [C]hildren are not separate from the social environment. They exist amidst the tangled interactions of their parents, their families, their communities, the economy or "market," the public sector or "polity," and society as a whole (p.2).

As Figure 1 indicates, child care is not only part of the family domain, but child care affects and is enmeshed within the entire social structure.

Using somewhat different terminology but employing the same ideology are the concepts of University of Chicago sociologist, James Coleman referring to "social capital" (Research and Policy Committee of the Committee for Economic Development [CED], 1993). The following is an abbreviated version of Coleman's ideas which describe the major tenets of social capital. Available and quality child care settings are necessary elements for the building of stable environments. Stable environments, which occur when children have all their needs met, provide benefits to all of society. The

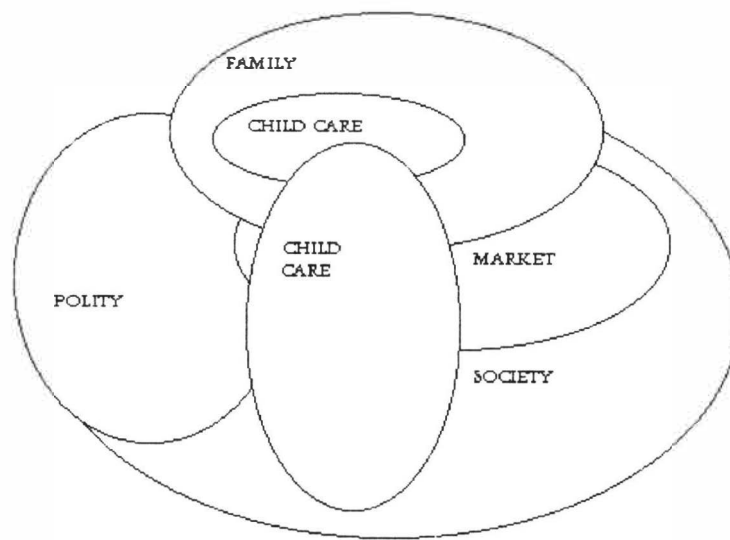


Figure 1. Child Care in Societal Context.

Source: Browne-Miller, A. (1990). The Day Care Dilemma: Critical Concerns for American Families. New York: Plenum Press, p. 3.

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children, in turn, will become productive members of a society thus offering resources or social capital to the new generations.

Child care research occurring within social systems is a relatively new phenomenon. Child care and child care research, however, have an extensive historical background. A review of child care and research relating to child care will provide an important context in which to evaluate current child care issues. The following chapter will first define child care and will be followed by a historical account of child care and

child care research.

CHAPTER II

LITERATURE REVIEW

Definition of Child Care

Prior to discussing the evolution of child care and child care research, a working definition of child care used in this study is necessary. Several criteria are normally employed when defining child care. When referring to child care in general, research concerning child care usually only includes child care connected with paternal employment or schooling/training (Hofferth et al., 1991). Such a definition seldom includes all aspects of child care such as care connected with routine errands or entertainment events. The federal government has included a maximum age stipulation, children under 13 years old, as a qualifier for any program subsidies. Thus, the subsidy eligibility age, under age 13 years old, has generally been incorporated into most child care research (Hofferth et al.).

Child care, often used interchangeably with day care, normally occurs within five different arrangement styles (Clark-Stewart, 1993):

1. The most common arrangement style of child care utilized in the United States is parental/guardian care. The most recent national survey of child care, the National Child Care Survey (NCCS), indicates that 45% (Hofferth et al., 1991) of the nation's children are primarily cared for by either a parent or guardian. In the child care

literature, typically, care furnished by a parent or guardian is not considered "child care" per se.

2. The second style of care is provided by a child's relative (relative care) either in the relative's home or in the child's home (Clark-Stewart, 1993). Relative care is the least studied style of arrangement (Clark-Stewart, 1993). Moreover, it is one type of care about which little is known. The NCCS (Hofferth et al., 1991) indicates that 14% of children in the United States are cared for by a relative as the primary child care arrangement while the parent/guardian is at work or in school.

3. The third most prevalent child care arrangement utilized by parents/guardians is care provided by day care centers (Clark-Stewart, 1993). Day care centers are characterized by non relative care performed at a central location that is not in either the child care provider's home or in the child's home. For that reason, day care centers are normally the most visible style of child care. A day care center can provide care for a few children or as many as three hundred (Clark Stewart, p. 49). In 1990 the NCCS (Hofferth et al., 1991) indicated that 13% of children were cared for in day care centers.

4. Care received by a non relative within the non relative's home is referred to as family day care (Clark-Stewart, 1993). The number of children cared for in a family day care setting can range from one to as many as twelve. It is conventional within most states that one child care provider is used for one to six children and one provider plus a helper is used for seven to twelve children. Sometimes, when more than six children are cared for within a family day care setting, the setting is referred to as group day care (Clark-Stewart). For the purposes of this study, however, family day care will be used

when referring to a non relative caring for children in the non relative's home regardless of the number of children in the home. The NCCS (Hofferth et al., 1991) indicates that 7% of the nation's children are cared for in family day care settings.

5. Care by a non relative in the child's home is the least utilized form of child care, most likely because it is the most costly style of care. This category of care does include babysitters. Since in this study child care refers to care performed while parents work or attend school, babysitters are not usually employed in this capacity. According the NCCS (Hofferth et al., 1991) only 3% of the children in the United States are cared for in this manner.

In addition to these five options, some families use before and after school activities as a "child care" arrangement. Examples of these activities may be scouts, sports, or art classes. Child care, however, is not always the main purpose of these types of arrangements. Because of this, "activities" will not be considered a child care arrangement in this study. In the NCCS, activities represented 14% (Hofferth et al., 1991) of child care utilized in the United States.

It is also important to note that the child care style "babysitter" is not represented in this presentation. Babysitting is not usually identified as such in the child care literature for possibly several reasons. Babysitting is usually child care provided for a small amount of time such as when a parent is performing errands. Oftentimes, babysitters themselves are in school and thus do not offer child care services for entire days. Babysitting is usually not considered a primary child care style but only as an auxiliary child care service or back up system. Thus, because child care in this context

is care connected with work or school, babysitters are usually not considered as a child care style.

Another reason that babysitters are not identified as such in this study is that when a parent is referring to babysitters while they work or attend school, in this context, they are usually more accurately identifying unlicensed family day care providers. The family day care provider category, captures this child care style. In some cases, although most likely very few, the child care category of “in-home care” also includes babysitting.

Other tertiary styles of arrangements also exist. An example of a tertiary arrangement style would be an exchange of child care services between child care consumers. Within this context, a parent may care for a neighbor’s child before school together with their own child. In return, the other parent may then perform the same service after school. Many such arrangements exist within communities, but this study will concentrate only on the five primary styles outlined above.

One other distinction usually made in child care is licensing. The licensing status of child care providers is important to child care availability because often it is the only method individual states use to measure child care resources within that state (Hayes et al., 1990). Most states require child care to be licensed, but that doesn’t mean that all child care is in fact licensed. Day care centers are normally licensed. Most of relative care is not licensed. Family day care and in home care by a non relative is often licensed. However, a large percentage of child care takes place within these settings that are not licensed. Only licensed child care is eligible for governmental subsidies and only families utilizing licensed child care are eligible for the Child Care and Dependent

Care Tax Credit. This credit offers a deduction of up to 30% of child care costs from a family's annual income tax.

In sum, child care is defined in research as child care required for a parent/guardian to either work or attend school/training. Child care is care provided for children under 13 years old and within particular styles of arrangements outlined above. In this study, the child care definition outlined above will be used to define child care. With those criteria in mind, the origins of child care will be presented.

A Historical Perspective on Child Care

An understanding of the origins of child care will help to uncover trends or social indicators in the evolution of child care (Witkin & Altschult, 1995, p. 104). In addition to indicating patterns, analyzing the historical data can also identify the causes and roots of child care need which Kaufman, Rojas and Mayer (1993, p. 133) refer to as a needs analysis.

Recent national attention may lead people to believe that child care availability issues are a new arrival to the political forefront. Child care, however, has had a long and tenuous history in the United States. The first recorded formal day care in the United States began in 1854 in New York City (Sidel, 1986). These day care centers were called "day nurseries" and were not in widespread use during that time. The day nurseries were modeled after the "creche", the formal day care centers in France. The day nursery's primary function was not child care but was the prevention of child neglect as mothers worked outside of the home. Settlement houses and other social agencies

were the major supporters of the day nurseries.

During the 1930's Depression, the use of child care vastly increased under the Works Progress Administration (WPA) (Joffe, 1977). Again, however, the aim of the WPA was not child care but to address some other issue. The purpose of the WPA was to increase the number of jobs; in this case, the jobs of child care workers. An even bigger expansion of child care offerings occurred in 1943 under the Lanham Act (Chafe, 1991). During World War II a large number of women were involved in the workforce (Chafe, 1991). Because of the need for women to be in the workforce, The Lanham Act granted funding to communities for child care established on a matching basis. State and federal governments funded 3,102 day care centers caring for approximately 60,000 children as part of the act (Joffe, 1977). It was also during WWII that employer-sponsored day care began in the United States. Kaiser Shipbuilding Corporation in Oregon operated two day care centers which were open 24 hours per day (Sidel, 1992). When the war ended, so too did most women's participation in the workforce. Thus, child care demand and services again decreased. Some twenty years later, during the 1960s, women again entered the workforce in large numbers due to a more liberal view of women in the workforce (Magid, 1983). This female migration into the workforce may have been an impetus to the increase in child care programs and offerings that exist today in the United States.

Child care was formally defined as a public child-welfare service in 1962 in the amendments to Title V of the Social Security Act (Sidel, 1986). In 1965, the Head Start Program, often characterized as a child care program, was established as part of the

"War on Poverty" (Joffe, 1977, p. 12). Its mission was to compensate for the deficiencies of "culturally deprived" children. Head Start focused on assisting disadvantaged children to "catch-up" educationally with their peers prior to the beginning of kindergarten. Although described as such, Head Start was never intended to be a source of child care.

The advances in day care during the 1960s ended when in 1971 President Nixon vetoed the Comprehensive Child Development Bill (Joffe, 1977). The bill would have authorized over two billion dollars for child care services. President Nixon stated that, "...for the Federal Government to plunge headlong financially into supporting child care development would commit the vast moral authority of the National Government to the side of communal approaches to child rearing..." (Joffe, 1977, p. ix). Expansion in child care after this point was somewhat stagnated.

Current Federal Involvement in Child Care

A statement that there will be changes in the current child care programs does not explain how the changes are going to occur or to what extent the programs will change. The following is a description that seeks to put the impending changes into context. The federal government will continue its involvement in the nine programs which currently support child care through September 1997. A listing of these nine programs is presented below (Library of Congress, 1996):

1. Child and Dependent Care Tax Credit
2. Child Care and Development Block Grant
3. Child Care for Recipients of AFDC
4. Transitional Child Care

5. At-Risk Child Care
6. Child and Adult Care Food Program
7. State Dependent Care Planning and Development Grants
8. Child Development Associate Credential Scholarships
9. Social Services Block Grant

The total expenditure for these nine programs in 1995 was approximately \$4 billion (Blank, 1997). The Child and Dependent Care Tax Credit and the Social Services Block Grant will remain in tact (Blank, 1997). The Child Care and Development Block Grant and the State Dependent Care Planning and Development Grants programs will be replaced by new state versions of block grant programs (Blank, 1997). The Child and Adult Care Food Program will be eliminated (Blank, 1997). The remaining four programs will be merged into existing state block grant programs (Blank, 1997). With welfare reform, the total child care budget will be increased by approximately four percent (Blank, 1997). The four percent, however, is not commensurate with the expected increase in child care demand. In addition to federal monies, individual states also contribute to child care. Roughly, states provide one-third of the total budget for child care with the federal government providing the remaining two-thirds (Blank, 1997).

Most of the programs listed above will experience changes. The magnitude of the change is particularly important because in most child care programs, the federal government will no longer explicitly stipulate acceptable standards for the child care programs. Instead, the federal government will block grant funds to the states. Thus, responsibility for child care programs will be primarily that of individual states. Consequently, each state will also have the ability to use these funds at the state

official's discretion.

Today, with welfare reform, a similar historical pattern in child care can be identified. In 1843 child care was offered by settlement houses and churches to prevent child neglect. During the Depression, child care was extended through the WPA to increase jobs, such as jobs as child care workers. During WWII, child care was expanded because women needed to join the workforce. Another expansion of child care is expected soon. Again, this expansion is not a social policy focused on child benefits or the subsequent strengthening of families. The increase in child care programs and offerings is a direct result of welfare reform--the focus of the expansion is on employment, not the well-being of children. Because of these changes, evaluations focusing on child care are becoming particularly relevant and necessary.

Historical Perspective on Child Care Research

It is useful to first understand the origins of child care research prior to undertaking any current child care study. Not only does this help to put any child care research into contextual perspective, but also, it enables researchers to utilize existing research so that all new research is not simply a duplication of past research. Past research also guides new research development because it can document past successes and past mistakes both in research design and research outcomes. For example, an unsuccessful solution implemented based on past research needs not be repeated. Instead, resources can be applied to new solutions are solutions that have been successful. An examination of past child care research will follow.

Hayes, et al. (1990, p. 47) suggest that child care research occurred in three waves: (1) the alarm phase, (2) the child development phase, and, (3) the linkages between a child's home and other environments phase.

First Wave of Child Care Research

The "alarm phase" of child care research asks the question, "Is child care harmful to children?" Psychologist, John Bowlby, introduced the concepts of attachment theory in 1951 in his work, *Maternal Care and Mental Health* (Hayes et al., 1990). Bowlby's work was an impetus to the alarm phase. Bowlby contended that a mother must provide two essential items to an infant in order for an enduring relationship to exist between them. First, this relationship between the mother and infant provides a "secure base" so that an infant feels comfortable to explore his/her environment. Secondly, a mother must provide a "haven of safety" for returning if the child becomes distressed. The secure base and haven of safety provide the security an infant must have in order to develop normally.

Within this context, research focused on child care as potentially causing harm to children because the child is deprived of its mother and cannot securely attach to her. This scenario was defined as maternal deprivation (Tizard, 1991). It is important to note that in Bowlby's original work, the research environment was an institutional setting (Hayes et al., 1990) not a child care setting wherein the child may still have considerable contact with its mother. Negative permanent effects on children's development were experienced when children were institutionalized (Hayes et al.). Acute distress

syndrome, conduct disorder, relationship building and intellectual development among others were all associated both with long and short term residence in children's institutions.

During the late 1970s, Rutter reevaluated Bowlby's attachment theory. Rutter (1982) found that the multiple changing of primary caregivers may in fact be the key to the child's not being securely attached. Rutter was suggesting that it was not the environment that caused damage to a child's development but it was the quality and consistency of a caregiver. Rutter also uncovered data suggesting that the conditions within the institutions were not only inadequate but were deplorable. With Rutter's work, as well as that of other social scientists, came a more complete understanding of normal child development (Hayes et al., 1990).

