Choice and Accommodation in Parental Child Care Decisions

Marcia K. Meyers and Lucy P. Jordan

As women approach parity with men in their representation in the U.S. labor force, child care has become a critical concern both for families and for community development professionals. In this paper, we review recent literature on parental child care decisions and on socio-economic differences in child care utilization. We contrast two bodies of theoretical and empirical research on the determinants of child care arrangements, comparing models of individual consumption choice with models of socially constructed or situated patterns of action. This research suggests that parental child care decisions may be best understood as accommodations—to family and employment demands, social and cultural expectations, available information, and financial, social, and other resources—that often reproduce other forms of economic and social stratification.

Keywords: child care, maternal employment, poverty, work/family balance

As women approach parity with men in their representation in the U.S. labor force, child care has become a critical concern both for families and for community development professionals. For parents-as-providers, most often mothers, the price, availability, quality, and reliability of child care affect labor market attachment and hours of employment, particularly when children are young (See Kimmel, 2006, for a more extended discussion). Over the long term, mothers' employment accommodations for care giving have consequences for career advancement and earning trajectories, and for gendered wage and earning differentials. For parents-as-caregivers, the safety and quality of care has implications for psychological well-being, management of work/family demands, and continuity of employment. As Barnett and Ackerman (2006) describe in more detail, the quality of children's care has implications for their health, early social and human development, and later education and labor market success. These individual outcomes have broader implications for the health and productivity of the current and future workforce.

The use of non-parental care has risen steadily for several decades in the United States, reflecting increasing rates of maternal employment and changing norms about children's early education and school readiness. Although the use of non-parental care has grown for all socioeconomic groups, the type, quality, and cost burden for parents remain highly

Marcia K. Meyers is Associate Professor of Social Work and Public Affairs at the University of Washington and Director of the West Coast Poverty Center. Lucy P. Jordan is a Doctoral Candidate in Social Work at the University of Washington. This work was supported in part by the John D. and Katherine T. MacArthur Foundation and the Russell Sage Foundation.

stratified along socio-demographic lines. Evidence that type, cost, reliability, and quality of child care matter for economic outcomes, and that these child care characteristics vary systematically along socio-demographic lines, is raising new and challenging questions for the community development field: How do parents arrange care for their children? What types of care do they want to use, and how are these preferences shaped by market, family, and social factors? How successful are parents in obtaining the type of care that they want? What barriers do they face and what role can local, regional, state, and national governments play in helping to reduce these barriers?

In this paper, we review recent literature on parental child care decisions and socioeconomic differences in child care utilization. In Part I, we briefly review evidence of persistent socio-economic stratification in child care enrollments; these patterns are described more fully by Jean Kimmel (2006). In Part II, we contrast two bodies of theoretical and empirical research on the determinants of child care arrangements, comparing models of individual consumption choice with models of socially constructed or situated patterns of action. In Part III, we discuss the research and suggest future directions for community development practice, research, and policy.

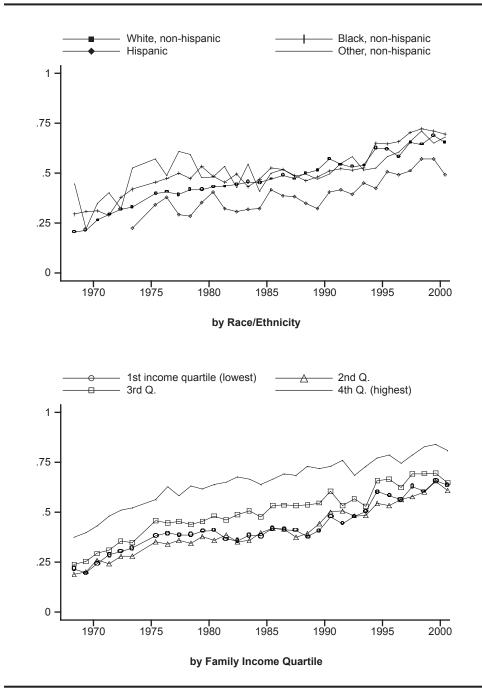
VARIATION IN CHILD CARE ARRANGEMENTS

Most young children in the United States now spend at least a portion of their time in non-parental care. Children are cared for in a variety of non-parental arrangements ranging from informal care giving by relatives and friends to formal care in family child care homes, child care centers, preschool settings, and before- and after-school programs.¹ Analyses of the National Survey of America's Families (NSAF) find that about two-thirds of all children under age six, and three-quarters of those with employed mothers, are in some form of non-parental care (Sonenstein et al., 2002; Ehrle, Adams, & Tout, 2001). Children under six are about equally likely to be in informal care or in center-based programs, and the use of any non-parental care and of formal arrangements rises as children age. About 80% of school-aged children are also in some form of nonparental care other than school, most commonly in informal care, followed by center and before- and after-school programs.

Beyond differences by children's ages, families' child care arrangements vary most notably by socio-economic characteristics. Preschool-aged children whose parents are European American, non-Hispanic, U.S.-born, more highly educated, and more affluent are more likely to be in center-based care arrangements than to be in the care of relatives (Fuller, Holloway, & Liang, 1996; Liang, Fuller, & Singer, 2000; Huston, Chang, & Gennetian, 2002; Capizzano & Adams, 2004). The reverse is true for children from Hispanic, poorly educated, immigrant, and less affluent families, who are more likely to be cared for by relatives than in child care centers.

