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Parental Child Care Selection Criteria and Program Quality in Metropolitan and Nonmetropolitan Communities

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This study compared the child care selection criteria valued by metropolitan and nonmetropolitan mothers and fathers and the relations between these selection criteria and the quality of the child care in which their children were enrolled. Parents indicated the importance of a set of child care selection criteria, and trained observers assessed the quality of their children's child care environments. Metropolitan families gave more weight to daily programming and less weight to friends' recommendations than did nonmetropolitan families; metropolitan and nonmetropolitan parents did not differ in the importance they accorded health and safety practices, practical considerations, and provider warmth. Both groups of parents were similar in the rank-ordering of child care selection criteria, from provider warmth as most important to friends' recommendations as the least important. Finally, significant correlations between child care selection criteria and the independently observed quality of the programs indicated that valuing of daily programming was associated with higher quality and valuing of friends' recommendations was associated with lower quality of care.

Over the past decade there has been growing concern about parents' judgments regarding the quality of the child care provided their young children. Parents' ratings of child-care satisfaction are routinely high with little variability (Cryer & Burchinal, 1997; Hofferth, 1992, Thornburg, Mathews, Espinosa, & Ispa, 1997). Given the fact that much of American child care is below acceptable standards (Galinsky, Howes, Kontos, & Shinn, 1994; Cost, Quality, and Outcomes Study Team, 1995), it has been speculated that parents either do not know how to judge child care quality (Kisker & Maynard, 1991; Walker, 1991) or cannot admit to themselves that their children are receiving less than satisfactory care (Cryer & Burchinal, 1997; Hofferth, 1992).

In a recent evaluation of 400 centers in four states, investigators compared parents' and trained observers' evaluations of the quality of the child care settings the parents used for their children. As expected, parents' ratings were significantly more positive than those of trained observers. Even more worrisome was the finding that discrepancies between parents' and trained observers' evaluations were greatest regarding the aspects of child care parents claimed to value most (Cryer & Burchinal, 1997; Cost, Quality, and Outcomes Study Team, 1995).

What do parents want in child care? While some research suggests that parents give factors such as cost, reliability, and convenience high priority (e.g., Atkinson, 1987; Endsley, Bradbard, & Readdick, 1984; Johansen, Leibowitz, & Waite, 1996; Kisker & Maynard, 1991), these and other studies indicate that while parents are mindful of cost and convenience, quality of care is also an important consideration. Over 70% of the mothers and fathers in Atkinson's study thought it very important that they and their provider have similar values and that the provider shows sensitivity to children's needs. Parents responding to the National Day Care Survey 1990 (Hofferth, Brayfield, Deich, & Holcomb, 1991) saw provider warmth as the most important aspect of quality care; parents responding to a survey from the Families and Work Institute (Galinsky et al., 1994) ranked attention to children's health, cleanliness, provider attentiveness, and provider warmth as first, third, fourth and fifth in importance out of 19 choices. Parents participating in the Cost, Quality, and Child Outcomes study valued the aspects of care related to health, safety, and social interaction more highly than the aspects related to the curriculum or to adult needs (Cryer & Burchinal, 1997). Johansen et al. (1996) found that attention to the educational aspects of care for children aged 3 and older rose with parental educational level, and Cryer and Burchinal (1997) found that more educated parents were more critical of their preschool-aged children's centers than were parents with less education.

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However, as Larner (1994, p. 32) has commented, "parents are not all looking for the same thing when they set out to arrange child care," and what parents view as "educational" is influenced by their overall childrearing values. For example, parents in low-income families are more likely to desire didactic teaching of academic skills than are middle-income parents (Bredekamp & Willer, 1993; Holloway, Rambaud, Fuller, & Eggers-Pierola, 1995).

There may also be intra-familial differences. As observed by Larner and Phillips (1994), most studies on parents' perceptions are actually about *mothers'* perceptions (since all or most of the respondents are mothers). Yet research comparing the childrearing behaviors and attitudes of mothers and fathers indicate some important differences between them in their types and levels of playfulness and in their views regarding childrearing goals, spoiling, and discipline. Compared to mothers, fathers tend to adopt more physically vigorous play styles (Lamb & Oppenheim, 1989), emphasize intellectual development more and social development less (Coleman, Ganong, Clark, & Madsen, 1989), be more concerned about spoiling (Coe, Thornburg, & Ispa, 1996), and feel less responsible for child care (Atkinson, 1987). It follows that there may also be differences in their standards regarding child care. In the one study comparing middle- and upper-middle class mothers' and fathers' rank orderings of the importance of family child care provider qualifications and program goals, Atkinson (1987) found no gender differences. Hers was a small study (24 fathers and 39 mothers), however, and intrafamily analyses were not made (some the mothers and fathers in her sample were married to one another and some were not). Research using larger samples and examining differences within married couples is needed.