Perhaps the most important finding was the idea that all children must develop long-term relationships with many individuals in addition to the relationship with its mother. However, research during the 1980s has shown that the mother-child bond is not exclusive but it can be duplicated in other forms (Rutter, 1982). For example, a child and a grandmother can create the same type of attachment with the same strength and benefits as the attachment between a child and its mother (Rutter, 1982). Within this context, the most important aspect to a child's development is the opportunity to establish either an attached maternal or its equivalent relationship with another adult. These concepts are also reinforced in Chodorow's work, The Reproduction of Mothering (1978). Chodorow found that the more emotional attachments in which a child is able to participate, referred to as multiple mothering, the more likely the child will develop

normally. With multiple mothering, a child has the opportunity to have its needs met by several individuals and perhaps in a variety of ways.

Based on the reassessment of Bowlby's attachment theory, researchers no longer feel that a separation between a mother and child will necessarily result in the child's negative social or emotional development (Hayes et al., 1990). Further, it is also important to understand the vast difference between a child in an institutional setting and a child in a child care setting. Although Bowlby's attachment theory led to alarm over children separated from their mother even for only a short time, it is no longer believed that a child is developmentally scarred whenever s/he is separated from their mother.

Second Wave of Child Care Research

Hayes, et al. (1990 p. 65) presents child care research in succinct waves or patterns. In the second wave of research, child care research centered on quality. The research question usually employed was: Does quality of care have any influence on a child's development while they are in child care? Researchers used several approaches in an attempt to provide an answer. In one approach, a composite of measures were used to define quality. For example, a child care setting might be rated as high, medium or low based on staff/child ratios, the care giver's training and a daily routine. In 1984, McCartney (1984 p. 251) established a quality composite based on a child's language development. It was found that child care that was of high-quality was predictive of high scores on standardized language test such as the Peabody Picture Vocabulary Test and the Adaptive Language Inventory.

A second approach attempted to define child care and relate that definition to an outcome (Hayes et al., 1990). This approach, for example, might define quality as a particular staff/child ratio and measure the association between that ratio and a child's development. In 1981, Anderson, Nagle, Roberts and Smith conducted research to determine the level of involvement of a caregiver and a child development. The research showed that the more highly involved the caregiver, the more securely attached the child.

The third approach to research within the second wave attempted to define quality in a more abstract way. Often, child care quality may be defined by evaluating a child's experience while in child care (Hayes et al., 1990). Within this research, linkages between the caregiver's behavior and the child's development were measured.

The second wave of child care research is still underway (Hayes et al., 1990). Quality aspects of child care will always be an important and relevant part of child care research. However, it is often speculated that specifically measuring only quality in child care research misses so many other aspects of child care in general such as child care affordability and availability.

Third Wave of Child Care Research

Although research is still being conducted in the second wave of child care--research dealing primarily with quality aspects of child care--this research has given way to a broader base of research (Hayes et al., 1990). The third wave of child care research tends to focus on the linkages between family and child care environments (Hayes et al.,

1990 p. 72). In the third wave, research findings indicate relationships between child care quality and family characteristics. A significant relationship between socioeconomic status of a child's family and the child's day care quality was established by Howes and Olenick (1986) among others (Howes, 1983; McCartney et al., 1983). Their findings indicate that the high quality child care is positively associated with high socioeconomic statuses.

Under the third wave of child care research, indirect effects of child care experiences were also considered. This indirect research suggested that not only were children affected by child care situations, but also indicated that child care affected parents which consequently affected the child (Hayes et al., 1990). For example, a parent who felt forced to leave a child in what they considered to be substandard care affected the child in two ways: one, if in fact the care was below standard, the child suffered from a low-quality child care environment; two, the child may have felt the effect of a stressed parent because the parent may have believed they have no other alternative to the substandard care.

It is in the third wave of the child care research tradition that this study will be conducted. This study primarily focuses on availability aspects of child care; affordability issues per se are not one of the major concerns of this study. It is important, however, to note that if a child care arrangement is not affordable, it also is not available.

Past child care research not only provided some answers but also raised new questions. Hayes et al. (1990, p. 269) identified many areas in child care in which

research needed to be conducted. Generally, there was a lack of data pertaining to child care. For example, data describing types of child care, child care costs and implications of maternal employment were not readily accessible.

A specific recommendation Hayes, et al. (1990 p. 274) made is the necessity of documenting supply and demand of child care. This is important because information on availability of different child care arrangements was not available from a single source. Even when data were gathered and compared across different geographic units, the efforts were often stymied because of inconsistency of data gathering. Many times, researchers used different definitions of child care and different age limits so that the definitions and variables were not comparable. Oftentimes, data pertaining to child care was inferred from other resources such as census data. Although state agencies collected data on licensed child care, this does not usually extend to unlicensed care. Because of this, a large portion of child care had not been measured and was not used to describe child care supply within communities. Some states did utilize local resource and referral services to collect data on child care availability (Hayes et al., 1990). Many communities, however, did not have referral and resource agencies located in their communities so data collection was uneven at best (Hayes et al., p. 274).

A resource center model of community child care delivery was recommended in a 1993 document by the Research and Policy Committee of the Committee for Economic Development. The premise of the resource model was that quality child care existed in many communities but this foundation must be nurtured and strengthened in order to develop adequate child care options for all community residents. A major component

of a community-based resource center was the evaluation of the extent of child care availability via the measurement of child care supply and child care demand. This measurement was often performed by conducting a needs assessment of child care within individual communities. A general discussion of the purpose and styles of needs assessments follows.

Review of Needs Assessments

It is logical and necessary when evaluating any community child care system, to understand what resources exist along with a study of the resources that are required. This process creates a beginning point or a foundation upon which any recommendations for system changes can be based. In order to accommodate this, a needs assessment is recommended (Bauer, 1995). According to Kaufman et al. (1993, p. 4), “needs are gaps in results, consequences, or accomplishments” (see Figure 2). A need then is a discrepancy between what is and what ought to be (McKillip, 1993). The need or gap is the difference between, in this case, current child care availability and the child care options that are required so that parents/guardians can work or attend school. In sum, need is emphasized by the difference between current and desired results or consequences (Witkin & Altschuld, 1995, p. 7).

A difficulty often occurs in defining what ought to exist. Needs and wants or wish lists require differentiation. If needs are confused with wish lists, the assessments will likely be irrelevant. Child care can be considered a need or necessary because it is connected to parental employment or some type of schooling. Thus, there is an important

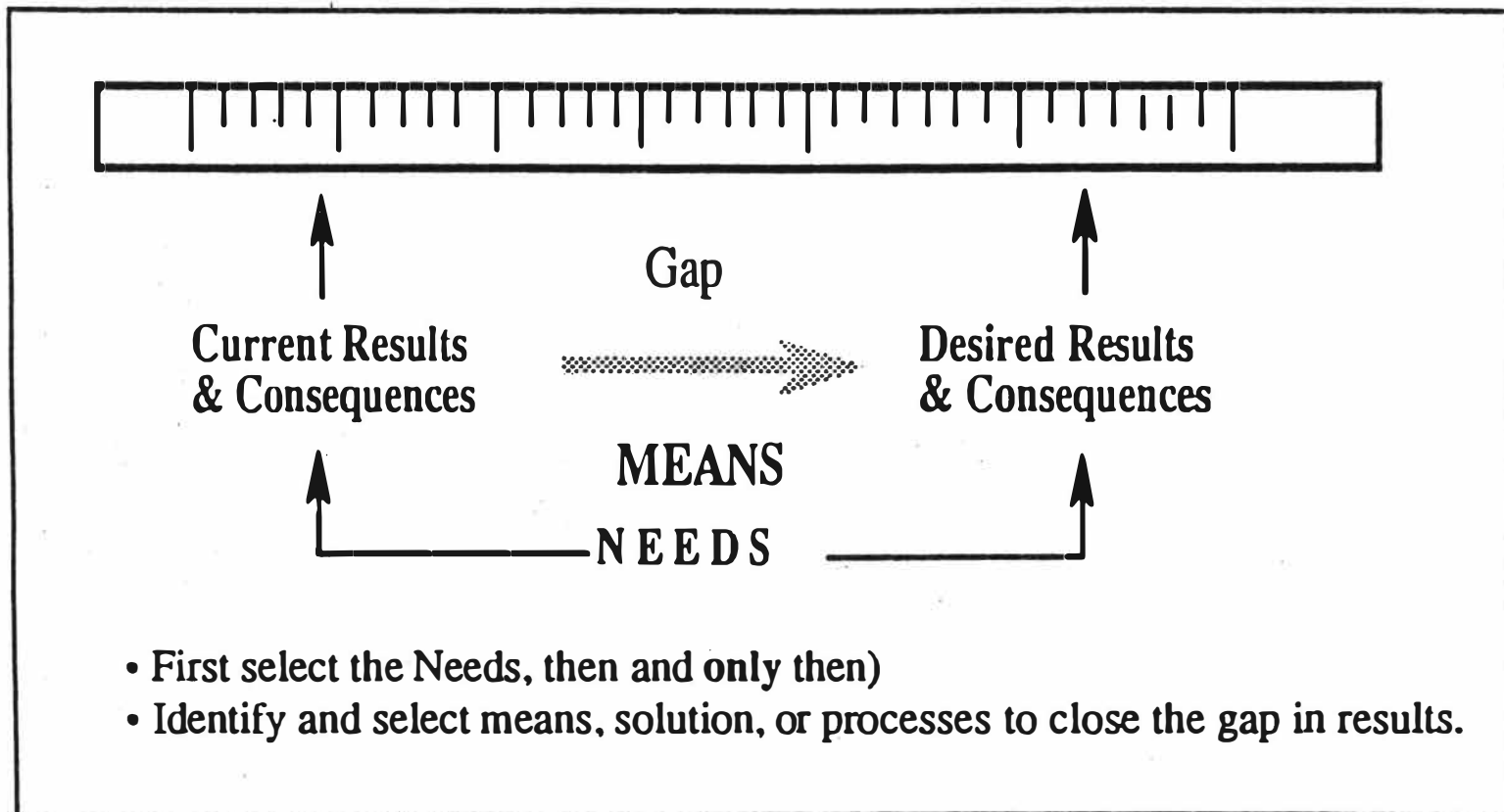


Figure 2. Means are the Ways to Meet the Needs.

Source: Witkin, B. R. & Altschult, J. W. (1995). Planning and conducting needs assessments a practical guide. Thousand Oaks, California: Sage Publications, p. 5. Used with Permission of Howard C. Prepsin, editor, Educational Technology Publications, Inc., 8-21-97

distinction in child care between a want and a need. Under this definition, child care is a need not simply a wish or a convenience.

Needs assessments which are often first steps toward interventions (Bauer, 1995), are also normally organized by levels. According to Kaufman et al. (1993), there are three levels of needs assessments. These levels are determined based on the question of, “who is the primary client and beneficiary” (Kaufman et al., 1993, p. 8).

At the first level, micro needs assessments focus on individuals or small groups as beneficiaries (Kaufman et al., 1993). At the second level, macro needs assessments focus on an organization as the primary beneficiary; this level is sometimes also referred to as meso level (Sonnad, 1997). The third level of needs assessments are described as mega needs assessments (Kaufman et al.). The mega needs assessments focus on society and community as main beneficiaries (see Figure 3). Whenever possible, it is recommended that mega needs assessments be performed rather than the other types because of the interrelatedness of all the types of assessments (Kaufman et al.). As Figure 3 illustrates, a mega assessment can be useful at a societal, organizational and operational level whereas a micro needs assessments is somewhat terminal in scope. A mega needs assessment is designed to elicit more abstract information than the other levels. Data gained from the mega assessment, however, can in turn be applied to either a macro or micro assessment whereas the opposite is generally not true (Kaufman et al.). By starting at the mega level, future opportunities can be readily identified and a responsive downward system can be developed.

Witkin and Altschult (1995, p. 10) also refer to three levels of need. The first

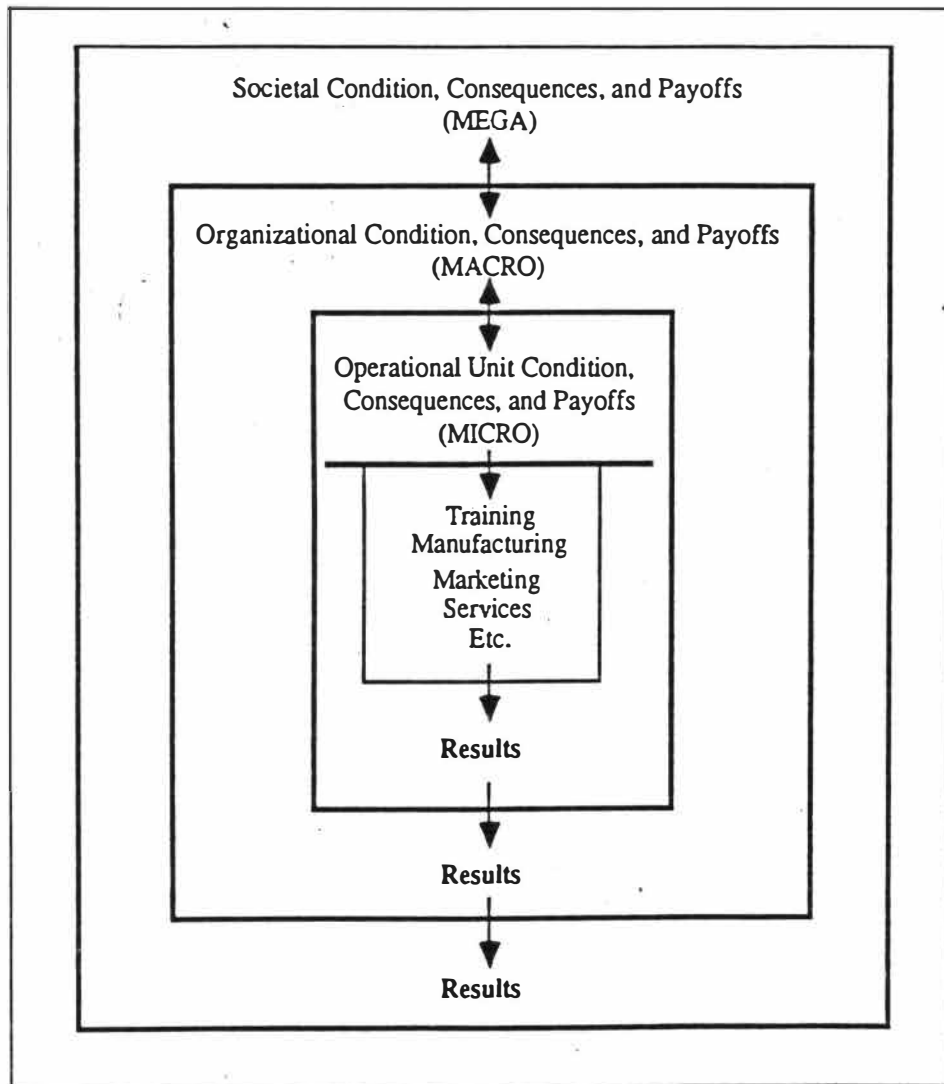


Figure 3. Needs Assessment in Context.

