

A qualitative study of parent-caregiver relations in  
family child care

by

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ABSTRACT

The factors that family child care home providers and parents identify as contributing to satisfactory parent-caregiver relationships were studied. Six caregivers and six parents in central Iowa were interviewed. Content analysis of the interview transcripts revealed several themes related to satisfaction with the shared child rearing partnership. The process of setting up the child care arrangement is discussed. A metaphor was developed describing a neighboring component within the relationship. The issue of balancing work and family is examined. Themes related to Bronfenbrenner's theory regarding the importance of trust, positive orientation, goal consensus, balance of power, and personal, two-way communication emerged. Other themes which emerged were related to money, caregiver isolation, appreciation shown by the parent, and parental identification with the child's behavior. Finally, a typology is offered outlining various parent-caregiver relationships.

## INTRODUCTION

Today, many parents work with other adults in the shared child rearing of their infants and toddlers. In 1988, fifty-one percent of mothers of infants returned to employment before their babies were a year old (National Commission on Working Women, 1989). One of the most common forms of child care used for these very young children is family child care, serving about 40% of children under three years of age whose mothers are in the labor force (Kahn & Kameran, 1987). Family child care is the care and education of children in a home setting other than their own home. There are about 190,000 licensed or regulated family child care homes in the U.S. (National Commission on Working Women, 1989). However, it is estimated that licensed or regulated homes make up a small percentage of all family child care homes (Kahn & Kameran, 1987). The total number of licensed and unregulated family child care providers is estimated to be approximately 1.75 million (National Commission on Working Women, 1989).

With such a large number of parents working with other caregivers in the shared child rearing of their children, it is important to examine factors that lead



to an effective working relationship between the adults within a child care arrangement. Powell (1989) concludes from his examination of studies relating to the impact of continuity between families and early childhood programs that there is a need for defining the components of parent-caregiver relations that could be used to examine the impact on the child. He writes:

Assessments of the current quality of relations between parents and early childhood programs require clear expectations of what the relationship should be like. Descriptive information on the characteristics of program-parent relations is of little use without a set of practice guidelines for determining the extent to which the current state of affairs satisfies desired standards. Comparisons of reality with preferred or ideal conditions are hampered by the relatively small number of operational definitions and standards regarding desired parent-staff interactions. (p. 86)

Professional organizations, such as the National Association for the Education of Young Children (NAEYC) have proposed initial standards for parent-professional relations (Bredekamp, 1987). NAEYC's guidelines for

parent-staff interactions within programs serving infants and toddlers address using a philosophy in which parents are viewed as the primary caregiver, building parents' confidence, providing daily conversations in which information about the child is shared and assisting parents in anticipating the child's next areas of development. As professional organizations such as NAEYC and the National Association for Family Day Care establish or modify guidelines for parent-professional relations, an assessment of whether or not those guidelines are based on research will need to be made.

This study examined relations between parents of young children and family child care providers in order to describe successful partnerships as perceived by the adults within the child care arrangement. This is a first step in the definition of satisfactory relations between parents and caregivers. In regard to child outcomes, the assumption that collaboration between parents and other caregivers leads to improved continuity between home and the early childhood setting, that in turn leads to improved child competence has not been tested (Powell, 1989, p. 48). An initial step in pursuing this line of research is to

define the concept of parent-caregiver collaboration. This study examined relations between parents of young children and family child care home providers with the goal of identifying salient factors that may be important for parent-caregiver relations that support the child's optimal development.

For this qualitative study, interviews with parents and caregivers were used to investigate three main research questions:

1. What factors affecting satisfaction with the parent-caregiver relationship are identified by both caregivers and parents?

2. What factors affecting satisfaction with the parent-caregiver relationship are uniquely identified by parents?

3. What factors affecting satisfaction with the parent-caregiver relationship are uniquely identified by caregivers?

#### THEORETICAL PERSPECTIVE: ECOLOGICAL SYSTEMS

The young child who spends time in family child care experiences shared child rearing across settings. Bronfenbrenner (1979, 1989) has outlined several conditions which serve to enhance the development of individuals who function in multiple settings. According to his theory, the developmental potential within a setting is enhanced when the role demands within it and those within other settings are compatible (1979, p. 212). Links between settings are described as being supportive when they encourage the growth of mutual trust, positive orientation, goal consensus between settings and an evolving balance of power responsive to action in behalf of the developing person (1979, p. 214).

From an ecological perspective, an understanding of the developing person is gained when observers who differ in their role and relationship toward that person (e.g., parent and family day care home provider) share and compare observations. Bronfenbrenner (1989) clarified his ecological systems theory by proposing that human development is best understood by examining variations in developmental processes and outcomes as a

joint function of the characteristics of the environment and of the person. After reviewing the literature that examines both cognitive competence across contexts and assessment of temperament across settings, he suggests that a better understanding of the characteristics of the person and their development can be gained by comparison of assessments made in different contexts by observers who differ in their role and relationship toward that person (p. 217).

Within the context of child care, Long, Peters, and Garduque (1985) suggest a process by which communication between parent and caregiver can lead to greater understanding of the child which in turn leads to increased continuity for the child. They make the assumption that as adults exchange information about the child, their knowledge of the child becomes more similar. As a consequence, the beliefs the adults hold about the child will be reflected in their behavior toward the child. Therefore, over time caregivers and parents may come to act more similarly toward the child. In order to accomplish this, Bronfenbrenner (1979) has suggested that interrelationships between settings ought to be characterized by two-way, personal

communication so that a better understanding of the child can be gained (pp. 216-217).

The following review of the literature will first examine studies related to parent-caregiver communication. Second, factors which influence the parent-caregiver relations will be explored. These factors include demographic factors, factors related to involvement with family child care, roles and relations between the adults, parents' perceptions of the child's child care experience and caregivers' perceptions of parenting skills. Next, studies which have begun to lend support for the ecological theory (Bronfenbrenner, 1979) regarding child outcomes will be discussed. And finally, measurement strategies that have been used to examine satisfaction with the child care arrangement from both the parent and caregiver perspective will be outlined. The components of parent-caregiver relations that Bronfenbrenner (1979) has suggested are key in a partnership supporting the developing person will be integrated into the review. To understand parent-caregiver relations, it is important to examine (a) factors which influence the relationship, (b) the degree to which there is mutual trust between the adults enabling a positive relationship, (c) the

communication that takes place between parent and caregiver and (d) the degree to which the expectations of the child held by the parent and the caregiver are similar and how that affects child outcomes (Bronfenbrenner, 1979). These components will be interwoven throughout the review of the literature. For example, mutual trust issues will be addressed within the sections on parents' perceptions of the child's care experience and caregivers' perceptions of parenting skills.

While studies conducted within a center setting will be included in the literature review, this study focused on a more common setting, family child care homes. Collaboration between parents and home providers within the context of their day-to-day interactions were examined. This study explored factors that parents and caregivers identify as salient to satisfactory relations and successful collaboration.

## LITERATURE REVIEW

## Parent-Caregiver Communication

Communication between parents and caregivers is the starting point in the process in which shared information about the child may lead to greater continuity between settings which may lead to increased child competence. Many researchers have studied the communication between parents and caregivers (Fuqua & Labensohn, 1986; Galinsky, 1990; Hughes, 1985; Leavitt, 1987; Powell, 1978a, 1978b; Powell & Stremmel, 1987; Winkelstein, 1981).

Galinsky (1990) designed items for teachers and parents to respond to concerning parent-teacher relations and the communication between them. Her study was conducted in Atlanta centers in conjunction with the National Child Care Staffing Study (Whitebook, Howes, & Phillips, 1989). The study consisted of 441 mothers and 269 teaching staff. When teachers were asked how many of their center's parents talk with them about the children's day, 41% indicated "all to half the parents" do, 22% responded "about half the parents", and 36% responded "less than half to hardly any of the parents". Forty-two percent of the staff



responded that more than half of the parents keep them informed about events in children's lives. When teachers were asked whether parents view them as partners, 39% responded that more than half of the parents did. Fifty-three percent felt that more than half of the parents are responsive to their concerns about the children.

Parents responded to items on their perceptions of positive teacher support. Sixty-four percent of the parents indicated that staff "often/very often" have been understanding or sympathetic with them. Parents were split on whether teachers shared ideas or advice with them; 38% responded "often/very often" and 37% responded "never/rarely". When asked whether the teacher helped them figure out how to solve a problem, 39% responded "never/rarely", 34% "sometimes", and 27% "often/very often". These data which include findings that are evenly split between the choices offered, indicate that many parent-caregiver relationships are characterized by two-way communication and many are not.

While Galinsky examined communication within a center setting, Leavitt (1987) conducted a study on parent-provider relations within family child care home

settings. The study consisted of open-ended interviews with 31 home providers and 17 parents in a midwestern university community. It also included an observational component in which participant-observers made about 20 two-hour visits to each of six homes.

From her observations, she concluded that there may be little communication, collaboration or coordination between providers and parents related to the expectations of both groups, children's development and children's experiences in the child care homes. Possible explanations were offered. First, few providers have any specialized training in child care or in working with parents. Second, parents' initial perceptions of the quality of child care in the family child care home formed during the child care search may have a strong influence on subsequent perceptions. Third, perhaps parents refrain from broaching child care concerns with providers because communication time is spent on factors such as cost. Leavitt speculates that parents may be "choosing their issues". Or perhaps parents' satisfaction may be based mainly on the fact that children are happy in the family child care home. Finally, the home setting may cause some uncertainty for parents concerning boundaries between

public and private territories. Awkwardness around entering a person's private home may contribute to brevity of interactions.

The home setting may also characterize the expectations of parents and providers concerning their roles. Leavitt suggests that parents may be less likely to view home providers as "teacher or child development specialist" compared to caregivers in a center setting. Therefore, they are less likely to expect information from a home provider about their child's development. Likewise, home providers may not see themselves as child care professionals with this responsibility. This notion was supported by the National Day Care Home Study (Singer, J. D., Fosburg, S., Goodson, B. D., & Smith, J. M., 1980) which suggested that providers saw themselves not as professionals but as women who loved and cared about children. Leavitt (1987) writes, "This perception, and the informal environment, may influence the nature of parent-provider discussions" (p. 25).

Powell (1978a, 1978b) examined communication patterns between parents and caregivers in 12 Detroit area child care centers. His sample consisted of 212 working- and middle-class parents and 89 caregivers.

Nearly half of his parent subjects represented single-parent families. He also concluded that, "The flow of information between parents and caregivers suggests few direct attempts to coordinate children's socialization processes" (Powell, 1978b, p. 687). Conferences between parents and staff were infrequent. Home visits rarely occurred. Most communication between parents and caregivers occurred when parents left and retrieved their child at the center. For about 36% of the parents the child was the primary source of information about center activities (Powell, 1978b, 1989). However, there was a strong correlation between frequency of parent-caregiver communication and diversity or range of topics discussed ( $r = .92$  for parent,  $r = .91$  for caregivers) (Powell, 1978a, 1989). As communication frequency increased, the number of family related topics (parent's friends, parent's job/school, family members, parent's social life and family problems) increased. The core content, however, remained child centered and what the child's day was like was the most frequently discussed topic. In regard to satisfaction with the current overall level of communication, significantly more caregivers (72%) than parents (50%) were dissatisfied.

Communication between parents and caregivers was also examined by Hughes (1985). This study looked at how caregivers responded to parents' concerns. Interviews were conducted with caregivers in two different settings in a midwestern community, child care centers (N=38) and child care homes (N=35), so that comparisons could be made. When providers were asked to estimate the number of parents they talked to about typical problems or serious concerns in an average week, center providers talked to a mean of 6.8 parents and home providers talked to 3.1 parents. There was also a significant difference in the mean amount of time spent with each parent between the two groups. Center providers spent 13.7 minutes per week, whereas, home providers spent 54.7 per week with each parent. In translating this to total amount of time spent each week with all parents discussing typical problems or serious concerns, center providers spent a mean of 98.3 minutes and home providers spent 170.9 minutes with parents. Hughes attributed this discrepancy to the larger number of families with whom center providers work.

Eileen Hogan, Emporia State University, Emporia, Kansas, examined the effects that mother-provider

interactions had on provider-child interactions within family child care settings. Her sample included 25 mother-child-provider triads in Missouri. The families were all white, middle-class, intact families. She found that the average length of mother-provider interaction at the end of the day was 6 minutes with a range of 30 seconds to 45 minutes. The content of all mother-provider pairs contained both child-focused topics and other general topics (personal communication, April 19, 1991).

Hughes (1985) also examined content of discussions between parents and caregivers. In regard to topics discussed, center providers reported more frequent discussions related to learning, social development, behavior problems, peer relationships and policies than did family child care providers. Discussion could have been initiated by either parent or provider. Parent's job was the most frequently mentioned topic of discussion by both groups. While Powell (1978a) found that what the child's day was like was the most frequently discussed topic, many of the topics which emerged within Hughes' study on informal help-giving of caregivers were also child-focused.

In terms of how caregivers respond to concerns of parents, four of the five most common responses by both groups included: to ask questions, offer sympathy, just listen, and present alternatives. Center providers also responded "try to be lighthearted". Home providers shared their personal experiences. Examples of other strategies included suggest readings or classes, give advice, try not to get involved or clarify feelings (p. 364).

Winkelstein (1981) in examining the relationship between informal staff/parent communication and parental satisfaction with center/family interaction, viewed satisfaction as the size of the discrepancy between parents' perceptions of the situation as it is and as the parents feel it should be. Sixty-three low- and middle-income parents completed a questionnaire containing companion items such as "the staff say hello and goodbye to me" and "staff should say hello and goodbye to parents". Observations of staff/parent communication were also made. Three categories of staff/parent communication were identified: (a) social communication which consists of verbal greetings (b) informational communication which are statements that are factual and (c) decision-making communication which

are statements that call for the assumption of responsibility for a decision on the part of staff and/or parents. The result of the study, which included four centers, was that the center with the highest proportion of social (e.g., "how are you today") and decision-making (e.g., "I'd like you to try more fruit at snack time instead of juice and cookies") communication also had the highest amount of parental satisfaction with staff/parent communication.

Communication styles in general, not just within the child care arrangement, have an impact on the parent-caregiver partnership. Emlen, Donoghue, and Clarkson (1972) identify a retreatist mode of behavior by mother or caregiver as a factor leading to dissatisfaction by the other party. A retreatist mode of behavior reflects an adaptive orientation to life characterized by a passive stance and sense of powerlessness. A person identified by a retreatist mode of behavior might say things such as "The best way to get along with a sitter is to keep your mouth shut."

Summarizing what we know about communication between parents and caregivers, it appears that there is a great deal of variance in the experience of



families (Galinsky, 1990; Winkelstein, 1981; Hughes, 1985). While many are characterized by two-way communication, many are not. When communication does occur, the content is often child centered (Hughes, 1985; Powell, 1978a). There are some differences in the communication patterns between parents and caregivers depending on the child care setting (center or family child care home). Home providers spend more time with parents. However, center providers report more frequent discussions related to learning, social development, behavior problems, peer relationships and policies (Hughes, 1985). Social communication and decision-making communication are correlated with higher amounts of parental satisfaction with staff/parent communication (Winkelstein, 1981).

Bronfenbrenner (1979, 1989) has suggested that development is enhanced when there is personal, two-way communication between the adults that share in the child rearing of an individual. Some of the studies just reviewed have gone beyond examining simply the amount of time spent in communication between parents and caregivers, to determine how much of the content is child-focused and how satisfied the parties are with the interactions. While effective communication

between parents and caregivers contributes to satisfactory relations, other factors also influence the partnership. These will be explored in the following section.

### Factors Influencing Parent-Caregiver Relations

This section of the literature review which examines factors which affect parent-caregiver relations will be organized within the following categories: demographic factors, factors related to involvement with family child care, roles and relations between the two adults, caregivers' perceptions of parenting skills and finally, parents' perceptions of the child's care experience.

#### Demographic factors

Kontos and her colleagues (Kontos, 1984, 1987; Kontos, Raikes, & Woods, 1983) identified parent and caregiver characteristics related to caregivers' perception of parenting competence. The first study (Kontos et al., 1983) surveyed 236 center staff in Des Moines and Omaha. The following study (Kontos, 1984) was conducted in central Pennsylvania with the sample

including 47 staff from centers and family child care and 110 parents. Staff serving more low income, minority, and single parent families held more negative attitudes toward the child rearing practices of the parents using their center. The staff characteristics related to more positive appraisals of parents' child rearing were college education, having an administrative position, being a parent themselves, being over 30, and having over five years of experience.

Further studies conducted in Pennsylvania (Kontos & Dunn, 1989; Kontos & Wells, 1986) examined the differences between parents whose child rearing abilities were held in high esteem by the staff versus those held in low esteem. Kontos and Wells (1986) studied 46 of the parents and their children enrolled in the centers which were part of one of the earlier studies (Kontos, 1984). Kontos and Dunn (1989) used a larger sample of 100 children and their mothers from 10 child care centers. While the two groups of parents seemed equally satisfied with their child care arrangement, mothers whose parenting was negatively evaluated by child care staff had experienced less

schooling and were more likely to be divorced (Kontos & Wells, 1986).

Other characteristics of parents or caregivers may affect relations. Hughes (1985) examined the content of communication between parents and caregivers and the help-giving strategies of caregivers. His study found that the caregiver's age was positively correlated with discussion of parent issues (parent's job, marital problems). Perhaps parents feel more comfortable talking about themselves with older individuals. Older caregivers were also more likely to use less active helping strategies such as "just listening" in response to parents' concerns. More highly educated providers were more likely to discuss social development and child learning topics with parents. Providers with more years of experience were more likely to discuss child discipline and physical growth with parents.

Emlen et al. (1972) found that in family child care homes, providers whose own children are older, tend to maintain longer arrangements with the families they serve. The authors speculated that perhaps, child care children fill an "empty nest" as the caregiver's own children grow older.

Factors related to involvement with family child care

Recently, researchers have begun to examine individual differences in parents that influence the type of child care arrangements that they make. It has been proposed that parents who choose family child care are different in substantive ways from parents who choose center-based care and that they develop different relationships with the caregivers in the two settings. Also the caregivers themselves might possess different characteristics (Turner & Zigler, 1987, p. 5).

Pence and Goelman conducted a series of studies within the Victoria Day Care Research Project in British Columbia which examined characteristics and attitudes of parents and caregivers and children's language development in three types of child care (Goelman & Pence 1987a, 1987b; Pence & Goelman, 1987a, 1987b). The sample consisted of 126 parent-caregiver-child triads. In the study which focused on parents (Pence & Goelman, 1987a), they found that parents differ in respect to the factors important to them in the selection of their child care. Family child care users stressed caregiver characteristics in the selection of care while those using center-based care

gave the "program being offered" as the reason for selection. Of particular importance when examining parent-caregiver communication, is their finding that parents using family child care form closer personal relationships with the caregivers than do parents using center care.

Psychological characteristics have been considered as a factor in the selection of type of care. Hock, DeMeis, and McBride (1988) in a longitudinal study have examined mothers' apprehensions about leaving their children with a nonfamilial caregiver. These apprehensions can lead to an unpleasant emotional state which has been labeled "maternal separation anxiety". The women who participated in the study were first contacted in the hospital after the birth of their first child. The sample was limited to those who were Caucasian, married and age 19 or older. The women were contacted again when their children were 7-weeks-, 8-months-, 14-months- and 3 1/2-years- old. At the time the children were preschool age, the sample size was 107. The researchers found that employed mothers who experienced anxiety in terms of their perception of separation effects on the child were less likely to use center care and more likely to use a sitter in the

parents' home or family child care. In addition, nonemployed mothers with greater concerns about the effects of separation on the child enrolled their children in fewer days of preschool per week than nonemployed mothers who scored lower on the scale measuring maternal perceptions of separation effects on the child.

In regard to caregivers, Eheart and Leavitt (1986) studied family child care home providers' desire for training. They found differences within their sample of 150 licensed providers in an Illinois community in regard to the reasons they've established a child care home and how long they intend to be a family child care provider. Sixty-one percent of their sample indicated that they were motivated to become a provider in order to stay home with their own children. When asked how long they would be a provider, 50% replied one to five years and 38.4% indicated that they see their work as a provider as permanent. Interestingly, these variables were not found to be related to interest in training. We do not know whether providers' plans regarding whether or not to continue in family child care impact on their attitudes regarding parent-caregiver communication.