Comparisons between metropolitan and nonmetropolitan parents are also needed. The literature on child care choice focuses primarily on the selection criteria of mothers in metropolitan communities. It should not be assumed that these data apply equally well to the choices of nonmetropolitan parents. For one, nonmetropolitan families differ from metropolitan families in their childrearing emphases. Coleman et al. (1989) found that rural parents were more likely to emphasize emotional and intellectual development, whereas urban parents were more likely to emphasize social development. Similarly, Johansen et al. (1996) reported that urban mothers accord less importance to the educational aspects of care for children aged 3 and older than do rural mothers. Coleman et al. (1989) suggested that rural parents may take social development for granted since close kin and old friends are readily available; urban parents may be more likely to perceive a need to foster their children's social development so that they can learn how to meet new people and make new friendships in the more fluid atmosphere of a city.

In addition, in nonmetropolitan areas, families have less access to licensed center-based child care, child care providers have fewer opportunities for job-related training, and providers charge lower fees than in metropolitan areas (Atkinson, 1994; Beach, 1997; Willer et al., 1991). The importance of these last two variables is indicated by research showing that child care quality is clearly linked to provider training in child development or early childhood education, and to provider income (Phillipsen, Burchinal, Howes, & Cryer, 1997).

Since nonmetropolitan parents live in more tight-knit communities than metropolitan parents and place more value on family and community interaction (Imig, 1983), it also would seem that they might prefer to choose a child care provider with whom they or their friends or relatives have had prior positive contacts. However, Atkinson (1994) found urban and rural mothers to be equally likely to report that they had chosen a child care provider either previously known to them or referred by a friend or relative, and rural parents in the study by Johansen et al. (1996) actually cared less than urban mothers that their children know their providers before they entered their care. These researchers speculated that prior familiarity with the caregiver may have been ranked low in importance by rural mothers because it can be taken for granted in small communities. Further investigation of this issue would be useful. Other findings from this study were that rural and urban mothers did not differ in their ratings of the importance of cost and convenience, and that both groups accorded little importance to the educational attributes of care for children under the age of 3.

Parents' ideas about child care quality are important because they influence not only their personal child care choices but also because of their far-reaching implications for the quality of child care at the community level and beyond. Advocates for higher quality in child care have noted that child care in this country will improve only when consumer demand requires it (Cost, Quality, and Outcomes Study Team, 1995; Stipek, Rosenblatt, & DiRocco, 1994). If, in fact, parents are poorly informed as to what constitutes child care quality, then educational efforts aimed at parents are in order.

Clearly, additional research is needed to identify and compare mothers' and fathers' and metropolitan and nonmetropolitan parents' child care preferences. Whether parents' values are reflected in the actual child care arrangements they select for their preschool-aged children also needs to be determined. The current investigation was planned with these issues in mind. Our first set of analyses identified the child care priorities of parents and compared the priorities of metropolitan and nonmetropolitan mothers and fathers. Our second set of analyses examined relations between parents' stated child care quality priorities

and the quality of their children's child care settings as rated by trained observers.

Method

Participants

Prior to the beginning of data collection, a University of Missouri demographer was asked to identify metropolitan and nonmetropolitan communities in the state that are representative of all Missouri communities. Following her recommendations, four metropolitan communities, each with a population of over 15,000, and 13 nonmetropolitan communities, each with populations of 1,500 to 12,000, were chosen as locations for the present study.

The sample of child care settings was obtained by contacting licensed center directors, licensed home providers, and unlicensed providers. The names of the licensed facilities were drawn from a list compiled by the state licensing unit; the names of unlicensed providers were obtained in word-of-mouth fashion since no listing of them exists. Providers and directors were asked by telephone if they would consent to have a research assistant observe in their settings for 2 to 3 hours, and if they would be willing to invite parents of children in their care to participate in the study. Those who agreed (93%) received information about the project and letters of consent to distribute to parents. A total of 31 metropolitan and 19 nonmetropolitan child care classrooms and homes were involved in the study. The metropolitan settings included 24 child care center classrooms and 7 child care homes; the nonmetropolitan settings included 7 child care center classrooms and 12 child care homes. Six of the metropolitan center classrooms served infants and toddlers; the other center classrooms served preschool-aged children.