To the extent that income and other socio-demographic differences in care arrangements reflect price constraints, we would expect recent expansions in public child care assistance to have reduced these disparities. Despite increases in public preschool programs and in means-tested subsidies for low-income employed parents, child care arrangements remain highly stratified. Figures 1 and 2 compare the enrollment of 4- and 5-year olds in school or early education programs between 1968 and 2000.² Although enrollments in early education programs increased for all 4-year olds during this period, enrollment gaps have persisted between Hispanic and other children, and between those in more- and less-affluent families (Figure 1). A comparison with trends for 5-year olds (Figure 2) reveals a striking difference: although enrollments for these children were similarly stratified before 1970, disparities by family income and ethnicity virtually disappeared with the expansion of universal public kindergarten in the 1970s and early 1980s.

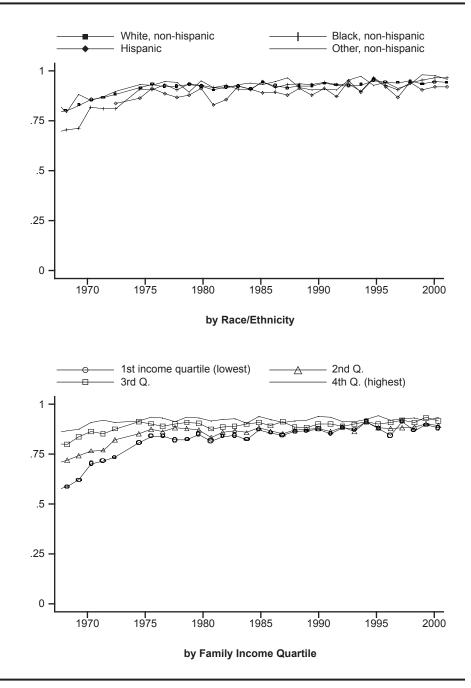




DETERMINANTS OF CHILD CARE ARRANGEMENTS

A growing body of literature examines the question of why care arrangements vary at the family level and why they continue to vary systematically with family income and sociodemographic characteristics. Economists typically analyze child care as a component of parents' labor supply and consumption choices, assuming that these choices reflect parents'





a priori preferences and budget constraints. Other social scientists examine the nature of the choice itself, considering the social processes that influence parents' perceptions of optimal care arrangements and their information about alternatives and resources. In the following sections, we review these different research traditions, with particular attention to factors that may stratify care arrangements along income and socio-demographic lines.

Child Care Decisions as Labor Supply and Consumption Choices

Economists typically examine child care variation in terms of mothers' allocation of time between waged work and other activities, including non-waged care giving labor. Child care characteristics enter the model through their effect on wages and the value that mothers place on their time outside of employment. Basic labor supply theory suggests two approaches to understanding these effects (e.g. Killingsworth, 1983; Blau et al., 2002). First, the quality of alternative arrangements relative to her perception of her children's needs may affect the value that a woman places on her time at home, particularly her time in direct child care giving. Second, the cost of substitute arrangements may affect the value of her time in employment, acting as a tax on wages. Both approaches assume that mothers seek to maximize satisfaction with regard to allocation of time between direct care giving and other labor and with regard to the quality of substitute care will depress maternal employment and use of non-parental care. This basic framing of the child care consumption choice has been extended to consider the type and the quality of care that parents consume.

Much of the empirical research on employment and child care consumption has examined the influences of price and family characteristics on parents' use of alternative care arrangement. A number of studies have demonstrated that the price of alternative care arrangements plays a significant role in maternal employment and selection of child care arrangements. Higher prices have a negative effect on the labor supply of married mothers and, for employed mothers, on the likelihood of using paid child care (Blau & Robins, 1988; Connelly & Kimmel, 2003; Han & Waldfogel, 2001; Michalopoulos & Robins, 2000; 2002; Michalopoulos, Robins, & Garfinkel, 1992; Powell, 1997; 2002; Ribar, 1995; Hofferth & Wissoker, 1992; Kimmel, 1995; 1998; Cleveland, Gunderson, & Hyatt, 1996). Disaggregation across types of care suggests that demand for formal modes of care is more sensitive to price than is demand for informal care, and a reduction in price leads to a substitution of formal care for informal arrangements (Blau & Hagy, 1998; Blau, 2001; Michalopoulos & Robins, 2000; 2002; Powell, 2002; Powell, 2002). As Blau (2001) observes: "Parents feel most 'priced out' of center and family day care and would prefer these types over other non-parental care if they were equally as cheap" (p. 74).

