Perceptions of Child Care in Rural America

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This study reports the results of an investigation into the beliefs, attitudes, and satisfaction of rural mothers, child care providers, kindergarten teachers and employers. Data were collected from 134 mothers, 55 child care providers, 46 kindergarten teachers, and 62 employers. Mothers reported that they were “very satisfied” with the quality of child care services they were receiving and the degree of employer support. Although the majority of child care providers had a limited infrastructure of support and information, they had positive attitudes toward training, perceived relatively little stress, and were “extremely satisfied” with the amount of support received. Kindergarten teachers were less optimistic and concluded that their students, as a whole, are less ready for school than students 5 years ago. Employers noted that the majority of their employees (78%) had no control over the scheduling of their work hours and that most employees (82%) had no job/family conflict. Results are analyzed and interpreted within the context of a midwestern rural sample and Bronfenbrenner’s ecological theory of human development.

Today, over 60% of women with children are in the labor force (Children’s Defense Fund, 1995). Despite the fact that labor force participation rates of rural women are nearly identical to those of urban women (Census of Population and Housing, 1990), there has been scant research concerning child care in rural communities. According to the Bureau of the Census, a rural population includes all persons living in the open countryside or in communities with less than 2,500 persons.

The vast majority of recent child care research has either used strictly urban samples or, when rural participants have been included, has failed to distinguish between the two groups. Consequently, these studies ignore the fact that rural and urban families may differ widely in terms of available resources, family structure, availability of child care, and the attitudes and preferences of parents (Coleman, Ganong, Clark, & Madsen, 1989; Scanzoni & Arnett, 1987; Shoffner, 1986). Following Atkinson’s 1994 study in which rural and urban families were compared on selection and use of child care, the present study was designed to research rural child care in greater depth.

According to Bronfenbrenner’s ecological theory of human development, the layered environments in which children live are intertwined and multifaceted and their interactions influence children’s development. Bronfenbrenner’s desire to understand the environmental influences on children’s lives led him to create his ecological model to examine human development within a broader context. Bronfenbrenner (1979) defines ecological theory as:

the scientific study of the progressive, mutual accommodation between an active, growing human being and the changing properties of the immediate settings in which the developing person lives, as this process is affected by relations between those settings, and by the larger contexts in which the settings are embedded. (p. 21)

Within this framework, contexts are defined from the perspective of the developing person. For example, a child’s microsystem is made up of the systems in which the child is directly involved and most likely include the home/family, the child care program/provider, and the neighborhood peer group. The interplay among these three systems make up the mesosystem, which is unique to each particular child. The child’s exosystem includes two or more systems, including one system that does not directly include the child (the parent’s employment). The fourth organizational concept involves the macrosystem and comprises the belief systems, values, attitudes, and expectations widely shared by the larger society.

According to Bronfenbrenner’s perspective, it is assumed that children and parents will benefit when linkages between their families, child care programs, schools, and employment systems are strong, positive, and interdependent. The purpose of the present study was to obtain rural parents’, providers’, kindergarten teachers’, and employers’ perspectives on rural child care issues and compose a profile of the ecology of rural child care.
Parent Perspectives

The child’s first and most powerful microsystem is that of the home/family environment in which parents play the major roles. Parent’s perceptions, attitudes, and levels of satisfaction about work and child care are strongly related to children’s adjustment and development (Galinsky, Bond, & Friedman, 1993). When child care is unavailable, unaffordable, or of poor quality, parents feel less competent and successful in their parenting, experience more stress, and report reduced coping abilities (Galinsky et al., 1993).

Several researchers have examined parents’ perceptions of child care availability. The Families and Work Institute reported that finding quality child care was by far the most frequent problem reported by employed parents (Galinsky et al., 1993). In a more recent study, 65% of mothers who looked for alternatives when selecting care believed that they had no satisfactory choices (Galinsky, Howes, Kontos, & Shinn, 1994).

A few researchers have examined the perceived availability of child care specifically in rural areas. Shoffner (1986) found that fewer than 10% of the families in her study of rural child care placed their children in child care centers, though nearly 40% selected this as their most preferred arrangement. The problem, they said, was that this option was unavailable to them. As a result, the majority of children (68.2%) in Shoffner’s study received nonparental child care by a relative within the child’s own home. Studies by Clinton and Bean (1989) and Moore (1989) addressed the problems faced by rural parents in Arkansas and Maine. Both sets of participants reported difficulties related to the affordability, availability, and quality of child care in their communities. Child care centers were rarely accessible to these families because of high costs or distance, and unlicensed family child care (FCC), often of low quality, was the most widely available care arrangement. Finally, objective assessments of child care availability in rural Missouri support these perceptions (Missouri Youth Initiative, 1993). Sixty of Missouri’s 114 counties had a licensed child care capacity that was less than 25% of the total estimated need. In 25 rural Missouri counties, there were no licensed child care centers, and in 7 of those 25 counties there were three or fewer licensed child care homes (Missouri Department of Health, 1996).