To be included in the study, parents had to be married, dually employed (each at least 35 hours per week), and have children between the ages of 6 months and 5 years. The children had to have been in nonrelative care at least 25 hours per week and for a minimum of 3 months. Initially, 140 married couples consented to participate in the research, a response rate of 56.5%. However, due to missing data, 13 were dropped, leaving a final sample of 127 couples. Fifty-eight lived in metropolitan communities and 69 lived in nonmetropolitan communities.

Hollingshead's (1975) Four-Factor Index of Social Status was used to determine family socioeconomic status (SES). This scale rates families (husband and wife together) by educational level and occupation. Higher scores indicate higher SES (scale range is 1-5). The metropolitan families obtained significantly higher scores than the nonmetropolitan families, $F(1, 122) = 14.90$, $p < .001$, (M metropolitan = 4.4, SD = .72; M nonmetropolitan = 3.8, SD = .93). The metropolitan families had an average of 1.68 children (SD = .90, range = 1 - 6); target children averaged 37.2 months in age. The nonmetropolitan families averaged 1.97 children (SD = 32.4; range = 1 - 6); target children averaged 32.4 months in age. A t-test indicated that the age difference between metropolitan and nonmetropolitan children was not significant. Metropolitan and nonmetropolitan families paid an average of $83.34 ($SD$ = 7.3) and $44.11 ($SD$ = 8.0), respectively, per week for child care.

Instruments

Parents who agreed to participate were mailed a form asking for demographic information, the Child Care Selection Questionnaire, and a self-addressed stamped envelope. For each family, within 2 weeks of receipt of the completed questionnaires, the quality of the child care setting in which the target child was enrolled was rated by one of four trained observers.

The child care selection questionnaire. The Child Care Selection Questionnaire is an adaptation of a similar questionnaire developed by Farquhar (1991). This Likert-scale instrument requires parents to "think back to when you selected your child care" and to rate on a scale of 1 to 5 the importance to them at that time of 21 potential child care selection criteria. After completing the ratings, parents look at the list again and circle the three criteria they view as "most important." These three receive scores of 6.

Selection criteria that were judged to be conceptually related were grouped into subscales and Cronbach's alpha coefficients were computed to determine internal consistency. Four of the 21 items were eliminated because they did not fit reliably into any of the subscales and were not of sufficient interest to be used alone.

The health and safety subscale (3 items; $\alpha = .57$ and .77 for mothers and fathers, respectively) assesses the importance parents accorded to the protection of children's health and safety when they were choosing a child care arrangement (sample item: "How important was it when you selected child care that sanitary areas existed for eating and changing diapers?"). The practical considerations subscale (3 items; $\alpha = .73$ and .67 for mothers and fathers, respectively) measured the importance parents assigned to finding child care that met their work and family demands (sample item: "How important was it when you selected child care that the hours of operation fit your schedule?"). The daily program subscale assessed the importance parents gave to developmentally appropriate practice in child care. This subscale has 5 items for mothers ($\alpha = .63$; sample item: "How important was it when you selected child care that the provider was well trained?") and 4 items for fathers ($\alpha = .67$; sample item: "How important was it when you selected child care that age-appropriate activities and toys would be available?"). This is the only subscale that

does not have identical items for mothers and fathers; the only difference between the two is that the subscale for mothers includes the above-quoted item about caregiver training, but the one for fathers does not.

Two one-item subscales were also used. The friends subscale assesses the value parents gave to having a friend's recommendation for the child care setting. The warmth subscale measured the importance parents gave to feeling that their children would be "loved and cared for." These items did not fall into any of the several-item subscales but were retained because the literature suggests that they reflect considerations that are important to many parents.

Child care environmental rating scales. Trained observers used one of three standard observation instruments to assess the quality of care provided in each target child's classroom or child care home. The choice of instrument depended on the type of child care and the ages of the children. Preschool classrooms were assessed via the Early Childhood Environment Rating Scale (ECERS) (Harms & Clifford, 1980), infant and toddler classrooms were assessed via the Infant-Toddler Environment Rating Scale (ITERS) (Harms, Cryer, & Clifford, 1990), and family child care homes were assessed via the Family Day Care Rating Scale (FDCRS) (Harms & Clifford, 1989). The ITERS, FDCRS, and ECERS were all developed by the same research team to examine the developmental appropriateness of child care practices. The three instruments all assess aspects of basic care routines and conditions related to the social, cognitive, and motor development of young children. All use the same scoring system. The items within each subscale are rated from 1 to 7, with 1 representing inadequate quality, 3 minimal quality, 5 good quality, and 7 excellent quality of care. Item ratings in each subscale are averaged to form the subscale score. The scale authors report alpha coefficients ranging from .83 to .93 for FDCRS subscales (Harms & Clifford, 1989) and .44 to .81 for ECERS subscales (1980). The ITERS manual reports that Cronbach's alpha for the overall score was .83; subscale alphas are not reported. Previous work showing strong correlations among the subscales has indicated that it is appropriate to use scores from the three instruments together in one analysis (Cassidy, Buell, Pugh-Hoese, & Russell, 1995; Scarr, Eisenberg, & Deater-Dechard, 1994).