Families with employed mothers are more likely than those with unemployed mothers to use any non-parental care and to use formal arrangements. The likelihood of using formal care also rises with hours of maternal employment. Child care arrangements also vary with parents' working schedules. Most notably, parents who work nonstandard hours are more likely to use informal care (Presser, 2003; Kimmel & Powell, 2001), as are parents who have unstable schedules and intermittent employment (Heymann, 2000). The causal direction of these associations is unclear. Parents may select into nonstandard employment to accommodate their preference for using parental or informal care arrangements – for example, electing to work evening or weekend hours because another parent or family member is available to provide care (See, e. g., Kimmel & Powell, 2001). Alternatively, parents may work nonstandard schedules because they cannot find adequate or affordable care during regular-hour shifts. About one-third of parents working nonstandard hours indicate that they do so to solve child care problems (Presser, 2003), and there is evidence that the availability of government subsidies reduces single mothers' employment in nonstandard hour jobs (Tekin, 2004). Likewise, greater use of informal care by parents with intermittent employment may reflect parents' choice to reduce or accommodate working hours to the availability of relative caregivers. Intermittent child care availability may also contribute to instability in employment. Some research suggests that formal care arrangements, especially

centers, provide services that are more reliable and may contribute to greater stability in maternal employment (Hofferth & Collins, 2000; Wood & Paulsell, 1999).

Empirical studies have identified a number of additional child and family characteristics that predict the choice of care arrangements, presumably through their influence on the value of alternative time allocations or the effective price of substitutes for parental care. Preschool children are more likely to be in center-based care than are either infants or school age children (Huston, Chang & Gennetian, 2002; Early & Burchinal, 2001; Tout et al., 2001). Children with more siblings tend to receive less formal care than those in smaller families; when children from larger families are in care, it is more likely to be informal (Huston, Chang, & Gennetian, 2002; Liang, Fuller, & Singer, 2000; Katras, Zuiker, & Bauer, 2004). The presence of a spouse/partner or other adult relative in the household reduces the likelihood that a mother will use market and formal care arrangements during hours of work, presumably by providing alternative sources of care (NICHD, 1997a; Huston, Chang & Gennetian, 2002).

Child care arrangements also vary with other parent characteristics-including education, race/ethnicity, and nativity-that are less easily explained in standard economic terms. Systematic socio-demographic variation is often attributed to variation in parental beliefs or tastes. Evidence that low-income, racial- and language-minority and immigrant parents are particularly likely to use relative caregivers, for example, is often attributed to childrearing beliefs and practices that favor the use of familiar relatives (Fuller, Holloway & Liang, 1996; Brown-Lyons, Robertson & Layzer, 2001). It is difficult, however, to distinguish the effect of parental tastes from the effect of factors that influence parents' access to various modes of care. Low-income, minority and immigrant parents may select informal care because they prefer to use familiar caregivers; their preference for family caregivers may also be a response to the availability, price and quality of their alternatives. As Fuller and his colleagues suggest (2002), "As welfare parents enter the workforce and their incomes rise, so does the likelihood that they will choose a more formal child care arrangement Still, parents' choices concerning child care are influenced by the cost and accessibility of various options within their neighborhoods. Unless the full range of child care options is truly available and affordable, low-income parents' frequent reliance on kith and kin cannot necessarily be interpreted as their true preference" (p. 10).

Although standard economic theory predicts that features of child care quality would also influence choices about maternal employment and care arrangements, our knowledge about the role of quality in parents' child care choices is limited. As described above, the use of formal care arrangements increases with family income, providing indirect evidence that parents select more highly regulated, and possibly higher quality, arrangements if they are affordable. Studies that have included direct observational measures of quality have also found positive correlations between child care quality and family income in family child care services (Galinsky, et al. 1994; NICHD, 1997b). For center-based child care, the relationship between quality and income is "U" shaped, which may reflect the ability of higher-income families to purchase better quality care and the availability of subsidies for the lowest income families (Phillips et al., 1994; NICHD, 1997b). Blau (2001), however, argues that parents are relatively insensitive to quality differences in their selection of child care, based on estimates of the elasticity of their demand for structural quality features such as group size, adult: child ratios, and provider education. He concludes that although parents appear willing to pay a little more for care that is of higher quality, their demand for these quality features does not increase with a decrease in price or increase in maternal wage, and increases only modestly with family income.

As with research on parental beliefs, it is difficult to tease out the influence of parental assessments of quality on their child care choices because parents are often selecting care

from within a limited range of options. The large expansion of child care services in recent decades suggests that private child care markets have been quite responsive to consumer demand in terms of the quantity of supply produced (Blau 2001). However, a number of researchers have documented limited supply of some types of care relative to demand, particularly of more expensive care (e.g., for infants and for children with disabilities) and care during nonstandard working hours (U.S. GAO, 1999; Gormley, 1999; Kisker & Ross, 1997; Morris, 1999; Whitebook, 1999; Helburn & Bergman, 2002). Parents living in low-income and racially segregated urban neighborhoods, working class neighborhoods, and rural areas also face child care markets that provide a limited supply of formal care in regulated centers (Fuller & Liang, 1996; Gilbert, 1998; Katras et al. 2004; Queralt & Witte 1998). In one of the few analyses to directly examine the effect of supply on parents' child care choices, Fuller et al. (2002) compared the child care arrangements of low-income families in three states. Their findings suggest that otherwise similar low-income parents were less likely to use formal care if they lived in communities with a more limited existing supply of private or public child care centers.