Source: Witkin, B. R. & Altschult, J. W. (1995). Planning and conducting needs assessments a practical guide. Thousand Oaks, California: Sage Publications, p. 9. Used with Permission of Howard C. Prepsin, editor, Educational Technology Publications, Inc., 8-21-97

level is identified as “primary” which refers to a target group. The target group is service receivers--these are individuals for whom a particular system exists. Level 2, referred to as the “secondary” level is made up of service providers and policymakers. Level 2 is related to Level 1 by providing services or information to the primary group. Level 3 assessments termed “tertiary” are the resources or solutions. For example, these could include equipment or facilities that meet a need.

Another component of a needs assessment must be an evaluation of means. Means are simply the ways in which the gaps are closed or the discrepancy is lessened (see Figure 2) (Kaufman et al., 1993, p. 5). Normally, needs assessments focus on the ends and not the means for achieving a desired result. The data describing the ends, however, can be utilized to develop a means to accommodate an end or potential solution (Witkin & Altschuld, 1995, p. 7). Once a discrepancy is detected and measured, oftentimes, priority setting is instituted. Priority setting includes identifying (a) the magnitude of the gap, (b) the causes of the need, (c) the degree of difficulty in attaining a need, (d) the consequences of ignoring the need, (e) the effect on other systems if the need is ignored or not met, and, (f) any political and social factors affecting potential solutions such as public expectation or community values (Witkin & Altschuld, p. 76). Needs assessments should not end with gathering needs data but should include an attempt at priority setting of needs.

Similar to priority setting but with a decidedly different focus, risk assessment seeks to respond to the question of, “what are the inhibiting factors, obstacles, barriers, risks and potential failures if a particular need is not met--the highest priority then goes

to the areas of great danger” (Witkin & Altschuld, 1995, p. 89).

Risk assessment can be viewed as a somewhat proactive approach to problem solving because it is tied to identifying future needs and resembles a strategic plan to assess need (Witkin & Altschuld, 1995, p. 211) as opposed to a reaction to a situation after it has been demonstrated as problematic. Although subtle, priority setting can be viewed as a reactive approach to needs assessment--one in which there is a response to the “pressures of obstacles or a changing world...or resource shifts” (Kaufman et al., 1993, p. 133). A risk assessment approach to needs assessment is viewed as proactive because an attempt is made to create something new and/or change things before there are pressures, crises and problems. This futuristic approach attempts to identify emerging needs.

In addition to the sometimes problematic nature of differentiating between needs and wish lists, several other aspects of needs assessments have been scrutinized in the literature. According to Kretzmann and McKnight (1993, p. 1), one of two paths are normally taken when an attempt is made to solve a real problem or potential problem. The first is the conventional needs assessment discussed earlier. The direction of the second path is toward inventorying a community’s assets or capabilities instead of assessing a need. The second path is referred to as “community mapping” (Kretzman & McKnight, 1993). The inventorying of assets empowers a community to develop solutions based on their strengths not on their weaknesses. According to Kretzmann and McKnight (1993), needs assessments build and increase the needs base of a community.

After a review of this asset-based path of community building as a research

method, the needs assessment approach was chosen for several reasons. Although all the concepts of community mapping are not presented here, the conclusion about the concepts is that they are interesting and attractive on paper, but, they are much less practical in practice. The mapping of community assets is an innovative approach to problem solving, however, the concepts are new and not widely supported in the literature. In addition to this, several assumptions are made about this method that seem less than stable. One assumption made is that individuals within communities may be interested in working together in a barter style system to build stronger communities and more ample resources. Even if it were true that residents are willing to work together, a major challenge for the individuals may be one of time availability. With the prevalence of dual wage earners within a family and the increase in single parenting, it is likely that the one thing these families do not have is surplus time. Although community mapping is an interesting alternative to needs assessments, it is not a fitting application for this study.

In sum, needs assessments should identify gaps in services. Also, an assessment should attempt to answer needs at the highest level, i.e., a mega or a primary level assessment whenever possible.

Based on the information and parameters outlined above, a needs assessment was deemed the best avenue to initially research child care availability. This study seeks to identify child care resources that currently exist in the community and the extent to which the existing resources meet child care needs. A methodological description of this child care needs assessment will follow.

CHAPTER III

RESEARCH DESIGN AND METHODOLOGY

This research is designed to measure discrepancies between child care supply and child care demand in Niles, Michigan. This work is best categorized as a mega needs assessment because the main focus of the study is a community. This study will also include aspects of child care that tend to be most problematic to Niles residents. A combination of priority setting and risk assessment of child care need in Niles will be presented. This research can be described as a proactive attempt at evaluating child care need in Niles. In addition to evaluating need, this study will also examine the potential consequences of not meeting child care need; this component is often referred to as risk assessment. First, the following sections will describe the research design.

Instrument

Data describing child care supply and demand was collected through a self-administered survey instrument (see Appendix A). The questionnaire was based on other questionnaires utilized to measure child care (Hofferth et al, 1991; George, 1996).

A survey pretest (see Appendix B) was performed at one of the research sites, namely, Eastside Elementary School. Thirty-seven surveys were returned from Eastside. Based on the pretest, changes were made in the survey instrument. The changes mainly

consisted of format changes such as collapsing of child care styles into one question instead of two. The pretest data were not used in the final data analysis because the pretest survey differed from the final survey administered at the remaining sites. A description of the survey sites will be presented later in this chapter.

The survey instrument consisted of 13 questions with sub questions which totaled 47 variables. These variables were designed to measure the concepts of child care resources and child care demand. In addition, other demographic questions were included in the questionnaire, such as marital status and sex in order to measure any significant relationships between child care demand and resources and other relevant demographic data about respondents.

The first part of the survey included a question so that the respondent's area of residence based on elementary school could be identified. In Niles, residency primarily determines which elementary school children will attend. There are five elementary school districts in Niles. This question allowed for a measurement of child care supply or demand by area in which the respondent lived. Other demographic variables included the respondent's age, sex, marital status and income level.

Two types of respondent were crucial to this survey: (1) respondents who were parents or guardians of children under 13 years old, and, (2) respondents who required child care in order to work or attend school. It was necessary to gather data about these areas because in this study child care is defined by those criteria. Two questions were employed to evaluate each respondent's eligibility based on the definition of child care outlined above. One question pertained to the respondent's parental status and one to

work/school requirements as they relate to child care. One part of the first question also requested information about the children's ages which was again necessary because of the child care definition. As indicated earlier, child care demand only included care for a child while the parent/guardian was working or attending school. These are also the criteria used by the federal government for eligibility of child care tax credits (Hofferth et al., 1991; Hayes et al., 1990). If the respondents did not need child care for purposes of school/work, they were directed to skip to the end of the questionnaire which sought a prediction of future needs and the balance of the demographic information referred to earlier.

If the respondent did need child care, the respondent was asked to rank by number, the five child care arrangements they might use. These five styles of arrangements are the primary styles referred to in the literature.

One question solicited data from the respondent regarding 19 specific areas of child care supply. These areas included child care cost, dependability, quality, child care schedule gaps, care for a sick child, care for different aged children and securing care for specific times such as weekends or evenings. A Likert Scale was used to measure each variable. The respondent was asked to indicate the extent to which each of these 19 areas may or may not be problematic for them. This was accomplished by utilizing four categories which ranged from "no problem" to "major problem."

A question was used to ascertain aspects of child care resources that may be problematic for all respondents. This question requested the specific number of days that the respondent had missed work because of a child care problem. This question was

used to describe consequences of child care nonavailability for some families in the Niles area.

A licensing question was posed in order to determine the percentage of child care providers who were licensed. This question was included in order to compare local data against national figures. Because unlicensed child care is severely understudied, it will be valuable to estimate the percentage of providers who are not licensed. This data provided a baseline estimate describing the degree to which children are being cared for by unlicensed providers.

A question asked the respondents to predict their child care needs within the next three years. This can be used to make future estimates of any change in child care demand in Niles.

Another question sought information regarding any assistance available to the respondent may receive by other adults within the household. This question was designed to measure any difference in child care need based on the number of adults in the household. Even though a question regarding marital status was also employed, an automatic assumption that the spouse assisted with child care was not made. Three questions were employed to measure child care supply or resources. One question asked the respondent's opinion regarding the adequacy of child care resources in Niles. Another question directly requested the respondent's opinion about the degree to which their own child care needs were currently being met. Although these may be considered as fairly general opinion questions, they will provide support to the more direct measures in the survey and the secondary data available on a nationwide basis.

Sampling

These data were collected from residents of Niles, Michigan. The sample parameters consisted of adults who were at least 18 years old and who were parents or guardians of children under 13 years of age. The needs assessment was based on a nonrandom sample. A nonrandom sample was used as a means to identifying the population of parents with children under age 13 was not available. Because of this, it was decided to sample elementary schools and service agencies in Niles. Since the survey sample was based on nonprobability, the results of the survey are not generalizable to the population. The results, however, can provide preliminary estimates of child care supply and demand in Niles. This research is not to be evaluated as a complete analysis of child care but should more accurately be evaluated as a beginning point on which to base future child care research.

Data Collection

Thirteen research sites were used for data collection (see Appendix C). Site selection was modeled after a needs assessment performed in Coldwater, Michigan in 1996 (George). The sites in Niles included seven elementary schools. Elementary schools were chosen because they usually enroll children between the ages of four and thirteen. According to other child care research (Hofferth et al, 1991), these ages are a primary group for which child care is required. Six other sites, such as the community library and the local YMCA, were also chosen within the community in order to supplement the school sample. These sites were selected in an attempt to sample

parents/guardians of children who are younger than four years old. It is important to note that the sampled service agencies do not normally service clients in the lowest socioeconomic levels.

Data were collected from the survey sites described above through a self-administered survey instrument. Prior to dissemination of the questionnaires, each survey site director/principal approved the conducting of the survey at that site.

At the elementary schools, surveys were sent home with selected students for their parents/guardians to complete and return. At these sites, two grades were randomly chosen to be sampled. In addition to this, at Merritt Elementary School, all parents participating in “Kindergarten Roundup” were asked to complete the survey. At all the schools, a short letter was attached to the questionnaire inviting the parent/guardian to participate. At the remaining sites, personnel at the sites invited their clients to participate in the survey.

Sampling bias was probable based on the approach outlined above. It is possible that not every student who was sent home with a survey gave the survey to their parent. In the case of non school sites, personnel at the sites may not always present every eligible parent with a survey. Also, since each respondent essentially selects themselves as a participant for the study, a self-selection bias occurs. Because of these sampling biases, a cautious interpretation of all results was required. Solutions for future research to address these biases will be presented in Chapter VI.

Research Time Frame

Initial approval was granted from the Human Subjects Institutions Review Board (HSIRB) to conduct this research project (see Appendix D) on March 18, 1997. The duration of HSIRB approval period was one year. In March of 1997, Eastside Elementary School was surveyed as a pretest site. Changes to the questionnaire were made based on the pretest and a revised questionnaire was submitted to HSIRB and approved on April 16, 1997 (see Appendix E). The administration of the surveys for the schools was completed during May 1997. The survey administration for the additional survey sites occurred between June and July of 1997. Data entry and analysis was conducted between July and September of 1997. The research project was completed by November 1997. The study described above, was designed to address the questions in the following section.

Research Questions

This child care assessment addressed the following questions:

1. What is the child care supply in Niles?
2. What is the child care demand in Niles?
3. What is the gap or discrepancy between child care supply and child care demand?
4. What particular aspects of child care in Niles are problematic?
5. What are the significant relationships between child care supply and child care demand variables?

Methods of Data Analysis

Percentages and frequency distribution tables are used to present the data collected through this survey.

Relationships between variables were first analyzed using chi square. Phi, a chi-square-based measure of association (Healey, 1993), was used in order to measure the strength of relationships measured in 2 X 2 tables and at the nominal level. All nominal level variables were either created as dichotomies or collapsed into dichotomous form.

Gamma was used to test variable relationships measured at the ordinal level (DiLeonardi & Curtis, 1988). Gamma measures the strength and direction of a bivariate relationship. Gamma was used to measure relationships between the following ordinal variables: child care style, amount of work missed, provider licensing status, community resource adequacy and the extent to which child care needs are being met. Also, gamma was used to measure the 19 variables which specifically pertain to child care demand (ie, cost and children's age categories) and income range. Gamma is a Proportional Reduction in Error (PRE) measure (Healey, 1993). PRE measures are based on two predictive rules. The first rule predicts one of the variables while ignoring the other variable (Healey, 1993). The second rule then predicts a variable based on the other variable. Gamma's logic lies in the prediction of ordered pairs of cases. Predictions are made for each case by first applying rule one, then applying rule two. If the two variables are associated, the number of predictive errors are reduced when the prediction of one variable is based on the knowledge of another variable.

Gamma is a parametric measure meaning that two other assumptions in addition

to level of measurement are necessary. First, an assumption is made that the sample is normally distributed (Healey, 1993). This stipulation is usually met by a large sample (Healey, 1993). The sample size of this study was 201 which adequately met the sample size requirement. The second assumption of gamma is random sampling. This study did not include a random sample, so a cautious interpretation of the results was necessary. Also, results were not generalized to the population.

Lastly, Single-Sample Proportions tests were used to measure differences between the child care assessment of Niles and a similar national assessment. This test was used to evaluate the following variable differences: proportion of parents who did not use child care, proportion who primarily used day care centers, proportion who used family day care providers and those who used relative care. This test included a nominal level of measurement assumption as well as a random sampling and normal sampling distribution assumption which were addressed earlier (Healey, 1993).

Chapter IV presents the analysis described above. While evaluating these data, it will be important to keep in mind that while associations and differences between variables are important, the lack of particular relationships also will be relevant and critical to the findings.

CHAPTER IV

MAJOR FINDINGS

Demographics

Niles is located in Southwestern Michigan near the Indiana/Michigan state line. Based on the 1990 Census, Niles has a population of 33,750. In 1989, 9,421 (1990 Census) families resided in Niles. The median family income in 1989 (Census, 1990) was \$31,637. The sample for this study consisted of 201 Niles residents. The survey response rate was approximately 20 percent (see Table 1). The response rates were determined based on the difference between the surveys sent home or given to the service agencies and those surveys returned. These data were interpreted cautiously since this was not based on a probability sample. Descriptive data are presented first. Within the major findings section, the descriptive presentation is followed by the survey variables which were emphasized in past child care literature as being significant. All the other findings, related findings, are presented in the second half of this chapter.

Table 1 presents response rates, sample sizes and population sizes by survey sites. As Table 1 indicates, the population sizes (Brandywine Community Schools; Niles Community Schools, 1997) when compared to the response rates are similar with two exceptions. Howard Elementary school is underrepresented and Merritt Elementary School is overrepresented.