The subscale names and brief descriptions of their content as follows. The personal care routines of children subscales (7-9 items) assess health- and safety-promoting practices associated with meals, naps, diapering/toileting, and personal grooming. The furnishings and display for children subscales (5-6 items) assess the availability, arrangement, and maintenance of furniture and equipment needed for children's personal care, comfort, and learning. The language-reasoning experiences subscales (FDCRS and ECERS only, 2-4 items) measure the provision of materials and experiences that promote communication and logical thinking. The learning activities subscales (ITERS and FDCRS only, 8-9 items) focus on the provision of activities that promote eye-hand coordination and creativity. The fine and gross motor activities subscale (ECERS only, 6 items) focuses on activities that foster perceptual and motor development. The creative activities subscale (ECERS only, 7 items) assesses the encouragement of flexible, open-ended activity. The social development subscale of the ECERS and FDCRS (3-6 items) and the interaction subscale of the ITERS (3 items) concentrate on interactions that support children's self-esteem and prosocial behavior.

Before the start of actual data collection, the four observers practiced using the child care quality evaluation instruments in centers and homes that were not involved in the present study. Interrater reliabilities for the various dyads ranged from .85 to .96 before data collection began.

Results

Three sets of analyses were performed. The purpose of the first set was to determine if there were differences in child care selection criteria based on parent gender (mothers as compared to fathers), location of residence (metropolitan as compared to nonmetropolitan), or the interaction of parent gender and location. The purpose of the second set of analyses was to investigate the ordering of the child care selection criteria— which criteria were viewed as most important, which were viewed as second in importance, and so on. The final set of analyses was conducted to investigate relations between parents' child care selection criteria and the care their children were actually receiving as rated by trained observers. That is, did parents' selection criteria in fact match the conditions of the care arrangements they had made for their children?

Comparing the Selection Criteria of Mothers and Fathers and of Metropolitan and Nonmetropolitan Parents

In order to determine which statistical procedures should be used to test for differences between mothers and fathers and for differences between metropolitan and nonmetropolitan parents, preliminary analyses were conducted to identify intercorrelations among parents' ratings on the five selection criteria, correlations between spouses' criteria, and correlations between family SES and the selection criteria. Intercorrelations among mothers' selection criteria ratings indicated one significant relation: the importance accorded daily programming was significantly correlated with the importance accorded practical considerations ($r = .22, p < .01$). Likewise, there was only one significant correlation among fathers' importance ratings: between their ratings of the importance of practical considerations and their ratings of the importance of considering friends' rec-

Table 1
Means and Standard Deviations (in parentheses) for Metropolitan and Nonmetropolitan Mothers' and Fathers' Child Care Selection Criteria Ratings

	Metropolitan (N = 58)			Nonmetropolitan (N = 69)		
	Mothers	Fathers	Couples	Mothers	Fathers	Couples
Criteria Health & Safety	4.97 (.37)	4.74 (.57)	4.87 (.35)	4.99 (.44)	4.89 (.64)	4.94 (.46)
Practical considerations	3.80 (.88)	3.71 (.84)	3.78 (.61)	3.78 (.94)	3.78 (.77)	3.78 (.70)
Daily programming	4.60 (.50)	4.54 (.56)	4.58 (.40)	4.48 (.60)	4.28 (.63)	4.37 (.51)
Friends' recommendations	2.37 (1.00)	2.15 (.99)	2.24 (.85)	3.13 (1.12)	2.69 (1.10)	2.89 (.86)
Provider warmth	5.88 (.38)	5.45 (.78)	5.66 (.48)	5.84 (.41)	5.51 (.79)	5.67 (.46)

ommendations (r = .24, p <.01). Given the number of correlations performed, it is likely that the two that were significant emerged by chance. These results indicated the appropriateness of univariate ANOVAs rather than MANOVAs for the analyses investigating effects of parent gender (mothers versus fathers) and location of residence (metropolitan versus nonmetropolitan) on parents' child care selection criteria ratings. In order to reduce the probability of Type 1 error, the Bonferroni correction was used to reset the alpha level for rejection of the null hypothesis from .05 to .01 (.05/5 = .01).