Child Care Decisions as Contextualized Patterns of Action

Research that examines child care decisions as an individual consumption choice has identified a number of factors that explain variation in families' care arrangements. These studies also leave a good deal of variation unexplained. Many rely on individual- and family-level characteristics as proxy measures for a priori parental tastes in care giving arrangements. Few have incorporated supply-side factors, such as the availability and quality of care in the local community, which may constrain family consumption options. These studies also suggest ambiguous and sometimes contradictory conclusions about the direction of causality for important determinants of child care arrangements, such as parental working schedules, and about the role of parental beliefs and quality assessments in their child care decisions.

Further insights are provided by scholars who have studied child care "choice" in the context of social structures that influence parents' beliefs, information, and resources. These scholars use theoretical approaches from several disciplines to examine the dynamic processes through which parents obtain and use information, evaluate their resources and alternatives, and reconcile competing concerns as parents and providers when arranging employment and child care. Their research provides more fully elaborated accounts of parental decision making within the context of financial, market, and social constraints, and insight into how these contextual factors shape and constrain their choices. In her research on health care decisions, Pesconsolido (1992) describes this approach as integrating assumptions about rational choice —including purposive action and utility maximization—with theories of bounded rationality and attention to the "the primacy of social interaction" and "social structures as defining the bounds of the possible" in individual decision making (p. 1098).

These frameworks recognize that complex choices—e.g., selection of a child care arrangement—are rarely based on perfect information about preferences and alternatives, nor do they conform fully to traditional assumptions about cost/benefit optimization. In the choice of child care, as in other areas of economic decision-making, individuals rely on a variety of shortcuts to simplify and rationalize their choices. Decision-making shortcuts place discrete choice events in a social context because they are developed through repeated interactions within a social environment. Social networks provide information and normative cues for specific choices; through repeated interactions, these discrete choices crystallize into taken-for-granted patterns of action. This model of decision-making suggests that although scholars observe a parent's child care choice as a single, isolated consumption choice, the parent is likely to experience it as part of a dynamic process involving inter-

related decisions about employment, child-rearing, and other family activities. Likewise, although we analyze the choice in terms of the expected costs and benefits for the individual parent-consumer, the parent him/herself is likely to experience it as both an economic and a social transaction. Parents' assessment of the costs and benefits of alternative arrangements will reflect not only the observable features of care, such as price, but also the congruence of the arrangement with socially-constructed norms—from beliefs about gender roles to perceptions of quality in child care.

Within such a framework, individual choices are understood as rational, but neither *entirely individual* (insofar as they affect and are influenced by social networks and structures), nor *fully informed and reflective choices* (insofar as they are guided by "cultural routines which form the basis of much day-to-day action") (Pesconsolido, 1992, p. 1098). These routines are not only social as they are guided by social cues, but also socially constructed within gender, class, racial, and other social realities. Parental beliefs about the "right thing to do" for their children—"tacit cultural pathways" (Fuller et al., 1996) or "eco-cultural routines" (Lowe & Weisner, 2004) through which parents reconcile child care arrangements with familial and social norms—are necessarily adapted to their opportunities and constraints. They are both an accommodation to and engine for the reproduction of other forms of stratification.

Three dimensions of parents' child care decisions provide particularly useful illustrations of how contextualized models of decision-making challenge traditional assumptions about individual rational choice: parents' a priori preferences and tastes for quality, parents' reliance on social networks for information, and parents' perceptions of available supply and resources for obtaining care.

Preferences and Beliefs

In traditional labor economics, mothers are assumed to make child care choices that reflect existing and relatively fixed preferences for time in the market ("labor") and elsewhere ("leisure") and for the type and quality of care that their children receive. These parental preferences are ascribed in large part to underlying beliefs or tastes about childrearing, employment, gender roles, and other social and economic arrangements. Ethnographic studies challenge this assumption, suggesting instead that parental preferences, and the normative beliefs that inform them, emerge as parents negotiate child care decisions. Parents learn their own preferences, and construct their normative beliefs, within the specific context of the child care decision-a context that is characterized by tradeoffs in the reconciling of their roles as caregivers and economic actors. This is true for both lowincome mothers-who, as Edin and Lein (1997) describe, strive to be both "good providers and good mothers"-and for more highly educated and professionally accomplished women who strive to balance commitments to family and career. Indeed, ethnographic studies suggest that more- and less-advantaged mothers express strikingly similar concerns when discussing their child care decisions: economic necessity and opportunity, on the one hand, and the primacy or "non substitutability" of maternal care on the other (Kalil et al., 2000; Chaudry, 2004; Heymann, 2000; Stone & Lovejoy, 2004).

How does this affect parents' child care choices? Research suggests that they construct normative beliefs about care arrangements to accommodate tradeoffs between optimal care for children and necessary conditions for their own employment. Parents want quality care for their children, for example, but their notions of "quality" reflect accommodations to social and economic realities that limit their range of feasible options.

When asked directly, parents consistently report that "quality" care is a top consideration, and they have very specific ideas about what setting provides the best quality of care for their children (Hofferth et al., 1998; Chaudry, 2004). What parents mean by quality is

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somewhat ambiguous, however. Parents' satisfaction with various features of care—such as provider trustworthiness, educational activities, and social opportunities—are not consistently associated with any one type of care (Henly & Lyons, 2000; Sonnenstein & Wolf, 1991; Meyers 1993), nor are they highly correlated with the quality indicators used by developmental experts (Emlen, 1998; Helburn & Bergman, 2002). Equally puzzling, child care researchers find that while trained observers rate most child care as barely adequate or even poor in quality, the large majority of parents typically describe themselves as "very satisfied" with their care arrangements when surveyed (Helburn & Bergman, 2002).