When representative samples of parents are asked about their satisfaction with their child care arrangements, the response is typically very positive (Hoffertth, 1992; Atkinson, 1996). Yet researchers have found most child care programs in this country to be of average or poor quality (Cost, Quality & Child Outcomes Study Team, 1995; Galinsky et al., 1994). Studies conducted by the Families and Work Institute have found that it is difficult for parents to admit that they are dissatisfied with the overall quality of care their children receive. Atkinson (1996) found that asking parents to comment on the strong and weak points of child care yielded more specific information than satisfaction reports. In this study, mothers differed in their evaluations of child care according to the type of care used. Rural mothers using relative care were more likely to emphasize personal characteristics of the caregiver, whereas mothers using center-based care reported on the child care program and services provided (e.g., hours, location, cost). Evaluations of family child care were less clear with mothers evaluating both the relationship with the provider and the structure of the program.

Mathews, Thornburg, and Ispa (1994) compared rural and urban child care programs and found that the majority of rural mothers were “very satisfied” with their current child care arrangements, which were independently rated by researchers as relatively poor to minimal in quality. The rural mothers reported being more satisfied than the urban mothers even though the urban communities had higher quality child care according to the observers.

Child Care Provider Perspectives

The child care experience, whether in the home or center setting, introduces a second influential element in the child’s expanding microsystem. The provider plays the major role within the child care setting (Espinosa, 1980). Her personal and professional characteristics determine to a great extent the quality of care experienced by the child.

A significant body of literature has developed concerning characteristics of child care providers, including training, pay and benefits, turnover rates, social support, and belief systems. These studies, however, consistently fail to distinguish between rural and urban providers. Thus, the findings reported in existing studies may not accurately represent the population of child care providers in rural areas.

The National Day Care Study (Ruopp, Travers, Galantz, & Coelen, 1979, as cited by Galinsky, 1990) concluded that one of the most essential elements of quality child care is the relevant training of providers. Since that time, several researchers have investigated the educational background, professionalism, and training of providers (Dombro, 1995; Dombro & Modigliani, 1995; Howes & Smith, 1995; Galinsky et al., 1994). Their findings suggest that more education, more specialized training, and a higher degree of professionalism are positively related to higher quality child care.

There is consistent evidence that child care workers in both rural and urban communities receive low pay and few benefits (Galinsky et al., 1994; Hoffertth & Phillips, 1987; Kontos & Stremmel, 1988; Willer, 1992). In addition, child care providers have been reported to have the highest turnover rate of all human service professionals (Smith, 1989;
The 1990 U.S. Bureau of Census reported that the median tenure for child care providers is 2.7 years, and in 1991 and 1992 the annual job turnover rate for child care providers was 26%, nearly three times the 9.6% average turnover in U.S. companies overall (Children's Defense Fund, 1993). Atkinson (1992) found that mothers who worked as family child care providers reported higher stress, worked longer hours, and earned lower income than mothers who were nonemployed or employed outside of the home. The child care providers also had significantly lower levels of education than nonemployed and mothers who worked outside the home (Atkinson, 1992).

Despite these high turnover rates and the low economic incentives for commitment to careers in child care, studies on the general satisfaction of child care providers tend to show positive morale. Lindsay and Lindsay (1987) found that providers were highly committed to their work and believed in its importance. Molgaard (1993) and Kontos and Stremmel (1988) reported similar findings.

Little research has been done regarding the perceived social support available to child care providers in rural or urban settings. However, in her study of FCC providers, Molgaard (1993) concluded that providers who received support and encouragement from their families were more satisfied with their business and with child care work itself, and they were more likely to remain in the field.

Very little data are available on the belief systems of providers. Some researchers have noted that providers differ considerably from each other in their perceptions of their professional role (Kontos & Stremmel, 1988; Pence & Goelman, 1987) and in their beliefs about the relative value of formal training versus experience (Innes & Innes, 1984). Rosenthal's (1991) examination of the personal and professional beliefs of FCC providers revealed that even providers with little education and training held beliefs typical of professional educators. Research conducted by Arnett (1989) revealed that level of training was strongly related to the caregiving attitudes of providers. Specifically, child care training was found to be correlated with less authoritarian childrearing attitudes and a preference toward more positive interaction styles.

Child Care and School Readiness

The first National Education Goal states that by the year 2000, "all children in America will start school ready to learn" (National Education Goals Panel, 1991, p. 1). It is well acknowledged that the quality of children's early experiences largely determines their readiness for school (The Carnegie Foundation for the Advancement of Teaching, 1991). In a national survey of more than 7,000 kindergarten teachers, the Carnegie Foundation found that "35% of the nation's children—more than one in three—are not ready for school" (The Carnegie Foundation for the Advancement of Teaching, National Survey of Kindergarten Teachers, 1991, p. 7). A large percentage (43%) also reported that readiness of children has worsened during the last 5 years. Most cited lack of proficiency in language as the area in which children were most deficient; the kindergarten teachers advocated for more parental involvement and education to address the problem. As most parents are now sharing the task of raising their children with child care providers and other nonrelated adults, considerable public and academic interest has focused on the consequences of nonparental care for children's growth and development and their readiness for academic success in school (Cost, Quality, & Child Outcomes Study, 1995).