In examining characteristics of the caregivers in three child care settings, Pence and Goelman (1987b) found that center child care staff were significantly more supportive of maternal employment than were family child care home providers. It may be that individual differences which influence the type of child care arrangements which adults enter into may also have an effect on parent-caregiver relationships.

#### Roles and relations

It is important to recognize that the role of the family child care provider differs from the role of child care center staff. Unlike many caregivers employed by child care centers, family child care providers are responsible for all aspects of their business from administrative duties to food service to curriculum planning. Home providers must also balance the needs of their own families and the needs of the families they serve within the same setting. Emlen, Donoghue, and LaForge (1971) found that family child care home providers, in general, reported high levels of satisfaction with the particular child care arrangements they had made. However, they reported lower levels of satisfaction with general aspects of



their roles such as the strain on the caregiver from the competing requirements of caring for her own family and conducting her family child care business. Certainly, how the caregiver feels about the role demands of his or her job and how the parent feels about the quality of each component of the business affects how satisfied they are with their relationship (Emlen et al., 1971).

Similarly, role strain experienced by parents due to fewer social supports and greater demands on their time may impact on parent-caregiver relations. Kontos (1987) in summarizing findings from an earlier study (Kontos & Wells, 1986) writes about the differences between mothers whose parenting ability was held in high esteem by the staff versus those whose parenting was held in low esteem:

They most highly valued the educational aspects of day care for their children but did not expect and did not use the day care center in an educational manner for themselves or to improve their own knowledge of their child. Low group mothers could rarely rely on spouse or neighbors for assistance and were more likely to express guilt over the use of a day care center. They

talked to caregivers regularly but only about their child and did not maintain or desire a relationship between the center and their family. Low group mothers less frequently reported violating center rules . . . but more frequently reported problems concerning center policies and regulations, especially illness policy. While low group mothers were equally satisfied . . . and equally likely to report problems with center staff as high group mothers, the number and content of the problems was different . . . Low group mothers' childrearing/educational attitudes . . . were more traditional. (p. 102)

Kontos & Wells (1986) conclude that while the subjective perceptions of child care are similar for parents held in high or low esteem by child care staff, the objective reality of that experience (i.e., communication patterns, conflict, available support) is different. For instance, while parents held in low esteem do talk with caregivers about their child, they are less likely to form close relationships with the staff. Fewer social supports may limit the time available for parents to spend with their child's caregiver. Parents with fewer social supports may also

have less time to devote to learning new child rearing strategies from others.

Emlen et al. (1971) using a sample of 104 private family child care arrangements of white, urban mothers in Portland focused on whether not the parents and home providers had been friends before the child care arrangement was established. Mothers were recruited at their work site and represented a cross section of occupations. Different patterns emerged for those who had been strangers before the child care arrangement versus those who had been friends. The sources of satisfaction with the arrangement for friends are tied to "family closeness" as they adapt their friendship to the instrumental demands of the child care arrangement. The researchers used several items which dealt with the friendship between the two women and the amount of time the two families spent together outside the child care arrangement to determine family closeness. The authors suggest that the use of a friend as a regular caregiver may introduce status discrepancies that force a renegotiation of roles. This renegotiation of roles may only be successful when friendships are strong. Family closeness is associated with short term arrangements for friends and long term arrangements for

"strangers". For strangers it may be easier to discuss the conditions of the arrangement not only at the beginning but also as problems arise. There is also more freedom to regulate the degree of closeness or distance. When friendships do develop they provide an extra bonus.

In examining the role of the caregiver from their perspective, it may be useful to determine whether or not caregivers feel that being responsive to mothers' needs as well as those of the children is part of their role. In a qualitative study which examined caregivers' attitudes about child care, Innes and Innes (1984) interviewed 31 caregivers and directors involved in various types of child care. Data from the interviews were then used to provide descriptions of three social roles which emerged, "mother", "teacher", and "grandmother". Those caregivers who were labeled grandmothers were responsive to the mothers' needs as well as those of the children. The researchers suggested that the social role labeled grandmother placed the parent-caregiver relationship into a pattern that avoided conflict and jealousy over issues of concern for the child and attachment to the child. It may be that when caregivers are responsive to parents'

needs, that may provide a more comfortable context for the parent-caregiver relationship. Alternatively, when parents are sensitive to caregivers' needs, parent-caregiver communication may be strengthened.

#### Caregivers' perceptions of parenting skills

Kontos and her colleagues (Kontos et al., 1983) asked teachers to rate each of 30 items in relation to their own standards of good parenting practices and how typical the item is of most American parents. A later study by Kontos (1984) asked parents to do this as well as teachers and also included home providers. Both staff and parents set high standards for good parenting and both agree that typical parents fail to meet those standards. Based on their own concept of good parenting, early childhood staff expressed negative attitudes about most parents. However, they indicated that they felt the parents they work with were doing a better job at child rearing than most American parents today. In contrast to caregivers' perceptions, parents see their own parenting as more similar to good parenting than typical parenting.

In a cross-sectional study using parents and family child care home providers in Portland, Oregon,

Emlen et al. (1971) found that satisfaction with "the other woman's concern for the child" was generally quite high. Also high were factor scales which measured perceived benefits of the arrangement for the child.

In their follow-up longitudinal study Emlen et al. (1972) examined the stability of the family child care arrangement. They assessed instability using three indicators: (a) mother's dissatisfaction, (b) sitter's dissatisfaction and (c) duration of the arrangement. Global measures of satisfaction remained high throughout the relationship although three-quarters of the relationships were terminated within six months. Three-fourths of the arrangements ended due to extrinsic reasons (changes of job, residence, etc.) rather than dissatisfaction. However, when the arrangements were terminated due to dissatisfaction, this study identified the predictors of dissatisfaction for the parents and caregivers. Major predictors of caregiver dissatisfaction were: a loss of satisfaction with the mother's concern for the child; an increasing sense of inconvenience which often resulted from mother's lack of consideration (e.g., being late to pick up child, late payments, etc.); and an initial and

increasing feeling that caring for this mother's child was an emotional drain. Dissatisfaction with the adjustment of children to the setting was not a contributor. Caregivers' concerns mainly focused on the attitudes and behaviors of mothers and mothers' concern for the child. It became an emotional drain to care for the child when the caregiver was dissatisfied with the mother's concern for her child.

When Emlen et al. (1972) examined factors affecting the duration of the arrangement, caregiver's initial sense of satisfaction with the child's adjustment predicted longer arrangements. If the caregiver came to feel more disapproving of the mother's discipline, shorter arrangements tended to occur. And finally, shorter arrangements were predicted by the caregiver finding the arrangement increasingly inconvenient.

In some cases mother's satisfaction appeared to be gained at the expense of caregiver dissatisfaction; mother's satisfaction was related to caregiver's initial global dissatisfaction, and initial feeling that caring for this mother's child is an emotional drain, and increasing dissatisfaction with mother's hours, demands and lack of planfulness. Recall that

Powell (1978a) found that teachers were more dissatisfied with the communication between adults than parents were.

Parents' perceptions of the child's care experience

Emlen et al. (1972) found mothers' dissatisfaction was predicted primarily by: initial lack and subsequent loss of satisfaction with the sitter's concern for the child and a worsening relationship between mother and sitter. If having a playmate for the child was the reason for having this arrangement, then this served to prevent mother's dissatisfaction as the reason for termination of the arrangement. Emlen et al. (1972) also identified factors which predicted duration of the child care arrangement. Longer arrangements were predicted by mothers' general confidence in caregivers. Yet it was also predicted by mother's feeling that the child couldn't get along with any caregiver, but only her current caregiver.

Similarly, Galinsky (1989) found that the most important predictor of mothers' overall satisfaction with center care was their satisfaction with the children's experiences in the program. This included such things as teacher's warmth toward the children,



the attention they received, their opportunities to learn and the teacher's style of discipline. Other factors such as cost, hours, flexibility of the program, location and parents' input into decision making were labeled "factors that affect parents". Galinsky concluded "that a dual process is at work. Mothers' satisfaction with the child care is linked to child-centered factors while the adults' own stress and health are affected by parent-related factors" (p. 3).

In another study assessing parental satisfaction with the child care arrangement, Endsley & Bradbard (1987) asked parents if they had been dissatisfied with any of their previous child care arrangements, and if so, to explain the nature of their dissatisfaction. The parents in their study were all currently using proprietary (for profit) center care. Of the 201 white collar parents surveyed, 87 or 43% indicated via questionnaire that they had been dissatisfied with previous child care arrangements. Over 80% of their complaints were accounted for by the following categories: lack of educational stimulation, undependability and other practical problems, lack of peer stimulation, caregiver neglect and caregiver values being discrepant from parent values.

Dissatisfaction predicted later use of above-average proprietary center care. The researchers also found that previous dissatisfaction with unhealthy conditions was a particularly salient predictor of parents choosing above-average quality care. This study supports the findings that the sources of satisfaction or dissatisfaction are mainly child-centered (Emlen et al., 1972; Galinsky, 1989).

Kontos and Wells (1986) assessed parental perceptions of the function of child care and how that relates to satisfaction with the child care arrangement. This was part of a study examining differences between mothers whose parenting abilities were held in high esteem by child care staff and those whose parenting abilities were held in low esteem by child care staff. What they found was that mothers held in high esteem appeared to have greater consistency between what was expected and what was provided even though the two groups were similar in terms of number of expectations versus number of provisions. There may be differing expectations between groups regarding resources provided by the child care program.

Powell and Stremmel (1987) found that parental satisfaction with the child care arrangement was monitored by center staff within the context of parent-caregiver communication. Their study which examined communication between the parents and teachers in a variety of center settings, used in-depth, semi-structured interviews with nine experienced head teachers in a midwestern community. They interviewed teachers regarding intended uses of information exchanged between parents and teachers. Among the findings was that teachers hope the information they share will contribute to parents' positive feelings about the center and their child's classroom experiences. Teachers also use parent communications to monitor parents' perceptions of the child care program and the staff.

### Summary

In summary, an ecological perspective suggests that there are important factors linked with the parent-caregiver relations. For home providers the many responsibilities within their role and the role strain that accompanies long work hours and balancing work and family has an impact on the parent-caregiver

relationship (Emlen et al., 1971, 1972). Similarly, parents with fewer social supports may be experiencing role strain which may impact their relationship with their child's caregiver. For example, parental social support network may impact caregivers' appraisal of the parent (Kontos, 1987; Kontos & Dunn, 1989; Kontos & Wells, 1986). Parents and caregivers may have to renegotiate their roles if they have been friends prior to the child care arrangement.

Parents' confidence in caregivers in general has an impact on the relationships (Emlen et al., 1972). Satisfaction with the child's experiences within the child care arrangement and the child's relationship with the "other adult" is a very salient factor which affects the parent-caregiver relations (Emlen et al., 1971, 1972; Galinsky, 1989; Kontos & Wells, 1986).

Background characteristics of caregivers such as age, years of experience, and being a parent themselves relate to caregivers' positive appraisals of parents' child rearing abilities (Kontos, 1984, 1987; Kontos et al., 1983) and communication patterns between parents and caregivers (Hughes, 1985). Family child care home providers whose own children are older tend to maintain longer arrangements with the families they serve (Emlen

et al., 1972). Characteristics of the parents' also impact on the relationship. Staff serving more low income, minority and single parent families held more negative attitudes toward the child rearing practices of the parents using their center (Kontos et al., 1983).

There are also factors which relate to involvement with a family child care setting such as attitudes regarding the importance of "caregiver characteristics" during a child care search (Pence & Goelman, 1987a), mothers' apprehensions about leaving their child with a nonfamilial caregiver (Hock, DeMeis, & McBride, 1988) and attitudes regarding maternal employment (Pence & Goelman, 1987b). Pence and Goelman (1987a) found that parents form closer relationships with family child care providers than they do with center staff. Many family child care providers enter into child care arrangements when their own children are young and many see their role as provider as temporary (Eheart & Leavitt, 1986). We do not know how this impacts on parent-caregiver communication. The following section further examines how various components of the child's ecology impact on each other.

Support for the Ecological Theory Regarding Child  
Outcomes

In examining the research which supports hypotheses regarding the impact of continuity between families and early childhood programs on the child, Powell (1989) concludes, "from a child development perspective, the theoretical grounds are significantly stronger than the empirical foundation of rationales for establishing and maintaining cooperative relations between families and early childhood programs" (p. 51).

However, researchers (Clark-Lempers, 1983; Roopnarine & Hempel, 1988) have begun to examine how satisfaction with child care is related to other components of the developing person's ecology (Bronfenbrenner, 1979).

Roopnarine and Hempel (1988) sent questionnaires to 30 dual-earner families in the central New York area assessing the nature of their children's caregiving environment; their perceptions of the effects of the child care centers on parent-child interaction and children's development; their overall job satisfaction; social support networks; and personal well-being, marital stress, and companionship. To assess

satisfaction, the authors asked parents to respond to several items about their perceptions of the center's caregiving environment. They also had many items on parental perception of the effects of child care on children's physical and cognitive development, social development and parent-child relationships.

Mothers and fathers were generally pleased with their children's child care experiences. The perceived effects of child care on parent-child interactions and activities were positively related to parents' assessment of their personal well-being, companionship in marriage, marital stress, overall job satisfaction, and social support. There were, however, fewer associations for fathers than for mothers. Perceived effects of child care on mother-child interactions were related to perceived effects on children's cognitive and social functioning. Also, perceived effects on maternal discipline were related to perceptions of children's problem-solving skills. For the fathers, perceived effects of child care on paternal social interactions with children were related to perceived effects on children's language development. Finally, marital harmony and parent-child interactions were linked to the degree to which parents, in particular

mothers, viewed the caregiving environment as nurturing. From examining the relationship between satisfaction with child care and other components within the developing person's ecology, it appears that good things seem to go together. However, this study does not allow us to say anything about the direction of effect.

Clark-Lempers (1983) also examined parental satisfaction with the components of the child care arrangement and perceived effects on various components of the family ecology (e.g., parents' work situation, how the child gets along with siblings, the relationship between parents, the family's financial situation, etc.). This study focused on infant child care in centers in predominantly middle-class communities in central Iowa. Eighty-four pairs of parents participated in the study. In addition to the satisfaction measures, an involvement factor was included in the questionnaire which asked parents about their contact with their baby's caregiver, the degree to which their input is respected by the caregiver, the control they have over their baby's care and their child care searches.



For mothers, high satisfaction with and high involvement in their infants' child care predicted their perceptions of the positive effects of child care on the family. For fathers, perceptions of the effects of child care were predicted by satisfaction but not by involvement. Also of interest is that mothers' satisfaction with how child care provides for their infants' social, emotional and cognitive development predicted how they perceived child care affected their roles as wives and mothers. In contrast, fathers' satisfaction with the center's influence on social, emotional and cognitive development predicted their perceptions of the effects of child care on the family unit but not on their roles as fathers and husbands.

It appears then from the studies just reviewed that the child care system and the home system do impact upon each other. The question of whether or not there is continuity of experience for the child between home and family child care is one in which little research has been conducted (Long et al., 1985; Long & Garduque, 1987). It can be argued that discontinuity between home and child care does not always imply a negative impact for the child (Long & Garduque, 1987). Indeed, parents and family child care providers expect

that there will be differences in the way the two adults interact with the child, due to the differences in their role and relationship with the child. Seeking to define "optimal discontinuity" seems much like defining optimal stress; it is often said that a little bit of stress can result in positive changes but too much stress can have a negative impact. Regarding discontinuity, an individual may vary in their response to discrepancy. Long et al. (1985) argue that "Each child's response to discrepancy may...vary depending on a number of factors including the child's temperament, previous experience, age, sex and the opportunities for positive interaction offered by each setting" (p. 149). The authors have outlined a process by which researchers can come to understand the importance of continuity and discontinuity between home and child care. First, it is necessary to operationalize the dimensions of discontinuity. Second, researchers must embed these dimensions in a relatively comprehensive model of the process of child care. And finally, these dimensions must be related to important child development outcomes.

Peters and Kontos (1987) offer four dimensions which serve as guidelines in assessing whether

discontinuity of experience for the individual will serve as a risk or an opportunity. These include (a) the magnitude of the discrepancy, (b) the duration of the discrepancy, (c) the timing of the events both in the sense that there may be sensitive periods in development and in the sense that some events may be viewed as "on time" (such as the beginning of grade school) and (d) preparation for and understanding of changes with foreknowledge and communication mediating the impact of events. Therefore, "discontinuity" cannot be presumed to necessarily imply risk to the child.

Long et al. (1985) suggest a process by which communication between parent and caregiver can lead to increased continuity for the child. As the adults exchange information about the child, their knowledge of the child becomes more similar. It is assumed that beliefs about the child will be reflected in the adults' behavior toward the child. Therefore, over time caregivers and parents may come to act more similarly toward the child. Bronfenbrenner (1979, 1989) suggests that interrelationships between settings ought to be characterized by personal, two-way communication so that a better understanding of the

child can be gained as that child varies his or her behavior as a function of the different contexts. Researchers (Long et al., 1985; Peters and Kontos, 1987; Powell, 1989) are beginning to identify areas for further research in order to test this theory.

A few studies (Fan, 1985; Kontos & Dunn, 1989; Kontos & Wells, 1986; Smith & Hubbard, 1988) have begun the process of examining how caregiver-parent relations may relate to experiences of children. Kontos and Wells (1986) observed the children of parents whose parenting abilities were held in high esteem by the child care staff versus those children of parents whose parenting abilities were held in low esteem. There were few differences in the child care experiences of the children in the high esteemed group versus those in the low esteemed group. However, caregivers were less frequently absent from the setting where low-group children were observed. They engaged in more social talk with low-group children. Mother's age and marital status and length of her child's enrollment were better predictors of the child's care experience than membership in the high or low esteemed group. So it appears from the study that there are few differences in the child's care experiences between the low

esteemed group and high esteemed group families. The differences in their experiences that are present are beneficial to the low esteemed group children such as having the caregiver engage in more social talk with them.

The Kontos and Wells (1986) findings were supported by a study conducted by Hogan (personal communication, April 19, 1991). Her study examined whether or not family child care providers would show preferential treatment to the children of mothers with whom the providers had longer and more personal interactions. She described mother-provider pairs as falling into two groups "talkative" and "non-talkative". She found no differences in provider interactions with the child in terms of affect, warmth, affection, encouragement, frequency of conversation, or total amounts of discipline.

In contrast, in a study conducted in New Zealand, Smith and Hubbard (1988) did find that positive parent-caregiver communication does impact on child outcomes. Sixty 3- to 4-year-old children attending child care centers and kindergartens were observed. Structured interviews were conducted with their parents and teachers about the quantity and quality of parent-staff

relations. To assess quality, interviewer ratings were made on three dimensions derived from Bronfenbrenner's (1979) ecological theory: reciprocity, warmth, and balance of power.

The study resulted in many small but significant correlations between measures of parent-staff relations and children's behavior. Where there was more parent-staff communication, and it was more balanced, warm, and reciprocal, children were more likely to talk with teachers or be physically close to teachers, and were perceived by staff to be better adjusted. Better parent-staff communication was related to more positive and less negative social interactions with peers. The researchers point out that in a correlational study it cannot be determined whether better parent-staff relationships cause better adjustment to the peer group or whether positive child behaviors with peers cause staff to become more positive toward them and therefore, their parents.

Parents spent more time touching and farewelling their children when they had better relationships with staff. The authors suggest that touching the child accompanies parents' chatting to staff and when parents stay longer they give clearer goodbyes. Parents with

cooler, more distant relationships spent longer settling their children in to play activities before their departure.

Balanced parent-staff relationships were also related to less group time and more dramatic play. Smith and Hubbard speculate that teachers who run more structured programs are less willing to share decisions with parents compared to teachers in more play-oriented programs.

The Kontos and Dunn (1989) study found that mothers perceived as doing a poor job of parenting were more likely to be single, less communicative with caregivers, had more traditional child-rearing and educational values and had more problems with center rules and regulations. Children's cognitive, language and social development were assessed and found to be lower for the children of low esteemed group mothers. The researchers suggest that caregiver judgments may be based on actual, observed parent and child behavior. "Role overload" may be affecting the parenting behavior of the low esteemed group mothers. Or perhaps, caregivers are inferring from developmental lags in the low esteemed group children, poorer child rearing abilities on the part of parents.