A more finely grained examination of what parents mean by "quality" and "satisfaction" suggests that these paradoxes do not reflect parental indifference to program quality, but rather accommodations to the competing demands of earning and care giving responsibilities. By their own reports, parents often make tradeoffs among features of child care that they value (Heymann, 2000; Meyers, 1993, 1995; Henly & Lyons, 2000; Chaudry, 2004; Sonnenstein & Wolf, 1991; Lowe & Weisner, 2004). Parents describe tradeoffs between their wish to have the personal attention and moral development provided in small home-like settings and the value of the social and educational opportunities provided in child care centers. They also report making tradeoffs between their wish to optimize program quality, for their children, and their own needs for arrangements that are affordable, convenient, and reliably available during their employment hours.

Parents' efforts to balance their roles as earners and care givers may lead to accommodations that substantially influence their own perception of what constitutes acceptable quality of care. An intriguing line of research (Emlen, 1998) has found that parents' satisfaction with child care arrangements is predicted not by the type of care they use, by observable features of quality, or even by length of time in the arrangement, but instead by the degree of flexibility they have in three key dimensions of work and family life: workplace, family, and care arrangements. Parents who report high levels of flexibility in all three dimensions rate the quality of their children's care most positively regardless of the type of care; those with low levels of flexibility on the three dimensions are most negative in their assessment of child care quality. In this perspective, parents construct their understanding and tastes for "quality" itself within the context and constraints of their work, family, and care alternatives.

Information

A model of child care selection as an individual consumption choice assumes that parentconsumers operate with full information about the costs and characteristics of alternative care arrangements. Many analysts have observed, however, that child care markets are characterized by imperfect information (see e.g. Blau, 2001; Helburn & Bergman, 2002). Information asymmetries arise because providers know more than parent-consumers know about the product they are providing. Unlike other consumer products, child care features are difficult and time consuming for the parent—as an agent for the child—to observe and assess, and the child care market does little to generate information or provide price signals about service characteristics. The lack of complete and reliable information creates considerable transaction costs for parents. These costs may be compounded by the fact that parents are typically entering the market with little experience as child care consumers; by the time they develop expertise about care alternatives, their child may well have aged beyond the need for care.

Given limited and incomplete information, inexperience, and a short time frame for arranging care, parents rely heavily on social contacts to locate and assess child care options (Hofferth et al., 1998; Gilbert, 1998). Reliance on social networks provides useful decision-making shortcuts for parent-consumers. It also provides parents with information that is

both limited and filtered through the acquired cultural models of parents' social networks. Gilbert (1998), for example, describes complex interrelations among housing, employment, and child care decisions. Some women made housing decisions before employment and child care decisions; others made housing decisions to accommodate their needs for child care. These intertwined decisions "set spatial limits on their daily lives" (p. 605), including distance to various child care alternatives. Both the European American and African American women in her study relied primarily on social contacts for information, and their networks were highly segregated by location and ethnicity; nearly 90% of their child care providers was also of the same racial group. Racial and class segregation in housing arrangements was reproduced for these women in both their access to child care markets and in their information about child care alternatives.

Reliance on social networks does more than limit information for parent-consumers; it filters that information through the cultural norms of parents' social networks. The family and friends who provide information also signal the legitimacy of these substitutes for maternal care giving. As Fuller and his colleagues (1996) describe in their study of lowincome women, mothers learned about their child care alternatives from friends and family members. Their interpretation of this information reflected both their individual calculus of the costs and benefits of different arrangements and their efforts to reconcile care giving and employment demands in conformity with "the cluster of legitimate models immediately available in her local area-from the meaning attached to going back to work to the 'proper way' of raising her child" (p. 101). Some mothers resolved their conflicts about leaving children for work by according greater legitimacy to extended family members than to professional caregivers, and, among market arrangements, to family day care homes that they referred to as "day care mothers." Other women resolved competing work/family demands by legitimating "schooling" for young children, seeking out care arrangements to provide educational activities "just like in 'real school'." Mothers' child care decisions reflected a rational assessment of costs and benefits, but their information for making these decisions was both limited and filtered through social networks that "encapsulated" their alternatives "in legitimate cultural models, the range of which is set by economic realities and cultural histories" (p 100).

Child Care Supply and Resources

An individual model of child care consumption assumes that, within their budget constraints, all parents select within a similar set of alternatives. A closer examination of supply suggests that all parents do not select from among similar alternatives; their options are limited by both actual and perceived constrains in supply and family resources.

Parents' effective child care options are constrained by the supply of alternatives to which they have access. Although the overall supply of child care has grown, there is an uneven and limited supply of specific forms of care—e.g., center-based care provided during nonstandard work hours and in poor and rural communities. The supply of informal care that is effectively available to families also varies. Even among parents who live near family members or friends, "kith and kin" are often described as trustworthy but limited resources for child care because of their own family and employment responsibilities (Chaudry, 2004; Katras et al., 2004; Uttal, 1999; Henly & Lyons, 2000). Family members who provide care often do so in addition to their own employment (Presser, 1989), and there is some evidence that its use may be declining (among African American families), in part because of the increase of women into regular paid employment (Brewster & Padavic, 2002).