Holding maternal education, child gender, and ethnicity constant, researchers from the Cost, Quality, & Child Outcomes study team determined that children's cognitive and social development are positively related to the quality of their child care program (1995). In addition, there is a substantial body of research suggesting that child care can be beneficial to children's cognitive development (Andersson, 1989; Belsky, 1988; Hartmann, 1991; Howes, 1988; Thornburg, Pearl, Crompton, & Ispa, 1990). Attendance in child care does not appear to impair children's language development (Larsen & Robinson, 1989; Rubenstein, Howes, & Boyle, 1981), and it may even improve their communicative skills (McCartney, Scarr, Phillips, & Grajek, 1985). The advantages of child care for disadvantaged children have also been well-documented (Davis & Thornburg, 1994). The few studies that have concluded that children in child care perform more poorly on cognitive tasks than children receiving parental care have focused on child care environments of very low quality (e.g., Vandell & Corasaniti, 1990).

Workplace Child Care Policies

According to Bronfenbrenner, the parent's workplace is part of the child's exosystem. When linkages between work and home are positive and interdependent, children and families benefit.

Despite the tremendous amount of attention that family-supportive employer policies have received in recent years, most companies have failed to sufficiently respond to the work-family conflicts increasingly experienced by American workers. A recent study by the Families and Work Institute revealed that only 10% of companies with less than 1000 employees provided some form of child care assistance (Galinsky & Morris, 1991). Employer child care support appears to be concentrated in high-growth and service industries, most notably hospitals and banks, and in companies with a large percentage of female employees (Hofferth & Phillips, 1987).

McNeely and Fogarty (1988) examined differences between the family-supportive policies of rural and urban
businesses. They found that companies located in urban areas were more likely to offer flextime; no other significant differences surfaced. The researchers also reported that in both rural and urban communities, service organizations and companies involved in finance, insurance, real estate, and retail or wholesale trade were more receptive to family-oriented policies, as were nonunionized companies, than unionized and industrial companies. Like Galinsky and Morris (1991), they also found that smaller companies were less receptive to family-friendly policy innovations than larger companies.

The vast majority of research in this area has not considered differences between rural and urban employers. Because employers in rural communities may view child care-related benefits and policies differently than their urban counterparts, and because rural employees may respond differently to child care-related conflicts, the findings of the current body of literature may not accurately represent the situation in rural America.

Methodology

Participants

The present study was conducted in 11 Missouri communities. Poverty rates and maternal employment rates in these 11 communities are representative of rural areas within Missouri with populations less than 2,500. In 1990, 31% of Missouri's population lived in communities with populations under 2,500.

Mothers. The majority of mothers surveyed were found randomly through phone calls from current telephone directories. Due to an oversampling of mothers using regulated licensed care, additional participants were obtained through referrals from other mothers in an attempt to find mothers using unlicensed care. This purposive sampling technique was utilized in an attempt to broaden the range of child care programs to include unlicensed child care programs and relative care.

Mothers were telephoned with invitations to participate in the study. Ninety-two percent of the mothers who met our criteria for inclusion in the study (out-of-home employment at least 30 hours per week and child in nonparental care at least 25 hours per week) agreed to participate and were sent a set of interview questions. During the initial phone contact, a time was set for an interviewer to call back approximately one week later, at which time the interview would be conducted.

A total of 152 mothers from the 11 rural communities agreed to participate in this study. Later, 18 of the mothers chose not to complete the questionnaires. The final participation rate was 89%. The average number of participating mothers per community was 13. The mothers were all white (93% of the population in the 11 communities were white); ranged in age from 21 to 45 years, with a mean age of 30. Thirty-four percent had some high school or were high school graduates; 28% had some college; 28% were college graduates; and, 8% had an advanced degree. The vast majority of mothers (95%) were married.

Child care providers. A listing of all licensed child care centers, group homes, and family child care homes was obtained from the state licensing unit. Each community had between 2 and 9 licensed programs. Providers from all licensed programs in the 11 targeted communities were contacted by telephone with an explanation of the study. In order to get a more representative sample, which included relative and unlicensed care, referrals were made from mothers and the providers they listed were contacted and invited to participate.

Providers who agreed to participate were sent questions and a time for a telephone interview was scheduled. This interview occurred approximately one week after the initial phone call.

Of the 61 programs contacted in the 11 communities, 11 providers from 5 child care centers and 56 providers caring for children in their homes were invited to participate in the study. Providers in 12 of the 61 programs contacted declined. Forty-six family child care providers and 9 teachers from three child care centers agreed to participate, representing a response rate of 82% for both center teachers and family child care providers. The majority of providers were female (98%), white (97%), married (83%), and parents (95%).

Kindergarten teachers. The 11 targeted communities had a total of 46 kindergarten teachers, with from 1 - 11 teachers in each community. The principal from each school was contacted and asked to explain the study to the kindergarten teachers. Separate self-addressed return envelopes were sent so teachers could return their questionnaires themselves. Eighty-nine percent of the kindergarten teachers (41 out of 46) completed the questionnaires for the study.