Fan (1985) examined the nature of parent-caregiver communication and how that communication related to social competence in preschoolers. Subjects included 110 parents and 29 caregivers from nine child care centers and preschools in Central Iowa. Parent-caregiver communication was assessed using a questionnaire based on Powell's (1977) work. Fan used a modified version of the Iowa Social Competency Scale (Pease, Clark, & Crase, 1982) to assess social competence. She found that as parents and caregivers communicated more frequently, used a number of methods of communication and shared similar attitudes regarding communication that children were perceived by parents and caregivers to be more competent on items assessing their ability in expressing their ideas to others, understanding verbal instructions, and trying new things when playing by himself or herself. The direction of the relationship is unknown. It is not known whether communication patterns are of higher quality between parents and caregivers when the children are competent or whether children's competence is increased because parent-caregiver communication is good.



The studies cited above demonstrate that relations within the child-parent-caregiver triad are quite complex and there is no large body of research to support the model that collaboration between parents and caregivers leads to improved continuity between home and child care, which in turn leads to improved child competence. The following section will examine measurement strategies which focus on a component of the collaboration between parents and caregivers. Assessment of satisfaction with the child care arrangement will be explored.

#### Measurement of Satisfaction with the Child Care Arrangement

Satisfaction with the child care arrangement has been assessed with single questions, which are direct, "How satisfied are you with your child care arrangement?" or indirect "Have you been dissatisfied with any of your previous child care arrangements?" (Endsley & Bradbard, 1987) or "How do you manage work and family responsibilities?" (Galinsky, 1986). Researchers have also used multiple items to assess satisfaction with various components of the child care service or with various aspects of caregiver-parent

relations (e.g., Browne, 1984; Clark-Lempers, 1983; Fuqua & Labensohn, 1986; Galinsky, 1990; Roopnarine & Hempel, 1988; Winkelstein, 1981). Again, items were either very direct such as asking parents how satisfied they were with the attention their child received (Galinsky, 1990) or rather indirect such as asking caregivers how they felt about the discussions they have with parents (Hughes, 1985). Some studies have examined the relationship from both the perspective of the parent and the perspective of the caregiver (Emlen et al., 1971; Emlen et al., 1972; Galinsky, 1989, 1990; Kontos, 1984, 1987; Kontos & Dunn, 1989; Kontos & Wells, 1986; Leavitt, 1989; Powell, 1978a, 1978b). This review will be organized by examining measurement of the satisfaction of both parents and caregivers. Discussion of direct and indirect methodologies and the use of single versus multiple items will be included.

#### Parental satisfaction with the child care arrangement

Parental satisfaction with the child care arrangement has been assessed with a variety of strategies. Galinsky (1989, 1990) indicates that surveys which simply rate parents' satisfaction with their current child care repeatedly find that somewhere

between 85 and 95% of parents report being satisfied. Stipak (1979) in a paper on citizen satisfaction with urban services offers a model for the relationship between satisfaction and service quality. The author hypothesizes that if a service becomes sufficiently divergent from expectations, i.e., excessively bad or remarkably good, quality may become salient enough to affect evaluations. Otherwise, there is little variation in evaluation results. See Figure 1.

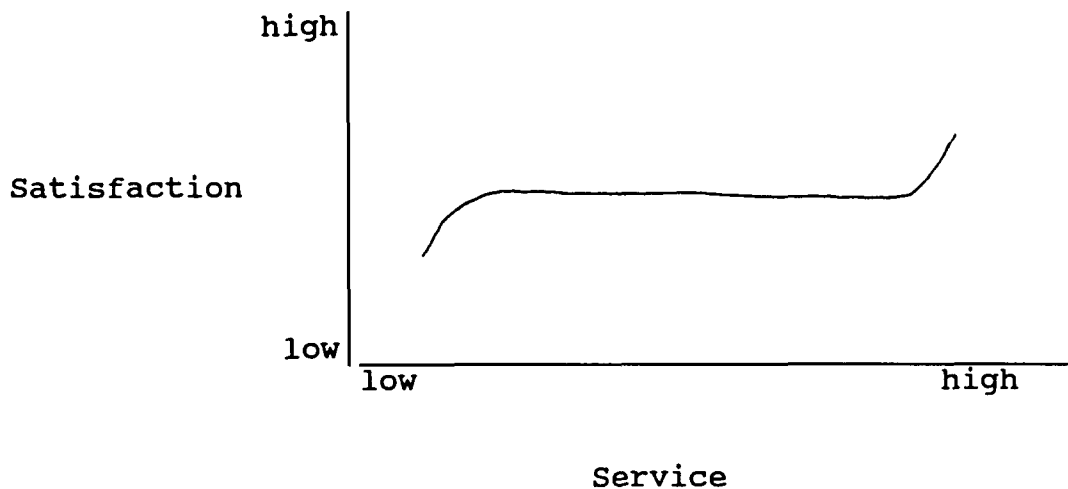


Figure 1

One Possible Functional Form of the Relationship  
Between Expressed Satisfaction and Service Quality

(Stipak, 1979)

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Stipak also cautions that respondents may base their assessments on different aspects of the service, depending on what aspects of performance they perceive as most important. In terms of assessing child care, this would seem to indicate that the direct single item, "How satisfied are you with your child care ?" may be of limited usefulness with respect to information gained.

The strategy of assessing satisfaction by indirect questions may allow for greater insight into satisfaction with the child care arrangement. For example, Galinsky (1989) reporting on items in a Parent/Teacher sub-study of the National Child Care Staffing Study (Whitebook et al., 1989) found that 90% of parents agreed or strongly agreed that they were satisfied with the attention their child received, 85% were satisfied with the teacher's style of discipline and 95% were satisfied with the teacher's warmth toward their children. However, when parents were asked about their child care searches, three out of four parents reported finding no alternatives to their present arrangement at the time they made their choice. Additionally, given alternatives, 53% would not have chosen to put their child in the center they were

currently using. Since it may be difficult for a parent to admit that his or her child care is less than satisfactory (Galinsky 1986, 1989), asking about their child care searches may give us some information on their assessment of quality at the time of enrollment.

Another indirect strategy used by Endsley & Bradbard (1987) is to ask parents if they have been dissatisfied with any of their previous child care arrangements, and if so, to explain the nature of their dissatisfaction. The authors point out that child care experts often list presumed advantages and disadvantages of various child care arrangements but have not adequately documented what parent-consumers perceive as the virtues or problems. The dissatisfaction statements they generated in response to an open-ended question were grouped into ten major categories--lack of educational stimulation, undependability & other practical problems, lack of peer stimulation, caregiver neglect, caregiver values discrepant from parent values, unhealthy conditions, mistreatment by caregiver or others, poor communication/coordination by caregiver, problems in child adjustment, and other dislikes.

Some researchers have used a discrepancy paradigm in an effort to assess parental satisfaction with the various dimensions of the child care arrangement. An example of this strategy is a study by Browne (1984). Her study examined parents' assessments of the quality of six different child care programs which included public programs subsidized by a state, a city or the military, an employer sponsored program, a private non-profit preschool and a family child care site. Two hundred and forty-one parents returned surveys rating the quality of the child care. These were compared with the researcher's ratings after at least five visits to each site. Browne found "a tendency among consumers to be inattentive regarding basic elements of care and to overestimate the quality of care" (p. 321).

Browne's study summarized some of the explanations offered for high consumer ratings. First, within social services, quality is often difficult to evaluate and consumers lack the resources and education to make good choices. Or it may be that consumers fear that poorly rated services may be discontinued. Or perhaps consumers need to rationalize their involvement with a service. Finally, high ratings might reflect an adaptation of consumer expectations to the level of

service actually available. Even though Browne made an effort to design questions that would tap parents' perception of their child care center relative to what they would consider an ideal service rather than seeking a direct expression of consumer satisfaction, she still found a tendency among consumers to overestimate the quality of care.

Similarly, Winkelstein (1981) in examining the relationship between informal staff/parent communication and parental satisfaction with center/family interaction, viewed satisfaction as the size of the discrepancy between parents' perceptions of the situation as it is and as the parents feel it should be. Parents completed a questionnaire containing companion items such as "the staff say hello and goodbye to me" and "staff should say hello and goodbye to parents". Observations of staff/parent communication were also made. Three categories of staff/parent communication were identified: (a) social communication which consists of verbal greetings (b) informational communication which are statements that are factual and (c) decision-making communication which are statements that call for the assumption of

responsibility for a decision on the part of staff and/or parents.

Kontos and Wells (1986) assessed parental perceptions of the function of child care and how that relates to satisfre arrangement. This was part of a study examining differences between mothers whose parenting abilities were held in high esteem by child care staff and those whose parenting abilities were held in low esteem by the child care staff. The researchers designed a questionnaire which addressed 25 possible child care services. Parents were then asked: (a) what services they should expect from a center, (b) services provided by their particular center, (c) services provided by their center which they had actunter which they had actually used, and (d) services that parents would use if provided. Two measures of satisfaction were derived from this questionnaire. First, for each of the twenty-five items correlations were computed between resources parents expected and resources provided. Another measure of satisfaction was obtained by subtracting the total number of resources expected from the total number of resources provided.



Yet another strategy to assess parental satisfaction with the child care arrangement is to combine multiple items regarding various components of the child care service or relations between parents and caregivers with a global satisfaction item. Fuqua and Labensohn (1986) surveyed 540 Iowa parents regarding their satisfaction with their current child care arrangements. In addition to asking parents to give an overall rating of their present child care arrangements, they also measured satisfaction with various aspects of the child care using a five-point Likert scale. The items on program and logistical considerations addressed safe and healthy environment, convenience of location, appropriate activities for children, cost of care, convenient hours, qualifications of the provider, similar values about child rearing and whether the program prepared children for school. However, the unique aspect of their study is that they also included five items under a factor they labeled "shared child rearing". They asked parents about the amount of contact with the caregiver, the degree to which their opinions and suggestions were listened to and respected, their control over the child care environment, the extent the discipline used in the

setting was similar to their own, and the amount of information about their child's day. Results of the study indicated that only the "shared child rearing" items made a significant unique contribution to parents' overall satisfaction with their child care arrangement compared to the eight program and logistical considerations listed above. Also of interest is the finding that while the mean on the overall rating of the present child care arrangement was high (4.38 on a five-point scale with a SD = .68), nearly half of the parents had experienced problems in the selection and use of child care. Recall Galinsky's (1989) finding that while parents reported being highly satisfied, 53% would not have chosen to put their child in the center they were currently using.

From both perspectives: Parent and caregiver satisfaction with the child care arrangement

In order to examine relations between parents and caregivers, some researchers have assessed satisfaction with the child care arrangement from both perspectives. Emlen, Donoghue and LaForge (1971) used over 250 attitude items with both mothers and home providers (e.g., "It is not fair for mothers to ask sitters to

treat their children in a special way." "I try to do things for a child the way his mother does."). These were presented in an interview setting and the results were used in combination with a global satisfaction item in a factor analysis. The global satisfaction item asked parents and home providers to rate on a seven-point scale whether they were satisfied (or dissatisfied) about everything, most important things or some important things with the midpoint item reading "All right for now".

In a follow-up longitudinal study, Emlen et al. (1972) used some of the scales that were derived through this process to assess changes in satisfaction with the child care arrangement. Parents and caregivers were interviewed at the time the arrangement was just beginning, after the first three or four weeks and just after the arrangement had ended. To assess respondents' overall satisfaction with their arrangements during the longitudinal study, a "ladder scale" was used. The respondent was shown a ladder with rungs numbered from 1 to 10 and asked where she felt her arrangement stood in relation to the best and the worst family child care arrangement she could imagine. If this was the respondent's second or third

interview, she was shown where she had placed the arrangement before. Generally high levels of satisfaction were found using this global measure. There was some loss in mean levels over time and at least one specific source of dissatisfaction was detected among three-fifths of the mothers and caregivers. Caregivers were more likely to be dissatisfied than mothers.

Other strategies have been used to assess positive orientation toward the other adult. Kontos and her colleagues (Kontos et al., 1983) asked teachers to rate each of 30 items in relation to their own standards of good parenting practices and how typical the item is of most American parents. A later study by Kontos (1984) asked parents to do this as well as teachers and also included home providers. Caregivers were asked to rate how typical the item is of parents they work with. Parents were asked "how typical is this (item) of yourself?"

Galinsky (1990) used a similar strategy in her study of parent-teacher partnerships. Her items regarding parenting skills asked teachers to compare the mothers at their center with the "realistically good mother". On the average, between three-fifths and

three-fourths of staff saw parents as better or about the same as "the realistically good mother". While Galinsky had items for parents to respond to, she did not report asking the parents to compare their child's teacher with the "realistically good teacher".

### Summary

The studies included in this review of measurement strategies for assessing either parent or caregiver satisfaction with the child care arrangement have consistently found a ceiling effect. While many researchers have been able to find some differences among the respondents by using indirect methods of assessing satisfaction with the arrangement or positive orientation toward the other adult, such as asking about child care searches (Galinsky, 1990) or their dissatisfaction with previous arrangements (Endsley & Bradbard, 1987; Emlen et al., 1972), there is not yet a measurement tool which provides us with a wide range of responses or scores.

Paper and pencil questionnaires and highly structured interviews have only begun to identify some of the sources of satisfaction or dissatisfaction with the child care arrangement. This qualitative study

utilized individual interviews with parents and home providers to identify factors associated with successful parent-caregiver collaboration that lead to satisfaction with the relationship.

#### Summary

It has been assumed that collaboration between parents and other caregivers leads to improved continuity between home and the early childhood setting, that in turn leads to improved child competence. However, that assumption has not been tested (Powell, 1989). In terms of the family child care setting, little work has been done to describe "optimal continuity" and examine the degree to which there is continuity between the home and child care settings (Long et al., 1985; Long & Garduque, 1987). The purpose of this study, as a first step, was to examine the collaboration between parents and caregivers and describe successful partnerships as perceived by the adults within the child care arrangement. Bronfenbrenner (1979) has proposed that links between settings can be described as supportive to the developing person when they encourage the growth

of mutual trust, positive orientation, consensus of goals and an evolving balance of power on behalf of the developing person. He also suggests that communication between settings ought to be personal and two-way.

While many parent-caregiver partnerships are characterized by two-way communication, many are not (Emlen, Donoghue, & Clarkson, 1972; Galinsky, 1990; Leavitt, 1987; Powell, 1978a, 1978b). When communication does occur, the content is often child centered (Powell, 1978a; Hughes, 1985). Between setting differences have been examined. Family child care home providers spend more time with parents while center staff report more frequent discussions related to learning, social development, behavior problems, peer relationships, and policies (Hughes, 1985). Parents in centers characterized by more social communication and decision-making communication were more satisfied with the parent-caregiver communication (Winkelstein, 1981).

Characteristics of parents and caregivers impact on the communication between them. Staff serving more low income, minority and single parent families hold more negative attitudes toward the child rearing

practices of the parents using their center (Kontos et al., 1983). Mothers whose parenting is negatively evaluated by staff are more likely to have less schooling and be divorced (Kontos & Wells, 1986). Staff hold more positive attitudes toward the child rearing practices of their parents if they are college educated, administrators, over 30, parents themselves or have over five years of experience (Kontos et al., 1983). Older caregivers are more likely to discuss parent centered issues. More highly educated providers are more likely to discuss social development and child learning topics. More experienced providers are more likely to discuss child discipline and physical growth (Hughes, 1985).

Adults entering into family child care arrangements differs in some ways from those involved in center care. Parents using family child care are likely to cite caregiver characteristics as the reason for their selection of child care arrangement and are likely to form closer relationships with their caregiver than parents using centers (Pence & Goelman, 1987a). Employed mothers experiencing maternal separation anxiety were more likely to choose family



child care or a sitter in their home than employed mothers who were less apprehensive about leaving their children with nonfamilial caregivers (Hock, DeMeis, & McBride, 1988). Family child care home providers have been found to be less supportive of maternal employment than center staff (Pence & Goelman, 1987b).

Role strain may impact on the relationship between parents and caregivers. Family child care home providers must balance the needs of the families' they serve with those of their own families (Emlen et al., 1971). Parents with fewer social supports may be limited in the time available to spend with their caregiver (Kontos & Wells, 1986). A renegotiation of roles may be necessary if parents and caregivers have been friends before the child care arrangement. And finally, in regard to roles, Innes and Innes (1984) suggested that when caregivers are responsive to parents' needs as well as those of the children, that may provide a more comfortable context for the parent-caregiver relationship. This raises the question about what impact caregivers' viewpoints regarding who they serve has on the relationship. The notion that caregivers who see their role as one of support to the

parents as well as child may have more successful partnerships deserves more attention.

Perhaps the most salient factors impacting on the parent-caregiver relationship are concern for the child's experience (Emlen et al., 1971; Emlen et al., 1972; Endsley & Bradbard, 1987; Galinsky, 1989) and the perceived effectiveness of the other adult (Kontos et al., 1983; Kontos, 1984; Galinsky, 1989, 1990).

Factors within the developing person's ecology have been found to relate to the home-child care relationship. Roopnarine and Hempel (1988) found that the effects of child care on parent-child interactions as perceived by the parents were positively related to parents' assessment of personal well-being, companionship in marriage, marital stress, overall job satisfaction and social support. Clark-Lempers (1983) examined parental satisfaction with the components of the child care arrangement and found that satisfaction was related to perceived positive effects on the family.

In examining how parent-caregiver relations may relate to the experiences of children, Kontos and Wells (1986) found few differences in the experiences of

children of parents whose parenting abilities were held in low esteem versus those from families held in high esteem. However, a follow-up study (Kontos & Dunn, 1989) found children's cognitive, language and social development to be lower for the children of mothers held in low esteem.

Researchers assessing either parent or caregiver satisfaction with the child care arrangement have consistently found a ceiling effect. Paper and pencil questionnaires and highly structured interviews have only begun to identify some of the sources of satisfaction or dissatisfaction with the child care arrangement. This qualitative study will utilize individual interviews with parent and home providers to identify factors associated with successful parent-caregiver collaboration that lead to satisfaction with the relationship.

## METHOD

### Background

The purpose of this study was to identify components of satisfactory parent-caregiver relations and successful collaboration on behalf of the child in family child care home settings. The initial research questions were:

1. What factors affecting satisfaction with the parent-caregiver relationship are identified by both caregivers and parents?

2. What factors affecting satisfaction with the parent-caregiver relationship are uniquely identified by parents?

3. What factors affecting satisfaction with the parent-caregiver relationship are uniquely identified by caregivers?

Measures of satisfaction with the child care arrangement in the past have produced sets of scores in which both parties consistently report being highly satisfied (Browne, 1984; Emlen et al., 1971; Emlen et al., 1972; Fuqua & Labensohn, 1986; Galinsky, 1989, 1990). We would not expect this given the fact that the quality of the child care cannot be expected to be

uniform across settings. Also, while there are a number of excellent caregivers and parents, we would not expect nearly all parent-caregiver relationships to be highly effective partnerships. It may be very difficult to admit that you are not entirely satisfied with the arrangements you've made (Galinsky, 1989, 1990). Parents may be adjusting their expectations in the process of rationalizing their involvement with the child care arrangement (Browne, 1984). Questionnaires or highly structured interviews may not be effective in producing a range of scores because it is difficult to admit dissatisfaction with the child care arrangement under those formats.

This study used a qualitative methodology, specifically an interview format, to identify components of a satisfactory child care arrangement and collaborative relations between parent and caregiver. Initial interviews were guided by components identified by Bronfenbrenner as being key to effective collaboration; specifically, two-way communication and consensus of goals for the child. The grand tour questions (Spradley, 1980) and probe questions for the interviews were derived from the components of Bronfenbrenner's theory.

## Study Design

### Sampling

This study was limited to registered family child care providers. In Iowa, registration is voluntary. To qualify for registration, a provider is limited to caring for six children in his/her home during most of the day. However, there is an exception which allows the provider to care for up to 12 children for a period of time of less than two hours. This was incorporated to allow providers to care for school-age children. Providers may also register as a group family child care home, serving 7 to 12 children, if there is a second adult or older teenager present. Registration also requires that minimal health and safety standards be met and places limits on the number of children under two years of age that may be cared for. Eligibility for the federal Child and Adult Care Food Program serves as an incentive for registration.

The researcher's contacts with child care resource and referral agencies, the Child and Adult Care Food Program and the Boone Home Providers Association were used to locate initial caregiver respondents. At times caregivers were not selected for the study but were

helpful in suggesting parents or other caregivers who fit the characteristics the researcher was looking for in her purposive sampling efforts.