The effective supply of relative caregivers may be constrained in more subtle ways as well. Reliance on relatives creates social obligations whose meaning and cost reflect norms of

reciprocity and help within kith and kin networks. In a comparison of mothers' use of relative child care, for example, Uttal (1999) describes differences between White or Anglo American mothers, who resist the use of relatives as "unacceptable imposition," and Mexican American mothers who consider it an acceptable form of reciprocal exchange with family members who, as immigrants, face limited opportunities in the regular job market.

Parents' child care choices are also constrained by price and family income. The price of care varies with mode, from "free" care donated by family members and friends to more expensive care provided in regulated market settings such as centers and preschools. The relative cost to families also varies with family income. Out-of-pocket expenditures are lower for lower income families, in large part because of their greater use of donated care by family and friends. Although low-income families pay less, on average their child care costs consume a larger share of their income: among employed families who pay for care, families below the poverty level pay an average of 25% of earnings for child care in contrast to the 7% paid by higher earning families (Johnson, 2005).

For low income parents, price constraints should be reduced by government programs that either provide care directly (e.g. Head Start and public pre-k programs) or provide subsidies for the purchase of care. Although public expenditures for both types of assistance have grown in recent years, they are sufficient to serve only a fraction of income eligible families (Collins et al., 2000). The extent to which these programs expand options for low income parents appears to be quite inconsistent. As with child care arrangements, parents obtain most of their information about child care assistance through social networks that are stratified by location, race/ethnicity, and other socio-demographic characteristics (Chaudry, 2004). A substantial share of potentially eligible parents remain unaware of, or misunderstand, the rules for child care programs, particularly means-tested subsidies that are available to employed parents (Meyers, 1995; Meyers & Heintze, 1999; Rankin & Rohatgi, 2002; Schlay et al., 2003), and information appears to be more limited in ethnically and linguistically isolated groups (e.g., Spanish speaking parents, see Vorsanger, 2005).

Access to subsidies is limited, even for those with good information, by program policies and administrative practices that ration assistance. State- and locally-managed child care subsidy programs distribute assistance based on complex eligibility rules, establishing and maintaining eligibility can be time-consuming, burdensome, and highly uncertain for parents (Adams, Synder & Sandfort 2002; Schulman & Blank 2005). Even when eligible and well-informed, parents often find themselves placed on waiting lists, denied assistance, or discouraged out of the subsidy system altogether (Chaudry, 2004; Schlay et al., 2003; Schulman & Blank, 2005). In a review of the child care choices of nearly 20,000 low-income parents involved in welfare-to-work programs, Gennetian and her colleagues (2002) found that programs with "enhanced" services to inform and qualify parents for assistance significantly increased both the receipt of subsidies and the use of formal care.

Parents also vary in their assessment of the appropriate and legitimate uses of government assistance. Low-income parents rarely describe child care assistance as carrying the stigma that is associated with other welfare programs (Fuller et al., 1996; Chaudry, 2004; Vorsanger, 2005). But they do ascribe different meanings to different types of assistance. Low-income parents are both more knowledgeable about public preschools (including Head Start) than about employment-based subsidies, and often more positive in their assessment of the "trustworthiness" of care through public programs than of care in private but subsidized settings (Vorsanger, 2005). Child care subsidy agencies provide signals that "legitimate" some forms of care and not others for children of different ages (Fuller et al., 2002), and mothers often believe that their need to adapt quickly to frequent job and schedule changes, or their use of informal care, rule out the possibility of obtaining subsidies (Chaudry, 2004).

Summary: Child Care Decisions as Accommodations

Viewing child care decisions as individual labor supply and consumption choices provides an important, but incomplete framework for understanding variation and stratification in child care arrangements. Viewing child care decisions as contextualized patterns of action provides insight into how these consumption choices serve as accommodations to market, family, and social realities. Parents make child care choices that accommodate their dual roles as providers and caregivers. Balancing these competing demands may force tradeoffs among features of care that parents value, such as optimal program quality for children and convenience of location and hours. Although all families share this challenge, they manage the balance—and related child care decisions—within different family, social, labor, and child care market contexts.

Parents' child care choices are also an accommodation to limited, imperfect, and socially constructed information about alternatives and resources. Parents often make child care decisions quickly and with little prior experience as child care consumers, and they make their choices in product markets that provide little information for consumers and create substantial information asymmetries between producers and consumers. Given potentially significant time and financial costs associated with researching a variety of care alternatives, it is not surprising that parents rely heavily on social networks for information. The advice of family and friends offers a useful decision-making shortcut. It also constrains information and filters it through norms about acceptable parenting, economic, and gender behaviors.

For parents, these contextual factors render various child care choices more or less costly not only in terms of their time and money budgets, but also in terms of less easily observed dimensions of psychic and social well-being. Their child care decisions may be best understood as accommodations—to family and employment demands, social and cultural expectations, available information, and financial, social and other resources.