Correlations between husbands' and wives' scores were significant on all five selection criteria (for health and safety, r = .33 , p < .001; for practical considerations, r = .18 , p < .05; for daily programming, r = .32 , p < .001; for friends' recommendations, r = .35 , p < .001; and for provider warmth, r = .29, p < .001). The ANOVAs comparing mothers' and fathers' selection criteria therefore incorporated a repeated measures design. The decision to treat husband-wife comparisons with within-subjects procedures is supported by previous work in family research (e.g., Ball, McKenry, & Price-Bonham, 1983).

There was a negative relation between the importance fathers assigned to friends' recommendations and SES (r = -.30 , p < .001), and a positive relation between the importance mothers assigned to provider warmth and SES (r = .22 , p = .01). These results, coupled with the finding reported earlier that metropolitan families in the present sample had higher SES scores than nonmetropolitan families, led to a decision to use family SES as a covariate in subsequent analyses comparing metropolitan and nonmetropolitan families.

The five 2 (gender of parent) x 2 (location) repeated measures ANCOVAs, with gender of parent as a within family factor and family social class as the covariate, indicated that there were no main effects of parent gender but significant main effects of location on two of the selection criteria. Specifically, compared to metropolitan parents, nonmetropolitan parents assigned lower value to daily programming, $F(1, 115) = 8.79$, $p < .01$, and higher value to friends' recommendations, $F(1, 114) = 12.80$, $p < .001$. There were no significant interactions between parent gender and location. See Table 1 for the means and standard deviations of the child care selection criteria ratings of the metropolitan and nonmetropolitan mothers and fathers.

Examination of the Ordering of Parents' Selection Criteria

The purpose of the next set of analyses was to determine if there were significant differences among the selection criteria in the importance ratings parents gave them. In other words, we wanted to know if parents viewed some criteria as more important than others and, if so, what was the ranking? The previous results suggested that these analyses should be conducted separately for the metropolitan and nonmetropolitan parents. Given the positive correlations between husbands' and wives' ratings, as well as the lack of significant differences between them, husbands' and wives' ratings were averaged to create parent scores for

Table 2
Means and Standard Deviations for Trained Observers' Ratings of the Quality of Metropolitan and Nonmetropolitan Child Care Settings

	Metropolitan		Nonmetropolitan	
	M	*SD*	*M*	*SD*
Infant-Toddler Center Care				
Personal care routines	5.65	1.74		
Furnishings & display	5.43	1.82		
Cognitive/motor activities	4.28	1.67		
Social development	5.83	1.81		
Overall quality	5.29	1.73		
Early Childhood Center Care				
Personal care routines	5.61	1.32	4.11	1.26
Furnishings & display	5.14	1.35	3.14	.91
Cognitive/motor activities	5.17	1.41	3.72	.92
Social development	4.31	1.81	3.02	1.13
Overall quality	5.13	1.31	3.65	.99
Family Child Care Homes				
Personal care routines	6.18	.62	3.75	1.08
Furnishings & display	4.82	.73	3.01	.89
Cognitive/motor activities	4.99	1.04	2.93	.81
Social development	5.57	.90	3.36	.73
Overall quality	5.33	.95	3.41	.75

these repeated-measures ANOVAs. The results showed significant differences among the selection criteria in both the metropolitan and the nonmetropolitan samples, $F(4, 52) = 196.37$, $p < .0001$, and $F(4, 57) = 145.78$, $p < .0001$, respectively. Follow-up contrasts indicated that both metropolitan and nonmetropolitan parents reliably distinguished each criterion from every other criterion ($p < .0001$ for each contrast). Moreover, the ordering of the criteria was identical for the metropolitan and nonmetropolitan parents: provider warmth was rated as most important, health and safety as second, daily programming as third, practical considerations as fourth, and friends' recommendations as fifth in importance. Table 1 shows the mean selection criteria ratings for the metropolitan and nonmetropolitan couples.

Comparing Parents' Selection Criteria with Trained Observers' Assessments of the Quality of the Care Received by the Parents' Children

Our final analyses examined relations between parents' importance ratings and trained observers' ratings of the quality of the child care programs the parents' children attended. For each family, five scores were computed from the ITERS, ECERS, or FDCRS: a score for personal care routines; a score for furnishings and display; a score for cognitive and motor activities (created by using the learning activities score from the ITERS or FDCRS, or the average of the scores on the language-reasoning experiences, fine and gross motor activities, and creative activities subscales of the ECERS); a score for social development (created by using the social development score from the ECERS or FDCRS, or the interaction score from the ITERS); and an overall quality score which was the mean of the ITERS, ECERS, or FDCRS subscale scores.