Purposive sampling (Bogdan & Biklen, 1982; Brinkerhoff, Brethower, Hluchyj, & Nowakowski, 1983; Guba & Lincoln, 1982; Patton, 1990) was employed ensuring that information rich sources were tapped for data collection. Subjects were chosen in a manner which facilitated the expansion of the developing theory. This is a key component to theory grounding. This method ensured that the range of information collected was maximized even though resources available to the researcher were limited. The design of the proposed study was guided by factors identified in the literature as having an influence on parent-caregiver relations. Initial criterion for sampling parents and caregivers included selecting persons who had established friendships with the other party before the child care arrangement began and those who were strangers at the beginning of the arrangement (Emlen et al., 1971; Emlen et al., 1972). Also, parent respondents were sought who varied in the level of social support available to them, for example, a single parent was interviewed (Kontos, 1987; Kontos & Wells,

1986). The sample also included women who addressed how living in different communities than their own mothers affected their relationship with their caregivers.

Initially, the researcher had intended to focus on parent-caregiver partnerships in caring for infants and toddlers because her observations in child care centers were that parents and caregivers spend more time discussing the care of the youngest children than that of the older children. However, her interviews with respondents revealed that the issues around dissatisfaction with the partnership that emerged were more often centered around the care of preschool age siblings. Perhaps parent-caregiver partnerships centered around shared child rearing of first borns differs from shared child rearing of younger siblings. The parents who had had other parent-caregiver relationships before entering into their current arrangement were particularly rich sources of information.

#### Description of respondents

Caregivers Six caregivers were interviewed for this study. All caregiver respondents were white



females who ranged in age from 30 to 65 years old with the mean being 41 years old. Five of the caregivers were married or living with a partner and one was widowed. The highest level of schooling obtained by the caregivers varied. Two caregivers held a college degree, two had obtained some college or specialized training, and two listed high school diploma or GED as the highest level of schooling. None of the providers had received any certifications or accreditations such as the Child Development Associate. However, five of the providers were part of the area child care resource and referral network. Four of the caregivers when asked if they viewed their work in child care as their career or a temporary job responded that it was their career. The length of time as a family child care home provider for five of the caregivers ranged from two to seventeen years. The other caregiver had previously served as a family child care home provider for two years and at the time of the interview had added three months of experience having recently returned to the business. The mean length of time as a family child care home provider was approximately six years.

Parents Six parents were interviewed for this study. All parent respondents were white females

ranging in age from 27 to 41 years old with the mean being approximately 31 years of age. Five were married or living with a partner and one was divorced. The highest level of schooling obtained by the parents varied. One parent had obtained a graduate degree, two parents held an undergraduate degree, two parents listed some college or specialized training and one listed a high school diploma or GED. Occupations listed by the mothers included secretary, student, resident treatment supervisor and resident treatment worker at a state hospital, child care center director, and school social worker. Parents were asked to estimate their family's income per year. One respondent replied that her family income was in the \$11,000-15,000 range. One respondent listed the family income in the \$21,000-30,000 range. One respondent indicated the family income was in the \$31,000-40,000 range. Two respondents' family incomes were in the \$41,000-50,000 range. One respondent listed the family income as being above \$75,000 per year.

While respondents were selected from communities of various size located in central Iowa, none of the respondents lived in large cities.

Case studies were written about each of the respondents which include demographic information and data gained during the interviews. See Appendices A and B for examples of case studies.

### Interview protocols

Qualitative research is characterized by designs which are evolving and flexible (Bogdan & Biklen, 1982). Within a qualitative research design, the researcher must establish rapport with the respondents (Stainback & Stainback, 1988). Conveying to respondents that all viewpoints are valuable paves the way for new viewpoints or themes to emerge. The flexible design of a qualitative study allows the researcher to pursue new themes that emerge. Input from respondents guided further inquiry in this study. As is expected within an emergent, qualitative design, these research questions were subject to change and indeed, the researcher did examine new themes which emerged in addition to the original questions. Responses recorded during the pilot interviews and initial individual interviews were utilized in the improvement of the protocols for subsequent interviews.

Pilot interviews In preparation for this study, the researcher had an opportunity to observe the process by which an interview protocol was designed by a team of researchers. An opportunity to observe a pilot interview was also made available to the researcher. In this study the researcher conducted two pilot interviews so that she could make the initial modifications needed in the interview protocols and so that she could improve her interviewing skills. The pilot parent interview was held April 30, 1991. The pilot caregiver interview was held May 6, 1991. The interviews were reviewed by two members of her committee so that feedback could be given. Minor revisions were made based on the feedback.

Caregiver interviews The interviews began with questions designed to develop rapport and confirm information provided on the questionnaire such as "How many children under three years of age are you caring for?" Grand tour questions (Spradley, 1980) for the caregiver interviews asked respondents how they decided to be a family child care home provider, about the things they do which benefit others, and how long they plan to be a provider. The caregivers were asked about the things they like to find out about a family when

first setting up the child care arrangements. There were questions on the ideal family child care arrangement and what advice they would give other caregivers in regard to setting up child care arrangements. They were asked about the positive aspects of their child care arrangements with families and what, if anything, would they like to see changed. The respondents were asked what expectations they have of parents and what expectations the parents have of them. They commented on the parent-child interactions they like to see occur. They were asked what things should be provided to children at home and if the children they served were getting those things.

There were questions on communication, when it took place, how it occurred, and whether or not the caregiver felt it was two-way in that her ideas and suggestions were listened to. They were asked to describe ideal parent-caregiver partnerships and what, if anything, they would like to see changed in the partnerships they currently have with families. The caregivers were asked how their relationship with families changes over time and if those changes had any impact on their shared child rearing. Because of the interest of the researcher in whether or not social

support for the parent affected parent-caregiver relationships, the caregivers were asked if they had served single parents or families new to a community and if, in their experience, there was anything unique about serving those families. And finally, because the literature review revealed difficulties with the question, "How satisfied are you with your child care arrangement?" this question was asked to see what the responses would be in relation to the data given in the rest of the interview. See Appendix C for the caregiver interview protocol.

Parent interviews Grand tour questions for the parent interviews asked respondents what they looked for when setting up child care arrangements, what the ideal arrangement would be, and advice they would give other parents in setting up child care arrangements. The respondents were also asked about the positive aspects of their current child care arrangement, what expectations they hold for their caregivers, and in turn, what expectations do the caregivers have of them. They were asked about what they watch for as they observe caregivers interacting with children. They were also given an opportunity to comment on other components of a child care setting which they feel make

it a good place for children and whether or not their caregiver provided those quality components. They were asked what they hoped their children would gain by being cared for by their present family child care home provider.

Like the caregivers, parents were asked about communication, when it took place, how it occurred, and whether or not the respondent felt it was two-way in that her ideas and suggestions were listened to. They were asked to describe the ideal parent-caregiver partnership and what, if anything, about their current partnership they would like to see changed. They were asked how their relationship with their caregiver has changed over time and if those changes had any impact on the shared child rearing. Finally, they were asked the overall question on how satisfied they are with the child care arrangements they have made. See Appendix D for the parent interview protocol.

### Data Collection and Analysis

In qualitative research, data collection and data analysis are carried out simultaneously so that insights gained from initial data analysis can guide the study. The following section will describe the

procedure used for data collection. In qualitative research design the interviewer is viewed as the instrument used in the study (Bogdan & Bilken, 1982; Guba & Lincoln, 1982). Thus, the researcher's background will be outlined. Steps taken to document the researcher's subjectivity will be described. The input from the researcher's peers in regard to the emergent design of the study will also be addressed. The process used for data analysis will be reported including the steps taken by the researcher to gain feedback from the respondents who participated in the study. It is important to note that many of the steps related to data collection and analysis do not follow one after the other, but rather, occur hand in hand.

#### Data collection procedure

Respondents for the study were located through a variety of means. The researcher contacted the area child care resource and referral agency as well as the agency sponsoring the Child and Adult Care Food Program for suggestions. The researcher also attended a meeting of the Boone Home Providers Association in order to describe her proposed study and ask for volunteers. At times through talking to potential



respondents it was determined that the person did not possess the characteristics sought by the researcher in her purposive sampling efforts. The researcher at that time would ask the person to suggest other possible respondents possessing the characteristics sought.

After an initial telephone call the respondent was sent a letter which briefly outlined the study and what her involvement would be. See Appendix E for the initial letter sent to respondents. An informed consent letter was also included. See Appendix F. Measures were taken to assure the participants that their responses would be confidential. This study met all university guidelines for use of human subjects and was given approval by the Human Subjects Review Committee on April 1, 1991. The respondents were then contacted once again by telephone in order to determine the time and place for the interview. Respondents were able to choose the setting most convenient for them; their home or a room on campus. The interviews were conducted between May 10, 1991 and June 26, 1991. The respondents were not paid for their time, however, they received a small gift at the end of the interview.

At the beginning of the interview the respondents were asked to complete a questionnaire. The

questionnaire designed for the caregiver respondents obtained information on the caregiver's age, gender, race, and marital status. If the respondent was married or living with a partner, information on the occupation of the spouse or partner was obtained. Information was also obtained on the highest level of schooling completed, whether the family child care home provider had received any certifications or accreditations, whether the caregiver belonged to any professional organizations or child care resource and referral groups, and what, if any, training or formalized networking sessions they had completed in the last year. The questionnaire also asked if the caregiver viewed her work as temporary or career, the number of hours per week she spends caring for children, length of time working with young children, and length of time as a family child care home provider. Because the researcher initially planned to focus on parent-caregiver partnerships in the care of infants and toddlers questions were asked about the length of time working with infants and toddlers and number of infants and toddlers in care. See Appendix G for the caregiver questionnaire.

The questionnaire designed for the parent respondents obtained information on the mother's age, the father's age, marital status, highest level of schooling obtained, mother's occupation, father's occupation, family income, and race. The questionnaire also asked for the infant or toddler's birth date and gender, information on the number and gender of the siblings, how long the infant or toddler had been in the care of the current family child care home provider, whether the parent had used any other child care arrangement for the infant or toddler, and the child care arrangements that had been used for the siblings. See Appendix H for the parent questionnaire.

The interviews which were sixty to ninety minutes in length were audio-taped. The tapes were later transcribed. Field notes were written in the journal after each interview. Field notes contained additional descriptive data beyond the text of the interview recorded on tape. They also contain a reflective portion in which the researcher recorded insights gained during the interview (Stainback & Stainback, 1984). The strategy of utilizing transcripts and field notes ensured the development of thick descriptions. A thick description is gained when enough information is

shared about the context so that judgments by others can be made about the extent to which derived working hypotheses might be transferable to a second context (Guba & Lincoln, 1982).

### Interviewer as the instrument

In a qualitative research design, the researcher is often the only instrument utilized (Bogdan & Biklen, 1982; Guba & Lincoln, 1982). The interviewer in this study has background experience as a caregiver. She has worked with all age groups, infant through school age at one time or another. She also has experience as a child care center administrator. In addition, she has two young children who have both been in child care settings, center care and family child care home. Her background will allow her to make appropriate decisions during the course of the interviews as she has an initial understanding of what issues may be salient to parents and caregivers.

Those using the naturalistic paradigm for inquiry openly recognize that their values play a role in their research (Guba & Lincoln, 1982). The researcher's career has shaped her values and beliefs about parent-caregiver relations. She has held child care positions

which involved working closely with parents. Early in her career, she was hired by a small group of parents, who were not satisfied with the current child care choices in their community to be the first director of a new child care program. From this experience, she believes that one of the advantages of child care over other settings providing care and education for young children, such as public school systems, is the frequent contact the professionals have with parents. However, she also believes that many child care professionals do not capitalize on that advantage.

Later in her career, after the birth of her first child, she worked as a caregiver for infants and toddlers. It was during this time that she found the that insights shared by parents about their children to be invaluable in the task of making the day a positive one for the child. It has been this insight that has aroused the curiosity of the inquirer about what components play a role in successful partnerships between parents and caregivers. The researcher has found that this study has resulted in insights on parent-professional relations that were beneficial to her as she worked in an elementary school setting at the same time she was conducting her data analysis.

The researcher has extensive background with center care and her observations are congruent with the findings of Kontos and her colleagues (Kontos, 1984, 1987; Kontos et al., 1983) that professionals who are administrators, parents themselves, over 30 and have over five years of experience in child care hold more positive appraisals of parents' child rearing. However, the researcher has less experience with family child care. She has chosen that setting for her research in order to explore how the dynamics of parent-caregiver relations might differ from the center setting.

The researcher also has an interest in federal, state, and local financial support for training for parents and caregivers. This research provided her with insights regarding the importance of training for family child care home providers and parents on setting up child care arrangements and communication skills. Throughout her research as time and time again she heard caregivers and parents convey that providers were selective in deciding which families they serve, she had concerns about the accessibility and continuity of care for those children who have parents whose values and lifestyles differ from the caregivers. As she

listened to caregivers describe trial periods with new families, the researcher worried about continuity of care for children who require a lot of attention due to behavior problems. During the course of her research she moved to a very rural setting and came to understand how the scarcity of center care affects child care options available to families. Her views relating to the role of parents and government in monitoring the quality of care were reflected upon during the course of the literature review as she learned about the problems associated with measurement of satisfaction.

#### Progressive subjectivity

The researcher kept a journal during the study as a record of her growing insights and the impact her learning had on data interpretation and emergent design. The journal clarifies the impact that the researcher's values had on the data collection and interpretation. It also revealed the impact the data may have had on the researcher. The journal also served as a place for the researcher to record her thoughts concerning how her performance as an interviewer might be strengthened. Entries were also

made in the journal recording the data analysis strategies that were used. For example, as the researcher organized the data into various theme categories, she recorded the headings for the themes in her journal. As the researcher attended various professional meetings and workshops which addressed parent-professional relations she would record how the information gained clarified her thinking related to her research.

The researcher would also record notes in the margin of the interview transcripts on insights gained at the time she was organizing the data from the interviews.

#### Peer debriefings

Peer debriefings allow researchers to test insights gained during an inquiry and to expose themselves to questions from their colleagues. They are often used to receive advice about important methodological steps in the emergent design (Guba, 1981; Guba & Lincoln, 1982). The researcher used peer debriefings at several points during her research. For example, feedback by her peers was given regarding whether or not saturation of data had occurred whereby



no new themes seemed to be emerging during the data collection and analysis process. Debriefings were also held to determine how to organize the data and report the findings of the study.

### Data analysis

Content analysis is the process used to reduce communication into discrete recording units (Johnson & LaMontagne, 1990). The procedure suggested by Mary Jane Brotherson, Iowa State University, Ames, (personal communication, 1991) for content analysis was used for the preparation of the data, familiarization with the data, identification of units of analysis, coding of responses, the development and definition of emerging response categories, and the establishment of credibility.

In qualitative research, data collection and data analysis are carried out simultaneously so that insights gained from initial data analysis can guide the study. Thus, data from initial interviews was examined before subsequent interviews were conducted.

Interviews were audio-taped. Field notes were recorded immediately following each interview and the interview tapes were transcribed. The researcher

proofread the transcripts in order to fill in missing words and correct inaccuracies. The researcher read over all the responses in order to familiarize herself with the overall content. Notes were taken on potential themes and categories. The interview transcripts were examined a second time for discrete concepts. In the margin of the transcript, key concepts were abstracted.

Each abstracted statement was placed on an index card. These were either quotations or paraphrased statements. Each card was coded to identify where the statement can be referenced to the transcript. In order to establish initial credibility, a second person was hired to review the abstracted statements on cards derived from the transcripts. The reviewer hired was a Human Development and Family Studies graduate student with background in qualitative research. The researcher and the reviewer are both women in their thirties. The reviewer had a special interest in the research due to the birth of her first child during the study. The reviewer recommended changes on less than five percent of the abstracted statements. All changes recommended by the reviewer were made by the researcher.

During a debriefing with her major professor it was decided to organize data from each of the interviews into a case study. Other researchers interested in the data would then have available to them all the components that lead to satisfaction with the parent-caregiver relationship for each respondent. Case studies were written using mainly the information from the cards derived from each interview. Additional information for the case studies was obtained from the brief questionnaire completed by the respondents at the beginning of the interview. At times, information from field notes was included in the case studies also. This was particularly true if the respondent continued to comment on parent-caregiver relations after the researcher turned off the tape recorder. All twelve of the case studies were reviewed by the researcher's major professor as they were completed.

After each case study was completed the cards could be sorted into categories by the researcher to assist in building a description of a successful parent-caregiver partnership. Titles for each of the categories were developed. As subsequent interviews were conducted and case studies completed, new cards were categorized. During the process new categories

were created; old categories were merged or divided. As the analysis progressed, similar categories were grouped together under larger domains of meaning. If the coding framework became unworkable the cards were sorted anew by different categories. Theories developed using this bottom up method of pulling together insights are referred to as grounded theories (Bogdan & Biklen, 1982).

At the time all of the case studies were completed and three of the caregiver card sets were sorted together, some debriefings were held between the researcher and her major professor. It was decided that two approaches to analyzing the data would be used on two of the parent cases in order to determine which methodology to proceed with as the next step. One method would be to continue the card sort procedure until all six of the caregiver card sets were sorted together and all six of the parent card sets were sorted together. The other method would be to answer emerging research questions from the case studies. In order to decide on which method to proceed with, the researcher sorted one of the parent card sets, waited at least a day, and then answered emerging research questions from the corresponding case study. With a

different case, the researcher answered key questions from the case study, waited at least a day, and then sorted the card set. The themes that were examined from the case studies included concern for the child, whether two-way communication and partnership were present to enable continuity for the child, and mutual trust and respect. The cases also examined the extent to which the caregiver nurtured the parent as well as the child or what Innes and Innes (1984) described as the grandmother role.

At this point in the research the decision was made to continue working with the card sort to allow some themes to emerge through that process. This decision was made because the researcher wanted to be certain that she would not miss new insights which might emerge from the data. For example, one of the components leading to satisfaction that emerged for both parents and caregivers was flexibility in the child care arrangement which made it easier for the respondent to balance work and family. Insights gained through this process were used later on to examine the case studies more closely in order to answer key questions.

The researcher held some debriefings with her major professor during which the card sort categories were reviewed and discussed. An additional debriefing was held with the researcher, her major professor, and another member of her committee. At this point the researcher was encouraged to develop a typology describing different parent-caregiver relationships. Her committee members also suggested the use of metaphors to convey findings of the research.

The researcher reviewed the case studies in order to examine several themes and to build descriptions of various parent-caregiver relationships. She reviewed whether or not there was flexibility within the child care arrangement making it easier for both women to balance work and family. The notion that relationships between parents and caregivers are similar to relationships between neighbors was also explored. The research question "What makes the relationship work?" was applied to each case. The researcher reviewed the case studies in order to determine if setting up and maintaining a child care arrangement could be described with a dating metaphor outlining mutual satisfaction and causes for break-up. Finally, the researcher compiled a list of recommendations to parents,

caregivers, and policy makers from what she had learned from the case studies.

#### Member checks

Following the analysis of the data collected during the individual interviews, the initial findings were taken back to parents and caregivers for their response to the analysis. The term member check is used to describe the process of testing the report with source groups before casting it into final form (Guba, 1981).

During the debriefing which occurred with two of her committee members in order to share what had been learned from the data analysis, the decision was made to use telephone interviews for the member check. The other option seriously considered by the researcher and her committee for the member check was the use of two focus groups (Kruegar, 1988; Morgan, 1984; Morgan & Spanish, 1984) made up of the original parent and caregiver respondents to review the findings. During the course of the study the researcher had moved out of the area making a focus group more difficult to arrange.

The researcher developed a written summary of the data analysis results. See Appendix I for the summary sent to respondents during the member check. The respondents were contacted by telephone to arrange an appointment time to conduct the member check. The summaries were mailed to the respondents for their review. The researcher then contacted the respondents by telephone to ask for their feedback on the analysis. The researcher took notes during the telephone interview. The interviews took twenty minutes each to conduct. Immediately following the telephone interview the researcher, reviewed the notes just taken and clarified them. This took an additional ten minutes. The input from the respondents was incorporated into the report of the findings. See Appendix J for an example of the member check results.

#### Indicators of Rigor

Qualitative researchers have identified some research design strategies which serve to ensure the credibility, transferability, dependability and confirmability of the results of their studies (Guba, 1981; Guba & Lincoln, 1982; Patton, 1990). The methods



which will be used for this study are described below and outlined in Table 1.