Employers. The Missouri Department of Economic Development provided a community profile that included a list of major employers for each of the 11 communities. All 84 of the businesses listed were contacted. A total of 62 employers responded for a participation rate of 74%. Types of businesses included: banks, grocery stores, school districts, nursing homes, utility companies, manufacturing plants, construction-related companies, agriculture industries, and farm equipment suppliers. Once the employer agreed to participate, a questionnaire was sent and arrangements were made for a phone interview approximately one week from the initial call. An average of 5.6 businesses (range 2 - 10) per community were in the study. Four of the communities housed a regional business, employing from 400 to 850 workers. With the exception of these four communities, businesses had an average of 79 employees (range of 2 - 325). Employers who completed the surveys included
presidents, vice-presidents, CEOs, administrators, and managers. Eighty-six percent of the respondents were married and 70% had used child care for their own children.

Measures

Characteristics and Perceptions of Mothers

Each mother was asked for demographic information on herself, one of her children who was in child care, and the father of this child. If more than one of her children attended child care, she was asked to choose one child and to answer the questions specifically regarding that child. The child care information collected included: type of child care used, number of hours in child care, length of time enrolled in the current child care arrangement, total number of children in the child’s group, distance from home to child care program, and distance from the child care program to mother’s and father’s place of employment.

A child care satisfaction scale developed by Galinsky and Shinn (1994) assessed mothers’ satisfaction with 26 items such as the “cleanliness of the program,” “the number of children in the group,” “learning opportunities for the child,” and “the teacher’s experience in taking care of children.” The 27th item asked, “All in all, how satisfied are you with the overall quality of your child’s care?” Mothers responded on a 5-point Likert-type scale ranging from “very satisfied” to “very dissatisfied.” Child care satisfaction was measured by four scales (Chronbach’s alpha in parentheses): characteristics of the center (α = .72), competence of the provider (α = .74), teacher-parent relations (α = .80), and the learning environment (α = .75).

Mothers were then asked open-ended questions to describe their “ideal” child care situation, why they chose their current arrangements, and the two most important things they considered when choosing child care. Open-ended responses were content-analyzed and tabulated according to frequency. A series of items measured by a Likert-type scale followed regarding the mother’s employment and perceived support received from her employer. These included statements such as “My supervisor is helpful to me when I have a routine family or personal matter” and “I feel comfortable bringing up personal or family issues with my supervisor.” Mothers responded to these items on a 4-point scale, from “almost never” to “almost always.”

Characteristics and Perceptions of Child Care Providers

Child care providers were first asked for demographic information: age, race/ethnicity, marital status, income, and number and ages of children; information about their child care program, including type of program, number of children cared for, and number of assistants; and education and training. Provider training was assessed by combining the number of child development classes in high school, number taken in college, clock hours of inservice training in the past year, highest degree held in early childhood education, and major in college. Highest degree held in early childhood education was coded as follows: 0 = no credential or degree, 1 = CDA credential, 2 = A.A. in early childhood development, 3 = B.S. in child development/early childhood development (ECE), 4 = M.S. in child development/ECE. Major in college ranged from 0 = no college, 1 = no major, 2 = unrelated major, 3 = related major (elementary education, special education, psychology), 4 = child development or early childhood education major. Three experts in early childhood assigned weights for each component of training according to its importance. A training score (range = 1 - 5 with 5 indicating the highest possible score) was then computed for each caregiver according to the following formula: (.1 x number of high school courses) + (.2 x number of college courses) + (.1 x clock hours of formal child care training) + (.4 x highest Early Childhood Education degree) + (.2 x college major).

Attitudes toward training were assessed by two questions: “How important do you feel it is for child care providers to have professional training/coursework?” and “How likely do you think it is that you will receive training/take any courses in the future?” Responses were tallied on a 4-point Likert-type scale ranging from “not likely” to “extremely likely.” Providers were also asked to report on obstacles to training. Perceived stress, as measured by the Perceived Stress Scale (Cohen, Karmarch, & Mermelstein, 1983), was self-reported on 6 items. Sample items are “How often have you felt confident about your ability to handle your problems?” and “How often have you felt that difficulties were piling up so high that you could not overcome them?” Provider responses were recorded on a 5-point Likert-type scale ranging from “very often” to “sometimes” to “never.” Providers were then asked to list their sources of support, select the two most important sources of support, rank the degree of support received from individual providers and organized groups of providers, and rate their overall satisfaction with the support received. Motivation for entering the child care field and length of time planning to stay in the field were assessed by two open-ended questions; desire to choose another profession was assessed on a 4-point scale.

Perceptions of Kindergarten Teachers

Kindergarten teachers were asked to rate how many of their students did not meet their expectations on 12 school readiness items. Sample items are “How many students could not sit and pay attention when appropriate?” and “How many were not socially competent?” Kindergarten teachers were also asked about their familiarity with the
Table 1

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>Percentage of Mothers Using this Care</th>
<th>Hours In Care Per Week</th>
<th>Months in Care</th>
<th>Cost of Care Per Week ($)</th>
</tr>
</thead>
<tbody>
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<td>Family Child Care Home</td>
<td>50</td>
<td>34</td>
<td>27</td>
<td>35</td>
</tr>
<tr>
<td>Child Care Center</td>
<td>43</td>
<td>32</td>
<td>23</td>
<td>41</td>
</tr>
<tr>
<td>Relative Care (unlicensed)</td>
<td>13</td>
<td>22</td>
<td>23</td>
<td>27</td>
</tr>
<tr>
<td>In-Home Care (unlicensed)</td>
<td>4</td>
<td>17</td>
<td>19</td>
<td>37</td>
</tr>
</tbody>
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Note. Some parents had more than one arrangement for their children.