The means and standard deviations of these scores for metropolitan and nonmetropolitan settings are shown in Table 2. Two one-way MANOVAs, one for the metropolitan sample and one for the nonmetropolitan sample, indicated that differences among child care types were not significant in either location. Additionally, a 2 (location) x 2 (child care type) MANOVA with the four subscale scores as the dependent variables showed no significant effects of

Table 3
Correlations Between Metropolitan Parents' Child Care Selection Criteria Ratings and Scores for the Observed Quality of the Child Care Settings Attended by their Children

	Parents' Child Care Selection Criteria				
ECERS, ITERS, FDCRS Scales	Health & Safety	Practical Considerations	Daily Program	Friends' Recommendations	Provider Warmth
Personal care routines	-.18	-.26	.02	.02	.15
Furnishings & display	-.09	-.26*	.15	-.16	.07
Cognitive/motor activities	-.19	-.26	.19	-.10	.05
Social development	-.09	-.26	-.08	.07	-.03
Overall quality	-.14	-.28*	.09	-.05	.05

*$p < .05$.
Note. Nonsignificant correlations differ numerically from significant correlations when rounded to the nearest thousandth. The former are marginally significant ($p < .06$).

location, no significant differences between early childhood center classrooms and family child care homes, and no interactions between location and child care type. The same result emerged from a 2 (location) x 2 (child care type) ANOVA on the overall quality scores. Metropolitan infant/toddler classrooms were not included in these analyses because they had no nonmetropolitan counterparts.

Correlations among the five selection criteria and the five observed quality scores were computed separately for the metropolitan parents, the nonmetropolitan parents, and for the total sample. For the metropolitan sample, the importance accorded practical considerations was negatively correlated with all five quality indicators at either significant or near-significant levels. See Table 3 for these correlations. For the nonmetropolitan sample, the only correlation to reach significance indicated a negative relation between the importance to parents of health and safety and trained observers' ratings on the quality of furnishings and display subscale. These correlations are shown in Table 4.

We also ran correlations between parents' selection criteria ratings and the quality ratings for the combined sample of all metropolitan and nonmetropolitan families. Most correlations between the selection criteria ratings and the trained observers' ratings of quality were in the same direction for the metropolitan and nonmetropolitan samples; our purpose in combining the two samples was to increase power by increasing sample size. The increased power resulting from this larger sample size did in fact allow a greater number of correlations to reach significance. As indicated in Table 5, assigning higher importance to the daily program was associated with higher child care quality. According high importance to health and safety and friends' recommendations, on the other hand, predicted lower quality of care. Interestingly, not one of the three sets of correlations showed any significant associations between the importance accorded provider warmth and the observed quality of child care.

Discussion

Our first goal in conducting this study was to identify and compare the criteria metropolitan and nonmetropolitan mothers and fathers use to select child care. Our second goal was to examine relations between parents' criteria and trained observers' ratings of the quality of the child care settings their children actually attend.

The results from our analyses comparing the selection criteria of mothers and fathers suggest agreement within families. Atkinson (1987) likewise found no differences between mothers' and fathers' preferences regarding child care even though she did not use a within-family design. Given other research showing that fathers place more weight on early childhood intellectual development than do mothers, and are more concerned than mothers that children might be spoiled by too much responsiveness (Coe et al., 1996; Coleman et al., 1989), it is interesting that there were no interparental differences even on the daily programming and warmth scales. Apparently, differences between mothers and fathers in childrearing behavior and beliefs do not translate into differences in preferences regarding the child care practices of paid providers.

Table 4
Correlations Between Nonmetropolitan Parents' Child Care Selection Criteria Ratings and Scores for the Observed Quality of the Child Care Settings Attended by their Children

	Parents' Child Care Selection Criteria				
ECERS, ITERS, FDCRS Scales	Health & Safety	Practical Considerations	Daily Program	Friends' Recommendations	Provider Warmth
Personal care routines	-.13	-.12	-.01	-.02	.07
Furnishings & display	-.27*	-.01	.03	-.16	.12
Cognitive/motor activities	-.12	.04	.05	.14	.06
Social development	-.08	-.20	-.17	-.10	-.06
Overall quality	-.15	-.09	-.09	.05	.02

*$p < .05$.