### Credibility

The term credibility in qualitative research has to do with establishing the truth value of the research. It is the counterpart to internal validity in quantitative research (Guba, 1981). This study employed four techniques to establish credibility. First, member checks were conducted in which interpretations of the data were submitted to the two respondent groups from which the data have been collected. Second, peer debriefings were used so that the researcher could test her working hypotheses. Third, the researcher has indicated what her background is and maintained a journal as a record of her progressive subjectivity. Finally, two data sources were used, parents and caregivers, providing a way to compare data. This strategy for cross-checking data by using different sources is termed triangulation (Guba, 1981; Guba & Lincoln, 1982; Patton, 1990).

### Transferability

In qualitative research, the term transferability has to do with applicability and is the counterpart to external validity in quantitative research (Guba, 1981). This study used purposive sampling techniques to establish transferability. Thick descriptions within the case studies were also developed to aid readers in determining the fittingness of the findings to other situations.

### Dependability

Dependability is the counterpart to reliability and has to do with establishing consistency within the research (Guba, 1981). Maintaining original transcripts, case studies, and documents and the development of the researcher's journal will make it possible for others to later examine the methods used and the interpretations derived from the raw data. This study did not include the hiring of an auditor experienced in qualitative research to review the design decisions which were made and the findings. However, the transcripts and the journal will serve as an audit trail so that researchers interested in the materials can examine them.

Confirmability

Confirmability is the term used in qualitative research which has to do with establishing neutrality. It is the counterpart to objectivity in quantitative research (Guba, 1981). A second person assisted with the coding and categorization of the data and reviewed the case studies. Triangulation, in the form of two data sources, parents and caregivers, has been incorporated into the design of the study.

Table 1

Methods Used

Indicators of Rigor	Technique Used
CREDIBILITY	<p>Telephone interviews as member checks</p> <p>Peer debriefings with committee members</p> <p>Written comments of coding assistant maintained</p> <p>Progressive subjectivity outlined in journal and in notes in the margins of the transcripts</p> <p>Triangulation achieved through the use of two data sources, caregivers and parents</p>

Table 1 continued

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TRANSFERABILITY	Purposive sampling guided by the review of the literature Thick descriptions through the use of case studies
DEPENDABILITY	Audit trail through maintaining original transcripts, case studies, documents and journal
CONFIRMABILITY	Data analysis reviewed by committee members and coding assistant Triangulation achieved through the use of two data sources, parents and caregivers

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## FINDINGS AND DISCUSSION

The research questions for this study were:

1. What factors affecting satisfaction with the parent-caregiver relationship are identified by both caregivers and parents?

2. What factors affecting satisfaction with the parent-caregiver relationship are uniquely identified by parents?

3. What factors affecting satisfaction with the parent-caregiver relationship are uniquely identified by caregivers?

This study revealed nine factors affecting the parent-caregiver relationship as a result of the card sort and the examination of the case studies. There were more similarities in the factors offered by the two respondent groups than differences. See Table 2.

Those factors that will be examined first include the mutual selection process during the child care search, a neighboring component, balancing work and family, mutual care and respect, effective communication, consensus of goals for the child, and agreement on payment issues.

Table 2

Factors Affecting Satisfaction with the Parent-  
Caregiver Relationship

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Factors Identified by Both Parties

- \* Mutual selection/Dating metaphor
- \* Neighboring component
- \* Compromises made that enable parties to  
balance work and family
- \* Trust, positive orientation, goal consensus,  
and balance of power
- \* Personal, two-way communication
- \* Agreement on payment for services offered

Factor Identified by Parent

- \* Caregiver isolation

Factors Identified by Caregivers

- \* Appreciation shown by parent
  - \* Parental identification with child's behavior
- 

One unique factor that emerged from the parent interviews was the perceived impact of the caregiver's isolation from other adults on the parent-caregiver

relationship. This will be discussed in the second section.

The third section will outline the interactions uniquely identified by caregivers that affected satisfaction with a parent. Caregivers talked about the appreciation shown by parents for the care given to their children. Also, the issue of parental identification with a child's behavior will be explored.

The fourth section will present a typology of parent-caregiver relationships. While this was not one of the goals of the study when the researcher began her work, one of the ideas which emerged was that perhaps there is a good fit between what the parent needs in a child care arrangement and the style of the caregiver.

It is important to note that like the findings of other researchers (Emlen et al., 1971; Emlen et al., 1972; Galinsky, 1989) this study also found that for both parents and caregivers the other adult's concern for the child led to satisfaction with the child care arrangement. Respondents spoke at length about the other adult's concern for the child. Researchers have traditionally included items on measures of satisfaction with the child care arrangement that ask



respondents to evaluate the child's care experiences (Emlen et al., 1971; Emlen et al., 1972; Fuqua & Labensohn, 1986; Galinsky, 1989, 199; Kontos, 1984; Kontos et al., 1983;). Items assessing adult-child interactions and the quality of the environments in which children spend time deserve a place on any measure of satisfaction with the shared child rearing arrangement. While these issues are central to satisfaction with the parent-caregiver relationship, this study examined more closely other issues that may lead to a greater understanding of parent-caregiver relations. Since it has already been established that the other adult's concern for the child leads to satisfaction with the child care arrangement (Emlen et al., 1971; Galinsky, 1989) this factor was not a primary focus of the study.

#### Factors Identified by Both Parties Affecting Satisfaction with the Parent-Caregiver Relationship

Interviews revealed various themes that were identified by both parents and caregivers as affecting satisfaction with the child care arrangement. This section will first examine the process of setting up a child care arrangement. Second, a metaphor comparing

many of the interactions between parents and caregivers to neighboring will be explored. Third, both parents and caregivers are affected by role strain as they balance work and family. An examination of how this affects the parent-caregiver relationship will be included. The issues of mutual care and respect will be explored. Communication and consensus between the two adults will also be addressed. And finally, money matters will be discussed.

#### Setting up the child care arrangement

Description of the dating metaphor During interviews held with caregivers, the respondents spoke of assessing whether or not they would be interested in serving a family during initial contacts made between the two parties. It seems that within the context of family child care, setting up a child care arrangement may be described using a metaphor comparing the process to dating. Both parties, parents and caregivers, use the process to find out whether they would like to enter into a child care arrangement with each other. This is unlike selecting center care in which the parents, as consumers, have the opportunity to select from all the centers available. Both parties assess

whether or not the other adult shows adequate concern for the child's well being and provides the things needed for optimal child development. Respondents were asked whether or not they would agree that the dating metaphor can be used in describing the process of setting up and maintaining child care arrangements in a family child care home setting.

Reaction to the dating metaphor was varied. Two of the caregivers agreed that the process of setting up a child care arrangement could be compared to dating. One of these caregivers said that when she first offered child care she felt she had to serve every family who contacted her because caregiving is her only source of income. She later said, "We (caregivers) have a choice." She went on to say that if a family is not compatible with those who are a part of the family day care, caregivers should not feel that they have to take them. She also said that she has learned to "fire questions" during the initial interviews just as parents fire questions at her.

Two additional caregivers described their approach in setting up a child care arrangement and after clarifying the process agreed that perhaps the dating metaphor fits. One of these caregivers shared that

she has a two week trial period so that both parties have an out if it doesn't work out. In the end she said "I guess it's kind of like dating." The second caregiver shared that the last father who came to interview commented as he left that he didn't know who was interviewing who.

The remaining two caregivers disagreed with the metaphor. One caregiver suggested that dating implies trying people out for a period of time and then leaving. She does not set up a child care arrangement unless she is certain it will work. She, in turn, is very open and explicit about her services and beliefs during the interview so parents know what to expect if they select her for their caregiver. She offered two metaphors which would reflect a final decision: marriage or comparison shopping. Another caregiver said that she could not compare the process to dating because when you date you have several opportunities to size someone up and you generally are on your best behavior. When she interviews families she asks things that she generally would not ask on a date. She gets right down to "brass tacks" and finds out how they feel about money, specifically her payment, and child

rearing issues. She feels she is more upfront right away.

More parents than caregivers agreed with the dating metaphor. Five of the parents agreed the dating metaphor fit the process of setting up a child care arrangement. One of these parents said that "it is right on the nose." Her caregiver gets calls all the time from people who want to talk about the possibility of making a child care arrangement. The caregiver can pick and choose which families she serves. This parent went on to say that in choosing center care it would be the consumer choosing as centers generally don't choose which families they serve.

The sixth parent qualified her support for the dating metaphor. Her comments were that the process of sizing each other up is probably the same but the word 'dating' brings other images to mind.

Discussion The dating metaphor was selected to point out that within the process of setting up the child care arrangement, mutual selection occurs. Caregivers select the families they serve as carefully as the parents select the care provider for their children. However, the word "dating" had too many

other connotations that limited its success as a metaphor.

While some may not agree with the use of dating metaphor, it is clear that during the process of setting up a child care arrangement mutual selection occurs. Registered family child care home providers apparently can be selective regarding which families they serve. One of the parent respondents in commenting on the supply of quality child care stated that if a family child care home provider has to advertise openings there must be something wrong with the care she offers. Obviously, being able to be selective regarding which families to serve would have an impact on caregiver satisfaction with the child care arrangements she's made. Caregivers do not have to enter into or maintain relationships with families that they feel will prove to be generally dissatisfactory.

During the course of the study the researcher held mixed feelings about learning that the caregiver carefully selects the families she serves. Family child care home providers work long hours for very low pay (Kontos, 1992). They operate their business in their own homes. The children they serve become playmates for their own children. It is perhaps only

right that they have some control over their work conditions. However, in two cases, caregivers described families with children who are difficult to care for and with parents who the caregivers felt did not provide what the child needed. The caregivers terminated care for these children. In addition, one parent told of a caregiver who asked her to make other child care arrangements because of her child's behavior. The question of whether or not families having some difficulties in raising their children ought to have access to family child care that is consistent and of high quality is one that should be debated by the child care community and policy makers. Access to quality family child care is especially important in rural areas that cannot support a number of center options.

#### Neighboring component

Description of the metaphor      The interviews revealed a neighboring component present within many parent-caregiver partnerships. Examples that emerged from the interviews were used to define "neighboring" for the respondents. Those examples were the potential for close friendships to develop between parents and

caregivers, the wide variety of topics discussed beyond what the child did that day, and the exchange of things such as plates of baked goods and invitations to "buying parties". The researcher's own experience as a parent and a caregiver have been that a lot of the neighboring she's done has been within her child care arrangements. Respondents were asked to comment on whether or not in their experience they felt that it was true that there is a neighboring component within their parent-caregiver relationships.

There was a widespread agreement from the respondents regarding the notion that parent-caregiver relationships contain a neighboring component. Respondents offered many additional examples of the neighboring they've done within their child care arrangements. See Appendix J. One parent outlined a process that parent-caregiver relationships can go through. The relationship begins as a professional relationship then moves to a neighboring relationship. Then perhaps the relationship becomes a friendship.

Discussion This study supports Powell's findings (1978a) that there can be a wide range of topics discussed beyond child centered topics. Indeed, it may be that as working parents have less time to



spend with the people living in their neighborhoods, the child care settings may be the place where people chat while the children play.

Emlen et al. (1971) found that "family closeness" was associated with long term arrangements for parents and caregivers who were strangers at the beginning of the relationship. The researchers used several items that dealt with the friendship between the two women and the amount of time the two families spent together outside the child care arrangement to determine family closeness. When friendships did occur they provided an extra bonus. This study supported that notion. One parent said she did not expect to become friends with her child's caregiver but that it was a nice bonus in their relationship.

Emlen et al. (1971) also found that family closeness is associated with short term arrangements for those who had been friends before the child care arrangement. The authors suggested that the use of a friend as a regular caregiver may introduce status discrepancies that force a renegotiation of roles. Within this study, one caregiver cautioned against setting up child care arrangements with friends. Other family child care providers have conveyed to this

caregiver that they had bad experiences caring for friends' children. In contrast, another caregiver had an unsuccessful experience setting up a child care arrangement with a stranger. She now feels she would not enter into a child care arrangement with anybody that she does not know from the same small community. The sample for this study was not large enough to fully explore whether the renegotiation of roles between friends is only successful when friendships are strong (Emlen et al., 1971) but the data which emerged indicate that experiences in setting up child care arrangements with friends are varied.

Whether or not developing friendships between caregivers has an impact on child outcomes is unknown. Some of the respondents indicated that children are more at ease when they sense that the adults are at ease with each other. However, one parent commented that she did not know whether her friendship with the caregiver had any impact on her child's experiences. She noted that she felt that the caregiver's interactions with the child were so positive from the beginning that their friendship probably had no effect on the care the child received. Recall that Hogan (personal communication, April 19, 1991) found no

differences in provider interactions with the child in terms of affect, warmth, affection, encouragement, frequency of conversation, or total amount of discipline when the provider had longer or more personal interactions with the mother.

Kontos and her colleagues (Kontos & Dunn, 1989; Kontos & Wells, 1986) have also explored how communication between professionals and parents affects child outcomes. The readers may recall that one of the characteristics of parents held in low esteem by the child care staff was that they talked to caregivers regularly but only about their child and did not desire a relationship between the center and their family (Kontos & Wells, 1986). Kontos and Wells (1986) found few differences in the child care experiences between children from families held in low esteem versus families held in high esteem. The differences that were found, including caregivers engaging in more social talk with the children and caregivers being absent less frequently from the setting, were beneficial to the children from low-esteemed families. However, Kontos and Dunn (1989) found lower cognitive, language and social development for the children from families held in low-esteem.

The question remains whether or not neighboring with the other adult would lead to more information about the child being shared between adults because of the rapport between them. As more information is shared, it is assumed that parents' and caregivers' knowledge of the child may become more similar and they may come to act more similarly toward the child (Long et al., 1985). A contrasting proposal would be that the neighboring relationship would direct communication between parents and caregivers to adult focused topics rather than child centered topics. The case studies developed within this research would not seem to indicate this to be the case. There appeared to be rich child centered information shared between adults at times. Other researchers (Hughes, 1985; Leavitt, 1987; Powell, 1978) have also found that conversations between parents and caregivers tend to be focused on child issues rather than adult issues. While we do not know what impact neighboring has on child outcomes, it appears to contribute to satisfaction with the other adult.

Balancing work and family

Description of the theme      Both caregivers and parents talked about balancing work and family. The researcher proposes that when parties meet each other halfway that this leads to more successful parent-caregiver relationships. Again, examples that emerged from the interviews were used to describe the theme to respondents. Examples that emerged from the interviews included a parent trying to leave work early the day her caregiver had a picnic to attend with her family and a caregiver who offered extra hours of care during the time a parent had to study for a test. Respondents were asked during the member checks to comment on whether or not their own experiences would confirm or disconfirm this notion.

Respondents supported the idea that some give and take between the adults that allowed caregivers and parents to more successfully balance work and family contributed to satisfactory relationships and offered additional examples from their own experiences. For example, one parent conveyed that her current caregiver is accommodating to her variable hours work schedule. The parent, in turn, has offered to watch the child care children for the caregiver when she has a day off.

The parent had lost her last caregiver to "burn out" so she is interested in "nurturing" this caregiver. She is supportive of the caregiver taking days off work when the caregiver has relatives visiting.

A second parent commented that everybody has days when they need to leave work early because of an appointment they may have and caregivers are no different. Her caregiver has shared with her that the other families she serves get irritated if she asks for time off.

Discussion      The example of the parent leaving work early was not a good one to use for the member check. Two caregivers commented that the parents they serve cannot leave work early. Perhaps too much of their attention was focused on the example rather than the overall concept of meeting each other halfway and incorporating some flexibility.

Emlen et al. (1971) found that family child care home providers, in general, reported high levels of satisfaction with the particular child care arrangements they had made. However, they reported lower levels of satisfaction with general aspects of their roles such as the strain on the caregiver from the competing requirements of caring for own family and

conducting her family child care business. Kontos (1992) after her literature review on parent-caregiver relations called on parents to understand caregivers' needs for regular, limited hours and in turn, called on caregivers to understand and support working mothers.

Due to the fact that this theme emerged within the interviews for this study and was also a factor in the Emlen et al. (1971) study, it seems worth designing and trying an item or question on balancing work and family when assessing satisfaction with the arrangements between family child care home providers and parents.

Trust, positive orientation, goal consensus, and balance of power

Description of the themes      During the data analysis components of the parent-caregiver relations that led to satisfaction with the other adult emerged. Many of these themes seem to relate to Bronfenbrenner's theory that links between settings can be described as being supportive when they encourage the growth of mutual trust, positive orientation, goal consensus between settings and an evolving balance of power responsive to action in behalf of the developing person (1979, p. 214).

The first component of satisfaction which emerged from the data is that both parent and caregiver respect the child rearing decisions made by the other adult. They will back each other up so there is some continuity for the child. One caregiver said that she tries to find out what child rearing approaches the parent wants to use and they in turn honor her wishes. There is mutual respect between adults. The adults are honest with each other. One caregiver said that teamwork leads to a satisfactory relationship. One parent spoke of the importance of having the freedom to make choices in how her children are cared for during the day. During the member checks, all respondents agreed that mutual respect, trust, a caring attitude between adults and teamwork leads to satisfactory relationships. For example, one caregiver said that she stresses during the initial interview that she expects parents to enter into a teamwork relationship with her. She's not going to be able to take all the responsibility for making the parent-caregiver relationship work. A second caregiver spoke of terminating child care for a family because the parents would not work with her on correcting the negative behaviors of the child.



The second feature leading to satisfaction that emerged from the data was a caring attitude between the adults. For example, understanding when the other adult has a bad day or giving positive comments to one another.

The next two points seemed to relate to consensus of goals between the adults. There seemed to be greater satisfaction with the partnership when the adults shared similar child rearing philosophies and values. During the member checks, all of the respondents agreed that similar child rearing philosophies are important to a satisfactory relationship. One caregiver commented that most of the questions she asks of parents in initial interviews relate to child rearing philosophies rather than the specifics of the shared child rearing such as feeding or activities for the child. There also seemed to be satisfaction related to mutual interest in quality child care. The caregiver displays some pride in her ability to offer quality child care to families she serves. In turn, parents feel secure when they know that the caregiver seeks training in her field. During the member checks, all respondents agreed that a caregiver's pride in offering quality child care and

the effort to seek training on child care topics does contribute to a satisfactory parent-caregiver relationship.

In contrast, a theme which emerged that was related to dissatisfaction was that of the two adults having nothing in common or having incompatible personalities. Dissatisfaction arose when the other adult was distant and difficult to approach. When it was not clear to respondents if the other adult was satisfied with the relationship that also led to dissatisfaction.

Many of the caregivers during the member checks chose to comment on the point that having nothing in common or having incompatible personalities leads to dissatisfaction. One caregiver commented that she serves a mother with whom she has nothing in common and they don't "talk personal". But the caregiver feels there is nothing wrong with that. A second caregiver said that it is difficult when parents seem distant and the relationship is awkward because you don't know where you stand in terms of whether or not they are satisfied. She gave the example of the father of an infant making a brief comment that the baby takes more from the bottle at home. A third caregiver felt that

incompatibility does lead to dissatisfaction. If personalities don't "click" the relationship does not work. She commented that she is currently serving a parent with whom she feels she has nothing in common. Interestingly, a fourth caregiver also spoke of personalities "clicking". She commented that she can tell during the initial contacts whether she should enter into the child care arrangement. She has decided against setting up an arrangement with people with whom she didn't "click".

Discussion        The data from this study support the theory that effective links between settings are characterized by mutual trust, positive orientation toward the other adult, consensus of goals, and a balance of power within the shared child rearing. The interview protocol did not specifically ask such questions as "Do you feel there is mutual trust between you and the other adult?" Rather questions such as "Describe the ideal parent-caregiver partnership?" were asked. It was quite striking to hear respondents during the interviews use the same words and express the same ideas Bronfenbrenner has put forth. For example, respondents would talk about mutual trust. In some cases, however, the respondents made statements

that provided a richer description than Bronfenbrenner has outlined. For example, rather than speaking in terms of "positive orientation" respondents spoke of "clicking" with the other person. Because the grounded theories from this study so clearly support Bronfenbrenner's notions, the child care community has some direction in terms of identifying the components of satisfactory parent-caregiver partnerships.