Results

The mothers who participated in this survey worked outside the home an average of 38 hours per week, had an average of two children, and had at least one child in some form of nonparental child care. The spouses worked an average of 48 hours per week. Mothers were asked to choose one child who was in child care and to fill out the survey questions with that child in mind. The children for whom these results pertain range from 3 months to 11 years with a mean age of 4 years.

The mothers paid, on average, $35 per week for child care for one child. Ninety-three percent of mothers said they would definitely send their children to the current child care arrangement again, and 92.5% would recommend this child care arrangement to a friend. When asked to describe their ideal child care situation, 20% of the mothers stated “The one that they are in,” 18% responded “That I could stay home and care for my child,” 18% “Characteristics of the child care program (e.g., cost, location, hours),” 17% “A high quality learning environment,” 13% “A home-like environment,” and 11% “Characteristics of the provider (e.g., love, attention, reliable, dependable, trustworthy).” Interestingly, only 3% of the mothers mentioned the “Happiness and well-being of their child” as being an important feature of an ideal child care arrangement. Thirty-eight percent of the mothers chose their current arrangement based on referrals and recommendations from friends.

Employers were asked seven questions regarding employer policies for their full-time employees (e.g., “How much control do workers have over the scheduling of their work hours?”; “What benefits do you provide for your employees?”). Questions regarding employer perceptions included “How many days of work per year does your average employee with young children miss?” and “Over the course of the past year approximately how many employees have left your place of employment due to child care needs?”

Work Place Policies and Employers’ Perceptions

Employers were asked seven questions regarding employer policies for their full-time employees (e.g., “How much control do workers have over the scheduling of their work hours?”; “What benefits do you provide for your employees?”). Questions regarding employer perceptions included “How many days of work per year does your average employee with young children miss?” and “Over the course of the past year approximately how many employees have left your place of employment due to child care needs?”

In terms of child care availability, mothers were asked how many options they were aware of when seeking child care. The number of options ranged from 0 to 10, with an average of three. Mothers tended to visit one program, which they found satisfactory. When asked open-ended questions such as “What was the most important factor when choosing your current child care arrangement?”, the mothers reported the “well-being of the children” or “that the children liked being there.” When asked what the second most important factor was, the mothers responded, “the characteristics of the provider”—that the provider would love and care for the child; give attention when needed; and be reliable and trustworthy.

Mean responses on the satisfaction scales suggest that mothers were “very satisfied” with characteristics of the center ($M = 1.37, SD = .43$), competence of the provider ($M = 1.35, SD = .50$), teacher-parent relations ($M = 1.37, SD = .62$), and learning environment ($M = 1.57, SD = .58$). Correlations revealed that satisfaction with child care was not significantly associated with child care cost.

Seventy-seven percent of mothers were responsible for getting their child ready to go to child care and 75% were responsible for taking the child to child care. The child care programs were an average of 4.6 miles (8 minutes) from...
the home and 9.3 miles (13 minutes) from the child care facility to the mother’s place of employment.

Fifty-eight percent of the mothers reported that it was "essential" to their family finances that they work for pay and 36% said that it was "essential" that they continue working to maintain their family benefits. When asked, "how important is your job in making you feel good about yourself?" 54% said that it was "important" and 22% responded that it was "useful, but not necessary."

Within the past 12 months, mothers reported missing an average of 7 days with 4½ days of work missed due to child care needs (i.e., sick child, provider sick or on vacation). Mothers reported being late an average of 7 times during the past 12 months, with approximately 5 of those times being due to their child care responsibilities. Sixty-five percent of mothers, as compared to 2% of fathers, stay home with their child when their child is sick. An additional 16% of mothers and fathers alternate days to stay home with sick children, 14% have extended family members who help with sick children, and 3% of parents find "other arrangements" for sick children.

Seventy-five percent of mothers stated that their supervisors are almost always helpful when they have family or personal matters and 59% felt comfortable bringing up family or personal issues with their supervisors. Eighty-six percent of mothers surveyed did not feel the need to misrepresent their reasons for child-related absences or tardiness and 82% of respondents did not feel like they "paid a price" for using flextime and/or leave policies. Sixty percent of the mothers reported that their job and parenting responsibilities conflict "somewhat" to "a great deal;" however, 88% reported that they balance the demands of work and family "well" to "very well."

Child Care Providers

Twenty-seven percent of child care providers worked in child care centers and 73% provided care in their own homes. The majority of providers cared for 10 children and had no other assistants. Child care center and home providers differed significantly on two of the nine caregiver characteristic variables: Center providers had higher education levels (p > .001) and more positive attitudes toward training (p > .02) than home providers. No significant differences were found for age, total income, income from provider's job only, years of experience, clock hours of child care training in past calendar year, job satisfaction, and personal efficacy. Therefore, the majority of the data analyses included the entire sample of providers.