These accommodations serve as powerful engines for continued socio-economic stratification of child care arrangements in the United States. As Chaudry (2004) summarizes the situation for the low-income mothers he interviewed, "The care that was initially the easiest to arrange (kin care or informal care) was the least stable over time ... mothers believed that center care was safer and offered more developmental activities [y]et this care was in the shortest supply ... mothers were sometimes choosing between what they perceived to be the better arrangement for their child's development (center care) and the setting that allowed the greatest number of hours of care that matched the hours they worked (family day care)" (p. 69). Uttal (1999) describes other accommodations resulting from the interaction of ethnic and class segregation, particularly for immigrants. For these women, the use of family caregivers "resolves tensions between gendered ideologies about the primacy of women mothering their own children and the marginal economic situations of racial ethnic families that require mothers' economic contributions to their families ... and the higher cost of non-relative care combines with the low wages that racial ethnic families are paid to promote the use of relative care" (p. 848).

Although much of this review has concentrated on factors that constrain child care choice for disadvantaged families, economically advantaged mothers face different, but no less complex, social constraints. For many of these mothers, the child care choice revolves around allocations of time to market and care giving work. In her study of gender equality among largely well-educated, upper middle class couples, Deutsch (1999) describes child care as "the crucible on which ideals of [gender] equality are often destroyed." Although these parents faced few financial and market constraints, mothers (but few fathers) loosened their employment commitments to reconcile their time allocations with cultural norms that "good mothers" do not make extensive use of child care. In their study of professional

women who elected to leave successful careers for full-time child care in the home, Stone and Lovejoy (2004) describe the women's decisions as an expedient solution to "the gradual accumulation of often overlapping workplace pushes and family pulls" that resulted from inflexibility at the workplace and in the home. These high-achieving women faced social pressures to succeed as both employees and mothers and described their choice to leave their professional roles as an imperfect solution to irreconcilable demands to succeed in both domains. Stone and Lovejoy argue that these women "made the 'choice' to be at home not out of their preference for traditional gender roles but because of their experience of gendered realities" (p. 80).

DISCUSSION

Child care is now a fact of life for the majority of U.S. families with young children. Although the use of child care has increased in all socio-demographic groups, the type of care, quality, and cost burden for families remain highly stratified. The needs of all parents for adequate, affordable, and acceptable care, and the presence of persistent inequalities between more- and less-advantaged families, have important implications for community development efforts. Women now constitute nearly half of the U.S. workforce. To the extent that mothers' labor force participation depends on affordable, dependable, and acceptable child care, constraints on some parents' access to such care will have consequences both for individual families and for regional economies. Children represent the workforce of the future. To the extent that their healthy early development is affected by the quality of care that they receive, the exposure of some children to poor quality care will have consequences for their individual development and for the human capital of local communities.

The pivotal role of child care for both maternal employment and human capital development gives some urgency to questions about how parents arrange child care and the role of local, regional, and national policies in shaping their child care options. The literature on the determinants of families' child care arrangements suggests that parents' child care decision-making processes are complex. For parents, child care usually represents both a consumption choice related to employment and a care giving practice. Parents' assessments of care alternatives involve an individual calculus of costs and benefits, and a social process through which they reconcile their decisions with cultural norms of what it means to be a good provider and a good parent. The alternatives from which they choose are structured by market processes that set their budget constraints and determine the supply of alternatives to which they have access, and by social processes through which they obtain information and receive signals about their resources and the legitimacy of these alternatives. *What does this literature suggest for community development*? It does not provide simple prescriptions. It does, however, offer suggestions that can help inform research, planning, and policy development.

First, community development efforts must be sensitive to both the economic and social contributions of child care. Given competing concerns as providers and caregivers, parents may want a combination of child care features– personalized attention, structured educational activities, convenient location, flexibility in hours, and low cost–that are difficult to reconcile. In this sense, parents' selection of care arrangements reflects consumption choices as traditionally understood. As Helburn and Bergmann (2002) observe, "trading off one objective for another is at the heart of all economic transactions" (p. 163), and child care is no different.

Although tradeoffs are inevitable, the importance of child care for supporting maternal employment and promoting healthy child development may make some of these tradeoffs unacceptable for families and for society. Parents with fewer employment prospects may find that informal arrangements are both less expensive and more flexible in hours, but the unreliability of these "kith and kin" arrangements over time may become a barrier to stable employment, resulting in lower lifetime productivity and earnings. Parents in racially and linguistically segregated communities may have greater trust in arrangements that they find through social networks, but care that is located through these networks may limit parents' options and segregate children along socio-demographic lines. Parents in nonstandard hour and unstable jobs may find it more convenient to use informal care, but their children may miss opportunities for early education that prepares them for school success. Community development efforts that focus too narrowly on the short-term goal of developing inexpensive child care as an employment support may increase long-term social costs resulting from children's exposure to poor quality and unstable care arrangements.