### Communication

Description of the theme One theme emerged that focused specifically on communication. This study found that when parents and caregivers find time to talk to one another often this led to satisfactory relationships. The adults know they can call on one another at any time if they have a concern about the child. They can communicate without laying any blame on each other.

Many of the respondents made comments during the member check in support of the idea that conversations between parent and caregiver free from laying any blame leads to good relationships between parent and caregiver. For example, one caregiver shared her feelings during a time that a parent was blaming her

for the child's behavior during the "terrible two's". One of the parents commented that the most important thing leading to a satisfactory relationship was communication free from laying any blame. She felt that when there were difficulties communicating about the child, that was when relationships fell apart. She conveyed that communication had to be open and two-way.

Discussion Recall that Bronfenbrenner (1979, 1989) has suggested that development is enhanced when there is personal, two-way communication between adults that share in the child rearing of an individual. This theme which emerged on communication supports that theory. The notion that the adults can talk without laying any blame on each other again points to the importance of mutual trust and positive orientation. Again, it was noteworthy that the respondents would describe effective communication in much the same manner as Bronfenbrenner. For example, respondents spoke of the importance of two-way communication. Training for parents and caregivers focused on how to share in child rearing needs to incorporate communication skills training.

Money

Description of the theme This study provided some data suggesting that satisfaction with the child care arrangement is affected by issues surrounding the amount of payment to the caregiver or the quality of services offered to the parent. Two parents commented that their money is good and that they expect their child to receive proper attention and supervision. Four caregivers reported feeling "used" by parents such as in the case when parents want more hours of service without having to pay more.

Caregivers more often than parents chose to give additional comments on the issue of agreement on payment for services. Data from the member check interviews indicate that experiences between parents and caregivers is varied.

One caregiver commented that since she is single, caregiving is her only source of income and that she feels that parents do not stop to think about how important fair payment is to her. She also feels parents expect that she ought to be able to provide additional hours of child care since she is a widow and has grown children. Parents feel she does not have many family responsibilities. She commented that

parents don't stop to think that she may have a meeting at 7:00 in the evening. In contrast, a second caregiver said that since her children are grown and only she and her husband are at home now, if parents need to come a half hour later that is not a problem.

A third caregiver commented that some parents do convey "give me more for less". She compared the parents' approach to finding "bargain child care like shopping for the best bargain on jeans." However, she said that there are other families who go out of their way to give her bonuses. She estimated that about one in five families that she serves hold the "give me more for less" attitude.

One parent who is the mother of an only child, questioned the practice of giving families with more than one child in care a big break in their fees. She argued that each child requires the same care.

Discussion There were no questions in the interview protocol directly asking about money. However, it was a theme that came up in several interviews. Researchers have designed items for questionnaires related to cost and separate items related to quality of services (Fuqua & Labensohn, 1986; Galinsky, 1989). Satisfaction with the cost

issues was not found to significantly contribute to overall satisfaction. Perhaps the issue is not what parent would be willing to pay for quality child care in general, but do they feel they are getting their money's worth with the arrangement they have.

Caregivers also seemed concerned with the issues of fairness surrounding payment for services provided. Kontos (1992) in her review of issues of conflict between parents and caregivers concluded "Caregivers, but rarely parents, regularly report conflict, which frequently concerns payment, scheduling and the like" (p. 90). Within the interview format used in this study, parent respondents did talk about getting their money's worth.

### Summary

This study examined several factors identified by both parties, parents and caregivers, affecting satisfaction with the other adult in a child care arrangement. The notion that caregivers as well as parents are selective regarding with whom they make child care was explored. The process of mutual selection was compared to dating. The member checks revealed mixed reaction to the use of the dating



metaphor. Second, respondents agreed that within the child care arrangements there are a number of "neighboring" interactions which occur. Role strain related to both women balancing work and family is a factor that affects the child care arrangement. Respondents indicated that often favors are extended to one another which help the other party out. Themes that appeared to support Bronfenbrenner's notion that supportive links between setting involve mutual trust, positive orientation, goal consensus and balance of power were explored and received support from the respondents. A theme emerged regarding the importance of two-way communication in which parties refrain from laying any blame upon each other. And finally, the issues around fair payment for services offered was explored with the respondents. It appears that the issues centering around money are more salient for some respondents than others.

Further discussion will explore the theme related to satisfaction that was uniquely identified by a parent and those themes uniquely identified by caregivers.

### Caregiver Role Strain Identified by Parent

This section will address the one factor that was initially only identified by a parent respondent having to do with caregiver role strain.

#### Isolation

One of the parent respondents identified a factor that contributed to the parties ending the child care arrangement. The caregiver's isolation from other adults during the day impacted on her ability to be cheerful with families. During the member checks several respondents felt that the ability to be cheerful varied from day to day depending on whether or not the caregiver had a good day. Parents commented that everyone has bad days. However, a couple respondents felt that caregiver isolation from other adults was a significant factor. One caregiver said that the idea that a caregiver's difficulty being cheerful is affected by her isolation from other adults was a point that "hit her between the eyes." She commented that she is often tired and dragging at the end of the day when parents want to talk about their children. But she does not feel the problem is serious enough to lead to families leaving the care

arrangement. One of the parents felt the point about caregivers isolation is very true. Since the time she was first interviewed for this research project she had her caregiver leave the child care business because she was "burned out." This parent has found a new caregiver and is interested in "nurturing" the caregiver by making sure she has enough time off.

### Discussion

These data seem to indicate that isolation from other adults during the day may not be a problem for all caregivers. Kontos (1992) in her literature review related to caregivers' social support concluded that caregivers do not feel isolated and perceive that they have an ample social support network. Caregivers in this study would at times speak favorably of that time of day when parents would come for their children and they would be able to have adult to adult conversations. This study has identified a neighboring component within parent-caregiver partnerships.

Parents' experience seems varied too depending on whether the caregiver is positive about the time of day when she can interact with parents before the family leaves to go home or whether she feels a lot of job

stress and is anxious to end her day. With the amount of variance found within this study, it may be that a question on how caregiver isolation from other adults during the day impacts on the parent-caregiver partnership may be a question which incorporates some variance in a measure of satisfaction.

#### Factors Identified by Caregivers Affecting Satisfaction with the Parent-Caregiver Relationship

In this section two factors affecting satisfaction with the parent-caregiver partnership that were identified by the caregivers in their interviews will be addressed. The first factor is whether or not the parent demonstrates appreciation for the care his/her child receives. The second factor is the degree to which parents take comments about the behavior of their child personally.

#### Appreciation shown by parent

Descriptions of the theme Caregivers during the interviews spoke of the times parents have indicated how important the caregivers are to the child and the family. This appeared to lead to caregiver satisfaction with their job as well as satisfaction

with the parents who make the effort to convey their appreciation. One caregiver made it a point to comment on this item during the member check. She spoke with pride about something said by a mother she is just beginning to serve. The mother told the caregiver how pleased she was with the quality of the child care and how much the children look forward to going to the caregiver's home.

Discussion As with all relationships, it appears important to tell the other person how pleased you are with the actions they take. It would seem that there is some value in the efforts of child care resource and referral agencies and professional organizations to remind parents to say thank-you to their caregivers. For example, local chapters of the Association for the Education of Young Children often have a caregiver appreciation day during their Week of the Young Child.

Parental identification with child's behavior

Description of the theme One factor leading to dissatisfaction with the relationship for caregivers occurs when parents get defensive when the caregiver approaches them to discuss the negative behavior of the

child. Comments about the child are taken personally. Several respondents chose to comment on this theme during the member checks. One caregiver stated that as long as she says good things about a child's behavior parents seem to be happy. But the minute you need to talk about negative behaviors the parents can "clam up." A second caregiver tries to approach parents without laying any blame for the child's behavior on them. She assures them that many negative behaviors displayed by children are common. A third caregiver pointed out that this can go both ways in that caregivers can get defensive when parents imply that the negative behaviors displayed by the child are due to the child care setting. She feels it's natural for both parties to look out for the children and try to find the cause for negative behaviors. One of the parents admitted that she knows she often takes her son's problems too personally. She said that it just seems like a "knock" to her if something negative is said about her son. She commented that it may be something that occurs at child care that causes her son's negative behavior.

Discussion      The important point gained during the member check process seems to be that either party

can get defensive when the other adult wishes to discuss the negative behaviors of the child. Parenting classes such as the Systematic Training for Effective Parenting series offered by American Guidance Service (Dinkmeyer, D., McKay, G. D., & Dinkmeyer, J. S., 1989) address child ownership for their behavior. A question for further research may be whether or not training for parents that includes discussion of child ownership for their own behaviors impacts positively on the shared child rearing partnerships these parents form with other caregivers.

### Types of Parent-Caregiver Relationships

#### Development of the typology

The concept of describing different types of parent-professional relationships was one that was taken from a study conducted by Innes and Innes (1984). The researchers interviewed 31 caregivers and directors involved in various types of child care. Data from the interviews were then used to provide descriptions of three social roles that emerged, "mother", "teacher", and "grandmother". Of particular interest to this researcher was the role labeled grandmother. Those caregivers were responsive to the mothers' needs as

well as those of the children. The researchers suggested that the social role labeled grandmother placed the parent-caregiver relationship into a pattern that avoided conflict and jealousy over issues of concern for the child and attachment to the child. During the interviewing for this study the researcher was assessing whether the caregiver felt her primary role was to serve the children or whether she saw that her role was to nurture parents and children. Within this study a description for a parent-caregiver relationship emerged and was given the name family nurturer relationship. This evolved from the idea of the grandmother social role. The name was changed to avoid the possibility that respondents during the member check may feel that the caregiver had to be old enough to be a grandmother.

From the interviews conducted for this study by the researcher additional types of parent-caregiver relationships began to emerge. Listed below are the types of relationships found. This is not meant to be a complete listing but only a beginning for others to build upon. All the relationships studied involved female caregivers. Respondents were asked for their reaction to the typology and how they would



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See Appendix I pp. 214-215

characterize the parent-caregiver relationships they've had. They were also asked which type of relationship works best for them.

**The substitute mother relationship** - The caregiver recognizes that parents do not have much time to spend with their children. Forming close relationships with the children is important to the caregiver. The caregiver feels she knows the kids better than the parents do and can get them as supporting both the child and the parent. The caregiver serves as a resource to parents when they seek her advice but is careful to leave many child rearing decisions up to the parent. The family nurturer is sensitive to the parents' need to have confidence in their abilities to parent. She will seek input from the parents.

**The business relationship** - While the adults are very cordial with each other, the relationship is seen simply as an exchange of service for payment. The caregiver takes pridherself as an advocate for the child.

**The family nurturer relationship** - The caregiver views her role as supporting both the child and the parent. The caregiver serves as a resource to parents when they seek her advice but is careful to leave many

child rearing decisions up to the parent. The family nurturer is sensitive to the parents' need to have confidence in their abilities to parent. She will seek input from the parents.

**The business relationship** - While the adults are very cordial with each other, the relationship is seen simply as an exchange of service for payment. The caregiver takes pride in offering quality services to the family.

**The friendship relationship** - The two adults spend time with each other outside the child care arrangement. They may have been friends before the child care arrangement began. Ties between the two families are close.

While all respondents were receptive to the idea of describing different types of parent-caregiver relationships, most of them felt their experiences reflected a combination types. In fact, two caregivers felt that a parent-caregiver relationship needed to reflect all of these relationship styles to be ideal. These two respondents when asked if they felt they could pick just one type that characterized them more than others made their selections slowly and carefully. One caregiver suggested that when parents work with a

child care resource and referral agency the typology should be given to them. Her thoughts were not so much that the parents could choose a good match but that they should be aware that their relationship with a family child care home provider will be a combination of all these components.

It was interesting that while the researcher based her descriptions of the different types on different relationships she heard about through the interviews, when she asked the respondents what type of relationship they felt they had, often they chose a different type. For example, the family nurturer was based in part on the researcher's perceptions of one caregiver's style and one parent's first caregiver. The caregiver, who the description was based on, commented that while all the types intertwine, she felt that the expert relationship worked best for her. And the parent felt that her first caregiver fit the substitute mother description. In fact, this parent who has had several caregivers for her child, even went as far as saying she'd never run into a family nurturer caregiver.

Some respondents had freely made comments about what they perceived to be the worst type. Two parents

and two caregivers looked unfavorably on the business relationship which was described. Two parents saw the substitute mother relationship as being undesirable.

In addition, parents made comments regarding whether friendship should be part of the parent-caregiver relationship. One parent chose the friendship relationship as the one that works best for her. She said it is important for her to know the caregiver so she can feel comfortable leaving her children there. She also commented that a former caregiver was a friend before the child care arrangement began. That did not present a problem for them. But she can see where it could be a problem. Another parent offered the suggestion that a parent-caregiver relationship might move through three stages: professional, then neighboring, then friendship. She saw friendship as the ideal. A third parent described her relationship with one of her former caregivers as "slipping" from a friendship relationship to a business relationship. A fourth parent, on reflecting about the friendship and business relationships commented that parents and caregivers could be either too close or too distant. She shared that she has had a friendship relationship with a caregiver in the past but does not

know now if she cares for this type of relationship. Her concern is that it is not fair to the other parents if they are also not close friends with the caregiver and could cause some jealous feelings. She compared the situation to a supervisor at work socializing with only a few of the workers.

Caregivers also commented on the desirability of friendship within the parent-caregiver relationship. One caregiver shared that since she is no longer close to the family she grew up in, it is important to her that the parents she serves are like her extended family. Other caregivers did not feel that the relationship between the adults needed to be that close.

The comments of one caregiver deserve special attention. She was the caregiver the researcher based the social circle relationship on. It was made a separate category intentionally because the social circle relationship was with a group of parents rather than with an individual. During the member check, this caregiver cautioned against becoming too close to the parents served. She went on to say that she would not want to care for the child of a close friend. She tries not to criticize the behavior of the children of

her friends. She feels it would be difficult to have discussions about the negative behavior of the child of a friend. It would be hard to approach a friend if they came late to pick up their children. She compared it to doing business with family. She knows of other caregivers who have tried caring for the children of their friends and it has not worked out well for those caregivers. This caregiver did see a little bit of the social circle type in her relationships with families because various events are planned around the children. However, she felt the parent-caregiver relationships she has are mainly a combination of substitute mother and family nurturer. She also sees a little bit of the expert type in her relationships. Therefore, while it would not be advisable to combine the social circle and friendship categories, the social circle type may be one that could be eliminated if further research does not support the need to keep it as part of the typology.

Another parent, in commenting on the description for the family nurturer relationship interpreted the sentence "She will seek input from the parents" to mean input on everything. She wants her caregivers to be confident in themselves and not to call her about every

little thing. The sentence should be changed to "She will at times seek input from the parents."

### Discussion

As many comments offered during the member check indicate, the issue of whether or not you should be friends with the other adult within a child care arrangement seems to be a salient issue. For some, negotiation of roles (Emlen et al., 1971) is something that has been given some thought. Others seem quite comfortable being close friends with the other adult and prefer it. As the researcher worked through the data she came to realize that communication between herself and the respondents may have been more clear had she probed to find out whether respondents were speaking of casual friendships or close friendships.

It was interesting that two of the respondents made the same suggestion as one of the researcher's committee members. She suggested coming up with some sort of questionnaire for parents regarding what they expect in a relationship. Two of the caregivers felt that parents using child care resource and referral agencies ought to be given descriptions of the different types of parent-caregiver relationships

before conducting a child care search. The question that the researcher has after her experience with the member checks is whether or not parents would recognize that a family nurturer relationship would be beneficial to them. Two of the parent respondents spoke of their first caregivers as being so good for them because their own mothers were not nearby. The caregivers helped give them confidence. Yet these two respondents did not see their relationship with their first caregivers as a family nurturer relationship.

This study consisted of only twelve interviews. However, many of the respondents were able to describe more than one parent-caregiver relationship. With further research the typology could be refined and perhaps descriptions clarified so that a tool could be designed for parent and caregiver use in setting up child care arrangements. During the time the researcher has been working on the typology, the concepts have proved useful to her as she works with parents and teachers in an elementary school setting and reflects on the interactions observed.



### Summary

Several ideas emerged from the twelve interviews conducted for this study that were refined during the member check process. First examined were findings that developed an understanding of the context surrounding the partnerships of the twelve respondents. It was learned that in the geographic area in which the study took place that registered caregivers can be selective concerning which families they serve and do not have to enter into or maintain generally dissatisfactory child care arrangements. A neighboring component of the parent-caregiver partnerships was described. In addition, both women share the challenge of balancing work and family and that can impact on the relationship.

Themes emerged that seemed to support Bronfenbrenner's notions that links between settings can be described as supportive when they incorporate mutual trust, positive orientation, consensus of goals and an evolving balance of power responsive to action on behalf of the child (1979). Data also emerged that supported the notion that personal, two-way communication is important in shared child rearing (Bronfenbrenner, 1979, 1989).

Additional factors suggested by parents and caregivers that affect the partnerships between them included whether or not they felt the exchange of payment for child care services was fair, how isolation from other adults during the day affected the caregiver, whether or not the parent displayed appreciation for the actions of the caregiver which benefit the child, and finally, whether or not the adults can discuss the negative behaviors of the child without taking comments personally.

During the course of this study the researcher developed a typology describing different types of parent-caregiver relationships. It was suggested that a good match between parent and caregiver may lead to successful shared child rearing partnerships.

During the member checks, respondents made some general comments about the list of factors that emerged. One caregiver commented that she had been in the business a long time and had been part of many parent-caregiver relationships. She felt she could confirm that dissatisfaction occurs when just one of the components leading to satisfaction is missing. One of the parents also made a general comment confirming the entire listing of factors leading to

dissatisfaction. She had used a few child care arrangements before finding her current caregiver. She has experienced all the sources of dissatisfaction listed and commented that it makes you appreciate a good caregiver when you find one.

## IMPLICATIONS

### Further Research

The review of the literature revealed that measures of satisfaction with the child care arrangement developed thus far have not resulted in much variance between respondents. Three themes were identified within this study which could be used to guide the development of additional items on a measure of satisfaction with the child care arrangement with the goal of incorporating more variance between respondents. First, both adults share in the challenge of balancing work and family. The researcher proposes that when parties meet each other halfway this leads to more satisfactory relationships. The second theme is that of fairness of payment for services offered. Rather than asking about whether the cost of the child care is a hardship for parents, the question should reflect whether or not parents feel they are getting their money's worth with their current child care arrangement. Caregivers, in turn, should be questioned regarding the fairness of the services parents expect of them related to the amount they are paid. Finally, whether or not caregivers' isolation during the day

from other adults impacts on the parent-caregiver relationship ought to be assessed.

An observation of the researcher during the member checks deserves to be mentioned. During the telephone conversations the researcher had the sense that respondents were much more comfortable commenting on the factors leading to satisfaction with the arrangement than they were commenting on the factors leading to dissatisfaction. Some indicated that they did not have any experience with the factors leading to dissatisfaction. The researcher felt that good data on dissatisfaction emerged within the initial face to face interviews. When the format became more structured consisting of written summaries and more structured telephone interviews, the researcher sensed a hesitation in some respondents to comment on the sources of dissatisfaction. This was not true for all respondents, however.

One major limitation of this study was that it had to end before some of the themes that emerged within the study could be fully examined. For instance, it was interesting that so few respondents felt that the caregiver's isolation from other adults during the day had an impact on parent-caregiver partnerships. Future

studies should examine the factors affecting satisfaction with the parent-caregiver relationship until saturation of data is achieved.

Furthermore, because the typology of parent-caregiver relationships proposed by the researcher was derived from the comments of a small number of respondents, additional interviews with parents and caregivers are needed to refine the typology. Studies conducted for the purpose of refining the typology could be strengthened by having two researchers involved in interviewing and data analysis. While member checks were conducted within this study, the use of a second researcher would also add credibility to the study. Perhaps a tool could be developed and piloted with parents and caregivers that could be used in setting up child care arrangements with those who would be a good match.

Within this research, interviews were not conducted with both partners in a parent-caregiver relationship. Using the proposed typology as a tool, further studies could examine whether or not parents and caregivers describe their relationship similarly.

This study found that when parents and caregivers took comments about the negative behavior of the child

personally, this was a source of dissatisfaction with the partnership. A question for further research may be whether or not training for parents and caregivers that includes discussion of child ownership for their own behaviors impacts positively on the shared child rearing partnerships these subjects form with other adults.

#### Recommendations for Trainers and Policy Makers

Many practical recommendations can be derived from the suggestions of the caregivers and parents interviewed and the data analysis done by the researcher.