Seven percent of family child care providers had less than a high school education, 49% were high school graduates, 33% had some college, 6% had a college degree, and 5% had an advanced degree. Five percent of child care center teachers were high school graduates, 57% had some college, 33% had a college degree, and 5% had an advanced degree. Providers had worked in child care for an average of 8 years and attended an average of 17 clock hours of training the past year. (The State of Missouri requires 12 clock hours of training for providers from licensed homes and centers). Fifty-three percent of the providers entered the child care field because "they loved children," and 27% wanted to be home with their own children. Whereas only 5% of the providers planned to be in child care for less than a year, 20% planned to stay in the profession for 2 to 4 more years, and 75% stated that they are planning to stay in the field "indefinitely." Forty-six percent of the providers made an annual salary of $12,500 or less from their job alone.

The average training score for all of the providers was 2.1 (possible range 1 - 5, with 5 being a high score). Child care center teachers had significantly more training (an average training score of 2.8) than family child care providers, who had an average training score of 1.9 ($F (1,83) = 14.63, p < .001$). Figure 1 illustrates the topics providers would like covered in future training.

Fifty percent of providers reported no obstacles to training. Of the half who reported obstacles, 62% identified the main obstacle as "lack of time." In addition, those providers who reported obstacles to training had more training (an average training score of 3.4) than providers who reported no obstacles to attending training (an average training score of 2.2). The majority of providers stated that it is "very important" to "extremely important" that providers receive professional training/coursework (85%), and 71% stated that it is "extremely likely" that they will receive training in the future. (It is important to remember that a minimum amount of training is required for licensed providers.)

Provider's self-reported stress, as measured by the Perceived Stress Scale (Cohen et al., 1983), ranged from 6 to 30 with high scores indicating less perceived stress. The mean score for perceived stress was 22, indicating relatively little perceived stress. On a scale ranging from "very often = 1" to "never = 5" the providers reported that they "sometimes" felt nervous and stressed ($M = 3.0$).

As shown in Figure 2, providers listed in the most important source of support as their spouse (82%) and the second most important source of support as their friends (75%). Sixty percent of providers reported that there are no organized groups of child care providers that are a source of support for them, and 32% said that there are no individual child care providers outside of their setting who are a source of information or support. Nonetheless, 43% were "extremely satisfied" with the amount of support received. Sources of organized support reported included the USDA food program, organized workshops, and the Missouri Parents As Teachers Program.
A support variable was created by adding the number of support sources the provider listed, the number of organized groups of providers reported, and the number of individual child care providers who were sources of support and information. The support score ranged from 0 to 15 (high scores indicating more support), with a mean of 5.5.

### Kindergarten Teachers' Perceptions of Children's School Readiness

The teachers had taught for an average of 12 years and had an average class size of 22 children. Forty-nine percent of teachers surveyed responded that child care arrangements prior to kindergarten are very related to school readiness. Sixty-three percent reported that their students, as a whole, are less ready than 5 years ago. There was no significant difference between teachers’ perceptions of the cognitive, social-emotional, and physical readiness of children who had been in child care and those who had not. Table 2 reports the percentages of children who did not meet teachers’ expectations on 12 school readiness items. The teachers rated children as most deficient in problem-solving skills (32% not ready), paying attention (28%), taking turns and sharing (25%), and math and literacy readiness (25%).

### Employers' Perceptions

Employers reported that 78% of their employees had little to no control over scheduling their work; 82% had little to no job/family conflict according to the employers. Fifty-six percent of employers indicated that they were familiar or very familiar with the child care needs of their employees. Employers noted that their average employee missed approximately 4.4 days per year and that their average employee with young children missed 5 days per year, 3 of those days due to child care needs. Sixty percent reported that this was not a problem for their place of employment. Although health coverage was the most common benefit provided (82%), when asked what additional benefit employers would like to provide, 12% of the remaining 18% who did not provide health benefits listed health benefits (see Figure 3). The second most common benefit mentioned was on-site child care (11%), although we suspect that answering other questions about child care influenced this response. The two reasons that benefits were not provided were “expense” (78%) and “little employee demand”

<table>
<thead>
<tr>
<th>Topic</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discipline and guidance</td>
<td>74%</td>
</tr>
<tr>
<td>Creative arts</td>
<td>55%</td>
</tr>
<tr>
<td>What to do in an emergency</td>
<td>50%</td>
</tr>
<tr>
<td>Positive parenting</td>
<td>49%</td>
</tr>
<tr>
<td>Health and safety</td>
<td>47%</td>
</tr>
<tr>
<td>Child development</td>
<td>44%</td>
</tr>
<tr>
<td>Music</td>
<td>43%</td>
</tr>
<tr>
<td>Room arrangement</td>
<td>41%</td>
</tr>
<tr>
<td>Toy safety</td>
<td>39%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>35%</td>
</tr>
<tr>
<td>Science and math</td>
<td>34%</td>
</tr>
<tr>
<td>Developmentally appropriate practices</td>
<td>32%</td>
</tr>
<tr>
<td>Language development</td>
<td>30%</td>
</tr>
<tr>
<td>Children, values, religion</td>
<td>30%</td>
</tr>
<tr>
<td>Motor development</td>
<td>27%</td>
</tr>
</tbody>
</table>

Figure 1. Topics providers would like covered in future training.
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Figure 2. Child care provider sources of support.