Table 1

Survey Site Population Size, Sample Size and Response Rates

Site	Population Size	Sample Size (n)	Response Rate
Ballard Elementary School	26%	25	22%
Brandywine Elementary School	15%	15	14%
Eastside Elementary School (pretest site)	13%	***	***
Ellis Elementary School	6%	2	2%
Howard Elementary School	16%	3	5%
Niles Library	***	10	13%
Northside Child Development Center	***	30	28%
Merritt Elementary School	13%	75	38%
Oak Manor Elementary School	11%	4	8%
Salvation Army Day Camp	***	12	32%
St. Mary's Elementary School (private)	***	16	16%
St. Paul's Lutheran Church	***	5	48%
YMCA of Niles	***	4	25%
Total	100%	201	20.9%

***not applicable

Data describing the respondents are presented in the following pages. The respondents were primarily females with only 7% of respondents being male. The reported age range was between 18 and 59 years old. The mean and median ages were both 33 years. The majority of the respondents were married with 22% reporting an unmarried status. The annual income (see Table 2) ranged from \$0 to over \$60,000 per year per household. The mean, median and mode were all in the \$20,001-40,000

Table 2
Survey Income in Dollars Compared to 1990 Census

Income Range	1997 Niles Survey	1990 Census
60,001& Over	17.4%	8.7%
40,001-60,000	27.6%	18.3%
20,001-40,000	35.0%	38.3%
10,001-20,000	14.7%	20.1%
0-10,000	5.5%	14.6%
Total	99.9%	100.0%

N=163

category which represented 35% of the sample. The first income category on the questionnaire was \$0-10,000. The respondents in that category consisted of only 5.5% of the sample. In the 1990 Census, this income category in Niles constituted 14.6% of the sample. This first income category, therefore, was heavily underrepresented. With

survey work, traditionally, the lower incomes are somewhat underrepresented. Income category two, \$10,001-20,000 constituted 14.7% of the sample; this figure represented a 5.6% difference from the 1990 Census. Income category three, \$20,001-40,000, constituted 35% of the sample which was similar to the 1990 Census. This population comprised 38.3% in the census. Income category four, \$40,000-60,000 constituted 27.6% of the sample compared to the 1990 Census which comprised 18.3% of this income category. Income category five, \$60,001 & Over, constituted 17.1% of the sample. According to the 1990 Census, category five only comprised 8.7% of the Niles population. Thus, category five was overrepresented at 17.1% as shown in Table 2. The 1990 Census data were collected in 1989. Based on that, there is a seven-year difference between the census data and the Niles survey. Part of the discrepancy between the 1990 Census income levels and the 1997 Niles survey income levels may lie in this seven-year difference. It is likely that incomes in Niles were higher in 1997 than they were in 1989.

Descriptive Presentation

One of the most important findings addressed the question of, “how are children currently being cared for” in this sample? These data were crucial to the needs assessment because the care style can be compared to any child care situations respondents identified as problematic. Based on any association, future decisions can be made regarding the increasing or decreasing of child care offerings. In 1990, one of the reasons the National Child Care Survey (Hofferth et al., 1991) was administered

was to identify the style of child care. Table 3 describes current child care arrangements in the Niles sample and compares them to the NCCS (Hofferth et al.) data.

Table 3
Niles Child Care Style Compared to
The National Child Care Survey

Child Care Style	Niles Survey	Adjusted National Child Care Survey
Parent Care	34%	54%
Relative Care	25%	16%
Day Care Center Care	19%	15%
Family Day Care (FDC)	16%	8%
In-Home Care	4%	4%
Other Care	2%	3%
Total	100%	100%

n=187

Perhaps one of the most compelling results of a child care assessment is the percentage measurement of parents (all references to parent will also be assumed to include guardian) who care for their children themselves without any other assistance. It is crucial to remember that even though these parents did care for their children themselves, it does not mean that they did not use any child care. The parent category simply identified the parent as the primary care provider. Sometimes a spouse who was

not working or attending school cared for the children. Oftentimes, a two-parent household may have worked two different shifts in order to provide parental care for their children. In some cases, a parent, usually female, was able to take the child to work with them or perform their work at home so the children did not need other care. This is especially prevalent among women who are family day care providers. These parents may deliberately choose to be family day care providers so that they can simultaneously care for their own children. Percentage differences between care styles in the Niles sample and the NCCS were measured for statistically significant differences. This was necessary to determine if the Niles sample care styles were different than national estimates.

It was considered important to evaluate the difference between the NCCS (Hofferth et al., 1991) and the Niles assessment regarding parents who require child care because of either work or school schedules. In order to measure any significant difference between these two samples, a single-sample proportion test was utilized based on the data from Table 2. The proportion of parents who did not utilize outside child care in the Niles sample was compared to the same category from the NCCS. The sample size was 187 cases. The $Z(\text{obtained})$ was 6.11. The alpha level was set at .05 which translates to a critical Z -score of 1.96 (positive or negative). Obtained Z was well outside of the critical region. Based on the results, the two groups, the NCCS (Hofferth et al., 1991) sample and the Niles sample, were statistically significantly different. One of the reasons for this difference may be that the NCCS utilized a random sample whereas this study used a convenience sample. This could also mean, however, that the

needs in the Niles sample were different from national estimates.

Of particular interest was the percentage point differences between style of arrangements when the Niles survey was compared to the NCCS (Hofferth et al., 1991) data. Three child care arrangements, based on the data displayed in Table 2, were measured for statistically significant differences.

Statistically significant differences were detected in one care arrangement, relative care. Relative care had a sample size of 50 cases. The care style of relative care was calculated using a single-sample proportion test. A Z score of 2.12 was obtained which was outside of the critical regions of 1.96. The group utilizing relative care in Niles compared to the NCCS (Hofferth et al., 1991) group was statistically significantly different.

Family day care difference was also measured and a Z of 1.7 was obtained which was within the critical region (1.96). Thus, the difference between family day care in the Niles sample and the NCCS (Hofferth et al., 1991) was not significant. Next, day care center care was also measured and the difference was not found to be statistically significant with an obtained Z of 1.51. Sample size for family day care was 32 cases and 38 cases for day care center care.

The next presentation will include specific aspects of child care availability that respondents identified as problematic or not problematic. The original data were measured on a four-point scale. The scale included, no problem, minor problem, moderate problem, and major problem as categories. These four categories were collapsed into two categories representing no or minor problems and moderate or major

problems within specific categories. Table 4 offers a summary of these results.

As Table 4 indicates, many specific areas of child care were reported by the

Table 4
Specific Child Care Areas

Variable	No Problem	Problematic	n
Age 0-1	49%	51%	39
Weekends	50%	50%	92
Sick Child	53%	47%	112
Cost	55%	45%	114
Emergencies	59%	41%	97
6 pm-Midnight	59%	41%	78
Age 2-3	59%	41%	44
Midnight-6 am	59%	41%	74
Snow Days	62%	38%	100
School Vacation	62%	38%	101
Age 8 & Over	63%	37%	68
Dependability	75%	25%	113
Before School	77%	23%	97
After School	80%	20%	96
Schedule Gaps	80%	20%	106

Table 4--Continued

Variable	No Problem	Problematic	n
Age 4-5	81%	19%	73
Weekdays	82%	18%	103
Quality	82%	18%	112
Age 6-7	85%	15%	52

respondents as problematic. In eight of the 19 areas, at least 40% of the respondents indicated that child care situation as problematic. Care for children 0-1 and 2-3 years old seemed to be an obstacle for many parents. This is generally supported in the child care literature (Hofferth et al., 1991). With reference to age, this survey data also indicated that care for 4-5 and 6-7 year olds, was not nearly as difficult as securing care for children 0-3 years old. Most likely this was because children were in school--school can conceivably be equivalent to child care. Generally, once a child enters the first grade, daily child care becomes less of a problem. What was particularly interesting was that securing care for children over 8 years old was almost as difficult as was securing care for children ages 2-3 years old. This may have been an indication that fewer appropriate child care options existed for older children who needed general supervision but not constant care. Also, it is possible that because children 8 and older were in school a full day and were often engaged in many extra-curricular activities, only a small

amount of child care time was needed. Oftentimes, providers may not be willing to service this age category because the amount of time in care is so small. In a licensed setting, care for only an hour or two uses a child care slot that can be filled by a full time or half time care situation. Consequently, it is much more profitable to care for children who are likely to need a longer span of care.

Weekend care was clearly identified as problematic by half of the respondents. Although it is not known what portion of the respondents routinely work weekend hours, this would seem like a large percentage. Normally, most regulated child care providers do not offer weekend child care hours. Those who do, usually do not offer child care hours on Sundays (Allegan Child Care Survey, 1997).

Locating care for a sick child tended to be quite difficult for families in Niles. A surprising 47% of respondents reported this as problematic. It is likely that parents are forced to miss work or school when a child is sick because day care centers and family day care providers are strict about not allowing ill children into the care setting even if the child's illness is a minor one, such as a cough.

Three other areas of care that were reported as highly problematic are: (1) cost; (2) 6 pm-midnight (second shift of work); and (3) midnight-6 am (third shift of work). These results were reenforced by other child care research which readily identified these areas as problematic as well (Hayes et al., 1990; Hofferth et al., 1991; George, 1996).

It is likely that parents miss work or school during school snow days and to a lesser extent, during school vacations. Snow days occur without warning and if a family does not have a good child care backup system in place, it is virtually impossible to

locate care immediately. Although parents are aware of school vacations, many reported that securing care during this time was as difficult as securing care during snow days.

Before and after school care, often shown to be an issue for many families in the national sample (Hofferth et al., 1991), seemed not to be particularly problematic in the Niles sample. Perhaps a rise in latchkey programs has already addressed this need.

Two specific types of child care yielded surprising results. Although not recognized as such in other research, obtaining care for a children during emergency situations was highly problematic. Obtaining child care during emergencies was reported as problematic by 41% of the respondents. Perhaps even more interesting, however, was the result that the quality of child care was not reported as generally problematic by 82% of respondents in Niles. This was interesting in the light of the historical second wave of research which emphatically investigated child care quality. Perhaps this shift away from quality is due to a general increase in more quality programs and/or an increase in provider licensing status within the Niles community. Another possibility may be that with researchers' attention, thus media attention, now on other aspects of child care, i.e., availability and affordability, quality issues were de-emphasized in respondents' minds.

The amount of unlicensed child care that exists is sometimes difficult to discern. It is relatively easy to identify licensed child care, but oftentimes, unlicensed care can only be measured through extrapolation. Based on individuals who report their care as licensed, an estimate of unlicensed care can be obtained for this sample. In most cases, however, these are only estimates and not direct measurements. In this sample, 41% of

respondents reported that their primary care provider was licensed. Only 5% of the sample were unsure if their primary child care arrangement was licensed. Generally, child care consumers tend to be aware of their provider's licensing status because of the establishment of the Child and Dependent Care Tax Credit. As mentioned earlier, a rather large federal credit is given to families for child care but only to those utilizing licensed care. Nevertheless, a majority of the respondents indicated that their primary child care arrangement was not licensed. Licensing status percentages gained from this survey did fall within estimates identified in child care literature (Willer et al. 1990; Hayes et al., 1990). National estimates predicted that unlicensed care exists in at least 50% of cases and as much as 90% in some cases. It was noted, however, that the survey results reflecting that 55% of care was unlicensed was on the lower end of national estimates.

When evaluating problematic aspects of child care, it is important to present data describing the amount of work missed by parents. According to the survey, 65% of all respondents reported missing at least a portion of a day from work due to a child care failure. Nearly half of the respondents stated that they missed between 2 and 5 days from work during the last year because of child care unavailability. Issues of job stability and promotion were likely areas of concern for these parents.

This last descriptive section will address child care supply and demand issues based on the survey data. One of the survey questions sought information regarding the respondent's opinion of the adequacy of child care resources in Niles. The results indicated that in 34% of the cases, child care resources were perceived as adequate.

Another 24% of the respondents reported that they were unsure with respect to resource adequacy. Finally, 42% of the respondents reported that the resources were not adequate.

In the case of needs being met, 63% of the respondents indicated that their child care needs were being met. Another 25% of the respondents felt that they were usually being met and only 12% indicated that their needs were not being met. There seemed to be a rather large discrepancy between respondents' opinion of resource adequacy and the extent to which their own child care needs were being met. It is possible that with the latter two categories combined (25% and 12%), 37% of respondents were expressing, at least to some degree, that their child care needs were not being met. The combined category figure of 37% is similar to the percentage of parents in the national sample reporting inadequate resources which was 42%. Another possible interpretation of this discrepancy may be that parents tended to feel guilty about the adequacy or quality of their actual child care and would not admit that their own child care choice was substandard or unacceptable. After all, they may have been leaving their own children in the very environment that they deemed as substandard. Thus, it would be less uncomfortable to admit that resources in general are not adequate. If this were the case, this question may have been addressing a quality dimension of child care. Another possibility could be that more child care options existed in the community than the respondents realized. This situation would indicate that the respondents were not aware of all child care options that were available in the area. The following section describes the recoding and collapsing of those variables which were manipulated for ease of data

analysis and interpretation.

Data Coding and Collapsing

Many of the survey variables were collapsed for purposes of analysis of relationships. This was done because in the majority of cases, the results in cross tabulations resulted in many empty cells or cells with a very low number of cases (less than 5). Child care arrangement styles, for example, were recoded into two categories. Specific problematic aspects of child care were collapsed into two groups labeled “no problem” and “problem.” The income variable was collapsed into three categories with an interval of \$20,000. The “work missed” variable was collapsed into three categories:

Table 5
Variable Descriptive Statistics Before and After Recoding

	Before Recode		After Recode	
	Mean	Skew	Mean	Skew
Income	3.429	.197	1.969	.016
Work Missed	3.746	5.241	1.798	.275
Relative Care	1.633	2.056	1.49	.041
Day Care Center Care	1.745	1.647	1.309	.85
Family Day Care	1.776	1.193	1.522	-.092

zero days missed, one week and less missed, and over one week missed. Table 5 presents descriptive statistics comparing the major variables before and after they were recoded. Data analysis based on these variables is presented later.

Variable Relationships

Many relationships between variables were examined during the data analysis of this study. The first major variable relationships analyzed included household family income and marital status. Because marital status was closely linked to income level in the study, marital status was examined with income level. Income was important because it is often indicative of child care problems or lack thereof. In addition to this, income level often dictates not only problematic aspects of child care but also child care unavailability in general.

Often related to income is the amount of work missed because of a child care problem. This is important because of its implications for decreased income. Also, the amount of work missed can be used as a direct measure of the impact of child care unavailability.

It is also crucial in any needs assessment to identify what child care styles (i.e., day care centers or relative care) best meet the needs of the community. With this accomplished, recommendations can be made as to what actions may be necessary to address any gap between child care supply and child care demand.

Marital Status

Require Child Care by Marital Status

The first relationship to be discussed is between child care requirements and marital status. Table 6 identifies an association between marital status and child care need although the relationship was not strong, it was significant at the .05 level. The contingency table indicated that those parents who were not married were more likely to require child care. With the presence of another adult in the household, the likelihood of children being cared for within the family unit increased.