Within the central Iowa area in which the study was conducted, it was found that registered family child care home providers are selective regarding which families they serve. This study revealed that caregivers often do not take families who come for an interview and that at times they ask families they are serving to find other child care arrangements. Often these families hold values that differ from the values the caregivers hold or they are having difficulty in raising their children. The child care community and policy makers should address the rights of children to

have access to consistent quality child care even though the values of their parents may differ from many family child care home providers or their parents may be facing difficulties in raising them. This is especially important in rural areas that cannot support many center options. The question to be debated is whether or not continuity of care for the child in a quality setting is worth the expenditure of public monies to recruit, hire and train family child care home providers to offer services to these families.

In regard to child care searches, parents who had had more than one child care arrangement told of their struggles to find quality child care. Parents at times did settle for child care that was of lower quality than they had hoped to find. Parents should be encouraged to share their child care search experiences with policy makers so that steps are taken to improve the quality and supply of child care.

Several ideas for training parents and caregivers have been supported by this study. Bronfenbrenner's notions that supportive links between settings are characterized by mutual trust, positive orientation, consensus of goals and a balance of power are themes which can guide the development of presentations and



materials for parents and caregivers. Some of the same strategies taught in parenting classes such as asking open-ended questions, reflective listening, problem solving, maintaining a positive attitude. etc. can be suggested as skills that can also be beneficial in shared child rearing partnerships. Perhaps a trainer could be recruited from one of the other helping professions such as counseling or social work to share with caregivers techniques they use in developing rapport with others.

In regard to communication, finding time to talk with the other adult often presents a problem. Respondents offered suggestions. Many parents and caregivers call each other after the dinner hour is over or during a quiet time in the day. This often is the context for some beneficial conversations because the children are not present. The researcher admires those caregivers who spend long days with children and then go the extra mile to talk with parents on the phone in the evening. One caregiver offered additional tips. She will get the child involved in an activity so that she has a chance to talk with the parent. Also if the parent arrives while the young child is

sleeping, this offers an opportunity to talk before waking the child.

Two parents said they would advise others to ask their caregiver about any aspect of their child's care that is bothering them. One parent said there is no dumb question.

Respondents also had many suggestions regarding setting up child care arrangements. Parents should not be afraid to ask caregivers for references. Caregivers expect this and are surprised when parents don't ask for references. Caregivers also expect parents to ask detailed questions about the daily schedule and whether the home has been "child-proofed". Sharing what they've learned from past unsatisfactory child care arrangements, three respondents recommended that caregivers and parents follow their instincts about a person when deciding whether to enter a child care arrangement. One respondent said if there is one weird feeling, don't set up a child care arrangement with that person. Respondents also indicated that parents and caregivers need to be advised that a discussion of child rearing philosophies is an important component of setting up the arrangement. Since one of the roles of child care resource and referral agencies is to do just

that, these agencies are a part of the picture in improving care for children and deserve support.

One of the factors leading to caregivers' satisfaction which emerged through this study is that of the parent showing appreciation to the caregiver for what she does for the child. Caregiver appreciation days organized by various child care resource and referral agencies and professional organizations would serve as a valuable reminder to parents.

Child care resource and referral agencies can be the mechanism through which many of these recommendations can be conveyed to parents, caregivers and policy makers.

#### Conclusion

It has been suggested that the assumption that collaboration between parents and other caregivers leads to improved continuity between the home and the early childhood setting, that in turn leads to improved child competence has not been tested (Powell, 1989, p. 48). Because it is assumed that satisfaction with the child rearing partnership will affect collaboration between adults, researchers have examined satisfaction with the child care arrangement from both the perspective of the parent and the caregiver. This

study continued that effort in order to identify factors that lead to satisfaction with a child rearing partnership. These are only the first steps in studying the impact that parent-professional relations have on child competence.

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APPENDIX A  
EXAMPLE OF A CAREGIVER CASE STUDY

## Case Study - Caregiver 1 (C1)

C1 is a sixty-five year old white female who is married. Her husband is semi-retired and holds a yard maintenance job. She has three years of college training in elementary education. She is listed with the area resource and referral agency and participates in the Child and Adult Care Food Program. She is a member of the family child care provider association in her community which is how she was recruited for an interview. When asked if she viewed her work in child care as temporary or career, her comment was that she'd been doing it for 17 years and she guessed that was career. All her children were still at home when she began caring for other children, however, her youngest was in 7th grade. When questioned about future plans, she chuckled and said "retirement". Regarding the number of children that she cares for under the age of three, she has a 20-month-old that has been in care since six weeks of age, a 2-year-old who has been in care since four months of age and another 2-year-old who has been in care the nine months of the past school year. Her home is arranged with several areas for the children to play in; toy storage and child furniture were present throughout the first floor of her home.



C1 began caring for children in her home for financial reasons, initially to obtain money to remodel her kitchen. Her kitchen's been done for 12 year or more, "But it was something I got into and I was doing all right and people seemed to like their kids being here so we just stayed with it." In addition to the parents being satisfied, she mentioned that the fact that the kids enjoyed being there as one of the positive things that has kept her in the business. When asked to describe what she does that benefits others, she spoke of children learning to be sociable with others.

During initial contacts with a family, C1 indicated that most parents are referred from previous families and ask more questions of her than she asks of them. Parents ask about discipline issues, whether there are any smokers, where the children are going to be and whether outdoor play is supervised. C1 has parents come for an interview before the child care arrangements are set and likes to meet the adults who will be picking children up. She does not like letting children go home with a father or a grandparent she has not met before. In talking about a prospective parent she had originally turned down, C1 said "Then I thought

maybe it's better to have somebody that really wants to be here rather than somebody who just has the time that I think I want". She considers what it will be like to work with the parent as well as how closely the parents' schedule will fit her routine. In response to a question about what would be the ideal arrangement with a family, C1 responded with something she doesn't like which was parents calling her in the morning to say the child would not be in care that day. C1 asked a group of parents once "How would you feel if you went to your job and they told you that they didn't need you today?"

C1 commented that she has good parents to work with right now. When asked what makes them good parents she gave an example, "I have one dad I just rank clear up the list. When he comes in and sees those kids, he just looks at them like 'You are important to me! You're mine!' The expression on his face is just wonderful." She feels her parents are all caring parents and although they may not all do the same things, they do what they think is right for the child. In response to things she would like to see changed in the way families work with her, she indicated that she just talks things over with families

and goes on with what is best. Generally, she discusses child behavior issues with parents.

She related some examples of working with parents on behavior issues. In working with the mother of a biter, "she was a great one for specialists and went somewhere and talked to somebody about why he was doing it. Children have a pecking order. They are just like chickens or anything else. They got to keep going until they think they can control everybody and that's just what he was doing. That's what he was doing was getting his pecking order established. Then when he found out it wasn't going to work then he quit."

In the case of a rowdy boy, C1 feels she does not get much help from the mother who says to her "Oh he's all boy". C1 explains "That one I have kind of given up on. I just treat him the best I can and if she hears about it, fine. If she doesn't, that's fine too. I don't know what he tells her." When asked if that particular parent listens to her suggestions, C1 indicated that the parent doesn't let her know how she feels about suggestions and that she can only speculate on whether or not the parent is working with the child.

C1 also talked about parents who linger in the morning, "there's some real mushy ones. These kids

have been kissed twenty times before they hit the door." In talking about parent behaviors which make the morning transition difficult, "There's little things that needle you. Sometimes they don't feel so little at the time." She now tells new parents if the child fusses to go on because the child will test you.

She also mentioned a parent who she thinks favors one sibling over the other, "But it's nothing I can say anything to her about."

A few years ago C1 had a boy that was quite difficult to care for. Each time C1 would talk to the parent saying "we have finally gotten over this hurdle", the parent would attribute the behavior change to a talk she had with her child rather than C1's work with the child. C1 asked the parent not to bring the child the next year because of his behavior. The younger sister did stay in care. When asked about her relationship with the parent that next year, she related that her husband commented that they were "a little cool". "I kind of felt I didn't feel the same about her."

When asked about things she has learned about kids through the years that she has shared with parents, she cited children's food likes and things about children's

naps. She works with parents on eating and sleeping schedules so that they work for both home and day care. She also spoke of advice she gives to parents as their children learn to use scissors. When asked about suggestions parents have made to her that she has used in the care of children, she cited suggestions regarding infants' unique feeding needs. In terms of looking ahead and discussing with the parents what stages will be coming up next for the child, C1 indicated that while she hasn't had any discussions with parents about what the child will be doing next, they know she offers different things for each age group.

C1 generally has brief discussions with parents at the end of the day. She feels that parents don't want to talk in the morning because they have to go to work. If she has something she wants to discuss with parents, she doesn't charge them for the discussion time. If she does not have a chance to speak with parents at the end of the day, she feels that she can always bring up the subject at a later time. In the morning parents generally share information about the child's sleep. "I can never understand why people can't put their kids to bed" she said as she commented about one little girl

who was up late. In that case she let the little girl take a longer nap not knowing whether the parents appreciated that or not.

She enjoys the time of day when she can engage in some adult conversation and likes talking to the parents about their work day. She commented that one aspect of her job is that she gets "a little insight on a lot of different occupations." C1 expressed frustration at parents being in a hurry when she has something to show them that the child did. When asked to describe the ideal parent/family home provider relationship she said it was important to keep it on a friendly basis and continue to have discussions. If there is something she wants the parents to do, generally, they are cooperative.

Families she cares for have become like extended families. They borrow things from each other and may attend buying parties together and visit back and forth. She attends birthday parties for the children in their homes. When kids graduate from high school, she tries to choose a meaningful gift related to their childhood.

When asked how satisfied she is with the child care arrangements she has made with families, "All

right I guess. Sometimes there are things that don't work out".

APPENDIX B  
EXAMPLE OF A PARENT CASE STUDY



## Case Study - Parent 1 (P1)

Parent 1 is a 32-year-old white female married to a 41-year-old white male. She is a resident treatment worker at a state hospital who has a college degree. Her husband is a mechanic with some schooling beyond high school. Their family income is between \$41,000 and \$50,000 per year. They live in a small community with a population of approximately 150. They have a 4-year-old son and a daughter who is 15 months old. Their current child care arrangement involves using a family child care home provider four days a week and grandparents one day a week. In the past they have used a family day care home provider during the mornings and care by the grandparents during the afternoons. P1 has been served by her current caregiver for over a year; since her daughter was 8 weeks old. The parents had used three different family child care home providers for their son before enrolling him with the current caregiver.

A series of issues led up to a "falling out" between P1 and her first caregiver. There were disagreements about attendance and payment when the child was absent. There were times that the caregiver was unable to provide care due to illness and the time

when she had adopted a new baby. There was tension over the cost of diapers which the caregiver provided. Also P1 felt that the caregiver and another parent talked about her behind her back. P1 felt additional factors affected the caregiver's behavior. There were tensions between the caregiver and another family she served. The caregiver had health problems. She was up at night with her newly adopted baby. The caregiver was under a strain due to family finances. P1 described her first caregiver as being isolated and having a "bad attitude" because of not getting out away from the home. P1 also felt that there was another child being cared for in the family day care home that received more attention than her son. P1 resented that she was paying the same rate as the other family but their child received more attention. P1 discussed this with her co-workers and "a lot of them said you do resent it when one kid gets the lion's share of everything." P1 and her first caregiver did not speak to each other for a long time after the care arrangement ended.

P1 had a different child care schedule during the time her second and third caregivers took care of her son. Since P1 works a shift which begins before dawn,

her husband would take their son to his grandparents for breakfast. The grandparents would take him to the caregiver's for the morning. Later, they would pick the son up and take him to their home for lunch. P1 would pick up her son at the grandparents' home at 2:30 when she returned from work.

P1 was dissatisfied when she heard about her son's bad days or the problems the caregiver was having with him through her mother-in-law, often days or weeks after the difficult situation had occurred. For example, for a time her son was not eating well. By the time P1 found out about it his behavior had changed. "...it was really hard to broach the subject when it was two weeks later. And you didn't want to sound like the totally paranoid mom. But it was something that then I would feel real tense about." The one time that she had to talk with the caregivers was when she would stop to pay them at the end of the week. At that time the caregivers' kids were hanging on their mothers and the caregivers seemed to just want to end the week and be paid.

The child care arrangement with the second caregiver ended when the caregiver found another job. The third caregiver decided just before P1's daughter

was born that she did not want to watch two children for four hours a day. This caregiver would sleep until just before P1's child arrived in the morning then put P1's son in front of the TV and go shower. P1 was not satisfied with the caregiver's answer to the question "What did he do today?". "Fought over toys." P1's son would cry about things that happened at caregiver's.

"I realize now that I stayed in situations that because they were...logistically easy, they weren't emotionally easy on me knowing that my child was at that place...I just didn't feel like he was getting all the attention he needed to develop at the rate I thought he should be." Her current caregiver lives in a neighboring community which means extra driving for P1.

P1's current caregiver was once her supervisor at work. They had "developed a pretty close friendship." P1 had cut cake at her caregiver's wedding and was a witness when her caregiver got her marriage license. "But we'd kinda drifted apart as we'd both gotten married and had kids. And well now ironically the kids are what brings us together again." P1 was "thrilled" when she found out her current caregiver had openings during her last child care search. "I snapped it up.

She's rather a hot commodity....I've had...co-workers tell me that they had tried for years to get in (caregiver's family day care home)...that was really kind of a nice accolade for her. So of course, I told her about it."

When asked what she looks for during a child care search, P1 replied "Her!" referring to her current caregiver. P1 stated that her caregiver has a college education, has worked with children before and loves working with them and is committed. P1 commented that she herself does not have the temperament that her caregiver does which makes her caregiver suited to being a family child care home provider. P1 has had caregivers that take too many kids basically to make money. That has bothered her. P1 also asked her caregiver if she would be willing to work weekends or late in the day. Her caregiver is accommodating to that. P1's advice to other parents is to ask yourself to come up with worst case scenarios and evaluate how the prospective caregivers would handle the situations.

When asked if her relationship with her caregiver had changed because of the child care arrangement between them now, P1 replied "No, not really." P1 further commented she had, however, noticed a shift in

her former caregivers' attitudes that she felt was influenced "by my mother-in-law who has this idea that you are just totally beholden to your caregiver and that you must change you entire life to suit them." P1 describes her relationship with her current caregiver as "a more mature kind of relationship where it's kind of symbiotic." P1 felt that when she and her caregiver were co-workers they learned how to communicate without laying blame on anybody or anything.

P1's advice to other parents on communication with your caregiver was that there are no dumb questions. There are things that parents and caregivers need to work out so that there is nothing that "rubs you the wrong way". If you are bothered by little things and do not bring them up in the open those things will detract from your performance at work and cause resentment toward your caregiver.

P1 and her current caregiver had " a couple good long talks before I'd had the kids up there" which covered discipline, meals, naps, giving medications and informing the caregiver in the case that the children would be absent. P1 was relieved to find out that she and her caregiver shared similar views on breast feeding and that her caregiver would support her in

that. Her caregiver has shared books on the subject with her and they at times attend Le Leche meetings together.

They spend time together in other ways outside of the child care arrangement; sometimes with their kids and sometimes just the two of them. When they were co-workers they used to talk about doing some of the things together with their kids that they are now doing. P1 stated that they have a mutual desire to maintain their friendship. Unlike with her former caregivers, P1 will pick up the phone and call her current caregiver if she needs to. They may end up talking about "everything under the sun" for about an hour. P1 felt she had nothing in common with her former caregivers.

P1's caregiver will share stories about the things that P1's infant daughter has done that day. They both have babies close in age and often talk about the milestones the babies are reaching. "So we get to kinda play proud mommies and compare our kids a little."

P1 stated that her caregiver also works well with her husband and has a good relationship with him despite the fact that her husband can be forgetful,

doesn't always have complete information for their caregiver and often doesn't bring the children completely dressed. She is sensitive to the fact that P1's husband enjoys seeing his son wave good-bye so she helps the boy do that everyday. P1's husband speaks highly of the caregiver to his friends and feels that it is nice to have a part in his kids' child care.

P1 did comment that she and her caregiver have had less time to talk than they did before because her caregiver has also begun to care for a woman who has Alzheimer's Disease.

P1 commented that most people feel the best parent-caregiver arrangement is one in which the two parties are on an equal level. "...you don't want somebody that you feel superior to because then you wonder if they are truly capable of doing it. You know it's like would you want somebody that's below average dealing with you obviously above average children. How will a person that's below average ever be able to reach your child's potential for you. That spark of brilliance--they might miss it while you're at work."

P1 has been the most satisfied with her current caregiver because she is in tune with the needs of P1's children. P1 told of the time when her baby went to



the caregiver instead of her. While she felt a little hurt, it reassured her that her baby was comfortable with the caregiver. P1 has discussed with her caregiver what to do about her son's eating habits. When P1 made a suggestion, her caregiver commented that was the same thing she was considering but wanted P1 to suggest it. P1's reply to her caregiver was that she respected her judgment. The caregiver is young enough to be a friend to P1's children but old enough to be the mother figure.

P1 feels that caregivers who are overly concerned with their hair and make-up aren't teaching her kids the correct values. P1 looks for someone who will get messy with the kids.

Her caregiver has the children do coloring and encourages the children in their use of imaginative play. P1 feels her caregiver has a "pretty structured day" and commented that she limits the amount of TV viewing. P1 related a conversation that she had with one of her friends in which the point was made that while families do watch a lot of TV with their children, when parents pay someone to care for their children they expect them to know how to do other things with them besides put them in front of the TV.

P1 also spoke of the advantages of a mixed-age setting. P1's children have formed friendships with her caregiver's children.

She feels comfortable in having her give medication to her children. Within her previous child care arrangements, P1 would always want to give medication at home to make sure "they have it in them."

"Once you get a person that you really like, you'll stay with them almost at all costs. If they raise their rates, you can almost always justify it. Or if they...move but it's within driving distance, I've seen people...change their plans so that they can stay with that person." P1 hopes her caregiver will be in family day care through the time she'll need child care. She knows her caregiver has ambitions to go into another early childhood education job so P1 would like to see her caregiver achieve that.

P1 is very satisfied with her child care arrangement. She does wish her caregiver lived closer to her.

APPENDIX C  
CAREGIVER INTERVIEW PROTOCOL

Caregiver ID# \_\_\_\_\_

Parent-Caregiver Relations  
Sarah Hogan

**Caregiver Interview Protocol**

Introductory Explanation: "I'm interested in talking with you about your relationship with the parents of the infants and toddlers you care for. I plan to interview other family child care home providers. I will use the information you provide me today to describe parent-caregiver relations in my master's thesis. What I would like you to do is tell me your story about your experiences as if you were telling it to a friend who will be starting out as a family child care home provider. I'll be asking some questions as we go along but I would like you to take the lead as you tell me about your experience. I want your story as you see it."

In getting started, I'd like to ask you a few basic questions.

Number of children under 3 years that you care for  
How long have you cared for these children  
Have you cared for any of their brothers/sisters  
Children of your own

I'd like to hear about how you decided to begin caring for children in your home.

In your role as family child care provider, describe for me the things you do that benefit others.

What are the things you hope children will gain by being in your care?

How long will you be a family child care provider?

When parents first contact you to discuss the possibility of making child care arrangements, what are the things you are interested in finding out about the family?

What are questions parents ask?  
How much of house like to tour?

What would be the ideal family child care arrangement for you?

If mention several--Of all those things, what would you suggest are the most important things ?  
Work conditions  
Relationship with parents

What advice would you give another caregiver in making child care arrangements with families?

What, if any, are the positive aspects of the child care arrangement(s) you have with the (family/families)?

Probe for examples, for instance, anecdotes about concern for the child being evident.

What, if anything, concerning the child care arrangement you have with (the family) would you like to see changed?

Probe for examples/anecdotes

What expectations, if any, do you have of parents?  
What expectations, if any, do parents have of you?

In terms of fostering optimal child development, what do you like to see as you watch parents interact with their child?

What are the other things, if any, that should be provided to the child at home.

To what extent are those things provided to (the children you care for)?

Tailor question by incorporating responses to previous questions.

I want to ask you now about how you and the parent(s) go about sharing in the child rearing of (the infant/toddler). When do you talk about (the child)?

What are the things you discuss?

Probe for both child-centered and other topics

Feel both of you suggest goals for the child?