Two differences did emerge between metropolitan and nonmetropolitan parents' selection criteria ratings. Metropolitan parents put higher value on daily programming and lower value on friends' recommendations than did nonmetropolitan families. Perhaps metropolitan families have had more exposure to resource and referral sources explaining the importance for young children of appropriate educational practices. The greater valuing by nonmetropolitan families of friends' recommendations may be due to closer social networks in rural than in urban areas (Imig, 1983; McClelland, 1997; Oxley, Barrera, & Sadalla, 1981). At the same time, differences between metropolitan and nonmetropolitan parents should not be overemphasized. It should be kept in mind that, though statistically significant, the mean differences between them on these scales were small. Moreover, metropolitan and nonmetropolitan parents did not differ in their ratings of the importance of health and safety, practical considerations, and provider warmth, and they did not differ in their ordering of the five selection criteria.

A clear finding was the priority given provider warmth and attentiveness by both metropolitan and nonmetropolitan parents. The extent to which parents valued provider warmth was underscored by the fact that the mean rating for this item was greater than the top scale score (5), indicating that a sizable proportion of parents chose it as one of the three criteria "most important" to them. Hofferth et al. (1991) also found that parents gave provider warmth high priority. It is worth noting that parents' perceptions regarding the importance of warmth is supported by research showing that affectionate, responsive, attachment-promoting relationships between young children and their child care providers foster children's feelings of well-being and support prosocial behavior and interest in learning; they also allow parents to feel more relaxed and confident while away from their children (Howes, Hamilton, & Matheson, 1994; Shinn, Phillips, Howes, Galinsky, & Whitebook, 1990).

Safeguarding of health and safety received the second highest ratings. Other researchers (e.g., Atkinson, 1994; Galinsky et al., 1994) have similarly found that mothers give high priority to the protection of children's health and attention to cleanliness. Two explanations are plausible: LeVine (1974, 1988), an anthropologist, has theorized that there is a hierarchy of parental goals; parents must feel assured that the most basic requirements of survival are met before they can turn their attention to promoting the higher-order childrearing goals of future economic well-being and self-actualization. Further, as Larner (1994) has pointed out, parents are likely to be particularly concerned about child care characteristics they perceive to be problematic. Recent word-of-mouth and news reports of abusive circumstances in some child care settings may have heightened parents' awareness of the importance of looking for environments that protect safety and health.

The appropriateness of the daily program ranked third in parents' importance ratings. However it should be noted that average scores on this scale were high, indicating that parents saw the educational activities in the child care setting as very important (though significantly less important than provider warmth and health and safety). One reason for the lower ranking of this criterion may be the fact that some of the parents in the sample had infants; Johansen et al. (1996) found concern regarding the daily program to be greater among mothers whose children were 3 and older

Table 5
Correlations Between All Parents' Child Care Selection Criteria Ratings and Scores for the Observed Quality of the Child Care Settings Attended by their Children

ECERS, ITERS, FDCRS Scales	Parents' Child Care Selection Criteria				
	Health & Safety	Practical Considerations	Daily Program	Friends' Recommendations	Provider Warmth
Personal care routines	-.17	-.12	.17	-.23*	.08
Furnishings & display	-.19*	-.08	.24**	-.25**	.07
Cognitive/motor activities	-.17	-.07	.23**	-.24**	.04
Social development	-.12	-.18*	.05	-.20*	-.04
Overall quality	-.17	-.13	.20*	-.24**	.03

*$p < .05$. **$p < .01$.

than among mothers whose children were aged 2 or younger.

Practical considerations (such as hours of operation and location) were rated as fourth in importance. The finding that parents viewed these convenience factors as less important than program quality supports the recent reports of Galinsky et al. (1994) and Hofferth (1992). It is a heartening finding since it indicates more "consumer awareness" than some of the early studies on this issue had suggested.

Finally, the low ratings given the importance of friends' recommendations was surprising given other reports that parents are very likely to consult friends and relatives for advice when they search for child care (Atkinson, 1994; Beach, 1997; Hofferth et al., 1990; Thornburg et al., 1997). In those studies, however, parents were not asked to rate the level of importance they accorded their friends' recommendations. Perhaps parents do turn to friends and relatives for guidance, but they do so in the service of finding programs that are of the quality and convenience they seek.