Table 6

Require Child Care by Marital Status

Require Child Care	Marital Status	
	Not Married	Married
Yes	62(87%)	77(75%)
No	9(13%)	26(25%)
Total	71(100%)	103(100%)
Chi Square Value	4.13	
Chi Square p =	.021	
Phi Value	-.154	
Phi Level of Significance	.021	

Other Child Care Assistance by Marital Status

The variables, marital status and other adults in the home who assist with child care was moderately to strongly associated. Table 7 indicates that married respondents tended to have a higher level of child care assistance available when compared to those who were not married. Being married, however, did not always indicate that the spouse was assisting with child care.

Table 7

Other Child Care Assistance by Marital Status

Other Child Care Assistance	Marital Status	
	Not Married	Married
Yes	18(46%)	116(82%)
No	21(54%)	25(18%)
Total	39(100%)	141(100%)
Chi Square Value	20.945	
Chi Square p =	.000	
Gamma Value	.688	
Gamma p=	.000	

Income

Yearly Household Income by Marital Status

It was expected that yearly household income would be linked to marital status.

In fact, income level was linked to many child care variables. As Table 8 indicates, there was a strong association between income and marital status revealing that married respondents had higher household incomes than unmarried respondents. It was noted that only 38 of the 122 respondents were unmarried and only 22 cases fell in the lowest income category. Consequently, the low numbers indicated that a sampling bias probably existed.

Table 8
Yearly Household Income by Marital Status

Yearly Household Income	Marital Status	
	Unmarried	Married
\$40,000 & Over	1(3%)	27(22%)
\$20,001-40,000	15(39%)	86(70%)
\$0-20,000	22(58%)	9(7%)
Total	38(100%)	122(99%)
Chi Square Value	48.877	
Chi Square p =	.000	
Gamma Value	-.853	
Gamma p =	.000	

A relationship similar to marital status and income was also detected between income and other adults within the household who helped with child care (see Appendix F). A moderate relationship between yearly household income and other household

adult assistance existed. Those respondents with higher income levels indicated that they did have other adult child care assistance. It is possible, however, that the other adult offering child care assistance was a spouse.

Resource Adequacy and Needs Met by Yearly Household Income

Perhaps more informative than marital status when referring to income, however, were the relationships between child care resource adequacy and income levels. Resource adequacy is measured by child care resources and child care demand. Table 9 shows that income level was moderately associated with child care resource availability. This relationship was significant at the .0145 level. The association indicated that as income levels rose, respondents felt that more child care resources

Table 9
Resource Adequacy and Needs Met by Yearly Household Income

	Yearly Household Income in Dollars		
	0-20,000	20,001- 40,000	40,001 & Over
Resource Adequacy			
Yes	4(18%)	23(35%)	10(48%)
Not Sure	6(27%)	14(21%)	5(24%)
No	12(55%)	29(44%)	6(29%)
Total	22(100%)	66(100%)	21(101%)

Table 9--Continued

	Yearly Household Income in Dollars		
	0-20,000	20,001- 40,000	40,001 & Over
Needs Met			
Yes	12(53%)	39(60%)	18(86%)
Usually	5(22%)	19(29%)	3 (14%)
No	6(26%)	7(11)	0 (0%)
Total	23(101%)	65(100%)	21(100%)
	Resources	Needs Met	
Chi Square Value	4.763	10.212	
Chi Square p =	.156	.0185	
Gamma Value	-.294	-.428	
Gamma p =	.0145	.003	

were available to them within the community. The relationship also revealed that respondents with higher household income levels generally felt that their own child care need was more readily being met. Higher incomes tended to yield more child care options for parents. Income associated with child care resource adequacy was particularly relevant in light of deconstruction of the AFDC program and its work requirement component.

Weekends, 12 am- 6 am care and Child Care Gaps by Yearly Household Income

Income level also was suggestive of several other problematic aspects of securing

child care. Moderate relationships (see Table 10) were discovered between income and securing child care during weekends, care during 6 pm - 12 am (often referred to as second shift) and child care gaps. Respondents in the highest income category reported that securing child care during weekends, during the second shift and child care gaps as less problematic. Respondents in the middle income group, identified weekend care

Table 10
Weekends, 12 am- 6 am Care and Child Care Gaps
by Yearly Household Income

	Yearly Household Income		
	0-20,000	20,001- 40,000	40,001 & Over
Weekends			
Problematic	9(56%)	30(60%)	5(26%)
No Problem	7(44%)	20(40%)	14(74%)
Total	16(100)	50(100%)	19(100%)
6 pm-12 am			
Problematic	10(59%)	16(40%)	4(33%)
No Problem	7(41%)	24(60%)	12(67%)
Total	17(100%)	40 (100%)	16(100%)
Child Care Gaps			
Problematic	8(38%)	10(18%)	2(10%)

Table 10--Continued

	Yearly Household Income		
	0-20,000	20,001- 40,000	40,001 & Over
No Problem	13(62%)	46(82%)	19(90%)
Total	21(100%)	56(100%)	21(100%)
	Weekends	6 pm - 12 am	Gaps
Chi Square Value	6.415	3.939	5.8
Chi Square p =	.020	.070	.0275
Gamma Value	-.356	-.401	-.482
Gamma p =	.0265	.0195	.012

as more problematic than either the lowest or highest income group. In these cases, it may be that both middle and lower income individuals tended to work more often during second shift and during weekends hours. Working these atypical hours (hours outside of 8 am - 5 pm) may have produced more child care gaps for parents. In sum, child care need in general tended to be dictated in many cases by the income level of respondents.

Work Missed

A child care problem or failure can encompass many aspects of child care unavailability. For example, a child care failure can include work missed because of provider illness or work missed when a provider cancels child care services with no prior notice. Thus, missing work due to a child care problem or failure can conceivably be attributable to child care unavailability. Because of this, work missed is a real and

measurable consequence of child care unavailability. The amount of work missed compared to primary child care styles utilized by respondents is described below.

Work Missed by Child Care Style

Two child care arrangements, relative care and family day care were compared to the amount of time a parent missed from work due to child care problems. Table 11 reveals these relationships. Respondents who utilized relative care as their primary care arrangement reported that they missed less work than those who used other arrangements. The association between relative care and amount of work missed was statistically significant at the .05 level and moderate in strength. It is possible that generally, parents who use relative care are more often able to leave a sick child with a relative than in other arrangement styles. Relatives may also be more apt to continue to care for the child when the child is sick.

Examination of the data pertaining to the relationship between work missed and non relative care outside the home (family day care) seemed to support this assumption. The data in Table 11 reveal a moderate association between family day care by work missed. Respondents utilizing family day care as their primary arrangement tended to miss more work because of child care unavailability than those using other arrangement styles. This may suggest that family day care providers are not willing or able to care for sick children. Consequently, this situation might increase the amount of work missed by parents who must stay home to care for their children.

Significant relationships were also detected between child care quality,

Table 11
Work Missed by Child Care Style

Work Missed	Child Care Style			
	Relative Care	Non Relative Care	Family Day Care	Non Family Day Care
6+ Days	5(11%)	7(16%)	7(23%)	2(6%)
1-5 Days	18(41%)	27(63%)	17(57%)	16(52%)
0 Days	21(48%)	9(21%)	6(20%)	13(42%)
Total	44(100%)	43(49%)	30(100%)	31(100%)
	Relative Care	Family Day Care		
Chi Square Value	6.923	5.372		
Chi Square p =	.0155	.034		
Gamma Value	.421	-.498		
Gamma p =	.015	.070		

dependability and gaps by the amount of work missed (see Appendix G, H and I). Moderate to strong relationships were revealed between work missed and child care quality, dependability and child care gaps. Those respondents who missed lower levels of work, had fewer problems with quality and dependability in child care and with child care gaps. The next section will examine the relationship between work missed and respondents' perceptions of how well their child care needs were being met.

Needs Met by Work Missed

It was not surprising that respondents with increased work loss also indicated that their child care needs were not being met (see Table 12). This association was a statistically significant relationship at the .05 level. The association, however, between

Table 12
Needs Met by Work Missed

Needs Met	Work Missed		
	0 Days	1-5 Days	6+ days
Yes	28(70%)	40(70%)	6(35%)
Usually	10(25%)	12(21%)	6(35%)
No	2(5%)	5(9%)	5(29%)
Total	40(100%)	57(100%)	17(99%)
Chi Square Value	10.874		
Chi Square p =	.014		
Gamma Value	.316		
Gamma p =	.021		

needs met by work missed was only weak to moderate in strength with a .316 gamma value. This relationship is important because it can potentially establish a link between the amount of work missed by a parent and child care unavailability. The next section will describe the relationship among child care utilization styles and several other

dependant variables.

Child Care Styles

As mentioned in Chapter III, day care center utilization is increasing. Part of this increase is due to a general increase in child care use (Hofferth et al., 1991). Additionally, however, day care center use is being more often the chosen means of child care over other styles with the exception of parental care. Day care center use is examined below.

Needs Met by Child Care Style: Day Care Center Care

Day care center use as the primary child care arrangement was first compared to the extent to which respondents felt their own child care needs were being met. Table 13 reveals a statistically significant, moderate association between needs met and day care center use. Day care center users indicated that their own child care needs were generally being met. Day care centers, it seemed, were better than other child care styles at meeting the child care needs of respondents in this sample.

Dependability and Quality by Child Care Style: Day Care Center Care

Two other child care variables (presented in Table 14) were also suggestive regarding increased day care center use. Statistically significant relationships at the .05 level of significance were revealed between dependability and quality by day care center

Table 13
Needs Met by Child Care Style

Needs Met	Child Care Style	
	Day Care Center	Non Day Care Center
Yes	36(97%)	11(69%)
No	1(3%)	5(31%)
Total	37(100%)	16(100%)
Chi Square Value	9.067	
Chi Square p =	.0015	
Gamma Value	.885	
Gamma p =	.0105	

use. Dependability and quality were both strongly associated with day care center use with gamma values of .821 and .895 respectively. The respondents reported that other than parental care, day care centers were the most dependable and highest-quality style of care. The next section will present data describing child care dependability and perceptions of child care needs being met when compared to relative care.

Needs Met and Dependability by Child Care Style: Relative Care

In contrast to day care centers, relative care is normally unlicensed (Hofferth et al., 1991; Hayes et al., 1990). Table 15 presents data describing the relationship between issues of dependability and needs met by relative care. Respondents reported relative care as problematic regarding dependability when compared to non relative care.

Table 14
Dependability and Quality by Child Care Style

	Child Care Style	
	Day Care Center	Non Day Care Center
Dependability		
Problematic	2(6%)	6(38%)
No Problem	34(94%)	10(36%)
Total	36(100%)	16(101%)
Quality		
Problematic	1(3%)	5(33%)
No Problem	36(97%)	10(67%)
Totals	37(100%)	15(100%)
	Dependability	Quality
Chi Square Value	8.683	9.811
Chi Square p =	.0015	.001
Gamma Value	.821	.895
Gamma p =	.008	.0095

Unlike day care center care, however, there were no data suggesting an association between relative care and quality of care as non problematic.

Relative care was also weakly to moderately associated with respondents' perceptions of whether their own child care needs were being met (needs met). A statistically significant relationship at the .05 level was revealed between relative care

and needs met (see Table 15). This relationship seemed to suggest that respondents using relative care as their primary child care style also tended to feel that their child care needs were not being met.

Table 15
Needs Met and Dependability by Child Care Style

	Child Care Style	
	Relative Care	Non Relative Care
Needs Met		
Yes	26(54%)	34(71%)
Usually	14(29%)	12(25%)
No	8(17%)	2(4%)
Total	48(100%)	48(100%)
Dependability		
Problem	15(38%)	7(16%)
No Problem	24(62%)	38(84%)
Total	39(100%)	45(100%)
	Needs Met	Dependability
Chi Square Value	5.671	4.821
Chi Square p =	.0085	.0045
Gamma Value	-.545	-.366
Gamma p =	.008	.023

Child Care Need in 3 Years by Child Care Style: Relative Care

One puzzling aspect of relative care was the prediction of child care need in 3 years. As Table 16 indicates, there was a moderate association between relative care and expected child care need in 3 years. There was a statistically significant difference between respondents who used relative care and those who did not regarding anticipated child care need in three years. A smaller proportion of relative care users compared to non relative care users reported that they will not need care in three years.

A statistically significant association at the .05 level of significance between relative care and other adults within the household helping with child care was revealed by the survey data (see Appendix J). This relationship, although weak to moderate, indicated that many families who used relative care also had higher levels of in-household adult assistance with child care. Although this assistance may have been a spouse or partner, it is also conceivable that these data were indicating that relatives may be living within the same residence as are the parents and children. Another possibility may be that respondents misunderstood the question assumed that relative care included their spouse as relative care. The next section will explore relationships between family day care and emergency and third shift care as problematic.

The last child care style arrangement that will be discussed in this section is a non relative outside the child's home who is the primary care provider. These arrangement styles are referred to as family day care providers. The number of family day care providers, as with day care centers, is also increasing (Hofferth et al., 1991).

Table 16
Child Care Need in 3 Years by Child Care Style

Child Care Need in 3 Years	Child Care Style	
	Relative Care	Non Relative Care
Yes	32(71%)	45(98%)
No	13(29%)	1(2%)
Total	45(100%)	46(100%)
Chi Square Value	12.471	
Chi Square p =	.000	
Phi Value	-.370	
Phi p =	.000	

Oftentimes, family day care is the most widely available style of child care within some communities (Child Care Resources, 1997). Table 17 examines the relationships between family day care by emergency care and care during 12 am-6 am (third shift).

Emergencies and Third Shift Care by Child Care Style: Family Day Care

As Table 17 indicates, there was a statistically significant relationship at the .05 level of significance between family day care provider care and both third shift care and emergency care. The association was moderate in strength. The respondents were suggesting that as primary users of family day care, they found that the securing of child care during emergencies and during 12 am - 6 am (sometimes referred to as third shift)

Table 17

Emergencies and Third Shift Care by Child Care Style

	Child Care Style	
	Family Day Care	Non Family Day Care
Emergencies		
Problematic	14(54%)	6(24%)
No Problem	12(46%)	19(76%)
Total	26(100%)	25(100%)
Third Shift Care		
Problematic	10(48%)	3(15%)
No Problem	11(52%)	17(85%)
Total	21(100%)	20(100%)
	Emergencies	12 am - 6 am
Chi Square Value	4.763	5.034
Chi Square p =	.0145	.0135
Gamma Value	-.574	-.675
Gamma p =	.011	.008

was oftentimes problematic. Family day care, as well as other care with the exception of parental care and possibly relative care, is much more difficult to obtain during atypical working hours. Atypical work hours are identified as care hours outside of 6 am to 6 pm. In this sample, family day care providers seem somewhat limited in offerings during 12 am - 6 am. The next chapter will examine variable relationships that were

initially not the primary focus of the this study, but were nonetheless significant and important in evaluating child care need.