Your opinions and suggestions listened to and respected

How often are you able to share what (the child's) day was like and what (s)he did?

How often can [the parent(s)] share with you what (the child) did during the evening or weekend?

Each child is unique. How, if at all, do you and [the parent(s)] share ideas for caring for (the child)?

Consensus of goals e.g., discipline

How would you describe the ideal parent-caregiver partnership?

How, if at all, do you use the suggestions of (the parents) when caring for the [child(ren)]?

How, if at all, have the [parent(s)] used your suggestions at home?

What, if anything, would you like to see changed as you and [the parent(s)] share in the child rearing of (the infant/toddler)?

How, if at all, has your relationship with the [parent(s)] changed over time?

Probe for examples which led to change.

What, if at all, has the impact of those changes been on the partnership in the shared child rearing of (this infant/toddler)?

Have you ever served single parents?

Describe for me what, if anything, made that family unique.

Have you ever served a family that has just moved into the community?

What, if anything, was unique about serving a family new to the community?

How satisfied are you with your child care arrangement with [the parent(s)]?

What times during the summer will you be available for follow-up contacts?

APPENDIX D  
PARENT INTERVIEW PROTOCOL

Parent ID# \_\_\_\_\_

Parent-Caregiver Relations  
Sarah Hogan

**Parent Interview Protocol**

Introductory Explanation: "I'm interested in talking with you about your relationship with your child's family child care home provider. I plan to interview other parents of infants and toddlers. I will use the information you provide me today to describe parent-caregiver relations in my master's thesis. What I would like you to do is tell me your story about your experiences as if you were telling it to a friend who is making child care arrangements with a family child care home provider. I'll be asking some questions as we go along but I would like you to take the lead as you tell me about your experience. I want your story as you see it."

I'd like to confirm some of the information you've given me already.

- Child's age
- How long in care
- Child care history
- Other children in family
- Care and education arrangements for other children

In getting started, I'd like you to tell me a little bit about (your child).

- What has it been like to parent (this child)?
- Often parents receive a great deal of advice concerning what the most important things are that parents can do for their children. What do you think are the most important things a parent can do for their young child?

What did you look for when you made the initial contacts to explore the possibility of making child arrangements with (your family child care provider)?

- Friends before?

If parent has used caregiver for other children, what did he/she look for during that child care search?

- How much of house tour?
- What questions did caregiver ask of you?



What would be the ideal arrangement for you?

If give many suggestions--Of all those things you've mentioned, what would you suggest are the most important? Logistics. Relationship with c.

What advice would you give another parent in making child care arrangements with family child care home providers?

What, if any, are the positive aspects of the child care arrangement you've made with (your present caregiver)?

Probe for examples, for instance, anecdotes about concern for the child being evident.

What, if anything, concerning the child care arrangement you've made with (your present caregiver) would you like to see changed? Probe for examples/anecdotes

What expectations, if any, do you have for your (caregiver)?

What expectations, if any, does (your caregiver) have for you?

In terms of fostering optimal child development, describe for me what you like to see as you watch caregivers interact with the children they care for.

What are some of the other things that can be provided in a family child care home setting that make it a good place for children?

To what extent are those things provided to your child by (your present caregiver)?

Tailor question by incorporating responses to previous questions.]

What are the things you hope your child will gain by being cared for by (your present caregiver)?

I want to ask you now about how you and (your present caregiver) go about sharing in the child rearing of (your infant/toddler). When do you talk about (the child)?

What are the things you discuss?

Probe for both child-centered and other topics

Feel both of you suggest goals for the child?

Your opinions and suggestions listened to and respected

How often are you able to share what (the child's) evening or weekend was like and what (s)he did?

How often can your caregiver share with you what (the child) did during the day?

Each child is unique. How, if at all, do you and your present caregiver share ideas for caring for (the child)?

Consensus of goals e.g., discipline

How would you describe the ideal parent-caregiver partnership?

How, if at all, are your suggestions used by (your caregiver)?

How, if at all, do you use your caregiver's suggestions at home?

What, if anything, would you like to see changed as you and (your caregiver) share in the child rearing of (your infant/toddler)?

How, if at all, has your relationship with (your caregiver) changed over time?

Probe for examples which led to change.

What, if at all, has the impact of those changes been on the partnership in the shared child rearing of (your infant/toddler)?

How satisfied are you with your child care arrangement with (your present caregiver)?

What times during the summer will you be available for follow-up contacts?

APPENDIX E  
INITIAL LETTER TO RESPONDENTS

Dear Parent,

I am a graduate student in the Human Development and Family Studies Department at Iowa State University working on a master's thesis on parent-caregiver relations. I will be conducting interviews with parents and family child care home providers in order to learn about partnerships that people form as they share in the child rearing of young children. Your name has been recommended to me as a possible participant.

The individual interviews I will be conducting will be 1 to 1 1/2 hours in length and will be audio-taped for further analysis. They can be conducted at Iowa State University or in your home, whichever you prefer. They will be scheduled at your convenience. After all the interviews have been conducted, I will be contacting the participants a second time in order to gain their reaction to the conclusions I have drawn regarding successful parent-caregiver partnerships. Participants may be asked if they'd be willing to join other respondents in a group for the purpose of giving me feedback on my data analysis. At the time of the in-depth interview they will be asked when they would be available for follow-up contacts. Participation in the study is voluntary and you would be free to withdraw at anytime without prejudice.

All interview transcripts and the data obtained from them will be coded by numbers to ensure confidentiality. Audio tapes will be erased at the end of the study.

I will be contacting you by phone sometime in the near future to answer any questions you may have about participation in the study. The interviews are designed to be enjoyable and interesting. They will provide parents and caregivers the opportunity to contribute to the understanding of successful parent-caregiver partnerships. I look forward to speaking with you about the possibility of participating in the study.

Yours truly,

Sarah Hogan  
Department of Human Development and Family Studies  
101 Child Development Building  
294-3040  
432-2545 (evenings/weekends)

Susan McBride, Ph.D.  
Department of Human Development and Family Studies

APPENDIX F  
INFORMED CONSENT LETTER

INFORMED CONSENT

Sarah Hogan  
Iowa State University

TITLE: A Qualitative Study of Parent-Caregiver Relations in Family Child Care

PURPOSE: The purpose of this study is to identify components of satisfactory parent-caregiver relations and successful collaboration on behalf of the child in family child care. This study will examine satisfactory partnerships from the perspective of both the parent and the caregiver. It is being conducted as a master's thesis project.

PROCEDURE: In-depth interviews will be conducted with at least six family child care home providers and six parents. The interviews will be 1 to 1 1/2 hours in length and will be audio-taped for further analysis. After all the in-depth interviews have been conducted, respondents may be asked to participate in a focus group discussion with other participants to discuss the researcher's initial findings. Or they may be asked to comment on the findings within the context of a telephone interview. Respondents will be asked at the time of the in-depth interview when they will be available for follow-up contacts.

RISK: Participation in the study will be voluntary. The nature of the interviews are intended to be enjoyable and interesting. Any concerns of the participants regarding the procedure will be discussed fully.

BENEFITS: The benefits for parents and caregivers include the satisfaction of contributing to an understanding of successful parent-caregiver partnerships.

CONFIDENTIALITY: Every effort will be made to ensure the confidentiality of the participants. Code numbers will be used to identify all questionnaires and interview transcripts. Matching lists of names and code numbers will be locked in a file until December, 1992, when they will be destroyed.

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I understand what my participation in the study will entail. I also understand that my participation is voluntary and that I may withdraw at anytime without prejudice.

(Name) \_\_\_\_\_ (Date) \_\_\_\_\_

(Witness) \_\_\_\_\_



APPENDIX G  
CAREGIVER QUESTIONNAIRE



6. Have you received any certifications or accreditations as a family child care home provider such as the Child Development Associate (CDA)?

\_\_\_ Yes. Please name

---

\_\_\_ No.

7. Are you a member of any professional organizations or child care resource and referral groups?

\_\_\_ yes      \_\_\_ no

Please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. What, if any, training or formalized networking sessions have you attended in the past year?

Please list:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

9. Do you view your work in child care as:

\_\_\_ temporary

\_\_\_ career

If temporary, what are your future plans?

---

10. Number of hours per week you spend caring for

other families' children \_\_\_\_\_

11. Length of time working with young children  
(ages 0-5)  
\_\_\_\_\_ (months/years)
12. Length of time working with infants/toddlers  
(ages 0-3)  
\_\_\_\_\_ (months/years)
13. Length of time as a family child care home provider  
\_\_\_\_\_ (months/years)
14. Number of infants/toddlers you are currently caring  
for other than your own children \_\_\_\_\_
15. Would you describe yourself as: (Check one)
- |                           |                     |
|---------------------------|---------------------|
| ___ Black (Afro-American) | ___ Native American |
| ___ Hispanic              | ___ White/Caucasian |
| ___ Asian                 | ___ Other           |

APPENDIX H  
PARENT QUESTIONNAIRE

Parent ID# \_\_\_\_\_

Parent-Caregiver Relations  
Sarah Hogan

Parent Questionnaire

The following questions will let me describe the participants in the study.

1. Mother's age \_\_\_\_\_ Father's age \_\_\_\_\_

2. What is your marital status? Check one:

\_\_\_\_\_ single \_\_\_\_\_ married or living with partner

\_\_\_\_\_ widowed \_\_\_\_\_ divorced or separated

3. What is the highest level of school that you have completed? Check one:

Mother

Father

\_\_\_\_\_ partial high school \_\_\_\_\_ partial high school

\_\_\_\_\_ high school diploma or GED \_\_\_\_\_ high school diploma or GED

\_\_\_\_\_ some college or specialized training \_\_\_\_\_ some college or specialized training

\_\_\_\_\_ college or university graduation \_\_\_\_\_ college or university graduation

\_\_\_\_\_ graduate professional training (graduate degree) \_\_\_\_\_ graduate professional training (graduate degree)

4. Mother's occupation

\_\_\_\_\_ Father's occupation

\_\_\_\_\_

5. Please give a general estimate of your family's total income from all sources. Please check one:

<input type="checkbox"/> \$ 5,000-10,000	<input type="checkbox"/> \$31,000-40,000
<input type="checkbox"/> \$11,000-15,000	<input type="checkbox"/> \$41,000-50,000
<input type="checkbox"/> \$16,000-20,000	<input type="checkbox"/> \$51,000-74,000
<input type="checkbox"/> \$21,000-30,000	<input type="checkbox"/> Above \$75,000

6. Would you describe yourself as:

<input type="checkbox"/> Black (Afro-American)	<input type="checkbox"/> Native American
<input type="checkbox"/> Hispanic	<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> Asian	<input type="checkbox"/> Other

7. Your infant or toddler's birth date \_\_\_\_\_  
(mo/day/yr)

Sex  Female  Male

Number of brothers and sisters  brothers  sisters

Have any of your other children also been cared for by your current family child care home provider?

Yes  No

8. How long has your infant or toddler been in care with your present family child care home provider?

\_\_\_\_\_ (months/years)

Have you used any other child care arrangements for your infant or toddler?

yes  no

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

If you have other children, have you used any other arrangements for their care and education?

\_\_\_\_ yes      \_\_\_\_ no

If yes, please explain \_\_\_\_\_



APPENDIX I

LETTER TO RESPONDENTS DURING THE MEMBER CHECK

March 30, 1992

Sarah Hogan  
51574 Green Island Rd.  
Green Island, Iowa 52064-9402  
(319) 682-7848

(Respondent's address)

Dear Respondent,

Attached you will find an explanation of some of the findings from my thesis interviews which you participated in. I need your assistance once again. Will you please read over the ideas presented and think about whether your experiences would confirm or disconfirm the conclusions I have drawn. As agreed during our recent telephone conversation, I will be calling you on Sunday, April 5th at 5:00 to get your reaction.

Thank you so much for all your assistance.

Sincerely,

Sarah Hogan

During the interviews I held with caregivers, I learned that during the initial contacts with a family they assess whether or not they would be interested in serving that family. I propose that within the context of family child care, setting up a child care arrangement may be described using a metaphor comparing the process to dating. Both parties, parents and caregivers, use the process to find out whether they would like to enter into a child care arrangement with each other. This is unlike selecting center care in which the parents, as consumers, have the opportunity to select from all spaces available. Both parties assess whether or not the other adult shows adequate concern for the child's well being and provides the things needed for optimal child development. In addition, respondents mentioned other things that lead to a satisfactory parent-caregiver relationship. These are listed below:

- >Both parent and caregiver respect the child rearing decisions made by the other adult and will back each other up so there is some continuity for the child. One caregiver said that she tries to find out what child rearing approaches the parent wants to use and they in turn honor her wishes. There is mutual trust between adults. The adults are honest with each other. One respondent said that teamwork leads to a satisfactory relationship. One parent spoke of the importance of having the freedom to make choices in how her children are cared for during the day.
- >The two adults share similar child rearing philosophies and values.
- >Parents show appreciation to the caregiver for what she does for their child.
- >The adults are caring toward each other. For example, they are understanding when the other adult has a bad day. The adults give positive comments to one another.
- >The caregiver displays some pride in her ability to offer quality child care to the families (s)he serves. Parents feel secure when they know that the caregiver seeks training in her field.
- >Parents and caregivers find time to talk to one another often. The adults know they can call on one another at any time if they have a concern about the child. They can communicate about the child without laying any blame on each other.

Please comment on whether your experiences would confirm my findings regarding what leads to a satisfactory relationship between parents and caregivers. Also, would you agree that the dating metaphor can be used in describing the process of setting up and maintaining child care arrangements in a family child care home setting?

Respondents shared with me things which led to their dissatisfaction with a child care arrangement they had made or factors which entered into their decision not to set up a child care arrangement with another party in the first place. Once again, concern for the child was key. Other factors leading to dissatisfaction with the parent-caregiver partnership are:

- >There is dissatisfaction due to the amount of payment or the quality of services offered. Two parents commented that their money is good and that they expect their child to receive proper attention and supervision. Four caregivers reported feeling "used" by parents such as in the case when parents want more hours of service without having to pay more.
- >The two adults have nothing in common or have incompatible personalities. The other adult is distant and difficult to approach. It is not clear whether the other adult is satisfied with the relationship.
- >Parents get defensive when the caregiver approaches them to discuss the negative behavior of the child. Comments about the child are taken personally.
- >The caregiver's isolation from other adults during the day impacts on her/his ability to be cheerful with families.

Please comment on whether you have found that these factors do lead to dissatisfaction within a parent-caregiver relationship.

In my own experience as a parent and a caregiver, I found that a lot of the "neighboring" I do is with the people I see everyday through the child care arrangements I've been a part of. During the course of the interviews I found that there is the potential for close friendships to develop, that a wide variety of topics is discussed between adults beyond what the child did that day, and that at times things are exchanged such as plates of baked goods and invitations to "buying parties". Please comment on whether or not in your experience you feel it is true that there is a neighboring component within the parent-caregiver relationships you have had.

Both caregivers and parents talked about balancing work and family. I propose that when parties meet each other halfway that this leads to more successful parent-caregiver relationships. Examples that emerged from my interviews included a parent trying to leave work early the day her caregiver had a picnic to attend with her family and a caregiver who offered extra hours of care during the time a parent had to study for a test. Please comment on whether your own experiences would confirm or disconfirm this notion.

From the interviews I conducted I have begun to see different types of parent-caregiver relationships emerging. Below are the types of relationships I found. This is not meant to be a complete listing but only a beginning for others to build upon. (Note: All the relationships studied involved female caregivers.)

**The substitute mother relationship** - The caregiver recognizes that parents do not have much time to spend with their children. Forming close relationships with the children is important to the caregiver. The caregiver feels she knows the kids better than the parents do and can get them to behave when the parents can't. She gives the children what they can't get at home.

**The social circle relationship** - The caregiver and all the parents she serves participate in family social events such as pizza parties and picnics.

**The expert relationship** - The caregiver takes great pride in the knowledge she has on topics such as child development, child health and nutrition. She takes the lead in the parent-caregiver relationship and sees herself as a mentor to the parents. The caregiver sees herself as an advocate for the child.

**The family nurturer relationship** - The caregiver views her role as supporting both the child and the parent. The caregiver serves as a resource to parents when they seek her advice but is careful to leave many child rearing decisions up to the parent. The family nurturer is sensitive to the parents' need to have confidence in their abilities to parent. She will seek input from the parents.

**The business relationship** - While the adults are very cordial with each other, the relationship is seen simply as an exchange of service for payment. The caregiver takes pride in offering quality services to the family.

**The friendship relationship** - The two adults spend time with each other outside the child care arrangement. They may have been friends before the child care arrangement began. Ties between the two families are close.

What is your reaction to the typology offered above? How would you characterize the parent-caregiver relationships you've had? Which type of relationship works best for you?

In addition to the ideas presented above I have formulated a list of recommendations for parents, caregivers and policy makers based on the information respondents gave me in the interviews. Would you be interested in having these recommendations mailed to you?

APPENDIX J  
AN EXAMPLE OF MEMBER CHECKS RESULTS

The following section contains examples of comments made by the respondents during the telephone interviews. The data listed below indicate the respondents reactions to the data analysis work done by the researcher. Parents and caregivers were asked to comment on a list of factors leading to satisfactory parent-caregiver relationships and also a list of factors leading to dissatisfaction with the child care arrangement. Some of the respondents made general comments about the entire listings. Others commented on the factors most salient to them. Some commented on all the factors. However, the researcher sought comments from all respondents on the metaphor comparing setting up the child care arrangement to dating and on the metaphor comparing interactions between parents and caregivers to neighboring. In addition, all respondents were asked about balancing work and family and for their reaction to the typology listing various parent-caregiver relationships. Included in this appendix as an example are the comments respondents made regarding the neighboring metaphor.



### Description of the Neighboring Metaphor

The interviews revealed that there is the potential for close friendships to develop between parents and caregivers, that a wide variety of topics is discussed beyond what the child did that day, and that at times things are exchanged such as plates of baked goods and invitations to "buying parties". The researcher's own experience as a parent and a caregiver have been that a lot of the "neighboring" she's done has been within the child care arrangements she has been a part of. Respondents were asked to comment on whether or not in their experience they felt that it was true that there is a neighboring component within the parent-caregiver relationships they have had.

### Member Check Results for the Neighboring Metaphor

There was a widespread agreement from the respondents regarding the notion that parent-caregiver relationships contain a neighboring component. C1 said that she is enough older than the parents she serves so that she does not really have that much contact outside of the child care arrangement with the parents. However, it is not uncommon for her to attend a child's birthday party in the family's home.

C2 said that she would count most of the parents she serves as her friends. Her daughter does a lot of babysitting for the families. She has been in most of their homes.

C3 shared that when one of the adults is ill, the other adult will take over meals or pots of soup and offer to watch the kids. She does go to Tupperware parties at parents' homes.

C4 spoke of events centered around the children, for example, taking turns having the children over for overnights. She cautioned against getting too close to the parents. She compared caring for the children of a close friend to doing business with family.

C5 told of a mother who had recently had something that was bothering her and stayed longer one night because she needed someone to talk to and have a good cry. C5 also spoke of a family she no longer serves but continues to remain in close contact with.

C6 commented that she has friendships with the mothers like those friendships she had with girlfriends she went to school with. She went on to joke that the parents of the kids she cares for are the only people a caregiver gets to see.

P1 felt that if the caregiver has children the same age as the parent, this increases the chances for neighboring to occur.

P2 felt that there had to be a neighboring component for a good parent-caregiver relationship.

P3 outlined a process that parent-caregiver relationships can go through. The relationship begins as a professional relationship then moves to a neighboring relationship. Then perhaps the relationship becomes a friendship. With her first caregiver, she attended the confirmations and weddings of the caregiver's family members. She also commented that when you go to the caregiver's home to nurse a baby, as she did with all three of her sons, you can become very close to the caregiver due to the additional time spent in the home.

P4 said the amount of time devoted to neighboring depends on how busy the parent is with work and family commitments.

P5 said she did not know her caregiver before the child care arrangement. She and her caregiver do arrange to spend time together. She said that during her maternity leave she would arrange to meet the

caregiver in the park with all the kids. Also the two couples have gone out together.

P6 commented that she has had nice rapport with the her son's caregivers.

AUTHOR NOTES

This study received approval from the University Human Subjects Review Committee on April 1, 1991.

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Additional case studies and member check results may be obtained upon request from Sarah Hogan, 51574 Green Island Rd., Green Island, Iowa, 52064-9402