Correlations between parents' child care selection criteria and trained observers' assessments of the quality of their children's child care environments yielded a pattern suggesting three negative predictors of quality: the more parents claimed to choose child care on the basis of friends' recommendations, consideration of health and safety issues, and, for the metropolitan families, practical considerations, the lower was the quality of the care in their children's child care arrangements. Regarding the negative relation between quality and looking to friends' recommendations, a likely explanation is that parents who rely most on the advice of friends are less discriminating because they have low confidence in their ability to judge the quality of child care. Another possibility is that having had a friend recommend the facility predisposed them to see good things happening when in fact good things were not happening. Alternatively, there may be problems with availability of quality child care in the areas in which these parents live, and these problems may have led them to turn to friends for recommendations. Other investigators (Bogat & Gensheimer, 1986; Johansen et al., 1996; Thornburg et al., 1997) have wondered if shortages of high quality child care limit productive consumer behavior on the part of parents.

While most of the correlations between parents' ratings of the importance of health and safety conditions and trained observers' ratings of the quality of the child care settings used by these parents only approached significance, they still bear some discussion. Do parents who place particular importance on safeguarding health and safety do so because they know that the child care settings they use are problematic? Or is it that parents who place particularly high value on health and safety tend to have childrearing goals that are at the low end of LeVine's (1974, 1988) hierarchy, and therefore have low standards for child care in general? The latter explanation is supported by our results showing that valuing of health and safety considerations was negatively correlated with most of the indexes of quality as assessed by trained observers.

For the sample as a whole, there was a negative correlation between reporting that practical considerations guided child care choice and providers' attention to children's social development; for the metropolitan sample, this criterion was also negatively correlated with the observed quality of furnishings and displays and with overall quality. It stands to reason that the more parents chose child care on the basis of their own needs, the less mindful they were likely to be about other aspects of the child care situation. Endsley

et al. (1984) similarly found that parents who based their decisions on convenience criteria such as location or hours of operation were somewhat less likely to choose a high quality program. Conversely, the higher the quality of the program, the less parents appear to have been concerned about criteria such as cost, location, or convenience.

The one selection criterion in the present study that was a positive predictor of child care quality was daily programming. There is now considerable research evidence indicating the importance of developmentally-appropriate educational practices in child care settings (Clarke-Stewart, 1987; Stipek, Feiler, & Milburn, 1995). Parents who are aware of this may be more knowledgeable about children's needs and therefore better able to identify quality in child care.

Interestingly enough, while provider warmth was viewed as the most desired characteristic of child care, ratings on this selection criterion did not predict observed child care quality. Comparison of the standard deviations on this criterion as opposed to others (see Table 1) indicates that the lack of significant correlations was not due to restricted range. It may be that parents judge provider warmth on the basis of their experiences at drop-off and pick-up times, and during their own interactions with providers. The provider's behavior during these times may not be representative of her interaction style with children during the bulk of the child care day.

The results of our study suggest that, for the most part, spouses have similar opinions about the criteria that should be used when selecting child care for their young children. Thus, individuals in positions that involve helping parents locate child care (such as those working for resource and referral agencies) generally need not worry that materials or advice given to one parent in a family will displease the other parent. In addition, the criteria of metropolitan and nonmetropolitan parents appear to be more similar than different. This suggests that materials on child care selection prepared for metropolitan parents will most likely be acceptable to nonmetropolitan parents as well.

At the same time, it appears that extra efforts are needed to educate nonmetropolitan parents about the importance of the early childhood curriculum. In addition, it behooves practitioners to be sensitive to nonmetropolitan parents' greater desire to have friends' recommendations, or corroboration, of their child care choices. The results of our correlational analyses suggest that sensitivity to parents' inclinations should not, however, preclude practitioners from cautioning parents against overreliance on friends' recommendations when selecting child care. Parents should also be warned against putting too much weight on convenience factors such as nearby location and suitable hours of operation. Attention to the daily program appears to be a more fruitful way in which to guide one's search for child care.

Happily, our results confirm the results of other recent studies showing that, in general, parents today are more concerned about the quality of child care than about practical considerations. This is different than the message that came from studies carried out in the 1980s; the child care profession should be mindful that parents today appear to be more informed than parents a decade ago about the importance of quality in child care. Parents' mindfulness regarding programming also suggests a readiness to be further educated about critical aspects of quality. This appears to be a favorable time for wide dissemination of information specifically developed for parents to help them determine whether the child care environments available to them meet acceptable standards of quality.

Providers and referral sources should also know how much parents value having their children in warm and safe environments. Of course, these are elements of child care that should be in place in every facility. Knowledge of their importance to parents may serve as an extra reminder to providers to be ever-mindful of the emotional tone and safety of their settings.

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