CHAPTER V

RELATED FINDINGS

Variable Relationships

The analysis of the survey results of this study yielded many findings beyond those presented in the preceding chapter. Child care cost as a problem is analyzed in this section. Cost is a crucial component when evaluating child care because cost can potentially render child care as inaccessible if it is unavailable. Licensing status of child care providers is also examined. Licensing status was examined because it is the formal regulating body of child care services. Thus, any significant relationships between licensing and other variables may provide meaningful information describing child care availability. Relationships were also examined between respondents' perceptions on how well their own child care needs are being met and several other survey variables such as sick care and after school care. Lastly, a relationship describing current and future child care demand was examined. This relationship will be important because it provides an indication of how child care demand may change over the next three years. An analysis of the variables outlined above are addressed in the following sections.

Cost

Cost by Annual Household Income

Cost of child care was closely related to income levels. A moderate association between perceived child care cost as problematic and income level was indicated though it was significant at the .000 level. These data are presented in Table 18. In lower income brackets, respondents reported that they had a more difficult time with child care cost. Child care cost represents a larger percentage of a family's income when the

Table 18

Cost by Annual Household Income

Cost	Annual Household Income		
	0-20,000	20,001- 40,000	40,000 & Over
Problem	17(74%)	28(45%)	3(14%)
No Problem	6(26%)	34(55%)	18(86%)
Total	23(100%)	62(100%)	21(100%)
Chi Square Value	15.753		
Chi Square p =	.000		
Gamma Value	-.368		
Gamma p =	.000		

income level is lower (Willer et al., 1991). Child care expenditures, however, will likely remain the same regardless of income. The relationship between amount of work missed

and child care cost as problematic is described below.

Cost by Work Missed

A statistically significant relationship was reflected between the perception of child care cost as problematic and work missed. The association presented in Table 19

Table 19
Cost by Work Missed

Cost	Work Missed		
	0 Days	1-5 Days	6+ Days
Problem	9(25%)	24(47%)	13(87%)
No Problem	27(75%)	27(53%)	2(13%)
Total	36(100%)	51(100%)	15(100%)
Chi Square Value	16.421		
Chi Square p =	.000		
Gamma Value	.627		
Gamma p =	.000		

was moderate in strength. The data indicated that as the amount of work missed due to a child care failure increased, responses about child care as problematic also increased. In this situation, it is feasible that the respondents were using regulated child care which is also a bit more expensive than unregulated care (Hofferth et al., 1991). Also, regulated child care providers are more apt to reject admission of a child if the

child shows even minimal signs of an illness. This action would contribute to a parent missing work (Willer et al., 1991). In fact, according to the 1990 National Child Care Survey data (Hofferth et al., 1991), approximately 18% of all mothers surveyed reported that they missed at least one day of work during the past month because of a child's illness.

Cost by Marital Status and Other Child Care Assistance

Child care cost, as with family income, was also moderately associated at a .000 level of significance with marital status and other household adult assistance (see Table 20). Those who were married reported having an increased level of adult help within

Table 20

Cost by Marital Status and Other Child Care Assistance

Cost	Marital Status		Other Assistance	
	Not Married	Married	No	Yes
Problem	21(70%)	27(33%)	24(65%)	26(35%)
No Problem	9(30%)	54(67%)	13(35%)	48(65%)
Total	30(100%)	81(100%)	37(100%)	74(100%)
Chi Square Value	Marital Status		Other Assistance	
Chi Square p =	11.992		8.807	
Phi Value	.000		.0015	
Phi p =	.329		.282	
	.000		.000	

the household. Being married, although not always the case, included another adult who helped with child care in general. When two adults within a household were involved in child care, cost was less problematic than when only one adult in the household was involved with child care. More household assistance usually meant less peripheral child care might be required. There was also usually less need for outside child care because there were two care givers within the household.

Cost by Age of Child

Strong associations between child care cost as problematic or non problematic for different age ranges were revealed in the survey data. Cost perceptions were statistically significant at the .05 level and strongly tied to securing care for children at all age categories except ages 0-1 years old (see Table 21). Generally, those respondents reporting cost as not problematic also reported that securing care for different age categories was not problematic as well. It was surprising that the age category of 0-1 years old did not reveal the same relationship. As Table 21 indicates, the relationship between 0-1 years old and child care cost as problematic was not statistically significant at the .05 level. Perhaps unavailability of child care for infants, identified as the most problematic aspect of child care in Table 4, was more problematic than cost. This was surprising since, infant care cost is among the highest per hour rate (Willer et al., 1991) than any other age category. Relationships between cost as problematic and the other age care categories were similar to the relationship for age 2-3 years old and cost (see Appendix K and L). The next section deals with the licensing status of child care

providers.

Table 21

Cost by 0-1 Years and 2-3 Years

Cost	0-1 Years		2-3 Years	
	No Problem	Problem	No Problem	Problem
Problematic	7(37%)	11(55%)	8(31%)	5(28%)
No Problem	12(63%)	9(45%)	18(69%)	13(72%)
Total	19(100%)	20(100%)	26(100%)	18(100%)
	0-1 Years		2-3 Years	
Chi Square Value	1.293		7.326	
Chi Square p =	.128		.0035	
Gamma Value	.354		.708	
Gamma p =	.128		.015	

Licensing Status

Dependability and Quality by Licensing Status

A pattern was revealed between dependability and quality by licensing status that was somewhat similar to the one between dependability and quality by day care center use. Table 22 reflects this pattern with a statistically significant association, at the .05 level of significance, between both dependability and quality and licensing status. Respondents reported that licensed child care was identified as more dependable and of

higher quality than unlicensed care. The relationships in Table 22 were statistically significant at the .05 level and were moderate in strength. The next section will examine relationships between perceptions of child care need and child care resource adequacy as well as several other variable relationships such as sick care and after school care.

Table 22
Dependability and Quality by Licensing Status

	Licensing Status	
	Not Licensed	Licensed
Dependability		
Problematic	17(31%)	7(15%)
No Problem	38(69%)	41(85%)
Total	55(100%)	48(100%)
Quality		
Problematic	13(24%)	4(8%)
No Problem	42(76%)	44(92%)
Total	55(100%)	48(100%)
	Dependability	Quality
Chi Square Value	5.450	5.505
Chi Square p =	.033	.032
Gamma Value	.444	.544
Gamma p =	.0195	.0135

Meeting Child Care Needs

Respondents' perceptions regarding the extent to which their own child care needs were being met were analyzed. Even though these are respondents' perceptions, they offer valuable input as to what parents in the community felt about child care. This variable provided important clues regarding respondents' perceptions about the current child care climate in Niles.

Resource Adequacy by Needs Met

One interesting but puzzling association presented in Table 23 was between the extent to which respondents felt their own child care needs were being met and their opinions on the adequacy of child care resources within the community. The association between resources and needs met was weak to moderate in strength and statistically significant at the .05 level of significance. Instead of the expected strong relationship, only a weak to moderate one existed. For example, if a respondent felt that child care resources were inadequate they also would likely report that their needs were not being met. Oftentimes, respondents respond negatively to a problem in general but do not feel that it applies to them specifically. Since some respondents are reporting inadequate resources though their needs are generally being met, perhaps they were not aware of all the community child care resources. Another possible answer may be that although the respondents viewed child care resources as inadequate, admitting that their own child care needs were not being met may imply that their current child care arrangement was

somehow substandard.

Table 23
Resource Adequacy by Needs Met

Resource Adequacy	Needs Met	
	No	Yes
Yes	1(7%)	42(52%)
No	13(93%)	39(48%)
Total	14(100%)	81(100%)
Chi Square Value	9.631	
Chi Square p =	.001	
Phi Value	.318	
Phi p =	.001	

Child Care Problem Areas by Needs Met

The degree to which respondents felt their child care needs were being met was associated with care for a sick child, after school care and care for children ages 8 years old and over. All three associations were moderate in strength. Table 24 presents statistically significant relationships at the .05 level of significance between needs met and several child care problem areas. This was perhaps one of the most informative categories because it was the most direct measure of child care need in this study. Other variables, such as cost or quality as problematic, were indirect measures of child care

Table 24
Child Care Problem Areas by Needs Met

Child Care Problem Areas	Needs Met		
	No	Usually	Yes
Sick Care			
Problematic	10(77%)	16(64%)	26(36%)
No Problem	3(23%)	9(36%)	46(64%)
Total	13(100%)	25(100%)	72(100%)
After School Care			
Problematic	6(55%)	6(29%)	7(11%)
No Problem	5(45%)	15(71%)	55(89%)
Total	11(100%)	21(100%)	62(100%)
Care Age 8 & Over			
Problematic	6(55%)	10(59%)	9(24%)
No Problem	5(45%)	7(41%)	29(76%)
Total	11(100%)	17(100%)	38(100%)
	Sick Care	After School	Age 8 & Over
Chi Square Value	10.990	12.010	7.722
Chi Square p =	.002	.001	.0105
Gamma Value	.563	.630	.524
Gamma p =	.0005	.002	.0035

need. Those respondents who felt that their child care needs were not being met also indicated their special child care situations were difficult to obtain.

In addition to the associations presented above, one would also expect to find a significant relationship between needs met and care for children between 0-1 years old. Obtaining care for children ages 0-1 years old was revealed earlier as the most problematic aspect of child care in general (see Table 4). However, no statistically significant relationship was revealed between the extent to which respondents felt their child care needs were being met and care for children 0-1 years old.

In contrast to the relationship described above, another puzzling relationship was that of after school care, which was ranked in the lower third of problematic aspects of child care in general (see Table 4). After school care was moderately associated with how respondents felt their own child care needs were being met. Respondents who reported after school care as problematic also tended to report that their child care needs were not being met. The relationship (revealed in Table 24) between needs met and after school care as problematic was moderate in strength. This association was statistically significant at the .05 level of significance.

Child Care Problem Areas by Care for Ages 8 & Over Care

Table 25 presents additional data pertaining to after school care. This table indicates relationships between securing care for children ages 8 & over by three other variables, (1) child care gaps, (2) before school care, and, (3) after school care. All three variable associations were moderate in strength and statistically significant at the .05

Table 25

Child Care Problem Areas by Care for Ages 8 & Over Care

Child Care Problem Areas	Care for Children Age 8 & Over		
	No Problem	Problematic	
Child Care Gaps			
Problematic	7(17%)	10(43%)	
No Problem	34(83%)	13(57%)	
Total	41(100%)	23(100%)	
Before School Care			
Problematic	7(17%)	11(50%)	
No Problem	34(83%)	11(50%)	
Total	41(100%)	22(100%)	
After School Care			
Problematic	4(10%)	13(59%)	
No Problem	35(57%)	9(41%)	
Total	39(%)	22(100%)	
	Gaps	Before School	After School
Chi Square Value	5.266	7.060	16.687
Chi Square p =	.011	.003	.000
Gamma Value	.578	.659	.853
Gamma p =	.014	.004	.000

level of significance. The associations revealed that the majority of respondents

reporting problems securing care for children ages 8 years and over also reported problems with securing care during child care gaps, before school and after school. It is important to note, that in the case of child care gaps, other problematic aspects of child care such as after and before school care may be redundant or interrelated. In this case, it is also possible that these variables may not be reliable measures of child care problem areas because respondents' perceptions of a child care gaps may differ.

Child Care Requirements

Require Child Care in 3 Years by Current Child Care Requirement

The relationship displayed in Table 26 indicated a strong association between

Table 26

Require Child Care in 3 Years by Currently Require Child Care

Require Care in 3 Years	Currently Require Child Care	
	No	Yes
Yes	13(12%)	98(88%)
No	57(88%)	8(12%)
Total	70(100%)	106(100%)
Chi Square Value	98.799	
Chi Square p =	.000	
Phi Value	.749	
Phi p=	.000	

parents who currently required child care and those who expected to need child care in three years from now. This association, significant at the .000 level, suggests that those respondents currently using child care now also expect continued child care need in the next three years. As Table 26 indicates, child care need in three years will likely be similar to current child care need.

In the final chapter of this study, a summary response to the research questions will be presented. In addition, research conclusions as well as the research limitations will be addressed. Lastly, future research recommendations will be presented.

CHAPTER VI

SUMMARY, CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

Summary

The purpose of this study was to assess child care in Niles, Michigan. Child care continues to be a struggle for many families for a variety of reasons. Many of the survey findings support the concept of daily child care challenge. The following statement, which was a response to a survey question, strongly reenforces this difficult situation that many parents face on a daily basis:

For mothers who have outside-the-home jobs, it's a never-ending struggle to provide safe, appropriate care for children and work demands. And if there is a problem its always the mother's problem. For instance, how many dads are responding to this survey?

This respondent not only seems to be reacting to the pressures of inadequate child care, but also is stating that child care is viewed as a woman's issue. Perhaps if child care were viewed more as a human issue rather than solely a woman's issue, securing child care would not be so difficult as many respondents suggested. Communities are just now beginning the process of identifying child care needs. The following sections will address the research questions outlined in Chapter III.

Child Care Demand, Supply and Gaps

The first three research questions sought to identify child care resources, child care demand and an estimation of the gap between the two within the community. As of March, 1997, Child Care Resources, which services Niles, identified 415 available licensed child care slots. Child Care Resources is a state-financed agency which services Niles. The purpose of this agency is providing child care consumers with child care information in the area where the consumer resides. Of the 415 slots identified by Child Care Resources (1997), 384 were filled. The difference between slots available and slots filled was 67 slots which represents child care vacancies.

A single child care slot can potentially be utilized by more than one child. Willer et al. (1991) found in her national study of child care, that approximately 42% of children were in child care full time while their parents worked. The balance of the children, 58%, were in part-time child care. Assuming that 58% of Niles children share a child care slot with another child, a rough estimate of licensed child care slots would be 656. Utilizing the assumptions described above and data from Child Care Resources (1997), an approximate 550 child care slots was estimated as currently filled in Niles (see Table 27). Of the potential 656 slots, therefore, 106 slots are currently vacant in Niles (Child Care Resources, 1997).

Within the age category of 0-12 years old, approximately 6093 children resided in Niles in 1989 (Census, 1990). National data (Hofferth, et al., 1991) identified that 55% of children would require child care due to parents working or attending school. Based on the national data, 3351 children required non parental child care (see Table

28).

Table 27
Licensed Child Care Slots in Niles

	Full-Time*	Part-Time**	Total**
Available Slots	415	241	656
Slots in Use	348	202	550
Slot Vacancies	67	39	106

*based on data from Child Care Resources, 1997

**based on national estimates that 58% of all child care is part time

Table 28
Child Care Demand in Niles

Children 0-12 years old	6093
Children Requiring Child Care	3351*
Licensed Child Care	536**
Unlicensed Child Care	2815**

*based on the National Child Care Survey (Hofferth et al., 1991) rate of 55% of children requiring child care

**based on Child Care Resources data

National data (Hofferth et al., 1991) identifies that children were being cared for in several different ways. Table 29 presents these styles and applies the national estimations to Niles. The figures in Table 29 were adjusted to reflect only non parental

care. The child care estimates below describe how children are being cared for in Niles, Michigan. Next, child care provider licensing status will be addressed.