(37%). Employers reported that the provision of benefits currently being provided positively affected employee morale (70%), productivity (38%), absenteeism (35%), punctuality (32%), and turnover (46%), with turnover and morale listed as the “most affected.”

Discussion

This profile adds to the limited research base specifically on rural child care. In 1994, Atkinson studied 199 Midwestern rural families and determined that most of the mothers used child care arrangements outside the home, with 61% of the care being conducted by “sitters” and relatives and 12% provided by child care centers. We, too, found that most of the child care was provided outside the home; however, we found a very different distribution, with the majority of care (45%) being provided by family child care providers in their home and 40% in child care centers. Only 13% of the mothers in this study relied on an extended family member for child care assistance.

Mothers paid an average of $35 dollars per week for full-time child care or $7 per day. A common practice in rural Missouri is for family child care providers to charge a fixed amount regardless of the child’s age. That is, infant care costs the same as preschool care, even though infant care is the most time-intensive type of care to provide. This factor, along with the low percentage of relatives being used for care, may be directly related to the amount of center-based care available. The number of extended family members who are available to provide child care will continue to decrease with welfare reform. Perhaps child care centers will emerge to meet the demands for infant/toddler care (despite its expense) and school-age care (the age group we found that family child care providers were more reluctant to provide).

In-home care, the least-often used child care arrangement, was more expensive ($37) in comparison to care by relatives ($27). The higher costs of in-home care may be one reason for the gradual shift to out-of-home care since the 1986 Shoffner study, in which the majority of the child care (68.2%) was provided entirely within the children’s homes.

Availability of child care in the communities was assessed through mothers’ accounts of the number of child care options available to them. In this study, mothers had an average of three options; however, surprisingly, they visited only one program, which they found satisfactory. Similar to Atkinson’s (1994) study, 38% of the mother’s selected their child care arrangements after referrals and recommendations from friends.

The majority of mothers in this study said they worked due to economic necessity and that the child care arrangements enabled them to work. Perhaps, because the child care was enabling them to meet their financial needs, these mothers reported being “very satisfied” with their child care programs. That is, the child care was satisfying for them.
Table 2

Percentage of Children Who Did Not Meet Teachers Expectations with Respect to the Following School Readiness Characteristics

<table>
<thead>
<tr>
<th>Percentage of children who</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive Development</td>
<td></td>
</tr>
<tr>
<td>were NOT enthusiastic and curious when approaching new activities</td>
<td>13%</td>
</tr>
<tr>
<td>could NOT effectively communicate needs, wants, and thoughts verbally</td>
<td>15%</td>
</tr>
<tr>
<td>were NOT ready to learn expected math and literacy concepts</td>
<td>25%</td>
</tr>
<tr>
<td>could NOT sit and pay attention when appropriate</td>
<td>28%</td>
</tr>
<tr>
<td>did NOT have good problem-solving skills</td>
<td>32%</td>
</tr>
<tr>
<td>Social-Emotional Development</td>
<td></td>
</tr>
<tr>
<td>were NOT appropriately compliant with adults</td>
<td>15%</td>
</tr>
<tr>
<td>were NOT socially competent</td>
<td>15%</td>
</tr>
<tr>
<td>were NOT sensitive to other children’s feelings</td>
<td>18%</td>
</tr>
<tr>
<td>could NOT effectively take turns and share with others</td>
<td>25%</td>
</tr>
<tr>
<td>Physical Development</td>
<td></td>
</tr>
<tr>
<td>were NOT physically healthy</td>
<td>7%</td>
</tr>
<tr>
<td>were NOT well-nourished</td>
<td>8%</td>
</tr>
<tr>
<td>were NOT physically rested</td>
<td>13%</td>
</tr>
</tbody>
</table>

and their current life and employment situation. Similar to the Mathews et al. (1994) study, in which the majority of rural mothers were “very satisfied” with their child care arrangements that had been independently rated by a team of researchers as being of low to average quality, the present study suggests that child care satisfaction may be more a measure of parental well-being than the well-being of the children. This inference is further supported by the low priority mothers give to “child’s happiness” as a feature of their ideal child care arrangement.

We must also consider parents’ lack of education in what quality child care looks like. Parents are more likely to report dissatisfaction with particular aspects of care such as location, flexibility, and cost rather than the overall quality of the care (Atkinson, 1996; Galinsky, 1988, as cited by Galinsky, 1990). In addition, perceptible aspects like location and cost are simple methods for comparing and selecting early childhood programs. Expressing dissatisfaction with these items may also be easier for parents because they are less emotionally laden.

Child care quality has been found to be positively associated with children’s cognitive and social development (Cost, Quality, & Child Outcomes Study, 1995). Unfortunately, this study did not independently investigate the quality of the child care programs in the 11 rural communities. The kindergarten teachers, however, were asked to rate the readiness of the children in their classrooms. They were also asked specific questions regarding the use of child care in their community. These teachers did notice a change in their student’s readiness for school within the past 5 years; more children are now perceived by teachers as less ready. However the differences among children who received parental care and children who were in child care were not statistically significant. The teachers in this sample who reported that children were “less ready now” attributed it to parental neglect and lack of family stability.