Second, the complexity of families' child care decisions points towards the need for an integrated approach of policies that help parents reconcile care giving and employment responsibilities. Selecting a child care arrangement has something in common with choosing other consumption goods. It is also a complex negotiation of family, social, and gender identities. Child care is only one of a number of factors that influence parents' economic productivity and successful care giving. This complexity suggests the need for an integrated community development approach that helps parents manage work and family demands. In addition to efforts to assure adequate and affordable child care, policies are needed in the workplace and at several levels of government to protect parents' time for care giving (e.g., by providing for paid parenting leaves and options for reduced hour employment); to give parents flexibility and control over working schedules (e.g., by encouraging fixed and standard-hour working schedules, providing options for flexible scheduling, and making accommodations for unexpected family emergencies); to reduce gender inequalities in paid and care giving work (e.g., by extending family benefits equally to mothers and fathers); and to assure adequate income and benefits such as health care. Community development efforts that aim to increase parents' labor market participation by addressing child care needs-in isolation from other factors that affect their resources, flexibility and care giving options-may do little to reduce work/family conflicts that reduce parents' economic productivity and successful care giving.

Third, there is a need for care options that are both equalizing across families and communities, and responsive to parents' varied needs and strategies for accommodating employment and care giving demands. Parents face many similar challenges as they balance their time and attention between the workplace and the home. They do so, however, within contexts that vary enormously in the options they provide, the constraints they impose, and the social expectations or "tacit cultural pathways" that guide their decisions about employment, care giving, and child care. These contextual factors reflect and reinforce family, social network, and community values. They also reproduce other forms of social and economic stratification, through gendered divisions of labor that impose sometimes irreconcilable demands on women to be ideal mothers and ideal workers; through racial and ethnic segregation that creates spatial and information constraints on parents' child care options; and through income and employment disparities that limit parents' resources as child care consumers and the supply and quality of child care to which they have access.

Issues of family diversity and persistent inequalities pose particularly great challenges for community development efforts. The research literature supports the argument, made by many child care professionals and advocates, that there is no "one size fits all" solution to parents' child care needs. Local and regional efforts to expand child care options must incorporate the full range of care alternatives that families use—from informal care by family members to educationally-oriented care in formal settings—and address disparities in the supply and quality of care within and across communities. To equalize parents' access to care, planners and policymakers also need to advance solutions that reduce the burden of child care expenses for individual families and for low income families in particular. Recent expansions of public spending for child care assistance have had positive but still modest effects on socio-demographic stratification in the type of care used by families. Although federal, state, and local child care assistance programs have grown, they continue to assist only a fraction of those families who are eligible under current income limits; families with incomes above these thresholds have few if any sources of help.

The literature also challenges simple assumptions about parents' short-term response to changes in child care prices and local supply. A model of child care selection as a consumption choice assumes that parents have clear, a priori preferences about the optimal care arrangements for their children, that their demand for various features of care is elastic, and that their choices will be responsive to changes in prices and supply. A model of child care selection as a contextualized pattern of action suggests that child care choices may be much "stickier" than other consumption choices because they are based on incomplete and socially filtered information and influenced by deeply embedded cultural routines. Parents are often making child care choices quickly and with little prior experience. Their choices reflect the information, resources, and alternatives that are available at the time. They also reflect deeply embedded cultural routines through which they and others in their social networks have adapted over time to labor market, child care, and other constraints. Closing gaps in the type and quality of care received by more- and less-advantaged children will require greater public investments. It will also require interventions in markets and communities to reduce structural, informational, and social barriers that continue to stratify parents' understanding of their child care options.

Finally, the current research underscores the risk of interpreting current child care arrangements as expressions of parents' essential tastes or unconstrained preferences. Low income, less-educated, and some immigrant and ethnic minority parents use care arrangements that differ systematically from their more affluent, well-educated, and majority-status counterparts. These differences are often ascribed to income- or ethnic-based differences in beliefs or "tastes" regarding care arrangements. The causal direction of many observed associations remains unclear, however, and examinations that are more detailed of parents' child care decisions suggest that differences in care arrangements often represent accommodations to economic and social realities rather than differences in a priori preferences. Similarly, the growing numbers of highly educated and skilled women who are withdrawing from or reducing employment commitments are often described as choosing more traditional gender roles. However, these women are making choices within a set of alternatives that are constrained as much by social expectations as by resources.

Given the existing constraints on parents' child care options, we simply do not know the true distribution of parental tastes regarding employment, child rearing, and the use of substitute care arrangements. As community development professionals take on the challenge of expanding and improving the child care infrastructure, they will need to learn much more about what types of care parents want to use, how they find and arrange this care, and the role of local contexts in supporting or constraining their choices.

NOTES

1 The term "formal care" typically refers to care that is provided by non-relatives in home-based family child care, or in child care centers, preschools, and before- and after-school programs. Formal care may be licensed and/or regulated, exempt from licensing, or nonexempt but unlicensed. In this paper, the term "informal care" refers to care provided by relatives or friends, and the term "formal care" refers to care that is provided in family child care, centers and pre- or before- and after-school programs, whether licensed or not.

2 Reprinted from Bainbridge et al. (2005). Estimated using data from the October Current Population Survey (CPS), which asks parents whether children aged 3 and older "attend regular school." Beginning in 1994, the CPS also includes a prompt that regular school "includes nursery school, kindergarten or elementary school." A comparison of CPS estimates with the NHES (1999) and NSAF (1999) indicates that in recent years the early education measured in the October CPS probably includes the vast majority of center-based care, Head Start, nursery school, pre-kindergarten, and kindergarten. Family child care, including licensed, is probably not included in what parents report as "school" in the October CPS.

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