Table 29
Estimates of Child Care Styles in Niles

	Percentage Estimates*	Estimates of Care Style
Relative Care	35%	1173
Day Care Center Care	33%	1106
Family Day Care (FDC)	17%	570
In-Home Care	8%	268
Other Care	7%	235
Total	100%	3352

*based on national estimates

Of the survey respondents, 38% reported that they currently utilized licensed child care. However, since this was not a random sample, that figure can not be generalized to Niles. Child Care Resources collects data on all licensed child care providers in Niles. Thus, a licensing percentage from Child Care Resources (1997) will be used to estimate child care supply in Niles. Using the figure of 3351 children in Niles requiring child care and that 550 licensed slots were being used, an extrapolation figure of approximately 16% of child care in Niles is licensed can be assumed. Thus, 84% of

child care is unlicensed in Niles. This licensing percentage fits within the national estimates of between 50-90% of child care is unlicensed (Willer et al., 1991). Table 28 presents the estimated amount of child care in Niles that is licensed and unlicensed. The task of estimating unlicensed child care can be confusing and misleading. Since there are no empirical data that clearly define and measure unlicensed child care, extrapolation is often the only means available to accomplish this task. The data presented in Table 28 represents estimated child care demand in Niles.

Child Care Resources (1997) in Niles reported that 106 child care slots were vacant. The very existence of vacancies seemed to indicate that a gap between child care demand and child care supply did not exist. It is important to note that these vacancies only encompass licensed child care. Concluding at this point would be an incomplete needs assessment because child care need goes beyond simple slot counting; the process of priority setting, described in Chapter II, is necessary. (Witkin & Altschult, 1995). Past child care research not only considered supply and demand (Hofferth et al., 1991 and Willer et al., 1991) but also went beyond simple slot counting toward an evaluation of all the intricacies of child care. Simply having space and place for a child doesn't mean that the child and parent have no additional child care requirements. An adequate needs assessment must also include problematic areas of child care. The next section will discuss potential child care shortages in Niles based on this study. Problematic aspects of child care such as care during emergencies and during atypical work hours are included in this discussion.

Problematic Aspects of Child Care

Infant Care

As one respondent indicated, securing infant and toddler care was identified as one of the most troublesome aspects of child care: “Obviously this area is lacking in child care for the very young--infant and to 3 years old....”

Securing infant care for children between the ages of 0-1 was identified as the most problematic aspect of child care in this study. Over 51% (see Table 4) of the sample or 19 of the 37 respondents identified infant care as problematic. Child Care Resources (1997) in Niles identified 25 (including part-time estimates) infant child care vacancies. It is puzzling then that 25 licensed infant vacancies existed (Child Care Resources) in Niles in view of the fact that infant care is usually identified as problematic. Unfortunately, relationships between infant care and other survey variables addressing infant care were not analyzed because of the incomplete or inapplicable survey rates.

If vacancies in infant care exist but parents were still having problems securing care for infants, perhaps parents simply did not know about the existing supply of infant care. Another reason for this situation may be that parents were not satisfied with some aspect of those infant vacancies. For example, perhaps the vacancies were not located near work or home. Possibly there were quality or dependability issues tied to the existing infant vacancies which made the vacancies irrelevant to their demand.

Weekend Care

Weekend care was also revealed as problematic for the respondents. In the sample, 50% (46 of the 92 cases) of the respondents reported that it was problematic. Only three licensed slots existed in Niles that accept children during weekend hours (1997, Child Care Resources). Based on this, it is likely that weekend care availability needs to be expanded. The survey data reflected an association between securing weekend care and income levels (see Table 10). Larger proportions of respondents in lower income ranges tended to report weekend care as problematic. This is an area that will require additional attention especially when the AFDC work requirements are enacted. Many jobs for which past AFDC recipients will qualify or jobs which are available to them may also be minimum wage positions and also they may very well require weekend hours.

Sick Care

Another respondent, one of many, expressed concern about care for children who have minor illnesses:

The biggest problem I have is when my children claim to have an illness and the day care insists (with good cause) that they leave. It's very frustrating when my child suffers from occasional diarrhea but has to be sent home. I don't know the solution to this.

Care for a sick child was often indicated as problematic in this sample. In fact, 47% (see Table 4, 53 of 112 cases) of the respondents reported it as difficult to obtain. Normally, day care centers and family day care providers will not provide care for

children who are sick although unlicensed providers are more likely than licensed care providers to provide care for sick children (Willer et al., 1991). A significant relationship between care of a sick child as problematic and the extent to which respondent's felt their child care needs were met was revealed (see Table 24). Respondents reporting that sick care was problematic also tended to feel that their child care needs were not being met. Nationally, 18% of mothers reported that they had missed work during the previous month because of a sick child (Hofferth et al., 1991). In this sample, 65% of the respondents reported missing at least a portion of a day from work during the past year due to a child care problem. More resources for parents who need care for a sick child are needed within the community.

Cost

Child care cost was reported by 45% (see Table 4, 51 of 114 cases) of the survey sample as being moderately to highly problematic. Problems with child care cost was distributed across different age categories of children (see Table 21 and Appendices K and L). The only exception was that of infant care which showed no significant relationship. Child care cost was also tied to family income (see Table 18). In this sample, family income was actually a stronger indicator of child care need more than cost. It is possible that when respondents' reported cost as problematic, they may have been inferring that it was actually income that was problematic, not necessary cost. When incomes are low, child care cost can constitute a large portion of a family's income. Household incomes will play a crucial part of child care availability with

AFDC parents reentering the work force. Many respondents commented on child care cost but one respondent reflected on the somewhat more subtle aspect of child care cost and income referred to above: “I need a job that pays well and has good hours, child care probably wouldn’t be a problem.”

Work Missed

Another area that was analyzed is the amount of work parents miss directly due to some child care problem. Over 65% of all survey respondents reported missing at least some time from work during the past year because of a child care failure. Two interesting associations between both relative care and family day care and the amount of work missed were noted. Individuals using relative care as their primary care arrangement reported lower rates of work missed (see Table 11). Individuals using family day care reported higher rates of work missed (see Table 11).

It is plausible that employees who often miss work are more likely to lose their jobs or less likely to advance within a company. Both of these situations are potential barriers to the economic security of families. Both situations also resonate the serious ramifications of unavailable child care. This is especially relevant in light of deconstruction of the AFDC Program. Oftentimes, it may be less difficult to be unemployed than to find adequate child care as this survey respondent expressed: “I quit my job of 13 years because it is hard to find good day care. With 3 children it did not really pay for me to work.”

Conclusions

It is likely that at a basic level, Niles is meeting the child care needs of its residents. Day care centers were rated as good quality and dependable. Family day care was rated as less dependable and associated with higher levels of work days missed. Relative care was also rated as somewhat less dependable than day care centers. Alternatives to or ways in which family day care and relative care can be more dependable must be sought. Avenues by which day care centers can become less rigid in the provision of care during atypical work hours must also be sought. Although quality is always considered as crucial in any child care environment, this sample did not find it to be seriously problematic. Child care quality may no longer be a major issue in the Niles area.

Over the next two years, approximately 10% increase in child care demand is expected because of welfare reform (Abbey, 1997). Because of this increase, child care unavailability may become even more compelling than it is today. Interpretation of the resource model of child care described in Chapter II suggests that child care systems will likely need to be strengthened. Some of the ways in which child care availability can be enhanced are discussed below. Strengthening the system will enable child care needs to be more adequately addressed compared to a simple child care slot counting procedure.

Each community will likely need to address child care needs individually/independently. National statistics may or may not apply to individual communities. For example, data (see Table 4) pertaining to how children are being

cared for in the Niles sample is quite different from the NCCS sample (Hofferth et al., 1991). Even looking at information “closer to home” may not always be relevant. A child care assessment was conducted in Coldwater, a Michigan city located in a neighboring county. This study was similar in content, and the counties are similar in demographics (George, 1997). The Niles and Coldwater assessments also differed substantially in some areas. For example, cost was the most difficult aspect of securing child care in the Coldwater assessment. In contrast, infant care that was viewed as highly problematic in the Niles sample, was much less a problem in Coldwater.

With the increasing prevalence of block grants awarded to individual states, it is likely that communities will need to conduct their own child care needs assessments. In performing this work, many communities may find that when dealing with child care, there is never a single right answer. They may choose to borrow ideas from other counties or even from their surrounding neighbors when addressing child care needs and solutions. This process will enable some communities to develop novel child care concepts that may lead to long-term child care solutions. One survey respondent described her own solution:

When [the] children were using child care it was difficult to find it. We ran into age limitations (too young then too old), hours of operations didn't coincide with jobs hours, overcrowding at a 'licensed' facility, had child who needed asthma medications and centers were unwilling to take him. We finally ignored the tax credit for day care and chose an unlicensed woman who really cared for children.

Two other respondents suggested ways to improve child care in the community:

Public day care is sporadic and low-quality--nothing you can trust. It needs to be more governed, like in a school situation.

As you can see I'm very lucky I have great care for both of my children. But I

pay good money for it, of course I feel they are worth it. But it makes things tight at times. I feel sorry for single parents it must be very hard for them. I would like to see school hours the same as working hours for parents. There's too many children left alone before and after school. This might be a way to solve this problem.

Research Limitations

This assessment was most limited by its inability to generalize the results to the Niles community. The study cannot be generalized because a nonrandom sample of respondents and a self selection process was used in the data gathering process. These two sampling processes dictate caution when interpreting the results.

Another limitation was the comparison of these results to other similar assessments. Concepts of what constitutes child care are different among different regions and even within the communities. No standard definitions of child care exist. Research designs, definitions and data collection methods differ often leaving other child care research unusable and/or unsuitable for purposes of comparison. Because of this, a new research project does not often receive the benefits of past research from which to build. Instead, child care research must often start anew.

A major problem in any child care assessment is that the vast majority of child care arrangements operate "underground." They are usually not licensed, thus rendering them invisible for research purposes. Because of this, estimations are often the only means available to evaluate child care.

Lastly, another limitation of this study was the high rate of incomplete responses and/or inapplicable variables. Although the number of respondents (201) was acceptable

for analysis, some respondents only completed portions of the questionnaire so that certain variables had a very low number of responses. This is what occurred with the evaluation of infant care. Some of the collected data were not utilized due to a small number of responses because of questionnaire incompleteness or inapplicability. Even with the limitations discussed above, the research still yielded many important results describing child care in Niles. The next section will address future child care research and potential implications of future research..

Recommendations for Future Research

As expressed earlier, past child care research focused on an individual child's attachment process. Also, past research tended to emphasize quality issues in research such as the impact of substandard care on a child's emotional development. Past research often ignored affordability and availability issues in child care.

Child care definitions need to be standardized so that the research can be more easily and more widely utilized. The standardization of definitions will likely enable child care research to be more comparable to other child care research than in the past.

All communities need child care data that pertain exclusively to the community as opposed to using national and state data that often do not accurately assess their need. National and state assessments can then be used as supplemental, supportive or corroborative material when communities are assessing child care. Additional research is required regarding child care availability in Niles.

Child care research should not be limited to assessing only child care slots but

rather research should evaluate all aspects of child care, such as child care for special needs children. It would be best during such needs assessment studies if communities could utilize randomly drawn samples to assess child care in spite of the high cost of such studies. Even studies using non random samples, such as this one, would certainly enable communities to estimate child care need until more accurate studies can be conducted .

The work requirements component of TANF will be phased in over the next seven years. In fiscal year 1998, 30 percent of TANF recipients must participate in work related activities at least 20 hours per week (Blank, 1997). During fiscal year 1999, 35 percent of recipients must be involved in work related activities at least 25 hours per week. In fiscal year 2000, 40 percent of TANF recipients must be involved in work related activities at least 30 hours per week. Finally, by year 2002, 50 percent of TANF recipients must be involved in work related activities at least 30 hours per week. However, the percentage figures are based on 1995 AFDC participation figures. In Michigan, in 1996, the AFDC participation percentage had declined by 12% from 1995 (Blank, 1997). Thus, in 1997, an additional 13% of TANF cases will require the work component referred to above as opposed to the 25% caseload reduction mandated for 1997 . The 13% represents a total of 21,400 adults residing in Michigan. Since the typical AFDC family had an average of two children per family (Sidel, 1996), this translates into 42,800 children being added to local child care system in Michigan during 1997. Welfare reform includes aspects of income implications tied to child care.

Income levels seem to be indicative of potential child care problems. Because

of this, a national assessment comparing income levels and child care need before and after welfare reform would be valuable as future research studies. It is not possible to conduct such a study now, because at this time welfare reform initiatives are just beginning to be enacted. In two years, however, the initiatives should be fully implemented. Thus, a national assessment may identify any impact the reform had on child care need. If a difference does exist between pre and post welfare reform enactment, communities will likely want to consider this difference when conducting their own child care assessments. The following statement from a respondent illustrates the major role income plays in child care: “How do you find people who are trained and not asking for more than you make an hour?”

A dangerous setup exists when adequate child care is unavailable to American families. Unemployment, poverty and child neglect are possible outcomes of such situations. These evils affect not only children and their families, but also a community, and finally an entire nation. Unavailable child care affects us all.

Appendix A
Survey Instrument

Niles Child Care Survey

You are invited to participate in a local survey. The information you provide is crucial in evaluating child care needs in Niles. Please take 5 minutes to complete the following questionnaire. Participation is voluntary, you may skip any question or withdraw from the survey at any time without penalty. Please do not identify yourself; this survey is anonymous. The completion and return of the questionnaire constitutes your consent to participate in the survey. Any questions you may have about this survey may be directed to Lori McNeil (616-684-6913), Dr. Subhash Sonnad, (616-387-5288), Sociology Department, Western Michigan University, Human Subjects Institutional Review Board (616-387-8293), Vice President of Research (616-387-8298), research title, "Assessing Child Care Need."

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Please complete the questionnaire regardless of your current child care situation. If you have filled in this survey before at another location, please do not complete it again.

1. Area of residence by school: (check one)

☐ Ballard Elementary ☐ Merritt Elementary
☐ Brandywine Elementary ☐ Oak Manor Elementary
☐ Eastside Elementary
☐ Ellis Elementary/Howard Elementary
☐ Other please specify: _____

2. Are you the parent/guardian of any children? (check one)

☐ Yes ☐ No **If no, skip to question 9.**

If yes, please list below each child by age:

Age: _____ Age: _____ Age: _____ Age: _____
Age: _____ Age: _____ Age: _____ Age: _____

3. Do you feel that your job/school requirements make it necessary for you to have child care? (check one) ☐ Yes ☐ No

If no, skip to question 9.

If yes, please rank the following child care categories listed below in the order you use them most often with 1 being the most often, 2 being the next most often, etc. Only rank those you use.