In this rural sample, the teachers’ ratings of children’s readiness was considerably more positive than the results of the national kindergarten teacher survey conducted by the Carnegie Foundation. For example, our teachers rated only 7% of their students as not ready physically, whereas in the Carnegie study teachers rated 33% of the students as having problems in this area. And for “social competence,” the analogous figures are 15% and 80%. The kindergarten teachers in this rural sample clearly view their incoming students as more “ready” and competent than do teachers nationally. One must ask whether this is a reflection of reality, a function of lower expectations, or a desire to convey a positive picture to individuals outside their community. While this rural sample of kindergarten teachers was reluctant to identify specific children in their classes as “unready,” those kindergarten teachers who did perceive their students as “less ready” were most likely to attribute it to family functioning (Espinosa, Thornburg, & Mathews, 1997).
In addition, we do know that the teachers in the child care centers had significantly more training than did the family child care providers. Staff training is one indicator of child care quality. Most of the providers in this study (85%) reported that it is either “very important” or “extremely important” that they receive training, and 71% said that it is “extremely likely” that they will receive training in the future. Although the state of Missouri requires that licensed child care providers receive 12 clock hours of formal training each year, the positive attitudes associated with receiving training indicate an openness to continued learning and growing that is important for the early childhood profession. Child care provider training is instrumental in improving the quality of child care, which, in turn, affects children’s readiness for school (Yandell & Corasaniti, 1990).

Although providers reported little stress from their jobs, they also reported relatively little professional support, with 60% reporting no organization of providers who are a source of information and support for them. Perhaps the training opportunities, which the providers rated as “very” to “extremely important,” are meeting the providers’ needs not only for training but also for support and validation. If providers do not belong to professional provider associations, then they may not know the potential rewards associated with membership in such organizations. As a result, provider training sessions should be specifically designed to support and validate child care providers, in addition to providing child care information.

Although most of the mothers had complete responsibility for taking their children to and from child care, getting them ready in the morning, and staying home with the children when they were sick, the mothers reported relatively little job-family role strain. In fact, 88% of the mothers said that they balance the demands of work and family “well” to “very well.” It may be that rural women accept their responsibilities as inevitable and essential elements of the mothering role. If so, their reported lack of resentment, or stress, concerning their greater share of routine caregiving (compared to their husbands”) is understandable. Another explanation might be that rural mothers are more reluctant to express dissatisfaction or resentment.

The mothers in this study also reported a great deal of support from employers. Ninety-eight percent of the mothers reported that the way their child care needs and responsibilities are handled by their employer increases their loyalty to their employer and their place of employment. Both mothers and employers were asked to estimate the number of days missed, on average, and the number of days missed due to child care needs. Surprisingly, the mothers and employers were very similar in their estimates (suggesting that the estimates were accurate). Mothers reported missing 7 days with 4 of those days due to child care responsibilities, and employers reported that the average employee with young children misses 5 days per year with 3
of those days due to child care needs. Moreover, the employers did not report absences or tardiness among mothers with young children to be a problem for their places of employment.

These findings, in aggregate, suggest that mothers in rural communities are very satisfied with their child care arrangements and with the limited support received from employers. Child care providers, who receive relatively little support and little training, are also very satisfied with the amount of support they receive and the child care that they are providing. And employers, who offer very few "family friendly" benefits such as flextime, job sharing, and on-site child care, report being satisfied with current employer/employee relations. Although mothers, providers, and employers report being very satisfied with their current situations, it is important to keep in mind that rural kindergarten teachers are reporting that children are less ready for school. Additionally, it has been well documented that the quality of child care available is poor to mediocre (Cost, Quality, & Child Outcomes Study, 1995).

Perhaps our findings suggesting an overall sense of well-being are specific to rural areas. Individuals living in small towns and their surrounding areas may feel more sense of community with their neighbors and coworkers. This perception of connectedness may in and of itself be stress-reducing. Viewing these results within the context of Bronfenbrenner's ecological theory, it appears that rural children's mesosystems are remarkably consistent, positive, and mutually reinforcing.

On the other hand, these results may reflect the limitations of the survey/questionnaire methodology in rural communities. As described by Garkovich, Bokemeier, and Goote (1995), rural communities are more likely to be "close-knit and built on traditional values of independence, honesty, self-reliance, and the importance of family" (p.9). The tradition of self-reliance and not asking others for help with personal problems may create a generalized reluctance to acknowledge and share concerns about child care and child rearing. Therefore, surveys/questionnaires may not reveal the deeper realities and complexities of rural family life. The authors' experiences in assessing urban and rural child care providers and parents lead us to speculate that a greater investment of researcher time and resources is needed to gather in-depth information from this population. Case studies, ethnographies, and other qualitative methods would help to reconcile some of the questions raised by these findings.

The goal of creating high-quality, interdependent systems of early care and education poses a challenge for rural America. Before a system can be strengthened and improved, it first must be acknowledged as having a need to improve. The challenge will be to convince parents that they need to be educated about features of quality care, to encourage employers to offer more family-friendly work policies, and to facilitate child care providers' professional development and support when they don't perceive a problem with the status quo. We know that the quality of early care has significant and long-term consequences on children's development and academic success; we also know that parents who receive support and benefits are better able to manage the demands of work and family; questions remain concerning the dynamic interactions among these variables in rural communities.

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