_____ day care center
_____ relative
_____ non relative outside your home
_____ non relative in your home (i.e. babysitter)
_____ other child care used occasionally or during emergencies
_____ other, please specify: _____

4. Please estimate how many days during the last year you have missed from work due to a child care related problem (round to the nearest day). _____

5. Is the child care you most often use licensed?

(check one) ☐ Yes ☐ No ☐ Not Sure

6. Do you feel the child care resources in this community are adequate to meet your needs?

(check one) ☐ Yes ☐ No ☐ Not Sure

7. Do you feel your current child care needs are being met?

(check one) ☐ Yes ☐ Usually ☐ No

Please turn questionnaire to other side

8. Please rate the following items by circling a number:

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	No <u>Problem</u>	Minor <u>Problem</u>	Moderate <u>Problem</u>	Major <u>Problem</u>
<i>Mark all that Apply</i>				
Child care:				
Cost	1	2	3	4
Dependability	1	2	3	4
Quality	1	2	3	4
Gaps in child care schedule	1	2	3	4
Care for Sick Child	1	2	3	4
Child Care for children who are:				
0-1 year	1	2	3	4
2-3 years	1	2	3	4
4-5 years	1	2	3	4
6-7 years	1	2	3	4
8 years & over	1	2	3	4
Child Care during:				
Weekdays	1	2	3	4
Weekends	1	2	3	4
Emergencies	1	2	3	4
School Vacations	1	2	3	4
School Snow Days	1	2	3	4
Before School	1	2	3	4
After School	1	2	3	4
6pm - midnight	1	2	3	4
midnight-6am	1	2	3	4

9. Do you expect to use child care in the next 3 years?
(check one) ☐ Yes ☐ No

10. Your age in years: _____ Your sex: ☐ Female ☐ Male

11. Your Marital Status: ☐ Married ☐ Not married

12. Are there other adults in your household who help with child care?
(check one) ☐ Yes ☐ No

13. Household yearly income in dollars: (check one)
☐ 0-10,000 ☐ 40,001-60,000
☐ 10,001-20,000 ☐ 60,001-80,000
☐ 20,001-40,000 ☐ 80,001 & over

Your comments would be appreciated: _____

THANK YOU FOR YOUR PARTICIPATION!

Appendix B
Pretest Survey Instrument

Niles Child Care Survey

104

You are invited to participate in a local survey. Please complete the following questionnaire; it will take approximately 5 minutes. Participation is voluntary, you may skip any question or withdraw from the survey without penalty. Please do not identify yourself; this survey is anonymous. The completion and return of the questionnaire constitutes your consent to participate in the survey. Please complete this questionnaire only once. This survey is being conducted by Lori McNeil (616-684-6913), Dr. Subhash Sonnad, advisor (616-387-5288), Sociology Department, Western Michigan University, Human Subjects Institutional Review Board (616-387-8293), Vice President of Research (616-387-8298), research title, "Assessing Child Care Need." **Please complete the questionnaire regardless of your current child care situation.**

1. Area of residence by school: (check one)
- | | |
|---|---|
| <input type="checkbox"/> Ballard Elementary | <input type="checkbox"/> Merritt Elementary |
| <input type="checkbox"/> Brandywine Elementary | <input type="checkbox"/> Oak Manor Elementary |
| <input type="checkbox"/> Eastside Elementary | |
| <input type="checkbox"/> Ellis Elementary/Howard Elementary | |
| <input type="checkbox"/> Other please specify: _____ | |

2. Are you the parent/guardian of any children? (check one)
- ☐ Yes ☐ No

If no, skip to question 10. If yes, please list age of each child:

3. Do you feel that your job requirements make it necessary to have child care? (Check one) ☐ Yes ☐ No

If no, skip to question 10. If yes, please rank (1,2,etc.) the bolded child care types listed below in the order you use them most often.

- ☐ day care center
☐ relative
☐ non relative: ☐ outside your home
☐ in your home (i.e. babysitter)
☐ other, please specify: _____

4. Please list (in the order you use them most often) all other types of child care you use occasionally or during emergencies.

1. _____ 2. _____
3. _____ 4. _____

5. Please specify how many days during the last year you have missed from work due to a child care related problem (round to the nearest day). _____

6. Is the child care you use most often licensed? (check one)
- ☐ Yes ☐ No ☐ Not Sure

7. Do you feel the child care resources in the community are adequate? (check one) ☐ Yes ☐ No ☐ Not Sure

PLEASE TURN QUESTIONNAIRE TO OTHER SIDE

8. Do you feel your child care needs are being met? (check one)
☐ Yes ☐ No

9. Please rate the following items by circling a number:

	No <u>Problem</u>	Minor <u>Problem</u>	Moderate <u>Problem</u>	Major <u>Problem</u>
Child care:				
Cost	1	2	3	4
Dependability	1	2	3	4
Quality	1	2	3	4
Matching various				
child care schedules	1	2	3	4
Care for Sick Child	1	2	3	4
Child Care for				
children who are:				
(mark all that apply)				
0-1 years	1	2	3	4
2-3 years	1	2	3	4
4-5 years	1	2	3	4
6-7 years	1	2	3	4
8 years & over	1	2	3	4
Child Care during:				
Weekdays	1	2	3	4
Weekends	1	2	3	4
Emergencies	1	2	3	4
School Vacations	1	2	3	4
School Snow Days	1	2	3	4
Before School	1	2	3	4
After School	1	2	3	4
6pm - midnight	1	2	3	4
after midnight-6am	1	2	3	4

10. If you are not currently using child care, do you expect to need child care in the next 3 years?
 (check one) ☐ Yes ☐ No

11. Your age in years: _____

12. Your sex: (check one) ☐ Female ☐ Male

13. Your Marital Status (check one)
☐ Married ☐ Not married ☐ Living with someone.

14. Household yearly income in dollars: (check one)
☐ 0-10,000 ☐ 30,001-40,000 ☐ 60,001-70,000
☐ 10,001-20,000 ☐ 40,001-50,000 ☐ 70,001-80,000
☐ 20,001-30,000 ☐ 50,001-60,000 ☐ 80,001 & over

Your comments would be appreciated: _____

Thank you for your participation!

Appendix C

Survey Site List

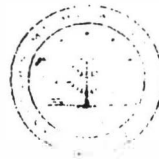
Niles Child Care Survey
Site List

Ballard Elementary School
Brandywine Elementary School
Eastside Elementary School
Ellis Elementary School
Howard Elementary School
Niles Community Library
Northside Child Development School
Merritt Elementary School
Oak Manor Elementary School
YMCA of Niles
Salvation Army Day Camp
St. Paul's Lutheran Church
St. Mary's Elementary School

Appendix D

Initial Human Subjects Institutional Review Board Approval

Human Subjects Institutional Review Board



Kalamazoo, Michigan 49008-3900

WESTERN MICHIGAN UNIVERSITY

Date: 18 March 1997

To: Subhash Sonnad, Principal Investigator
Lori McNeil, Student Investigator

From: Richard Wright, Chair

Re: HSIRB Project Number 97-02-23

This letter will serve as confirmation that your research project entitled "Assessing Child Care Need" has been **approved** under the **exempt** category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

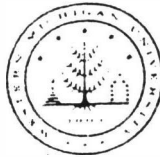
Please note that you may **only** conduct this research exactly in the form it was approved. You must seek specific board approval for any changes in this project. You must also seek reapproval if the project extends beyond the termination date noted below. In addition if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: 18 March 1997

Appendix E

Revised Human Subjects Institutional Review Board Approval



WESTERN MICHIGAN UNIVERSITY

Date: 16 April 1997

To: Subhash Sonnad, Principal Investigator
Lori McNeil, Student Investigator

From: Richard Wright, Chair

Re: Changes to HSIRB Project Number 97-02-23

This letter will serve as confirmation that the changes to your research project "Assessing Child Care Need" requested in your FAX dated 11 April 1997 have been approved by the Human Subjects Institutional Review Board.

The conditions and the duration of this approval are specified in the Policies of Western Michigan University.

Please note that you may **only** conduct this research exactly in the form it was approved. You must seek specific board approval for any changes in this project. You must also seek reapproval if the project extends beyond the termination date noted below. In addition if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: 18 March 1998

Appendix F

Other Child Care Assistance by Yearly Household Income

Other Child Care Assistance by Yearly Household Income

Other Child Care Assistance	Yearly Household Income		
	\$0-20,000	\$20,001-40,000	40,000 & Over
Yes	12(38%)	79(78%)	23(85%)
No	20(63%)	22(22%)	4(15%)
Total	32(101%)	101(100%)	27(100%)
Chi Square Value	22.747		
Chi Square p =	.000		
Gamma Value	-.604		
Gamma p =	.000		

Appendix G

Work Missed by Quality

Work Missed by Quality

Work Missed	Quality	
	No Problem	Problem
6+ Days	8(10%)	6(33%)
1-5 Days	43(52%)	8(44%)
0 Days	31(38%)	4(22%)
Total	82(100%)	18(99%)
Chi Square Value	7.070	
Chi Square p =	.0145	
Gamma Value	.442	
Gamma p =	.026	

Appendix H

Work Missed by Dependability

Work Missed by Dependability

Work Missed	Dependability	
	No Problem	Problem
6+ Days	5(6%)	9(38%)
1-5 Days	43(56%)	9(38%)
0 Days	29(38%)	6(25%)
Total	77(100%)	24(101%)
Chi Square Value	14.733	
Chi Square p =	.000	
Gamma Value	.464	
Gamma p =	.011	

Appendix I

Work Missed by Child Care Gaps

Work Missed by Child Care Gaps

Work Missed	Child Care Gaps	
	No Problem	Problem
6+ Days	5(6%)	10(56%)
1-5 Days	41(53%)	8(44%)
0 Days	31(40%)	0(0%)
Total	77(99%)	18(100%)
Chi Square Value	29.707	
Chi Square p =	.000	
Gamma Value	.921	
Gamma p =	.000	

Appendix J

Other Child Care Assistance by Child Care Style

Other Child Care Assistance by Child Care Style

Other Child Care Assistance	Child Care Style	
	Relative Care	Other Care
Yes	34(77%)	26(58%)
No	10(23%)	19(42%)
Total	44(100%)	45(100%)
Chi Square Value	3.849	
Chi Square p =	.025	
Phi Value	.208	
Phi p =	.025	

Appendix K

Cost by 4-5 Years and 6-7 Years

Cost by 4-5 Years and 6-7 Years

Cost	4-5 Years		6-7 Years	
	No Problem	Problem	No Problem	Problem
Problematic	21(35%)	11(79%)	16(37%)	7(88%)
No Problem	38(64%)	3(21%)	27(63%)	1(13%)
Total	59(99%)	14(100%)	43(100%)	8(101%)
	2-3 Years		4-5 Years	
Chi Square Value	8.489		6.890	
Chi Square p =	.002		.0045	
Gamma Value	.738		.844	
Gamma p =	.003		.0045	

Appendix L

Cost by Age 8 & Over Care

Cost by Ages 8 & Over Care

Cost	Ages 8 & Over	
	No Problem	Problem
Problematic	16(38%)	21(84%)
No Problem	26(62%)	4(16%)
Total	42(100%)	25(100%)
Chi Square Value	13.355	
Chi Square p =	.000	
Gamma Value	.790	
Gamma p =	.000	

Appendix M
Copyright Approvals

August 21, 1997

127

Lori McNeil
2252 Invicta Drive
Niles, Mi 49120

Plenum Press, New York
233 Spring Street
New York, NY 10013

Copyright Division:

Please consider this letter as a request for permission to reproduce a graphic rendering published in the following book:

The Day Care Dilemma: Critical Concerns for American Families

Author:
Browne Miller, Angela
copyright 1990

The graphic rendering I am requesting permission to reproduce is described below:

Page 3, Figure 1.1, Child care in societal context.

The project in which I would like to include this graphic representation outlined above is part of a Master's Thesis at Western Michigan University in Kalamazoo, Michigan. The project is a study of child care need within one community. The graphic, with permission, will be used to illustrate and describe the importance of child care research in general. This project will not be copyrighted.

Thank you for your consideration of this request. If permission is being granted to reproduce the rendering described above, please indicate this affirmation below and return it in the self-addressed, stamped envelope enclosed.

Authorizing signature from Plenum Press, New York

Date

Respectfully,

Lori McNeil

Lori McNeil

PERMISSION GRANTED provided that material has appeared in our work without credit to another source; you obtain the consent of the author(s); you credit the original publication; and reproduction is confined to the purpose for which permission is hereby given.

Georgia Prince 8/27/97

Georgia Prince Date

Office of Rights/Permissions, Plenum
Publishing Corp, 233 Spring Street
New York, NY 10013

September 22, 1997

128

Lori McNeil
2252 Invicta Drive
Niles, Mi 49120

Angela Brown-Miller
98 Main Street, #315
Tiburon, CA 98920

Dear Ms. Brown-Miller

Please consider this letter as a request for permission to reproduce a graphic rendering published in the following book:

The Day Care Dilemma: Critical Concerns for American Families

Author:

Browne Miller, Angela
copyright 1990

The graphic rendering I am requesting permission to reproduce is described below:

Page 3, Figure 1.1, Child care in societal context.

The project in which I would like to include this graphic representation outlined above is part of a Master's Thesis at Western Michigan University in Kalamazoo, Michigan. The project is a study of child care need within one community. The graphic, with permission, will be used to illustrate and describe the importance of child care research in general. This project will not be copyrighted.

I have already received permission from the publisher, Plenum Press. As you can see by the enclosed letter, they publisher authorizes reproduction only under the condition that you, the author, also grant permission. Thank you for your consideration of this request. If permission is being granted to reproduce the rendering described above, please indicate this affirmation below and return it in the self-addressed, stamped envelope enclosed.

Angela Brown-Miller
Authorizing signature from author Angela Brown-Miller

10-20-97
Date

Respectfully,

Lori McNeil
Lori McNeil

THANKS!

yes, as long as
source + author
is credited -
I also did all
the graphics
that were

August 21, 1997

129

Lori McNeil
2252 Invicta Drive
Niles, Mi 49120

Educational Technology Publications, Inc.
Englewood Cliffs, NJ 07632

Copyright Division:

Please consider this letter as a request for permission to reproduce three graphic renderings published in the following book:

Needs Assessment A Users Guide

Authors:

Kaufman, Roger
Rojas, Alicia M.
Mayer, Hanna
copyright 1993

The graphic renderings I am requesting permission to reproduce are described below:

- 1) Page 5, Figure 1.2, Means are the ways to meet the needs.
- 2) Page 9, Figure 1.3, Three major frameworks for needs....
- 3) Page 136, Figure 6.4, A rolling-down sequence.

The project in which I would like to include these graphic representations outlined above is part of a Master's Thesis at Western Michigan University in Kalamazoo, Michigan. The project is a study of child care need within one community. These graphics, with permission, will be used to illustrate and describe needs assessments in general. This project will not be copyrighted.

Thank you for your consideration of this request. If permission is being granted to reproduce the three renderings described above, please indicate this affirmation below and return it in the self-addressed, stamped envelope enclosed.

Lori C. McNeil ETP 9/1/97

Authorizing signature from Educational Technology Publications, Inc. Date

Respectfully,

Lori McNeil
Lori McNeil

Permission Granted to
Master's Thesis
hcl
9/1/97

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